For Office Use Only
Enrollment Date: _____
Grade: _____

New Enrollment Data Sheet

Monrovia Middle School
215 South Chestnut Street, Monrovia, IN 46157
317-996-2352

Student's Full Legal Name: _____ (Last) _____ (First) _____ (Whole Middle Name) Grade: ____ Age: ____

Date of Birth: __/__/__ Place of Birth: _____ Gender: _____ Primary Phone #: ___-___-____
Primary Phone will be used for ALERT NOW calls to Parents to INFORM of Emergencies, etc.

Student's Address: _____ (Number) _____ (Street) _____ (City) _____ (Zip)

Student's Cell Phone #: ___-___-____ Student's email _____

Academic Information

Name and Address of Previous School: _____

Has student attended Monrovia Schools before? Yes ☐ No ☐ If yes, date and grade at withdrawal: _____

Has student ever been retained?: Yes ☐ No ☐ If yes, specify grade level and year: _____

Is student involved in any Special Programming (check all that apply)

☐21st Century Scholar ☐Free or Reduced Meals/Textbooks ☐Special Education Services ☐High Ability ☐504 ☐ELL

Race and Ethnicity: (Note: Both Part 1 and Part 2 should be answered)

Part 1: Ethnicity: Is the student Hispanic/Latino? (Choose only one) ☐Yes ☐No

Part2: Race: What is the student's race? (Choose all that apply)

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Hispanic

CONTACT INFORMATION

Family # 1 (With Whom Student Lives)	Legal Custody Check if applies	May Pick up Check if applies	Relationship	Cell Phone #	Work #	Other #
_____	☐	☐	_____	_____	_____	_____
Email address: _____						
_____	☐	☐	_____	_____	_____	_____
Email address: _____						

Family # 2 (Other Guardian Who Student Does Not Live with)	Legal Custody Check if applies	May Pick up Check if applies	Relationship	Cell Phone #	Work #	Other #
1_____	☐	☐	_____	_____	_____	_____
Email address: _____						
2_____	☐	☐	_____	_____	_____	_____
Email address: _____						

Family # 2's Mailing Address: _____

OVER

Emergency Contact Info:

Persons who may be contacted when you can not be reached or may pick up student for scheduled appointments.

	Contact(s) Name	Relationship	Cell Phone #	Work #	Other #
1					
2					
3					
4					
5					

Please indicate below other siblings in our school district:

Name	Grade	Name	Grade

Please indicate any health problems your child has such as allergies, diabetes, asthma, etc.

_____

_____

_____ (Signature)

_____ (Relationship to student)

_____ (Date)

Monroe-Gregg School District

Strong Schools. Strong Community.

HOUSING QUESTIONNAIRE

The Monroe-Gregg School District wants to ensure your child receives the best possible education. The information from this form will determine if your student is eligible to receive benefits under the federal McKinney-Vento Act, a law that helps students who are in certain transitional living situations or temporarily displaced from their home.

Name of Student (Last, First, MI):

Which of the following most accurately describes your residency? Check one box only:

- ☐ Living in motel, hotel, or campgrounds: due to lack of suitable housing
- ☐ Doubled-Up: TEMPORARILY living with family or others due to hardships
- ☐ Living in emergency or transitional shelters
- ☐ Living in a public or private place: car, park, abandoned building
- ☐ Lack stable housing/moving from place to place: "Couch surfing"
- ☐ House, mobile home or apartment

If the student is living in permanent housing, McKinney Vento services **do not apply.** If the student is **NOT** currently living in permanent housing, **please continue to complete the information below:**

School ❒ Monrovia High School ❒ Monrovia Middle School ❒ Monrovia Elementary School
Gender: ❒ Female ❒ Male Date of Birth: _____/_____/_____ Grade: _____

Address (if available - primary location student stays):

Parent Name Printed:	Parent Signature

Student Name Printed (Unaccompanied youth only):	Student Signature (Unaccompanied youth only):

Based on the response to this questionnaire, the Monroe-Gregg McKinney Vento Liaison may be contacting you to discuss eligibility for available services.

