

SECONDARY EMERGENCY INFORMATION:

Please give the names of emergency contacts 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 STUDENTS TO WALK HOME.

By 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 _____

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 _____

Print your name, address, and phone number in the Parent Handbook? Yes _____ No _____

Print your name on a car pool list? Yes _____ No _____

Enrollment Code: _____

Date Enrolled: _____

Teacher: _____

FRANKLIN PHONETIC SCHOOL

SUNNYSLOPE

(602) 870-6674

Date Received: _____

B/C IMM/WVR RES

TESTING SPED

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

STUDENT INFORMATION:

Legal Last Name _____ First _____ Middle _____

Known by any other name? _____

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: M _____ F _____

Ethnicity: Hispanic or Latino _____

Not Hispanic or Latino _____

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.)

- **Mother/Legal Guardian:** _____
Occupation _____ Employer _____ Work Phone _____ Home/Cell # _____
- **Father/Legal Guardian:** _____
Occupation _____ Employer _____ Work Phone _____ Home/Cell # _____
Who has legal custody of the child? _____ Relationship? _____
**Please provide copy of Custody Order*
- 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?

• **Special Education, Title I, Gifted:**
Yes No If yes, please specify: SPED Category _____ Other _____

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.

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

Yes No if yes, please specify _____

Has the student been retained in any grade level? YES NO Grade Retained _____

Previous School Attended: _____ Grade Level: _____

Signature of Parent or Guardian: _____

Students Name: _____ Grade: _____

Medicine Administration Permission Form

This is the list of over-the-counter medications that our 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
- Tylenol 500 mg
- Hydrogen Peroxide
- Tylenol Chewable
- Artibiotic Ointment
- Ibuprofen 200mg
- Chap Stick
- Vaseline
- Cough Syrup/ Drops
- Antacid (Tums)
- Baby Ora-jel
- Sterile Eye Wash Solution
- Syrup of Ipecac (toxic ingestion)
- Hydrocortisone Cream (itching)

Children are not permitted to carry any medications with them on school grounds.

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

Signature of Parent or Guardian _____

Date _____

HEALTH INFORMATION

Does your child have any of the following? If you indicate **YES**, please provide more information on the "Comments" line.

- Ashma Yes ___ No ___
- Allergies Yes ___ No ___
- Diabetes Yes ___ No ___
- Orthopedic Problems Yes ___ No ___
- Urinary Tubes in Ears Yes ___ No ___
- Other _____
- Serious Illness or Handicaps: Yes ___ No ___ If yes, specify _____
- Hearing, speech, vision (glasses, contact lenses) Yes ___ No ___
- Physical restrictions from any activity? Yes ___ No ___
- Is your child taking prescription medication? Yes ___ No ___
- Allergies to any medication: Yes ___ No ___
- Is your child presently receiving any medical treatment? Yes ___ No ___ If yes, explain _____

Family Doctor: _____

Comments: _____

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.

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.

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.

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.

Parents' Initials _____