FCMS Enrollment Form 2026-27

Date _____

Student's Legal Name _____ M___F___
(Last) (First) (Middle)

Grade_____ Date of Birth _____ Place of Birth _____
(City) (State)

Address _____ Home Phone _____
(Street) (City) (Zip)

Mailing address (if different)_____ Cell Phone _____

Last School Attended _____ Address _____

Date of withdrawal _____ Reason for withdrawal _____

Parent/Guardian:
Name _____Address (if different)_____ Phone _____

Employer _____ Occupation _____ Work Phone _____

Education Level: ☐Grad School ☐ College Grad ☐ Some College ☐ High School Grad ☐Not a High School Grad

Parent/Guardian:
Name _____ Address (if different) _____ Phone _____

Employer _____ Occupation _____ Work Phone _____

Education Level: ☐Grad School ☐ College Grad ☐ Some College ☐High School Grad ☐Not a High School Grad

Step-Parent/Guardian:
Name _____Address (if different) _____Phone _____

Employer _____ Occupation _____ Work Phone _____

Education Level: ☐ Grad School ☐College Grad ☐Some College ☐High School Grad ☐ Not a High School Grad

EMERGENCY Contact/Pick-up Permission - Individuals not listed above who are emergency contacts, can pick student up, or both.

1. Name _____ Cell Phone_____
   Relationship to Student: _____ Work Phone _____
2. Name _____ Cell Phone_____
   Relationship to Student: _____ Work Phone _____
3. Name _____ Cell Phone_____
   Relationship to Student: _____ Work Phone _____

Doctor _____ Phone _____
In case of an accident, if we cannot contact you, would you be willing to have the school take your child to the hospital?
Yes_____ No_____

Does this student have any special health problems and/or physical handicaps? If yes, please specify _____

Is this student taking any long-term medication? If yes, please specify _____

List siblings under age 18 and living at home

Name _____ **M** ____ **F**_____ **Date of birth** _____

Name_____ **M**_____**F**_____ **Date of birth** _____

Name_____ **M**_____**F**_____ **Date of birth** _____

Name_____ **M**_____ **F**_____ **Date of birth** _____

RESIDENCE – where is your child/family currently living? (Federally mandated by NCLB) – Please check appropriate box:

☐ **In a single family permanent residence (house, apartment, condo, mobile)**
☐ **Doubled-up (sharing housing with other families/individuals due to economic Hardship or loss)**
☐ **In a shelter or transitional housing program**
☐ **In a motel/hotel**
☐ **Unsheltered (car/campsite)**
☐ **Other** _____
_____

PARENT E-MAIL _____

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