

Fremont Community Schools
STUDENT ENROLLMENT FORM
SCHOOL YEAR 20__ - 20__

Student Name _____ Male _____ Female _____
(Last, First, MI)

Date of Birth _____ Age _____ Grade _____ Social Security # _____

Address (physical/street) _____

Mailing Address (if different than above) _____

Student lives with _____ Both Parents _____ Mother _____ Father _____ Guardian(s)
(Documentation may be required.)

Mother's/Guardian's Name _____ Home Phone _____

E-mail (optional) _____ Cell Phone _____

Employer _____ Work Phone _____

Father's/Guardian's Name _____ Home Phone _____

E-mail (optional) _____ Cell Phone _____

Employer _____ Work Phone _____

Emergency Contact Name _____ Phone _____

Relationship to Student _____

Babysitter/Daycare _____ Phone _____

Physician's Name _____ Phone _____

Special Medical Considerations/Conditions _____ Yes _____ No

If yes, please explain _____

Known Allergies _____

Does student wear glasses? _____ Yes _____ No

Has student ever been tested for possible placement in a Special Education Program?

Does student have an Individualized Education Program (IEP) or a 504 Plan currently in place? _____ Yes _____ No

Former school student attended - if other than Fremont. Please include city and state:

Please list brothers and/or sisters also attending Fremont Community Schools

_____ Grade _____ _____ Grade _____

_____ Grade _____ _____ Grade _____

PLEASE COMPLETE ENTIRE FORM

STUDENT NAME _____

GRADE _____

PART I: Health Status (Contact the school nurse by phone or in person if your child has a serious condition that may need attention.)

HAS YOUR CHILD HAD CHICKENPOX? YES, age or year _____ NO _____ if no, vaccine required.

DOES YOUR CHILD HAVE:

Allergies to medications, food, or insects? _____ List care required _____
> Epi-pen prescribed? YES NO If yes, complete a medication form and return it to the nurse.

Asthma () allergy induced () activity induced () anxiety induced. Medications taken _____
Inhaler at school? YES NO If yes, complete a medication form and return it to the nurse.
> If student needs to carry inhaler with him/her- request special form from school nurse and have signed by physician each school year.

Diabetes since age _____ Controlled by: () diet only () insulin () other _____

Seizure Disorder (list type) _____ Medications taken _____
Date of last seizure _____ List known triggers _____

Glasses _____ Contacts _____ Wears correction for: () near vision difficulties () far vision difficulties () other _____

Hearing loss _____ Correction _____

List other medical problems/health concerns and any special instructions _____

PART II: Current Medications

> Please list name of medication(s) your child uses at home (prescribed and/or OTC): _____

Is medication required during school hours? YES NO If yes, please complete and return a medication form.

PART III: Consents and Signature

YES NO The school nurse has permission to contact my child's doctor and share information if medically necessary. Physician's Name _____

I understand that in order to provide the safest possible environment and most complete educational program for my child, the school needs to be informed of any health conditions that may affect my child's school day or impact their learning.

I understand that medications of any kind are not allowed on school grounds without proper medical authorization and clearance from the school nurse or her designee.

I understand that for the safety of my child, or to provide for their educational program, the school nurse may need to share information about my child's condition with appropriate school staff. This will be done in a confidential manner. If I do not wish that information shared, I must request in writing and file it with the school nurse.

Parent/Guardian Signature _____ Date _____

RESIDENCY INFORMATION FORM

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11431 et seq. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student _____ Parent/Guardian _____
School _____ Phone/Pager _____
Age _____ Grade _____ D.O.B. _____
Address _____ City _____
Zip Code _____ Is this address Temporary or Permanent? (circle one)

Please choose which of the following situations the student currently resides in (you can choose more than one):

- House or apartment with parent or guardian
- Motel, car, or campsite
- Shelter or other temporary housing
- With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

- Loss of housing
- Economic situation
- Temporarily waiting for house or apartment
- Provide care for a family member
- Living with boyfriend/girlfriend
- Loss of employment
- Parent/Guardian is deployed
- Other (Please explain)

Are you a student under the age of 18 and living apart from your parents or guardians? Yes No

Residency and Educational Rights

Students without fixed, regular, and adequate living situations have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento Liaison at 260-495-5005 or the State Coordinator at 317-460-1340.

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth

Date

Signature of McKinney-Vento Liaison

Date

Print Student Name

**Fremont High School
Student Handbook
(including the Student Code of Conduct and Internet Use Agreement)**

Acknowledgement of Receipt

Please take time to read and review the Fremont High School Student Handbook with your child (ren).

Please contact us if you and/or your child have any questions regarding the FHS Handbook, Student Code of Conduct or Internet Use Agreement.

Please complete this form and return it to your child's school as soon as possible.

We acknowledge that we have received and reviewed the Fremont High School Student Handbook. We understand that it is our duty and responsibility to know and understand its contents. Further we are aware that should we have any questions we are to direct them to the Principal at Fremont High School.

