

Enrollment Code: _____
Date Enrolled: _____
Teacher: _____

FRANKLIN PHONETIC SCHOOL
PRESCOTT VALLEY, ARIZONA 86314
(928) 775-6747 FAX (928) 775-6740

Date Received: _____
Immunizations: _____
Birth Certificate: _____

ENROLLMENT FORM

Test Referral: _____
Residency: _____

Grade: _____ SCHOOL YEAR ____/____ SAIS ID # _____

STUDENT INFORMATION:

Legal Last Name _____ First _____ Middle _____
Known by any other name? _____ **Parental email** _____
Physical Address _____ City _____ State _____ Zip Code _____
Mailing Address _____ City _____ State _____ Zip Code _____
Birth date _____ Birthplace _____
(Month) (Day) (Year) (City) (State)

Age as of September 1st _____ Sex: Boy _____ Girl _____ Home Phone Number _____

Ethnicity: Hispanic or Latino _____ **Not** Hispanic or Latino _____ **Student's Social Security #** _____ - _____ - _____

Race: You must also select **one or more** of the following:

American Indian or Alaskan Native _____ Asian _____ Black or African American _____
Native Hawaiian or Other Pacific Islander _____ White _____ (This includes Hispanic ethnicity.)

With whom does the student reside, such as mother, father, guardian?

- Name _____ Relationship to Student _____
Occupation _____ Employer _____ Work Phone _____ Cell # _____
- Name _____ Relationship to Student _____
Occupation _____ Employer _____ Work Phone _____ Cell # _____
Who has legal custody of the child? _____ Relationship? _____
Court Order Number _____
- Other people living in the home: Name, age, relationship _____

- **Language:** What is the primary language used in the home regardless of the language spoken by the student?

- **History:**

Has your child been enrolled in programs such as: *Special Education, Chapter I, Gifted, Bi-lingual, etc?* _____

Yes _____ No _____ If yes, please specify: Other _____ SPED category _____ and Service Type _____.

While your child's prior involvement in Special Education will never affect acceptance into our school, we need to know detailed information. We aim to get a child's services started as soon as possible, so we ask that you please disclose this information so we may give your child the best education possible.

Signature of Parent or Guardian: _____

Has your child ever been expelled or have discipline or expulsion proceedings been suggested at any prior educational institution? Has a manifestation determination ever been suggested or initiated at any other school? Failure to disclose this information could result in termination of your student's placement.

Yes _____ No _____ If yes, please specify _____

Signature of Parent or Guardian: _____

AUTHORIZATION: (Please complete this section if your student is new to Franklin School.)

I HEREBY AUTHORIZE THE RELEASE OF ACADEMIC, MEDICAL, PSYCHOLOGICAL, AND SPECIAL EDUCATION RECORDS FOR:

(PRINT STUDENT'S FULL NAME)

(DATE OF BIRTH)

(LAST GRADE AT PREVIOUS SCHOOL)

Previous School Name and Address:

Send Records to:

Fax # 928-775-6740

Franklin Phonetic School
6116 Highway 69
Prescott Valley, Arizona 86314

Signature of Parent/Guardian _____

Date: _____

School Official: _____

Students Name: _____ Grade: _____

Medicine Administration Permission Form

This is a list of over-the-counter medications that the nurse’s office carries. If you **DO NOT** want your child to receive a certain medication please cross it out on the list or if you wish your child not to receive any medications write none across this section of the Enrollment Form.

- | | | | |
|---------------------|-----------------------------------|--------------------------------|---------------------------|
| Antibacterial Wipes | Antibiotic Ointment | Antacid (Tums) | Cough Drops |
| Tylenol 500 mg | Ibuprofen 200mg | Chap Stick | Vaseline |
| Hydrogen Peroxide | Mylanta | Baby Ora-jel | Sterile Eye Wash Solution |
| Tylenol Chewable | Syrup of Ipecac (toxic ingestion) | Hydrocortisone Cream (itching) | |

Children are not permitted to carry any medications with them on school grounds. All prescription and non-prescription medication requires a permission slip available from the nurse.

I GIVE PERMISSION TO GIVE ALL MEDICATIONS NOT CROSSED OFF ON THE ABOVE LIST.

X _____
Signature of Parent or Guardian Date

HEALTH INFORMATION

Has your child ever had any of the following? If you indicate YES, please provide more information on the "Comments" line.

