

# Freedom of Choice Student Center Homeschool Student Enrollment Form



Student's Legal Name: \_\_\_\_\_ # ID \_\_\_\_\_  
Last First Middle Office Use Only

Grade: \_\_\_\_\_ Nickname: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_

Address: \_\_\_\_\_  
Street City/State/Zip

Contact Phone: \_\_\_\_\_ Student's Mobile Phone: \_\_\_\_\_

**Student's Race:** ASIAN \_\_\_ BLACK \_\_\_ HISPANIC \_\_\_ AMER INDIAN \_\_\_ WHITE \_\_\_ PACIFIC ISLANDER \_\_\_ OTHER \_\_\_

**Language Other Than English Spoken At Home:** \_\_\_\_\_

## Parent/Guardian

Contact #1: _____	Contact #2 _____
Relationship to student: _____	Relationship to student: _____
Address: _____	Address: _____
Place of Employment: _____	Place of Employment: _____
Work Phone: _____	Work Phone: _____
Mobile Phone: _____	Mobile Phone: _____
Email: _____	Email: _____
Daytime emergency number: _____	Daytime emergency number: _____

Is there a court order that restricts either parent from contact with your student or access to student records? Y \_\_\_ N \_\_\_

## Emergency Contacts When the Parent/Guardian Cannot Be Reached (Other than parent/guardians)

1. \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_  
2. \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

## These People Have Permission to Check My Child Out of School

1. \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_  
2. \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_  
3. \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

**Medical:** Does the student have any medical concerns? \_\_\_\_\_  
Allergies: Y \_\_\_ N \_\_\_ Please explain: \_\_\_\_\_

Prior IEP: Y \_\_\_ N \_\_\_ 504: Y \_\_\_ N \_\_\_ / If yes, indicate current date or if dismissed, the dismissal date: \_\_\_\_\_

Name and address of former school: \_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Previous School Information

School Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

## Student Profile

**Answers to these questions will not necessarily result in a non-acceptance. The answers are however, very important for us to know. Please answer to the best of your ability.**

\_\_\_ Yes \_\_\_ No 1) Has there ever been a concern regarding your student's behavior at school?

\_\_\_ Yes \_\_\_ No 2) Does your child have any known or suspected behavior problems that would be disruptive in a classroom setting?

\_\_\_ Yes \_\_\_ No 3) Has your student ever been suspended or expelled from school?

\_\_\_ Yes \_\_\_ No 4) Has your student ever received professional therapy for behavior issues outside of a school setting?

\_\_\_ Yes \_\_\_ No 5) Has your student ever received disciplinary actions for consuming alcohol or illegal drugs?

\_\_\_ Yes \_\_\_ No 6) Does your student have any known or suspected learning disabilities?

\_\_\_ Yes \_\_\_ No 7) Does your student require any additional academic support or in-class modifications?

If you responded **yes** to any of the above questions, please explain:

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Unusual factors in your student's life and/or home situation: \_\_\_\_\_

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## Court Order

**\*\*** Is there any court order in effect limiting the presence of, or removal of, student by any person during school hours? Yes \_\_\_\_\_ No \_\_\_\_\_

Please briefly explain: \_\_\_\_\_

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Documentation must be provided at enrollment.

**\*\*** In order for FCSCCH to implement any conditions of the above said order, a copy must be in the student's file. Information is confidential and is necessary to implement and protect all persons affected.

*Please provide the Freedom of Choice Student Center Homeschool with additional information you think is important to disclose about your child that was not indicated in the above section.*