

Grade \_\_\_\_\_

# Frankfort Early Learning Academy

Homeroom: \_\_\_\_\_

## Student Enrollment Form

2018-2019

(Please use a pen & print. Complete all sections. Mark N/A if section is not needed. Incomplete forms will not be processed)

Date \_\_\_\_\_

### **Student Information** (Please Print)

Student's Full Legal Name \_\_\_\_\_ Gender M F

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ *Last First Middle (Full)*

Shirt Size (for field trips): Youth S M L XL Adult S M L XL  
*Ex: 02/02/2002*

Student SS# \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

**Ethnicity** | White (Not of Hispanic Origin) | Black (Not of Hispanic Origin) | Hispanic  
| American Indian or Alaskan Native | Asian or Pacific Islander | Other \_\_\_\_\_

### **Parent/Legal Guardian Information** (These Primary Guardians are the ones with whom the student lives. Proof of legal custody/guardianship required)

Female Guardian Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

*Last First Middle (Full)*

**Ethnicity** | White (Not of Hispanic Origin) | Black (Not of Hispanic Origin) | Hispanic | American Indian or Alaskan Native  
| Asian or Pacific Islander | Other \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_@\_\_\_\_\_

Male Guardian Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

*Last First Middle (Full)*

**Ethnicity** | White (Not of Hispanic Origin) | Black (Not of Hispanic Origin) | Hispanic | American Indian or Alaskan Native | Asian or Pacific Islander | Other \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_@\_\_\_\_\_

### **Address:**

Residence Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (If different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian may be asked to provide proof of residency (deed, mortgage receipt, rent receipt, rental agreement, utility bill, etc.) at the time of enrollment.

Child lives with (circle one): **Both Parents** **Mother** **Father** **Guardian**

If child lives with both parents, but at separate residences, please explain when the child is with each parent (example: mom on weekdays/dad on weekends): \_\_\_\_\_

### **Emergency Contact/Pick-up Information** (other than parent/guardian. This section must be completed. They do not have to be local)

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

### **Emergency Contact/Pick-up Information** (other than parent/guardian. This section must be completed. They do not have to be local)

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

### **Emergency Contact/Pick-up Information** (other than parent/guardian. This section must be completed. They do not have to be local)

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**English Language Learner Information** (All new students should fill out a Home Language Questionnaire)

Primary Language of Household: | English | Spanish | Other \_\_\_\_\_

**Student Previous School Information**

Last School Attended \_\_\_\_\_

School Phone (\_\_\_\_) \_\_\_\_\_ Counselor Name: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

Is your child presently under an expulsion order from any other school district? | Y | N

Is your child presently under consideration for expulsion? Y N

Is your child presently involved in the Juvenile Justice system? Y N

**Special Services Information**

Is your child receiving special education services? Y N

Does your child have a current 504 plan? Y N

Was your child in any Gifted/Talented Programs? Y N Please list: \_\_\_\_\_

Student participated in the lunch program as Paid Reduced Free

Transportation: Student will | Ride Bus twice daily | Ride Bus once daily | a.m. | p.m. | Will not ride the bus

**Medical Information**

Is your child taking any medications regularly? Y N If yes, please list:

*Student Permission forms for Prescribed Medication are available at the school office. This form must be completed for any medication a student will need to take during school hours. Medication will not be dispensed without proper completed paperwork.*

**Known Medical Problems:** | Asthma/Breathing problems | Diabetes | Heart problems | Epilepsy/Seizures | Allergies to food, medication, or insects | Other Please explain any item checked \_\_\_\_\_

If your child has any other health condition not listed above, please explain: \_\_\_\_\_

Is your child currently under a physician's care for the above conditions? Y N

**Special Medical Instructions:**

If your child has a severe allergy that could result in anaphylactic shock, we must receive a physician statement stating so and a sufficient supply of their prescribed medication to be kept at the school for your child's use in the event of an emergency.

Physician name: \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Student Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_ Policy#: \_\_\_\_\_ Medicaid#: \_\_\_\_\_

Please provide an updated form anytime any of the medical information changes so that the school health team is informed.

By signing this form, I give permission for my child to be screened for vision, hearing, speech, scoliosis, contagions, and parasites by trained school personnel. ***In case of an emergency and no one can be reached at the phone numbers listed for my child, I authorize school officials to administer necessary emergency treatment, call the physician listed and/or call 911 for emergency transportation. I will not hold the school district financially responsible for the emergency care and/or transportation of my child. Signing this form shall release Frankfort Independent Schools and staff members from any liability of any nature in assisting my child during a medical emergency.***

**Other Children Under Age 18 Living in the Home (include all children regardless of age)**

First Name	Middle (Full)	Last Name	Birthdate	Age	Gender	Relation to Student	School Attending

(Add additional names on a separate sheet if needed)

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

(Do not sign this form if any of the statements are incorrect)