

Enrollment Code: \_\_\_\_\_

**FRANKLIN PHONETIC SCHOOL**

Date Received: \_\_\_\_\_

Date Enrolled: \_\_\_\_\_

**Sunnyslope Campus**

B/C  IMM/WVR  RES

Teacher: \_\_\_\_\_

Phone 602-870-6674

TESTING  SPED

Grade: \_\_\_\_\_

SCHOOL YEAR \_\_\_\_\_ / \_\_\_\_\_

SAIS ID # \_\_\_\_\_

**STUDENT INFORMATION:**

Legal Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Known by any other name? \_\_\_\_\_

Parental email address: \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_

(Month) (Day) (Year) (City) (State)

Age as of December 31<sup>st</sup> of school year \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

**Ethnicity:** Hispanic or Latino \_\_\_\_\_ **NOT** Hispanic or Latino \_\_\_\_\_

**Race:** You may also select **one or more** of the following:

American Indian or Alaskan Native \_\_\_ Asian \_\_\_ Black or African American \_\_\_

Native Hawaiian or Other Pacific Islander \_\_\_ White \_\_\_ (This includes Hispanic ethnicity.)

• **Mother/Legal Guardian:** \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Home/Cell # \_\_\_\_\_

• **Father/Legal Guardian:** \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Home/Cell # \_\_\_\_\_

Who has legal custody of the child? \_\_\_\_\_ Relationship? \_\_\_\_\_

\*Please provide copy of Custody Order

• Other people living in the home: Name, age, relationship \_\_\_\_\_

- **Language:**
- What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_
- What is the language most often spoken by the student? \_\_\_\_\_
- What is the language that the student first acquired? \_\_\_\_\_

• **Special Education, Title I, Gifted:**  
Yes  No  If yes, please specify: SPED Category \_\_\_\_\_ Other \_\_\_\_\_

We aim to get a child's services started as soon as possible, so we ask that you please disclose this information so we may give your child the best education possible.

**Has your child ever been expelled?**

Yes  No  if yes, please specify \_\_\_\_\_

**Has the student been retained in any grade level?** YES  NO  Grade Retained \_\_\_\_\_

\*Retention status will not affect student's ability to be enrolled

**Previous School Attended:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

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

**Students Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Medicine Administration Permission Form**

This is the list of over-the-counter medications that our 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	Pepto Bismal	Benadryl	Cough Syrup/ Drops
Tylenol 500mg	Ibuprofen 200mg	Chap Stick		Vaseline
Hydrogen Peroxide	Mylanta	Ora-jel		Sterile Eye Wash Solution
Tylenol Chewable 160mg	Calamine Lotion	Hydrocortisone Cream		Bactine Spray
Claritan Chewable	Sore Throat Spray	Lotion		

Children are not permitted to carry any medications with them on school grounds.

**I GIVE PERMISSION TO GIVE ALL MEDICATIONS NOT CROSSED OFF ON THE ABOVE LIST.**

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

**HEALTH INFORMATION**

Does your child have any of the following? If you indicate **YES**, please provide more information on the "Comments" line.

Asthma	Yes ___ No ___	Kidney Disease or Anemia	Yes ___ No ___
Allergies	Yes ___ No ___ (If YES list below)	Heart Condition	Yes ___ No ___
Diabetes	Yes ___ No ___	Convulsions	Yes ___ No ___
Orthopedic Problems	Yes ___ No ___		
Urinary	Yes ___ No ___		
Tubes in Ears	Yes ___ No ___		
Other	_____		

Serious Illness or Handicaps: Yes \_\_\_ No \_\_\_ If yes, specify \_\_\_\_\_

Hearing, speech, vision (glasses, contact lenses) Yes \_\_\_ No \_\_\_ Specify: \_\_\_\_\_

Physical restrictions from any activity? Yes \_\_\_ No \_\_\_ Reason: \_\_\_\_\_

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** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Signature of Parent or Guardian**



**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/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**

**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 emergency contacts 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: \_\_\_\_\_  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**PERMISSION FOR STUDENTS TO WALK HOME.**

By **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** \_\_\_\_\_

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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** \_\_\_\_\_

**PERMISSION TO BE PHOTOGRAPHED**

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**May your child be photographed for a publication or newspaper article?**  
Yes \_\_\_ No \_\_\_

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# Franklin Phonetic School

## Records request

9317 N 2nd Street Phoenix,

Arizona 85020

(602)-870-6674

nilknarf@franklinphonetic.net

Previous School: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX: \_\_\_\_\_

**I HEREBY AUTHORIZE THE RELEASE OF ACADEMIC, MEDICAL, PSYCHOLOGICAL,  
BEHAVIORAL, AND SPECIAL EDUCATION RECORDS FOR:**

Students Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

LAST GRADE AT PREVIOUS SCHOOL \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

School Official: \_\_\_\_\_

Date: \_\_\_\_\_