



Notice of Non-Discrimination-public notice: It is the policy of the Fairfield Community School District not to illegally discriminate on the basis of race, color, national origin, gender, disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity and socioeconomic status (for programs) in its educational programs and its employment practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy please contact the district's Equity Coordinator, Chuck Benge, Director of Curriculum Fairfield Community School District ACT Office, 403 South 20th St., Fairfield, IA 52556 Telephone : [641 472-2655](tel:6414722655) Email: chuck.benge@fairfieldfuture.org

2021-22 New Family Registration Packet

Dear New Family,

Welcome to Fairfield Community School District! We are excited to have you and your family join us. Our staff works toward a growth mind set and wants your experience to be positive. So if you can see any areas where we can improve your experience, please let us know.

Once enrolled your child will have an exciting experience within our schools. They will develop skills that will support them throughout their school year and beyond. Thank you for choosing Fairfield Community Schools.

Dr. Laurie J. Noll
Superintendent

Additional Forms and Documentation Needed: *(Some of this may be included w/ student's records from their previous school)*

Requirements for **All** Students:

- Release of Student Records Request. *(Except Preschool, Kindergarten & students transferring from country outside the U.S.)*
- Proof of Residency ex: purchase/rental agreement, copy of a current utility/water/mortgage/property tax bill.
- Proof of Student Birthdate ex: birth certificate, attending physician's certificate, passport.
- Immunization Certificate or Immunization Exemption Certificate.
- Cumulative Folder & Health Information Form.
- Payment of School Fees or Completion of the Free/Reduced Lunch Application & Waiver.
- Completion of the 1:1 Acceptable Use Agreement for Laptop or iPad.

- Approved Open Enrollment Form for students that reside outside of the Fairfield Community School District.
- TB Test Results for students transferring from a country outside of the United States.

Additional requirements needed by Students' grade level:

- Current Physical Examination Form completed by your doctor. *(Kindergarten & Preschool)*
- Certificate of Vision Screening. *(Kindergarten & Preschool)*
- Certificate of Dental Screening or Certificate of Dental Screening Exemption. *(Kindergarten & 9th grade)*
- Blood Lead Test Result or Blood Test Exemption. *(Kindergarten)*

Legal Documentation (Only if this pertains to your family situation.)

- Court approved or notarized parent approved guardianship paperwork.
- Court documentations such as restraining orders, no contact orders.

I affirm, to the best of my knowledge that all information provided on this form is correct and that I will notify the school each time there is a change. Also, I will make sure all necessary documentation has been turned in.

Parent/Guardian Signature

**We will need a copy of Parent/Guardian Photo ID.*

Date

Falsification of any information or document required for residency verification or the use of the address of another person without actually residing there may result in revocation of student enrollment, being held liable to pay tuition for the time in attendance as a non-resident student, and filing a complaint with the appropriate law enforcement agency for criminal prosecution against all parties involved

FAMILY INFORMATION:

Primary Household – Where student lives majority of time. **Required Proof of residency, ex: purchase/rental agreement, copy of a current utility/water/mortgage/property tax bill.*

Physical Address _____ City _____ State _____ Zip _____ Home Phone _____

Mailing Address (If different from above) _____ Resident County (if not Jefferson)

**Open Enrollment required if address is not in Fairfield CSD.*

Parent(s)/Guardian(s) Residing with Student at the above address:

Name _____ Name _____

Relationship to Student(s) _____ Relationship to Student(s) _____

Primary Language Spoken _____ Primary Language Spoken _____

Preferred language for school communication _____ Preferred language for school communication _____
(If available) (If available)

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Email _____ Email _____

Active Military Duty in US Military Services? YES / NO Active Military Duty in US Military Services? YES / NO
If "YES" the Parent Military Connections form will need to be completed.

List name & age of other children in this household: _____

Secondary Household – Parent(s)/Guardian(s) **NOT** living at Primary Household. *(Only if applicable.)*

Physical Address _____ City _____ State _____ Zip _____ Home Phone _____

Mailing Address (If different from above) _____

Send school mailings to this secondary household? YES / NO

Parent(s)/Guardian(s) Residing at Secondary Household:

Name _____ Name _____

Relationship to Student(s) _____ Relationship to Student(s) _____

Primary Language Spoken _____ Primary Language Spoken _____

Preferred language for school communication _____ Preferred language for school communication _____
(If available) (If available)

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Email _____ Email _____

Active Military Duty in US Military Services? YES / NO Active Military Duty in US Military Services? YES / NO
If "YES" the Parent Military Connections form will need to be completed.

1st STUDENT INFORMATION:

Office Use Only: Student # & Start date _____

Name _____
Legal Last Legal First Middle Nickname

Gender: M / F Birthdate ____/____/____ Birthplace: _____ Grade _____
Month Day Year City State

**Proof of Birth date is required, such as birth certificate, passport or signed hospital records.*

Birth Country _____ Date Entered US ____/____/____ 1st Entered US School on ____/____/____
(If not USA) Month Day Year Month Day Year

State Required Language Information: (Home Language Survey)

What language is spoken by you & your family most of the time at home? _____

Is the student's first learned language or home language anything other than English? YES / NO

If "YES" Please answer the next 4 questions.

What language did your student learn when they first began to talk? _____

What language does your student most frequently speak at home? _____

What language do you most frequently speak to your student? _____
Father Mother

Describe the language understood by your child. (Please mark one of the following with an "x")

- ____ Understands only the home language and no English.
- ____ Understands mostly the home language and some English.
- ____ Understands the home language and some English
- ____ Understands mostly English and some of the home language.
- ____ Understands only English.

Federally Required Ethnicity Information:

Is the student Hispanic/Latino? (Spanish culture/origin, regardless of race) YES / NO

Student Race (Please mark all that apply with an "x")
____ White ____ Black/African American ____ Asian
____ Native American/Alaskan Native ____ Native Hawaiian/Other Pacific Islander

Previous School Information: Has the student previously attended Fairfield Schools? YES / NO

Last school attended _____ City & State _____

Was the student receiving any special services such as an IEP, 504 Plan, Title I, Gifted & Talented or ESL? YES / NO

If "Yes" then please list _____

Has the student ever been expelled from school? YES / NO If "YES" What School? _____

What year? _____ Reason _____

ONLY Kindergarten Students - Did student attend Preschool? YES / NO Where? _____

STUDENT PERMISSIONS: Mark with an "x" if permission is denied for the student, if permission is given then leave blank.
(See insert, Explanation of Student Permissions)

- ____ Permission is denied for the school to release student directory information.
- ____ Permission is denied for the school to release student directory information to parents for the purpose of planning parties.
- ____ Permission is denied for the student to have internet access at school. (This does not include classroom activities or lessons requiring participation of all students.)
- ____ Permission is denied for the student to have a district email account.
- ____ Permission is denied for the school to publish photos of the student in the school newspaper, yearbook, community newspaper or on FCSD web site.
- ____ Permission is denied for the school to publish works of the students' on the FCSD web site.
- ____ Permission is denied for the school to publish video of the student on the FCSD web site and on FPAC - Fairfield Public Access Channel or other public video channels.
- ____ Permission is denied for the school to release information requested by military recruiters
- ____ Permission is denied for the student to go on school-sponsored field trips.

Emergency Contacts: Parent(s)/Guardian(s) will be contacted first, if they cannot be reached emergency contacts will be called.

1.) _____
Name Relationship to Student Phone Work Phone

2.) _____
Name Relationship to Student Phone Work Phone

