

**FAIRBANKS LOCAL SCHOOL DISTRICT
STUDENT ENROLLMENT FORM**

SECTION I: STUDENT INFORMATION

Student's Full Name _____ Enrollment Date ____/____/____
(First) (Middle) (Last)

Student's Address _____
Street City State Zip Code

Student's Date Of Birth ____/____/____ Age _____
Month Day Year

Gender: ___ Male ___ Female Place of Birth _____

Telephone Number () _____ Grade Level _____ Re-Entering ___ New _____

Ethnic Code: Asian Black, Non-Hisp Hispanic Am. Indian/Alask Multiracial White
Hispanic/Latino ___ Yes ___ No

Native Language of Student _____

Name of School District Previously Attended _____

Building: _____

Address of Previous School _____

SECTION II: PARENT/GUARDIAN INFORMATION

Name of Parent(s) or Guardian(s) _____

Address of Parent or Guardian _____

Place of Employment: _____

Phone No. At Work _____ Mother _____ Father _____

_____ Mother _____ Father _____

Is there a non-custodial parent? ___ Yes ___ No

If yes, please give name of non-custodial parent: _____

Address of non-custodial parent: _____

Mother's Maiden Name _____

<p>For office use only—Check documentation provided and copied ___ Birth Certificate ___ Immunization Record ___ Health Records ___ Guardianship Papers ___ Custody Papers ___ Restraining Order ___ Previous School Record ___ Proof of Residence</p>

Check Applicable Family Status:

___ The above-mentioned student lives with both biological parents. **Birth certificate must be presented.**

___ I am the **custodial parent** of the student named. **Please note: If divorced or separated, parent must present evidence of custody with a judge's signature.**

___ I am the legal guardian of above-mentioned student. **Evidence of guardianship must be presented.**

___ I am the foster parent of the above-mentioned student, and _____ is the legal guardian. Caseworker name and phone number _____. Name of school district in which legal guardian lives is _____.

___ I am the host parent and above-named student is placed under a bona fide exchange program.

___ I am the biological mother (**father's name does not appear on the birth certificate**).

___ I am the biological mother (**father's name appears on the birth certificate, but we were never married**)

___ Student is 18 years of age or older and is self-supportive.

___ Student is married. Marriage license must be provided.

SECTION III: SPECIAL INFORMATION

Is there an order restraining the rights of any person from being in the presence of the student? ___

If yes, who is the restraining order issued to? _____ (**Attach copy of court order**)

Is the student in any of the following special programs? (**please check if so**)*

___ Learning Disabled (LD) or (SLD) ___ LD Tutoring ___ Developmentally Disabled Program
___ Severe Behavior Disabilities (SBH) or Emotionally Impaired ___ Speech Therapy
___ Multiple Disabilities Program (MH) ___ Gifted
___ 504 ___ IEP ___ Other (Describe) _____

Is the student under expulsion from another school district? Check: ___ Yes ___ No

Is the student under suspension from another school district? Check: ___ Yes ___ No

Signature of person enrolling student & providing information

Date

Office Use Only-

***If information is checked in this section please forward to appropriate personnel.**

FAIRBANKS LOCAL SCHOOL DISTRICT
11158 ST. RT. 38
MILFORD CENTER, OH 43045
PHONE: 9347-349-3731

I HEREBY AUTHORIZE YOU TO RELEASE THE SCHOOL RECORDS FOR:

_____ (Student's Name) _____ (Date of Birth) _____ (Grade)

Parent/ Legal Guardian Signature: _____ (Date)

Former School

Name of School District _____

Building: _____

Street Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Please Forward the Following Student Information:

- _____ Birth Certificate
- _____ Immunization Records
- _____ Custody Papers
- _____ Grade Cards and Reports (Grades to date of withdrawal)
- _____ Attendance Records
- _____ Achievement Scores (including OAA/OGT scores)
- _____ SSID #
- _____ Psychological Reports/MFE
- _____ Individual Education Plan (IEP)
- _____ Gifted Placement or Identification
- _____ Other _____

Please mail or fax records to:

Fairbanks Elementary (Grades K-6)	Fairbanks Schools (Grades 6, 7, &8)	Fairbanks High School (Grades 9-12)
11140 St. Rt. 38	11158 St. Rt. 38	11158 St. Rt. 38
Milford Center, OH 43045	Milford Center, OH 43045	Milford Center, OH 43045
Attn: Lyndy	Attn: Marla	Attn: Lisa
Fax: 937-349-9001	937-349-2013	937-349-2011

Date Mailed or Faxed _____

NEW STUDENT INFORMATION FOR BUS ROUTES

Date: _____

Student Name (s)

_____	Grade _____	Building: _____
_____	Grade _____	Building: _____
_____	Grade _____	Building: _____
_____	Grade _____	Building: _____

Parent's Name _____

Home Address: _____

Home Phone _____ **Cell:** _____ **Work** _____

Pick up/Drop off Location (if other than home) _____ **am** _____ **pm**

Address _____ **Relationship** _____

BUS DRIVER: Complete pick up and drop off times, then return to the Transportation Coordinator.
Remember to add student (s) to your records.

BUS NUMBER _____ **PICK UP TIME:** _____ **DROP OFF TIME** _____