

Frazier School District

NEW STUDENT CHECK-OFF LIST Elementary

STUDENT NAME: _____

1. _____ Birth Certificate
2. _____ Immunization Records
3. _____ Student Registration Form
4. _____ Sworn Admission Statement
5. _____ Proof of Residency (2 forms)
6. _____ Record Release Form
7. _____ Faxed/Emailed for Records (Date: _____)
8. _____ Home Language Survey
9. _____ IEP (Individualized Education Program) Does your child have one? NO _____
YES _____ Notified Special Education Director Date: _____
10. _____ Census Form
11. _____ Permanent Record Card
12. _____ Posted to Skyward
13. _____ Photo / Digital Media Release Form
14. _____ Health Information Form
15. _____ Permission to Screen
16. _____ Custody Papers (if applicable) _____ YES _____ NO
17. _____ Per Diem Letter (Foster Child Only) _____ YES _____ NO
18. _____ Emergency Card
19. _____ Bus Assignment
20. _____ Permission to Administer Medication
21. _____ Lunch Application Initial _____