Student Signature

Grade

Date

Parent/Guardian Signature

Date

Fremont Community Schools HOME LANGUAGE SURVEY

Date _____ School _____ Grade _____

Child's Name _____
First Name Middle Initial Last Name

Parent or Guardian's Name _____
First Name Middle Initial Last Name

Address _____
Street / P.O. Box City State Zip

Phone Number _____
Home Work

1. Was your child born in the United States? Yes No
 If yes, in which state? _____
 If no, in what other country? _____

2. Has your child attended any school in the United States for any three (3) years during their lifetime? Yes No
 If yes, please provide school name(s), state, and dates attended:
 Name of School _____ State _____ Dates Attended _____
 Name of School _____ State _____ Dates Attended _____
 Name of School _____ State _____ Dates Attended _____

3. What is the native language of the student? _____

4. What is the language spoken most often by the parents? _____

5. What language or languages are spoken by the student in the home? _____

6. What language do you most frequently speak to your child? (Father) _____
 (Mother) _____

7. If available, in what language would you prefer to receive communication from the school? _____

8. Please check if your child is: Native American Indian Native Pacific Islander
 Alaska Native Native U.S. Virgin Islander

9. Please describe the language understood by your child. (Check only one.)
 A. Understands only the home language and no English.
 B. Understands mostly the home language and some English.
 C. Understands the home language and English equally.
 D. Understands mostly English and some of the home language.
 E. Understands only English.

Parent or Guardian's Signature Date

ADDITIONAL STUDENT INFORMATION

Name: _____

Grade _____

Parent E-Mail: _____

Student E-Mail _____

Parent Cell Phone: _____

Student Cell Phone _____

FREMONT COMMUNITY SCHOOLS
Fremont High School
TEXTBOOK RENTAL AGREEMENT FORM 2014-15

Student Name _____ Grade _____

Address _____ Phone _____

Parent(s) / Guardian Name _____

Total amount of textbook rental, consumable, and fees \$ _____

I agree to pay the above total cost according to the following agreement:

Payment in full at this time _____

Monthly ____ Amount _____

Weekly ____ Amount _____

Applying for State Assistance _____
(State Assistance form located in this packet)

If you are filing for Free/Reduced lunches and textbook assistance, PLEASE DO NOT MAKE ANY PAYMENTS AT THIS TIME. You will be notified of your balance due after state assistance.

*****Please Note: When paying fees, please pay the exact amount given. We do not have cash change available. Also, if checks are rounded up, they will be returned. *****

Parent/Guardian Signature _____ Date _____

Costs related to the collection of the book rental fees are the responsibility of the parent/guardian signatures above. There is no additional cost for this time agreement.

PAYMENT MUST BE MADE IN FULL BY MAY 21.

All unpaid textbook rental costs not made by May 21 will be pursued through Steuben County Small Claims Court.

Office Use Only

FP _____

FR _____

Class Dues

What are they and what do they pay for?

Class dues are collected for each of the 4 years at Fremont High School according to the schedule listed below. Expenses taken out of dues for Freshman, Sophomore and Junior years include homecoming and snowcoming items, with the balance carrying forward to the next year's grade. Senior year expenses include homecoming and snowcoming items, diplomas and covers, senior breakfast, graduation ceremony flowers, etc. Dues may be paid at the beginning of each year, or you may pay for multiple years if you choose. Checks should be made payable to Fremont High School.

CLASS DUES MUST BE CURRENT IN ORDER TO ATTEND SEMI-FORMAL AND/OR AND PROM.

Freshman Year	\$5.00
Sophomore Year	\$10.00
Junior Year	\$15.00
Senior Year	\$20.00
TOTAL FOR ALL 4 YEARS	\$50.00

Fremont Community Schools
Voluntary Drug Testing Program Consent Form

Student Name: _____ Present Grade Level _____

I, the undersigned, request that the above named student participate in the voluntary drug testing program at Fremont Community Schools, and hereby agree to let my child be randomly tested. I accept the method of obtaining urine and/or saliva samples, testing, and analysis of such specimen and all other aspects of the program. I agree to have my child cooperate in furnishing urine and/or saliva specimens that may be required.

I further agree and consent to the disclosure of the sampling and testing results provided for this program, understanding that the Corporation Drug Counselor, Nurse, and the Middle or High School Athletic Director shall hold such knowledge in strict confidence. This consent is given pursuant to all state and federal privacy statutes. It will be my responsibility as a parent to act, as I deem appropriate, with the results. Parents will only be notified if any part of their child's results test positive.

Once a parent/guardian has consented for their student to participate in this program, the student will remain in the program for the duration of their enrollment in Fremont Community Schools. If the parent or guardian wishes to remove their student from the program, they must make personal contact via phone or in person *and* submit their request for removal in writing to the building level principal.

Please note: In-season student athletes, as well as high school student drivers are automatically placed in the pool for random testing.

Parent/Guardian Signature

Date

Student Signature (optional)

Date

Note: If you have already signed for your student/students to participate in this program you do not need to sign another consent form.

FREMONT HIGH SCHOOL

TRANSPORTATION INFORMATION

Student _____ Grade _____

Parent/Guardian _____

Home Phone _____ Cell Phone _____ Work Phone _____

Starting date for transportation _____

My student will be:

_____ Walking to and from school

_____ Driving his/her own vehicle
(SEE MRS. QUICK FOR A PARKING PERMIT)

_____ Riding to and from with parent or with another student

_____ Riding the bus to school from the location listed below:

_____ Riding the bus from school to the location listed below:

(OFFICE USE)

AM Bus _____ PM Bus _____