FAIRBANKS MIDDLE SCHOOL
STUDENT ENROLLMENT FORM

Legal Last Name:	First Name:	Middle:	Suffix:
Grade (current school year): ☐5 ☐6 ☐7 ☐8		Gender: ☐Male ☐Female	
Date of Birth:	Birth State:	Birth Country:	
Student Home Address:		City:	State:	Zip:
Mailing Address (unless same as home):			

PARENT/GUARDIAN INFORMATION

Mother's Information:

First Name:	Last Name:			Home Phone: ( )
Address:	City:	State:	Zip:	Cell Phone: ( )
Place of Employment:	Email Address:			Work Phone: ( )

Father's Information:

First Name:	Last Name:			Home Phone: ( )
Address:	City:	State:	Zip:	Cell Phone: ( )
Place of Employment:	Email Address:			Work Phone: ( )

Legal Guardian/Other Information: ☐Legal Guardian ☐Step Parent ☐Other

First Name:	Last Name:			Home Phone: ( )
Address:	City:	State:	Zip:	Cell Phone: ( )
Place of Employment:	Email Address:			Work Phone: ( )

Custody of Student: ☐Joint ☐Mother ☐Father ☐State ☐Temporary ☐Other
Student Lives with: ☐Both Parents ☐Mother ☐Father ☐Guardian ☐Foster ☐Other

SCHOOL USE ONLY
☐Custody Papers
☐Other Documentation

EMERGENCY INFORMATION

Persons to contact, other than parent, if child becomes ill and has permission to pick up:

Name:	Relationship to Student: ( )	Home Phone: ( )	Cell Phone: ( )	Work Phone: ( )
Name:	Relationship to Student: ( )	Home Phone: ( )	Cell Phone: ( )	Work Phone: ( )

Names of Siblings Currently Enrolled in Morenci Schools:

1.	5.
2.	6.
3.	7.
4.	8.

Fairbanks Middle School
Student Enrollment Form

OFFICE USE ONLY:			
Entry Date:	Code:	B/C:	SAIS:
Date records ordered:	Records Rec.:		Sped Director:
Screening:	Health Rec:	Enrollment Date:	Student ID #

STUDENT INFORMATION				
First Name:	Middle Name:		Last Name:	
Date of Birth:	Place of Birth:	Age:	Grade Level:	Gender: Male☐ Female☐
Physical Address:	Mailing Address: (if different)			Phone Number:
City:	State:		Zip Code:	
School Previously Attended this year:				
Has student previously attended Morenci Schools?	Yes☐ No☐	If yes, when? _____		
Has student ever attended an Arizona School?	Yes☐ No☐			
Has student ever been retained?	Yes☐ No☐	If yes, what grade? _____		
Has student been enrolled in Special Needs programs? _____Special Education _____Gifted _____Speech _____Title 1 _____504 Plan	Comments:_____ _____ _____ _____			

PREVIOUS SCHOOL INFORMATION		
Name of School:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	

I hereby authorize the release of academic, health and Special Education records for the student named above.

_____
Printed Parent/Guardian Name

_____ _____
Parent/Guardian Signature Date

State of Arizona
Department of Education
Office of English Language Acquisition Services

Primary Home Language Other Than English (PHLOTE) Home Language Survey

(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. **What is the primary language used in the home regardless of the language spoken by the student?** _____
2. **What is the language most often spoken by the student?** _____
3. **What is the language that the student first acquired?** _____

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.

Ethnicity Data Collection Form

RACE and ETHNICITY DATA COLLECTION FORM

In accordance with federal guidance, a two-part questionnaire must be used to collect data about student race and ethnicity. The first part of the question is on ethnicity and the second is on race. The race question can have multiple values.

Student's Name _____ Date _____

Parent/Guardian Signature _____

Race/Ethnicity Two Part Questionnaire: Answer BOTH questions.

The order of the questions is important. The ethnicity question must be asked first, and both questions must be answered.

Part 1: Ethnicity **Is this student (or is the respondent) Hispanic/Latino?** ***(Choose only one)***

- ☐ **Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- ☐ **No, not Hispanic/Latino**

Part 2: Race **What is the student's (or respondent's) race?** ***(Regardless of how respondent answered the first question, choose one or more)***

- ☐ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment)
- ☐ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
- ☐ **Black or African American** (A person having origins in any of the black racial groups of Africa)
- ☐ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
- ☐ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

Arizona Department of Education
Arizona Residency Documentation Form

Student _____ School _____

School District or Charter Holder _____

Parent/Legal Guardian _____

As the Parent/Legal Guardian of the Student, I attest* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

___ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
___ Real estate deed or mortgage documents
___ Property tax bill
___ Residential lease or rental agreement
___ Water, electric, gas, cable, or phone bill
___ Bank or credit card statement
___ W-2 wage statement
___ Payroll stub
___ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address.
___ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

___ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

_____ _____

Signature of Parent/Legal Guardian Date

*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes.

FAIRBANKS MIDDLE SCHOOL

Dear Parents or Guardians,
Please read, sign and return this permission slip to the school.

The School Nurse can administer some over-the-counter medications to your child with your permission. Please indicate the medication(s) you will allow the School Nurse to give to your child while at school. The standard dosage will be given unless otherwise stated by you or your child's physician. ***Treatments not requiring medication will always be attempted first.*** Please indicate if your child has an allergy to any medication and or food and if your child has a medical condition(s). If your child does have a medical condition that requires medication please include the medical condition and the medication

Students are not allowed to have medication in their possession while at school. If it is necessary for the child to take only one or two doses of a medication, e.g. a cough drop or cold medication while at school, the medicine needs to come in its original container and a note from the parent stating the reason, time to be taken, and the dosage shall accompany the medication and it should be given to the nurse before the school day starts. ***Any prescription medication*** that needs to be given during school hours will need to be brought into the nurse in its original container (the pharmacist can label an extra bottle for school use). A ***Parent Consent Form*** must be filled out by the Parent/Guardian before any prescription medication can be given. For additional information, please consult the School Nurse or the student handbook.