- | | | | |
|--|--------------------------------------|--------------------------|----------------|
| Asthma | Yes ___ No ___ | Urinary | Yes ___ No ___ |
| Allergies | Yes ___ No ___ If Yes, list below | Heart Condition | Yes ___ No ___ |
| Chest Problems | Yes ___ No ___ | Type: _____ | |
| Convulsions | Yes ___ No ___ | Kidney Disease or Anemia | Yes ___ No ___ |
| Chicken Pox | Yes ___ No ___ | Orthopedic Problems | Yes ___ No ___ |
| Diabetes | Yes ___ No ___ | Rheumatic Fever | Yes ___ No ___ |
| Ear Infections | Yes ___ No ___ | Scarlet Fever | Yes ___ No ___ |
| Tubes in Ears | Yes ___ No ___ | Tuberculosis | Yes ___ No ___ |
| Measles | Yes ___ No ___ | Mumps | Yes ___ No ___ |
| Rubella | Yes ___ No ___ | Valley Fever | Yes ___ No ___ |
| Sore Throats | Yes ___ No ___ | Other _____ | |
| Serious Illness or Handicaps: | Yes ___ No ___ If yes, specify _____ | | |
| Hearing, speech, vision (i.e. glasses, contact lenses) | Yes ___ No ___ Specify: _____ | | |
| Any physical restrictions from any activity? | Yes ___ No ___ Reason: _____ | | |
| Serious injury, illness or hospitalization? | Yes ___ No ___ Type: _____ | | |
| Is your child taking prescription medication? | Yes ___ No ___ Name: _____ | | |
| Allergies to any medication: | Yes ___ No ___ Specify: _____ | | |
| Is your child presently receiving any medical treatment? | Yes ___ No ___ If yes, explain _____ | | |

Comments: _____
Family Doctor: _____ Phone: _____

PERMISSION FOR EMERGENCY TREATMENT:

I give my permission for the Franklin Phonetic School to provide emergency medical treatment for my child. Franklin Phonetic School also has my permission for my child to be transported by whatever means necessary as determined by the school to the nearest emergency medical facility for treatment.

X _____
Signature of Parent or Guardian Date

**PARENT'S AGREEMENT OF SUPPORT FOR
FRANKLIN PHONETIC SCHOOL**

This confirms my agreement to participate in the Franklin Phonetic School's education program. I understand that parent participation is important to the success of this program.

We (I) the undersigned parent/guardian of _____ agree to support the total Franklin Phonetic School program.

I agree to read the Student/Parent Handbook thoroughly and discuss the various rules, goals, philosophy and school procedures with my child.

I understand that it is necessary to:

- Assist with homework providing a time, place and quiet environment for my child.
- I agree to sign all homework forms indicating that I have seen the assignments;
- Sign and return all report card envelopes and progress reports;
- Attend grading conferences whenever scheduled;
- Attend consultations with the teacher, Principal, or other school personnel involved with my child when needed.
- If necessary attend a mandatory disciplinary conference with the Procedures & Programs Committee.
- I agree to make a sincere effort to participate in parents meetings, school projects and events.
- I agree to have my child at school on time every day, unless there is an illness or emergency.
- I understand that if I determine that the Franklin Phonetic School program is not appropriate for my child, I will remove him or her for placement in a regular Public School.

X _____
Signature of Parent or Guardian **Date**

X _____
Signature of Parent or Guardian **Date**

**STUDENT'S AGREEMENT OF SUPPORT FOR
FRANKLIN PHONETIC SCHOOL**

I, _____ as a student of the Franklin Phonetic School, will follow all the rules as they are written in the Student/Parent Handbook, including the following:

- I will be on time to school.
- I will follow the dress code.
- I will leave all toys, money, etc., at home, unless I have been asked by my parents or teacher to bring them to school.
- I will be polite and will show respect to all adults, other students, their personal property and to the school.
- I will complete and turn in, on time, all of my school work and homework.
- I will always do my best, as a student of the Franklin Phonetic School.

X _____
Student's Signature **Date**
(Kindergarten student, please sign to the best of your ability.)

I certify that I have discussed this agreement with my child.

X _____
Parent's Initials

SECONDARY EMERGENCY INFORMATION:

Please give the names of two relatives or friends in the local area that will assume responsibility for your child if you cannot be reached in case of illness or emergency. **Your child will not be released to any other person without your written or verbal permission.** Please notify these persons of these arrangements. In case of any change, please notify the school in writing as soon as possible.

Name: _____
Phone: _____
Relationship: _____

Name: _____
Phone: _____
Relationship: _____

Name: _____
Phone: _____
Relationship: _____

PERMISSION FOR JUNIOR HIGH (ONLY) STUDENTS TO WALK HOME.

/ / By checking this box and signing below I give the school my permission to allow my child to walk home at the end of the school day from Franklin Phonetic School. Our campus is closed and students will not be allowed to leave the campus during recess or lunch break to go home.

Signature of Parent or Guardian: X _____

Note: Permission for elementary students to walk home will be given a case-by-case consideration if parents make a request in the school office.

PERMISSION TO RIDE THE FRANKLIN SCHOOL VAN/BUS

My child listed on this enrollment form has my permission to ride the school van or bus for field trips and other school activities.

Signature of Parent or Guardian: X _____

General Questions Please Answer: If these questions are NOT answered they will be considered NO.

May your child be photographed for a publication or newspaper article? **Yes** ___ **No** ___
Have your name, address, and phone number in the Parent Handbook? **Yes** ___ **No** ___
Have your name put on a car pool list? **Yes** ___ **No** ___