MONROE-GREGG SCHOOLS
Personal Health History

Student Name: _____ Grade: _____

Date of Birth: _____ Home Phone: _____

Complete the following checklist by indicating any of the following conditions, past or present.
Include additional details on back if necessary.

	YES	NO	DATE		YES	NO	DATE
Allergies: ___ Seasonal ___ Animals ___ Bee/Insect Sting ___ Food: _____ ___ Medication: _____ ___ Other: _____ Please note which applies: ___ Local reaction ___ Reaction requiring hospital ___ Requires an Epi Pen				Head Injury: ___ Recent ___ Concussion ___ Other Explain:			
ADD/ADHD: ___ Medication at home ___ Medication at school				Headaches/Migraines:			
Anemia: Type:				Hearing: ___ Hearing Loss ___ Wearing Hearing aids			
Arthritis: ___ Rheumatoid ___ Other				Heart Condition: ___ Rheumatic Fever ___ Murmur ___ Other			
Asthma: ___ Emergency inhaler required				Lead Poisoning:			
Back/Neck Injury or Condition:				Lung Disease/TB:			
Bladder/Kidney Condition:				Nutrition/Eating Disorder: (overweight/underweight)			
Blood/Clotting Disorder ___ Hemophilia ___ Other				Orthopedic/Bone Condition:			
Cancer/Leukemia:				Psychological/Psychiatric: ___ Medication list on back			
Childhood Disease: Explain:				Other:			
Diet Restrictions: Explain:				Surgery: Explain:			
Epilepsy/Seizure Types Explain:				Vision: ___ Glasses ___ Contacts			

MONROE-GREGG SCHOOLS
Personal Health History

Please give details for any that are marked YES that may impact your child's routine at school:

_____

_____

Is this student under any ongoing medical/emotional care or treatment? _____ YES _____ NO

If yes, physician's name: _____

Explain: _____

_____

Has your student been recently hospitalized? _____ YES (If, yes, please provide date: _____) _____ NO

Explain: _____

_____

Medications:

Home:

Does this student take any medication at home? _____ YES _____ NO

_____ Prescription _____ Over the counter (OTC) _____ Patch

Medication Name: _____ Dosage: _____ Frequency: _____

School:

Will this student be required by a physician to take medication during school hours? _____ YES _____ NO

Medication Name: _____ Dosage: _____ Frequency: _____

Medication Name: _____ Dosage: _____ Frequency: _____

Medication Name: _____ Dosage: _____ Frequency: _____

****** Note- All medication requires an additional signed medication permit on file prior to administration at school.******

To ensure the care of my child, I read and agree that pertinent health information may be provided to appropriate school staff. This will be done only on a "need to know" basis, in a confidential manner. I agree that the school nurse may consult with my child's family physician(s) about the above medical condition(s). I agree to alert the school nurse and my child's teacher in writing of any changes in medications and/or health status of my child. I will furnish the school with a current telephone number and address in the event of an emergency. The above permission will be valid through the duration of my child's attendance at school unless I revoke the permission in writing.

Parent/Guardian Signature: _____ Date: _____

Individual Healthcare Plans should be in place for any student with asthma, diabetes, seizures, food allergies, insect sting allergies, cancer, hemophilia, and other health conditions. Many plans require physician's signatures so please contact the school nurse at 317-996-2246 (option 3) to complete your student's plan. Plans should be in place before the first day of school.

Monroe-Gregg School Corporation
135 S. Chestnut Street
Monrovia, IN 46157

The Indiana State Department of Health is requesting the following information to be released to the Children and Hoosiers Immunization Registry Program (CHIRP). The Family Education Rights and Privacy ACT (FERPA) requires an "active parent permission" to enter this information into CHIRP. This is a one-time only consent and is in effect until the parent decides to remove the consent or a student who is 18 years of age decides to remove the consent.

THE INFORMATION REQUESTED IS:
Child's Name, Date of Birth, Address, Guardian Name, and Immunization Information.

I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me or my child of my child's immunization status or that an immunization is due according to recommended immunization schedules.

