



FRANKLIN COUNTY PUBLIC SCHOOLS
HOUSEHOLD VERIFICATION FORM – PAGE 1
Student Information Sheet
 Please list all students attending FCPS

First Student Information (please print)

STUDENT LEGAL NAME (Last Name, First Name Middle Name)		DATE OF BIRTH	SEX <input type="checkbox"/> Female <input type="checkbox"/> Male
STUDENT ADDRESS (Number Street Name Apt. #)	CITY	STATE	ZIP
SCHOOL		GRADE	

Second Student Information (please print)

STUDENT LEGAL NAME (Last Name, First Name Middle Name)		DATE OF BIRTH	SEX <input type="checkbox"/> Female <input type="checkbox"/> Male
STUDENT ADDRESS (Number Street Name Apt. #)	CITY	STATE	ZIP
SCHOOL		GRADE	

Third Student Information (please print)

STUDENT LEGAL NAME (Last Name, First Name Middle Name)		DATE OF BIRTH	SEX <input type="checkbox"/> Female <input type="checkbox"/> Male
STUDENT ADDRESS (Number Street Name Apt. #)	CITY	STATE	ZIP
SCHOOL		GRADE	

Fourth Student Information (please print)

STUDENT LEGAL NAME (Last Name, First Name Middle Name)		DATE OF BIRTH	SEX <input type="checkbox"/> Female <input type="checkbox"/> Male
STUDENT ADDRESS (Number Street Name Apt. #)	CITY	STATE	ZIP
SCHOOL		GRADE	

If space is needed for additional students please attach a second Household Verification Form with the Student Information only.

Adult Emergency Contacts - Other than Parent or Guardian (please print)

Last Name	First Name	MI	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		Relationship to Student	
Address (Number Street Name Apt. #)	City	State	Zip	Home Phone	Cell Phone	Work Phone
Last Name	First Name	MI	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		Relationship to Student	
Address (Number Street Name Apt. #)	City	State	Zip	Home Phone	Cell Phone	Work Phone

Please complete the Guardian information on page 2.

Please sign and date to verify the above information is correct.

Signature

Date

HOUSEHOLD VERIFICATION FORM – PAGE 2

Guardian Information Sheet

Guardian One - Primary Address and Household Information (please print)			
GUARDIAN LEGAL NAME (Last Name, First Name Middle Name)			SEX <input type="checkbox"/> Female <input type="checkbox"/> Male
GUARDIAN ADDRESS (Number Street Name Apt. #)		CITY	STATE
HOME PHONE	CELL PHONE	WORK PHONE	PAGER
EMAIL ADDRESS		Receive parent portal access (online student information) via email? <input type="checkbox"/> Yes <input type="checkbox"/> No	

RELATIONSHIPS	
TO FIRST STUDENT: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Legal Guardian (by court) <input type="checkbox"/> Stepparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (specify) _____ Will this adult receive mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this adult have rights to the parent portal? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO SECOND STUDENT: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Legal Guardian (by court) <input type="checkbox"/> Stepparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (specify) _____ Will this adult receive mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this adult have rights to the parent portal? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO THIRD STUDENT: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Legal Guardian (by court) <input type="checkbox"/> Stepparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (specify) _____ Will this adult receive mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this adult have rights to the parent portal? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO FOURTH STUDENT: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Legal Guardian (by court) <input type="checkbox"/> Stepparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (specify) _____ Will this adult receive mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this adult have rights to the parent portal? <input type="checkbox"/> Yes <input type="checkbox"/> No

Guardian Two – Primary Address and Household Information (please print)			
GUARDIAN LEGAL NAME (Last Name, First Name Middle Name)			SEX <input type="checkbox"/> Female <input type="checkbox"/> Male
GUARDIAN ADDRESS (Number Street Name Apt. #)		CITY	STATE
HOME PHONE	CELL PHONE	WORK PHONE	PAGER
EMAIL ADDRESS		Receive parent portal access (online student information) via email? <input type="checkbox"/> Yes <input type="checkbox"/> No	

RELATIONSHIPS	
TO FIRST STUDENT: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Legal Guardian (by court) <input type="checkbox"/> Stepparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (specify) _____ Will this adult receive mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this adult have rights to the parent portal? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO SECOND STUDENT: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Legal Guardian (by court) <input type="checkbox"/> Stepparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (specify) _____ Will this adult receive mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this adult have rights to the parent portal? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO THIRD STUDENT: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Legal Guardian (by court) <input type="checkbox"/> Stepparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (specify) _____ Will this adult receive mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this adult have rights to the parent portal? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO FOURTH STUDENT: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Legal Guardian (by court) <input type="checkbox"/> Stepparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (specify) _____ Will this adult receive mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this adult have rights to the parent portal? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please sign and date to verify the above information is correct.

Signature

Date