

PARENT

School & Year: _____

Grade/YOG: _____

OFFICE

Student ID#: _____

Entry Date: _____

Please print. Enter student's full name *exactly* as it appears on their birth certificate

Last Name

First Name

Middle Name

Suffix

Birth Date (mm/dd/yy)

Gender (M / F)

ETHNICITY: Is this of student Hispanic/Latino Ethnicity (Choose Only One):

No, not Hispanic/Latino

Yes, Hispanic/Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other culture or origin, regardless of race.)

RACE: The previous question was regarding ethnicity, not race. No matter what you selected to the left, please answer the following by marking one or more boxes to indicate what you consider your student's (or your) race to be:

American Indian Asian Black/African American

Native Hawaiian/Other Pacific Islander White

HOME LANGUAGE

Is the primary language in your home a language **OTHER** than English? **Circle one**

YES NO

If Yes, please note the language: _____

STUDENT PRIMARY LANGUAGE

Is your students' native tongue a language **OTHER** than English? **Circle one**

YES NO

If Yes, please note the language: _____

LEGAL BINDINGS: Please indicate any special circumstances regarding your child:

Home Phone w/Area Code

Type— Resident/Cell Etc.

Unlisted Message Only

Entry Comment

Indicate District / School name & state of last school attended, and whether the student had an active IEP:

Has this child attended Farmington Schools? ___ Yes ___ No

Does this child have an active IEP? ___ Yes ___ No

Do you have any other children in your household enrolled at Farmington Public Schools? If so, please list their names below:

As the parent/legal guardian, my signature to the right, affirms all information provided within this form is true and accurate, and that my child and I reside at the listed address. I understand false information provided by me, may subject me to legal penalties for perjury.

Parent Signature

Date

VERIFICATION CHECKLIST - FOR OFFICE USE ONLY

Birth Certificate: _____
- Other Proof _____
& Affidavit: _____

Custody Verification: _____
(If Applicable)

Residency Verification: _____
(Determinative / Corroborative Type)

HmRm # / Teacher: _____
or Counselor: _____

- Affidavit of Student Living w/Relative: _____
- Affidavit of Family Living w/ Friend/Relative: _____

Verified / Entered By: _____

Immunization Record: _____

Verifier Title: _____

Homeless: _____
(File paperwork w/Enrollment Office)

Current Household Information / Student Residence

| | | | | |
|----------------------|----------------------|------------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| House # | Street Name | Apt - Box - Lot# Circle 1 | Zip Code | Geo Code |

| | |
|----------------------|---|
| <input type="text"/> | <input type="text"/> |
| City | Preferred Mailing: To send mail to an address other than home address, provide mailing information |

| | | |
|-------------------------------|---|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Membership | District of Residence (Not= 63030) & Residency Code | Birthplace as appears on Birth Certificate: List city of birth <i>**If city unknown—enter state. **If state unknown—enter country</i> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Citizenship (Not=USA) | Track & Year | Status (A/F/M/P) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Entry Date | Entry Code | Grade |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Registration Date (Misc. Tab) | FTE if < 1 | |

Restrictions/Publications: What data can be shared / used by the district?

All Data / All Photos
 All Data / No Photos
 No Data / All Photos
 No Data / No Photos

With Whom Does Your Child Reside?

Both parents
 Mother Only
 Father Only
 Mother/Stepfather
 Guardian(s)
 Foster Parent(s)
 Father/Stepmother
 Other: _____

Student Email Address

Contacts — Male / Guardian of Student (In Same Household Only)

| | | |
|--|--|--------------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Last Name | First Name | Middle Name & Suffix (Jr, III, etc.) |
| <input type="checkbox"/> Y / N | Lives with Student? Yes, my address is the same as my child. If no, list address to the right. | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Street Number & Name | Apt/Lot # etc. | City, State |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Area Code Primary / Home Phone | Area Code Cell | Area Code Work Phone |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Male Parent / Guardian Email Address (General Tab) | Relationship to Student (Father, Stepfather, etc.) | |

Contacts — Female / Guardian of Student (In Same Household Only)

| | | |
|--|--|--------------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Last Name | First Name | Middle Name & Suffix (Jr, III, etc.) |
| <input type="checkbox"/> Y / N | Lives with Student? Yes, my address is the same as my child. If no, list address to the right. | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Street Number & Name | Apt/Lot # etc. | City, State |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Area Code Primary / Home Phone | Area Code Cell | Area Code Work Phone |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Female Parent/Guardian Email Address (General Tab) | Relationship to Student (Mother, Stepmother, etc.) | |

Parent Living Elsewhere

PARENT OFFICE

Complete the section below if the Shared or Non-custodial parent lives in a home other than the student.

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|-----------|------------|--------------------------------------|
| | | |
| Last Name | First Name | Middle Name & Suffix (Jr, III, etc.) |

| | | |
|----------------------|----------------|-------------|
| | | |
| Street Number & Name | Apt/Lot # etc. | City, State |

| | | | | | |
|-----------|----------------------|-----------|------|-----------|------------|
| | | | | | |
| Area Code | Primary / Home Phone | Area Code | Cell | Area Code | Work Phone |

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| Parent Elsewhere / Guardian Email Address (General Tab) | Relationship to Student (Mother, Father, etc.) |

Other Adult Contacts

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| Last Name | First Name | Relationship to Student (Relative, Neighbor, etc.) |

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|----------------------|----------------|-------------|
| | | |
| Street Number & Name | Apt/Lot # etc. | City, State |

| | | | | | |
|-----------|----------------------|-----------|------|-----------|------------|
| | | | | | |
| Area Code | Primary / Home Phone | Area Code | Cell | Area Code | Work Phone |

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|-----------|------------|--|
| | | |
| Last Name | First Name | Relationship to Student (Relative, Neighbor, etc.) |

| | | |
|----------------------|----------------|-------------|
| | | |
| Street Number & Name | Apt/Lot # etc. | City, State |

| | | | | | |
|-----------|----------------------|-----------|------|-----------|------------|
| | | | | | |
| Area Code | Primary / Home Phone | Area Code | Cell | Area Code | Work Phone |

Emergency Information - Physician / Insurance information is optional and will only be used in cases of emergency.

List Health Alert Information (Health Module)

List medical conditions (allergies, health conditions etc.) or other information which you want teachers and office personnel to know. This information when entered, will be available for teachers to see in class on a secure desktop application.

This is a critical alert item

By listing this information here, I agree to share this information with school officials. Parent/Guardian Initials _____

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First and Last Name of Physician (Include phone number)

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Preferred Hospital (include city where hospital is located)

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Family Insurance Provider

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Insurance Policy Number

ADDITIONAL ITEMS