This form will be valid for the entire time the student is attending Fairbanks Middle School, unless the Parent/Guardian requests a change in writing or an allergy develops.

Name of Child: _____

Please List any Known **Medical or Food Allergies**: _____

Please List any **Medical Condition(s) or Medication(s) (OTC or Prescription)** your child is taking:

_____

Medication:	**Permission?**
Acetaminophen (Tylenol)	Yes____ No____
Ibuprofen (Advil)	Yes____ No____
TUMS	Yes____ No____

Parent/Guardian Signature:

_____Date: _____

MORENCI UNIFIED SCHOOL DISTRICT #18
STUDENT HEALTH HISTORY

☐ Metcalf Elementary School
☐ Fairbank's Middle School
☐ Morenci High School

STUDENT'S NAME: _____

BIRTHDATE: _____ **GRADE:** _____

Has your child ever had the following?

	NO	YES		NO	YES
Chickenpox	☐	☐	Fainting Spells	☐	☐
Mumps	☐	☐	Convulsions or Seizures	☐	☐
Hepatitis	☐	☐	Frequent Ear Infections	☐	☐
Meningitis	☐	☐	Scarlet/Rheumatic Fever	☐	☐
High Fever (>105)	☐	☐	Frequent Nosebleeds	☐	☐
Head Injury	☐	☐			

Has your child ever been hospitalized? NO ☐ YES ☐

If **YES**, please explain when and why: _____

_____

Does your child have any of the following?

	NO	YES	REQUIRES MEDICATION	NAME OF MEDICATION
Asthma	☐	☐	☐	_____
Diabetes	☐	☐	☐	_____
Bleeding Problems	☐	☐	☐	_____
Sore Joints/Arthritis	☐	☐	☐	_____
Hyperactivity Disorder	☐	☐	☐	_____
Epilepsy	☐	☐	☐	_____
Physical Handicap	☐	☐	☐	_____
Other _____			☐	_____
Seasonal Allergies	☐	☐	☐	_____
Food Allergy	☐	☐	If **YES**, please list	_____
Medication Allergy	☐	☐	If **YES**, please list	_____

Does your child have?

	NO	YES	CIRCLE ALL THAT APPLY
Vision Problems	☐	☐	WEARS GLASSES WEARS CONTACTS NEEDS GLASSES
Hearing Problems	☐	☐	WEARS HEARING AIDS NEEDS HEARING AIDS

I have read and completed the above information to the best of my knowledge.

_____ _____

Parent/Guardian Signature Date

Revised 11/12/13

MORENCI UNIFIED SCHOOL DISTRICT #18
STUDENT HEALTH HISTORY

☐ Metcalf Elementary School
☐ Fairbanks Middle School
☐ Morenci High School

STUDENT NAME: _____ **DATE OF BIRTH**_____: **SEX** M ☐ F ☐

PHYSICAL ADDRESS:_____ **MAILING ADDRESS:**_____

MOTHER'S NAME:_____ **FATHER'S NAME:**_____

HOME#:_____ **HOME#:**_____

WORK#:_____ **WORK#:**_____

CELL#:_____ **CELL#:**_____

EMAIL:_____ **EMAIL:**_____

Two emergency contacts other than parent/guardian are required:

				Y	N
1. Name:_____	Relation:_____	Phone:_____	Okay to pick up?	☐	☐
2. Name:_____	Relation:_____	Phone:_____	Okay to pick up?	☐	☐

Local Doctor:_____ Phone:_____

CONSENT TO MEDICAL TREATMENT

I, _____, am the natural parent or legal guardian of _____a minor student, age_____. I authorize assigned certificated staff or appointed designee, in the Morenci Unified School District #18, State of Arizona, to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered to the student under the general or special supervision and on the advice of any licensed physician or surgeon, when the need for such treatment is clear and when efforts to contact me are unsuccessful. If it is necessary to call 911 to transport you child to the hospital the school is authorized to do so.

Parent Signature:_____ **Date:**_____

During the course of the school year we often find it advisable to use ingested or topical medications in the treatment of minor injuries or illnesses. A few such conditions are sore throats, cough, headaches, stomach aches, scratches, blisters, etc. Arizona State law prohibits us from treating any conditions without written consent from the parent. The administration of PRESCRIPTION drugs requires the written permission of the parent. Forms are available from your school's Health Specialist.

The products or their generic equivalent that we use most often in Morenci School District are listed below. If you DO NOT want your child to receive the benefit of any product listed below, please cross through that particular medication.

ACETAMINOPHEN	AMBESOL/ORAJEL	COUGH DROPS/LOZENGES	SOLARCAINE
ANTIHISTAMINE	CALADRYL LOTION	DERMA PLAST	SORE THROAT SPRAY
ALCOHOL (Topical)	CAMPHOPHENIQUE	EYE WASH/DROPS	SPORT CREAM
ANTACID	CARMEX	HYDROGEN PEROXIDE	UNGENTINE (Burns)
ANTIBIOTIC OINT/CREAM	CORTISONE CREAM	IBUPROPHEN	VASELINE
		MIDOL	

Please list any ALLERGIES your child may have to these or any other medications:_____
Current medications and dose:_____
ANY SPECIAL NEEDS/DIAGNOSIS:_____

I hereby give permission for my child to receive any of the ingested or topical medications listed above.

Parent Signature:_____ **Date:**_____