I understand that my child's information may be available to the immunization data registry of another state, a healthcare provider or a provider's designee, a local health department, an elementary or secondary school, a child care center, the office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning, a licensed child placing agency, and a college or university. I also understand that other entities may be added to this list through amendment to I.C. 16-38-5-3. I also understand that I am not obligated to consent to the release of this information.

I hereby consent to the release of such information by Monroe-Gregg School District to the Children and Hoosiers Immunization Registry Program.

_____ _____
Signature Date

_____
Printed Name of Parent or Guardian

_____ (__) _____
Address Telephone Number

_____ _____
Child's Name Child's Date of Birth

*By not returning this form you are choosing to be exempt from the release of this information by the Monroe-Gregg School District to the Children and Hoosiers Immunization Registry Program (CHIRP).

Consent for Emergency Medical Care

In an emergency situation, after all efforts to contact parents have been exhausted, this form authorizes consent for emergency medical treatment to be initiated in a timely manner.

I _____am the parent or legal guardian of _____ and I authorize Monroe-Gregg School Corporation to obtain emergency medical treatment of this minor by an appropriate health care professional should the need arise while he/she is at school.

Signature_____ Date_____

Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment in Indiana, and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the WIDA Screener will be administered to determine whether or not the student will qualify for additional English language development support.

Please answer the following questions regarding the language spoken by the student:

1. What is the native language of the **student**? _____

2. What language(s) is spoken most often by the **student**? _____

3. What language(s) is spoken by the **student** in the home? _____

Student Name:_____ **Grade:**_____

Parent/Guardian Name:_____

Parent/Guardian Signature:_____ **Date:**_____

By signing here, you certify that responses to the three questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

For School Use Only:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name:_____ Date:_____

Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

The Migrant Education Program (MEP) provides supplemental education and support services to eligible children through national funding. The purpose of the program is to ensure that all migrant students reach the academic standards and graduate with a high school diploma (or complete GED/HSE).

WORK SURVEY

Thank you for answering the following questions. If your child is eligible for the Migrant Education Program, they may receive additional educational support. This information is **strictly confidential.**

Student's Name: _____ Parent's Name: _____

Address: _____ City: _____ Telephone:(___) _____

Date: _____ Parent Signature: _____

1. Within the last **3 years**, have your children moved for any reason? **YES** ____ **NO**_____
2. Has anyone in your household moved from one school district to another within the United States, to look for seasonal or temporary work in agriculture? **YES** ____ **NO** _____
   If you answered **NO** to either of these questions, please stop. 

If you answered **YES**, please continue.

3. When was the last time you or anyone in your household has moved to look for, or work in an agricultural activity within the United States? Month_____ Year_____
4. Please check any of the agricultural activities listed below that you have looked for or worked in:

_____ Plant or harvest vegetables or fruits

_____ Detassel corn

_____ Tobacco farm

_____ Poultry and/or egg farm

_____ Duck, turkey, chicken, pork or beef processing plant

_____ Aquaculture/fish hatcheries

_____ Canning vegetables or fruits

_____ Sod farm

_____ Planting, pruning or cutting trees

_____ Dairy farm

_____ Flora culture/gladiola farm

_____ Green house or plant nursery

Please list the names of all children in the household under 22 years of age.

Child's Name	Date of Birth (D.O.B.)
1.	
2.	
3.	
4.	
5.	

Indiana Government Center North, 9th Floor • 100 N Senate Ave • Indianapolis, Indiana 46204
317-232-6610 • www.doe.in.gov

Indiana Department of Education
Dr. Katie Jenner, Secretary of Education

El Programa de Educación Migrante (MEP) provee servicios educativos suplementarios a niños que califican a través de fondos nacionales. El propósito del MEP es asegurar que todos los estudiantes migrantes tengan éxito académico y que se gradúen con su diploma (o que completen el GED/HSE).

