



FCMS Enrollment Form 2025-26



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 INFORMATION

In case of an emergency, please name a responsible adult to whom your child may be released to if case you are unavailable:

Name _____ Phone _____ Relationship _____
Work Phone _____ Cell Phone _____

Name _____ Phone _____ Relationship _____
Work Phone _____ Cell 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:

- | | |
|--|---|
| <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile) | <input type="checkbox"/> In a motel/hotel |
| <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic Hardship or loss) | <input type="checkbox"/> Unsheltered (car/campsite) |
| <input type="checkbox"/> In a shelter or transitional housing program | <input type="checkbox"/> Other _____ |
-

PARENT E-MAIL _____

Parent/Guardian Signature: _____ Date: _____