

ID # _____

IRN # _____

Fairborn City Schools – Board of Education (937) 878-3961
STUDENT INFORMATION / ENROLLMENT FORM
2015-2016 SCHOOL YEAR

This form is available online at: www.fairborn.k12.oh.us

You can fill out the form, print and sign and turn in to the School Main Office. Please use blue or black ink.

FCS49C 3/25/15

Documents Required To Enroll A Student:

1. Certified Copy Of Birth Certificate (With Raised Seal)
2. Immunization Record
3. Proof Of Residency
4. Current Custody Papers (If Applicable)

Residential parent is required to provide proof to the building of any changes in custody, name change, or address change.

GENERAL STUDENT INFORMATION – To be Completed by the Parent or Legal Guardian. Please use Student's Legal Name (as it appears on the birth certificate) (PLEASE PRINT)

Last (Check box if Independent Enrolling Over 18 <input type="checkbox"/>)	First	Middle	Called (If Not First Name)
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Birth Date M/D/YR	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth City (as on Birth Certificate)	Country of Origin	If not a U.S. Citizen, do you have the Form I20? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address	City	Zip	County: <input type="checkbox"/> Greene <input type="checkbox"/> Montgomery <input type="checkbox"/> Clark
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Parent/Guardian Phone Number (First Number to Call)	Parent/Guardian Primary Email	Grade for 2015-2016	Homeroom Teacher or Team
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THIS INFORMATION IS REQUIRED BY THE OHIO and FEDERAL DEPARTMENTS OF EDUCATION Is Your Student Hispanic? YES NO **(It is required that you check one of these boxes)**
 Please choose one or more racial groups below as they apply to your child.
 Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White

Was your child in preschool <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Student in Special Education/has an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Student Have 504 Plan <input type="checkbox"/> Yes <input type="checkbox"/> No	Identified Gifted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Last School Attended (Name/City/State):	Withdrawal date or last date attended?
Previous Fairborn Student? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, what was the last grade or school year?	

NAMES OF SIBLINGS ATTENDING FAIRBORN CITY SCHOOLS (Please list the school they attend)

CONSENTS / AGREEMENTS - Parents / Legal Guardians are asked to indicate whether they grant consent / agree or deny consent / do not agree to each of the following two items:

<input type="checkbox"/> YES <input type="checkbox"/> NO	Permission to publish your child's photograph, name, and/or school work. Reference Guideline File: JHFE-G
<input type="checkbox"/> YES <input type="checkbox"/> NO	Student and parent have received and understand the Computer/Access and Internet Safety policies, and agree to the terms that permit the use of a computer internet account for student use. This information is in the student handbook/agenda, and FCS Policy Manual File: EDE-R
Parent/guardian signature below indicates that they and their student have received and understand the contents of the Fairborn City Schools Handbook / Agenda. File: JFC-R	
I will send written notification if I do not consent to the district release of my student's directory information and consent to Health Screenings as mandated by State Law (for FHS this includes to military recruiters and/or colleges and institutions of higher learning). FCS Policy Manual File: JO-R	

PLEASE PRINT NAME OF PARENT/LEGAL GUARDIAN

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE SIGNED

My signature indicates my approval of the entire form, and the accuracy of the information provided.

PLEASE CONTINUE ON THE OTHER SIDE.

Last Name	First Name	Middle Initial	Called Name	Birth Date M/D/YR	<input type="checkbox"/> M <input type="checkbox"/> F Gender	Grade for 2015-2016
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Does Mother/Father/Step-Parent or Legal Guardian: Reside on Federal Property <input type="checkbox"/> Yes No <input type="checkbox"/> OR Work on Federal Property <input type="checkbox"/> Yes No <input type="checkbox"/>	Rank (If Active Duty):
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CUSTODIAL PARENT/GUARDIAN AND CONTACT INFORMATION - The area below is to be filled out by the person(s) with custody. All Custody Paperwork Must Be On File. Residential parent is required to provide proof to the building of any changes in custody, name change, or address. [Ohio Revised Code: 3313.672(b)]
Please Note: Address change can only be made with proof of residency verifying new address.

Custodial Parent(s)/Guardian(s) With Whom The Student Resides (Please mark the appropriate relationship choice(s):			
<input type="checkbox"/>	Mother (Both parents in house)	<input type="checkbox"/>	Mother (Single Parent)
<input type="checkbox"/>	Father (Both parents in house)	<input type="checkbox"/>	Father (Single Parent)
<input type="checkbox"/>	Grandmother (POA)	<input type="checkbox"/>	Grandmother (Legal Guardian)
<input type="checkbox"/>	Legal Guardian (Please specify)	<input type="checkbox"/>	Other (Please specify)

***If Shared Parenting – which parent is listed as the Residential Parent for school purposes:**

Do you have custody paperwork, protection order and/or restraining order on file with your child's school that involves your child (check appropriate box below)?			
Custody Paperwork <input type="checkbox"/> Yes	Protection Order <input type="checkbox"/> Yes	Restraining Order <input type="checkbox"/> Yes	Comment:

Name of Parent / Guardian with whom the student resides (please print name)		
Last	First	Relationship to Child (Use choices above)
Home Phone Number:	Cell Phone Number:	Work Phone Number:
Daytime Email Address:		Place of Employment:

Name of Parent / Guardian with whom the student resides (please print name)		
Last	First	Relationship to Child (Use choices above)
Home Phone Number:	Cell Phone Number:	Work Phone Number:
Daytime Email Address:		Place of Employment:

Name of Parent/Non-Residential parent w/visitation or other parental rights (please print name)		
Last	First	Relationship to Child (Use choices above)
Home Phone Number:	Cell Phone Number:	Work Phone Number:
Daytime Email Address:		Place of Employment:

Is this student permitted to be picked up by Non-Residential Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Should the Non-Residential Parent be contacted in case of emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No
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In the event of an Emergency, every attempt to contact the Parent or Guardian of the student will be made. Please list additional emergency contact(s) for your student. **FOR THIS SCHOOL YEAR – I ONLY AUTHORIZE THE FOLLOWING PEOPLE TO PICK UP MY CHILD AND WILL INFORM THEM THAT THEY MUST SHOW A PHOTO ID.** Contacts are called in the order listed and are not used to call for student absences.

Name	Relationship to Student	Phone Number- Please indicate if Home (H), Cell (C) or Work Number (W)