ENCUESTA DE TRABAJO

Gracias por contestar las siguientes preguntas. Si su hijo/a es elegible para el Programa de Educación Migrante, podría recibir apoyo educativo adicional. La información es **completamente confidencial.**

Nombre del Estudiante:_____Nombres de los Padres:_____

Dirección: _____ Ciudad: _____Teléfono: (___)_____

Fecha:_____Firma de los Padres:_____

1. ¿Durante los **últimos 3 años**, se ha mudado su(s) hijo(s) por cualquier razón? **SÍ**____ **NO**_____
2. ¿Se ha mudado alguien de su familia dentro de los Estados Unidos para buscar trabajo temporal o de temporada en algo relacionado con la agricultura? **SÍ**_____ **NO**_____

Si contestó **NO** a cualquiera de las dos preguntas, favor de parar aquí. STOP

SI contestó **SÍ**, favor de continuar.

3. ¿Cuándo fue la última vez que usted o un miembro de su familia se mudó para trabajar en la agricultura? Mes _____ Año _____
4. Por favor marque en la parte abajo la actividad agrícola en que usted buscó trabajo o trabajó.

____ Matadero de patos, pavos, pollos, cerdos o vacas
____ La espiga (maíz)
____ Cultivar tabaco
____ Pollería o granja de huevos
____Plantar o cosechar verduras o frutas
____ Trabajar en un criadero de peces
____ Enlatar o congelar verduras o frutas en la bodega
____ Trabajar en la siembra o cosecha de césped
____ Plantar, emparejar o cortar árboles
____ Granja de vacas lecheras
____ Cultivar y cosechar flores
____ Trabajar en la cría de plantas

Por favor escribe los nombres de todos los niños, menores de 22 años de edad, que viven con Usted.

Nombre del niño(a)	**Fecha de nacimiento**
1.	
2.	
3.	
4.	
5.	

Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

Pwogram Pou Migran yo (MEP) se yon Pwogram ki la pou li bay sipò ak sèvis tankou edikasyon siplemantè pou sa yo ki kalifye a travè resous nasyonal. Bi pwogram nan, se pou li asire ke tout etidyan migran yo rive nan nivo standa akademik yo epi pou asire ke yo arive fini lekòl ak yon diplòm lekòl segondè oubyen yon diplòm ekivanlan nan (GED)

Mèsi pou tan ou pran pou reponn kesyon sa yo. Si pitit ou a kalifye pou pwogram Edikasyon Pou Migran yo, li gen chans pou li jwenn kèk lòt sipò sou pwen edikasyon. Infòmasyon sa-a, li **vrèman konfidansyèl.**

Non Etidyan an: _____Non Paran-an: _____

Kote ou rete: _____Non Vil la: _____Tel (____) _____

Dat: _____Siyati Paran an: _____

1. Nan 3 dènye ane yo, te pitit ou demenaje ale rete pou nenpòt ki rezon? **Wi**_____**Non**_____
2. Èske gen moun lakay ou te deplase soti nan yon distri lekòl nan yon lòt nan peyi Etazini, yo gade pou travay sezonye oswa tanporè nan agrikilti? **Wi**_____**Non**_____ Si **NON** Kanpe la Tanpri!

Si ou te reponn **WI** kontinye.

3. Ki dènye fwa yon moun nan fwaye ou te demenaje pou li te ka al travay nan aktivite agrikilti?
   Mwa_____Ane_____
4. Make tout branch aktivite agrikilti ou te chache travay ladan yo oubyen ou travay nan yo deja:

____	Plante oubyen ranmase legim oubyen fwi	____	Mete legim oubyen fwi nan mamit
____	Keyi mayi	____	Fèm gazon
____	Fèm Tabac	____	Plante, koupe oubyen raze pye bwa
____	Poulaye / Fèm Ze	____	Jaden kote yo fè pwodwi ak lèt
____	Kote yo machinen kana, kodenn, poul, kochon	____	Kote yo kiltive flè
____	Kote yo fè elvay pwason	____	Yon jaden andedan

Tanpri ekri non tout pitit ou genyen ki poko gen 22 lane

Non Pitit la	**Dat li te fèt**
1.	
2.	
3.	
4.	
5.	

Racial and Ethnic Data

The federal government, which requires all states to collect this information, has developed a new way to report ethnicity and race that includes new categories

The federal government has developed these new categories in order to provide a more accurate picture of the nation's ethnic and racial diversity. This will enable individuals to be identified in ethnic and racial classifications and in more than one racial category.

