

# FAIRFIELD PUBLIC SCHOOLS REGISTRATION APPLICATION

## FOR DISTRICT USE – REGISTRATION RENEWAL

<input type="checkbox"/> <b>New Registration</b>  <input type="checkbox"/> <b>Moving up from Stevenson PREK</b>  <input type="checkbox"/> <b>Transferring from Stevenson to Churchill</b>  <input type="checkbox"/> <b>Returning to the Fairfield District</b>	<input type="checkbox"/> <b>PARENTS RENT</b> <input type="checkbox"/> <b>Correct Renter's Affidavit - NOTARIZED</b> <input type="checkbox"/> <b>Legal Lease if applicable</b> Lease Expires: _____ <input type="checkbox"/> <b>3 Current Bills</b>  <input type="checkbox"/> <b>LIVES WITH FF RESIDENT (Owner or Renter - see below)</b> <b>Owner:</b> <input type="checkbox"/> <b>Homeowner's Affidavit</b> <input type="checkbox"/> <b>Deed, Tax Bill, COS</b> <input type="checkbox"/> <b>3 Current Bills</b> <b>AND Parent:</b> <input type="checkbox"/> <b>Family Affidavit</b> <input type="checkbox"/> <b>3 Current Bills</b>  <b>Renter:</b> <input type="checkbox"/> <b>Renter's Affidavit</b> <input type="checkbox"/> <b>3 Current Bills</b> <input type="checkbox"/> <b>Legal Lease if applicable</b> Lease Expires: _____ <b>AND Parent:</b> <input type="checkbox"/> <b>Family Affidavit</b> <input type="checkbox"/> <b>3 Current Bills</b>		
<input type="checkbox"/> <b>PARENTS OWN HOME</b> <input type="checkbox"/> <b>Homeowner's Affidavit - NOTARIZED</b> <input type="checkbox"/> <b>Deed (1<sup>st</sup> pg. w/name(s) address &amp; signature page)</b> <input type="checkbox"/> <b>Current Tax Bill</b> OR <input type="checkbox"/> <b>Contract of Sale</b> <input type="checkbox"/> <b>3 Current Bills</b>			
<input type="checkbox"/> <b>Birth Certificate</b>	<input type="checkbox"/> <b>Physical Exam Form</b>	<input type="checkbox"/> <b>Immunization Form</b>	<input type="checkbox"/> <b>Home Language Form</b>
<input type="checkbox"/> <b>Release of Records Form</b>	<b>Registration Date:</b> _____		<b>Start Date:</b> _____
<b>LID #:</b> _____	<b>SID #:</b> _____		

<b>STEVENSON</b>	PREK <input type="checkbox"/>	K <input type="checkbox"/>	1 <sup>st</sup> <input type="checkbox"/>	2 <sup>nd</sup> <input type="checkbox"/>	<b>CHURCHILL</b>	3 <sup>rd</sup> <input type="checkbox"/>	4 <sup>th</sup> <input type="checkbox"/>	5 <sup>th</sup> <input type="checkbox"/>	6 <sup>th</sup> <input type="checkbox"/>
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Student's Name: \_\_\_\_\_  

FIRST
MIDDLE
LAST

FAIRFIELD Home Address: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Birth City: \_\_\_\_\_ Birth State: \_\_\_\_\_ Birth Country: \_\_\_\_\_

Gender:  Male  Female Gender preferred: \_\_\_\_\_

# 1 PRIMARY GUARDIAN/CONTACT \_\_\_\_\_

Mother  Father  Other (specify) \_\_\_\_\_

FAIRFIELD Mailing Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Home #: \_\_\_\_\_

**EMAIL – NEEDED FOR GENESIS PARENT PORTAL:** \_\_\_\_\_

# 2 SECONDARY GUARDIAN/CONTACT \_\_\_\_\_

Mother  Father  Other (specify) \_\_\_\_\_

FAIRFIELD Mailing Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Home #: \_\_\_\_\_

**EMAIL – NEEDED FOR GENESIS PARENT PORTAL:** \_\_\_\_\_

Ethnicity/Race (Select all that apply)

Hispanic  White  Black/African American  Asian  American Indian/Alaskan  Hawaiian/Pacific Islander

Transferring From: \_\_\_\_\_  
School City State

School Street Address: \_\_\_\_\_

What is the Primary Language of the Family? \_\_\_\_\_ What is spoken at home? \_\_\_\_\_

Date child entered the USA: \_\_\_\_\_ Date student first entered a US School (include preschool): \_\_\_\_\_

Check all that apply:  Supplemental Instruction  Gifted & Talented (HEP)  ESL/LEP  504  Special Education

Was child ever tested by the Child Study Team?  Yes  No Does the child have an IEP?  Yes  No

Parent/Guardian Marital Status:  Single  Married  Divorced  Separated  Widow  Widower

Civil Union Comment: \_\_\_\_\_

**CUSTODY INFORMATION (IF APPLICABLE)**

Is there a court order or written agreement between the parents designating the district for school attendance, and if so, where does it require the student to attend school? (You will be asked to provide a copy.)  Yes  No

Does the student reside with one parent for the entire year? At which address: \_\_\_\_\_

If not, for what portion of time does the student reside with each parent and at which address:

Address #1: \_\_\_\_\_

Address #2: \_\_\_\_\_

Privacy (Military)  Yes  No Is this child a child of a district employee or Board Member?  Yes  No

**SIBLING INFORMATION: INCLUDE INFANTS/TODDLERS FOR FUTURE ENROLLMENT**

Please also complete the "Future Student Enrollment Survey" for younger children on our website under registration.

SIBLING'S NAME	BIRTHDATE	SCHOOL ATTENDING	GRADE OR NOT YET IN SCHOOL

\_\_\_\_\_ **Print name** of parent/guardian completing the form

\_\_\_\_\_ **Signature** of parent/guardian completing the form