

Enrollment Code: \_\_\_\_\_  
Date Enrolled: \_\_\_\_\_  
Teacher: \_\_\_\_\_  
In SMWIN: \_\_\_\_\_  
On Student Counts: \_\_\_\_\_  
Grade: \_\_\_\_\_

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

**ENROLLMENT FORM**

Date Received: \_\_\_\_\_  
Immunizations: \_\_\_\_\_  
Birth Certificate: \_\_\_\_\_  
NCLB: \_\_\_\_\_  
Language Survey: \_\_\_\_\_

**SCHOOL YEAR** \_\_\_\_ / \_\_\_\_ **SAIS ID #** \_\_\_\_\_

**STUDENT INFORMATION:**

**Legal** Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Should the student be known by any other name? Yes \_\_\_ No \_\_\_ If so, list here: \_\_\_\_\_  
Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_  
(Month) (Day) (Year) (City) (State)  
Age as of September 1<sup>st</sup> \_\_\_\_\_ Sex: Boy \_\_\_ Girl \_\_\_ Home Phone Number \_\_\_\_\_  
**Origin:** **Student's Social Security #** \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
American Indian/Alaskan Native \_\_\_ Hispanic \_\_\_ Asian or Pacific Islander \_\_\_  
Black (not of Hispanic origin) \_\_\_ White (not of Hispanic origin) \_\_\_

With whom does the student *reside* (live), 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 of 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. Getting these services in place can be very costly for the school so we ask that you please disclose this information so we may give your child the best education possible.

**Signature of Parent or Guardian: X** \_\_\_\_\_

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: X** \_\_\_\_\_

**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:  
Franklin Phonetic School  
6116 Highway 69  
Prescott Valley, Arizona 86314

**Signature of Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_ **School Official:** \_\_\_\_\_

**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
Cough & Cold Syrup	Children’s Allergy Elixir	Cough Drops	
Cough and Sore Throat with Tylenol Syrup		Chap Stick	Hydrocortisone Cream (itching)
Hydrogen Peroxide	Mylanta	Ora-jel	Sterile Eye Wash Solution
Tylenol Chewable	Syrup of Ipecac (toxic ingestion)	Vaseline	Vitamin C Drops

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  
**Do you give permission for the school to check your child’s hearing and vision?** YES NO

**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 or 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: \_\_\_\_\_

**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.*

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**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:**

May your child be photographed for a publication such as a 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 \_\_\_

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*Continued...On the next page.*