In the past, forms allowed individuals to be identified in only one racial category. Currently, Monroe-Gregg School District asks families to provide information on students' race and ethnicity at the time of enrollment. Beginning in fall of 2010, we will ask the families of newly enrolled students AND of all current students to complete a brief form to update information on their children's ethnicity and race.

The data with the new ethnicity and race categories will be used in the same manner that such information is currently used. For example, the federal government uses racial and ethnic data in reporting and analyzing test results, such as ISTEP+ and the End of Course Assessments. The new categories will replace all existing categories for use in state and federal data collections that include data on ethnicity or race.

Student Last Name: _____ First Name: _____

Birthdate: _____ School: _____

Parent/Guardian Signature: _____ Date: _____

Race and Ethnicity: ***(Note: Both Part 1 and Part 2 of the question must be answered.)***	
Part 1: Ethnicity	**Is this individual Hispanic/Latino? (choose only one)** ☐ No, not Hispanic/Latino ☐ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)
Part 2: Race	**What is the individual's race? (Choose one or more)** ☐ American Indian or Alaska Native: A person having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition. ☐ 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.

MONROE - GREGG SCHOOL DISTRICT

EXTRACURRICULAR ACTIVITIES & STUDENT DRIVER CONSENT FORM

I have received, read and understand a the "Monroe – Gregg School District Extracurricular Activities & Student Driver Drug Testing Program." I wish to participate in this program, and in the extracurricular programs of Monroe – Gregg School District, and hereby, voluntarily agree to be subject to its terms for my entire school career (grades 7 –12). I accept the method of obtaining urine specimens, testing, and analyses of such specimen, and all other aspects of the program. I agree to cooperate in furnishing urine specimens that may be required from time to time.

I further agree and consent to the disclosure of the sampling, testing, and results provided for this program. This consent is given pursuant to all State and Federal Privacy Statutes, and is a waiver of rights to nondisclosure of such test records and results only to the extent of the disclosures in the program.

Date: _____, 20_____ Grade: _____

_____ _____

Student Name PRINTED Parent/Guardian PRINTED

_____ _____

Student Signature Parent/Guardian Signature

1. First offense = 25% participation ban of the regular season contests/remaining school days AND Certificate of Completion from an approved Drug/Alcohol Education Course
2. Second offense = 50% participation ban of the regular season contests/remaining school days
3. Third offense = 365 day participation ban
4. Fourth offense = Career participation ban

The student and guardian must complete and sign a Withdrawal of Consent Form in order for a student to be removed from the testing pool. Removal from the program eliminates participation for a full calendar year.

Student Driver: _____ YES _____ NO

Athletic Teams: _____ Fall _____ Winter _____ Spring

Extracurricular Activities: (List name on lines below)

Band (name) _____ ____ Choir (name) _____

_____ _____

_____ _____

_____ _____

Monroe-Gregg District School Corporation
Special Education Department

TEMPORARY PLACEMENT

Student's Name: _____ Grade: _____ DOB: ___/___/___

I, _____, certify that my child was enrolled in
(parent/guardian of above-named student)

a program for _____ at his/her previous
(Type of special education service student received)

school _____. I request that my child be placed in the
(Name of previous school)

program for the _____ at _____
(Type of special education service student received) *List School (Elementary/Middle/High)*

School.

I further realize that this placement is temporary pending the school's receipt of my child's educational record. Upon receipt, the school will convene a case conference committee to finalize placement or request permission to conduct further testing.

_____
Parent/Guardian Signature

_____
Address (street)

_____
City, State, Zip

_____
Telephone (Home)

_____
Alternate Telephone (Work and/or Cellular)

_____
Date of Signature/Request

ALL STUDENTS MUST HAVE A NEW COMPLETED TRANSPORTATION FORM ON FILE.

HIGH SCHOOL STUDENTS THAT WILL BE DRIVING TO SCHOOL ARE TO COMPLETE THE TOP PART OF THE FORM & WRITE "STUDENT DRIVER" NEXT TO THEIR NAME.

THANK YOU,

MINETTE ELLIOTT

TRANSPORTATION DIRECTOR

MONROE-GREGG TRANSPORTATION CHANGE REQUEST

(ALL INFORMATION MUST BE COMPLETED FOR CHANGES TO TAKE PLACE)

Parent/Guardian Name _____ Today's Date _____

Home address _____ Contact Phone# _____

Student Name	School	Grade
Student Name	School	Grade
Student Name	School	Grade
Student Name	School	Grade

Effective Date: _____

Before School (Check one per day)

Monday	☐ Car Rider	☐ MES Puzzle Pieces	☐ Hall Puzzle Pieces	☐ Bus from Home	☐ Bus from Alternate Address
Tuesday	☐ Car Rider	☐ MES Puzzle Pieces	☐ Hall Puzzle Pieces	☐ Bus from Home	☐ Bus from Alternate Address
Wednesday	☐ Car Rider	☐ MES Puzzle Pieces	☐ Hall Puzzle Pieces	☐ Bus from Home	☐ Bus from Alternate Address
Thursday	☐ Car Rider	☐ MES Puzzle Pieces	☐ Hall Puzzle Pieces	☐ Bus from Home	☐ Bus from Alternate Address
Friday	☐ Car Rider	☐ MES Puzzle Pieces	☐ Hall Puzzle Pieces	☐ Bus from Home	☐ Bus from Alternate Address

*Please fill in Alternate Address if applicable

After School (Check one per day)

Monday	☐ Car Rider	☐ MES Puzzle Pieces	☐ Hall Puzzle Pieces	☐ Bus to Home	☐ Bus to Alternate Address
Tuesday	☐ Car Rider	☐ MES Puzzle Pieces	☐ Hall Puzzle Pieces	☐ Bus to Home	☐ Bus to Alternate Address
Wednesday	☐ Car Rider	☐ MES Puzzle Pieces	☐ Hall Puzzle Pieces	☐ Bus to Home	☐ Bus to Alternate Address
Thursday	☐ Car Rider	☐ MES Puzzle Pieces	☐ Hall Puzzle Pieces	☐ Bus to Home	☐ Bus to Alternate Address
Friday	☐ Car Rider	☐ MES Puzzle Pieces	☐ Hall Puzzle Pieces	☐ Bus to Home	☐ Bus to Alternate Address

*Please fill in Alternate Address if applicable

YOUR CHILD'S BUS ROUTES ARE ASSIGNED BY THE ADDRESS INFORMATION WE RECEIVE. PLEASE MAKE SURE YOUR CHILD'S PERSONAL INFORMATION IS CORRECT AT ALL TIMES.

Monrovia Middle School

215 South Chestnut Street • Monrovia, IN 46157 • (317) 996-2352

Verification of Residency Statement

In order to verify residency within the Monroe-Gregg School District, **two** current document (dated within the past 30 days) listed below must be provided, showing parent/guardian **name and address**. (Post Office box numbers are not acceptable as residence address.)

- ☐ Escrow papers, mortgage book or statement, property tax form, or homeowner's association fees statement.
- ☐ Lease Agreement/Rental Contract **and** current rent receipt
- ☐ Letter on apartment complex or mobile home park letterhead, signed by the landlord, stating that parent/guardian lives there
- ☐ Gas or electric bill
- ☐ Water bill
- ☐ Cable TV bill
- ☐ Garbage bill
- ☐ Phone bill
- ☐ Verification of Social Services
- ☐ Residence insurance statement

I, _____ (print name) the parent/guardian of

_____ (print student's name) declare that the above-named student resides at the address shown on the document checked above and attached. I will notify the school within two weeks if residency changes and agree to provide a new residency documentation and an updated signed statement at that time.

Falsification of any information or document required for residency verification or the use of any address where the student does not reside may result in revocation of student enrollment.

_____	_____	_____
Signature of Parent/Guardian	Date	Home Phone

FOR SCHOOL USE ONLY:

The attached document(s) show(s) the name and address of the person(s) enrolling the above-named student.

_____	_____	_____
Principal or Designee's Signature	Date	Home Phone