

# KETTERING FAIRMONT HIGH SCHOOL ENROLLMENT REGISTRATION FORM

\*DATE OF APPOINTMENT: \_\_\_\_\_ \*TIME: \_\_\_\_\_ \*STUDENT I.D. \_\_\_\_\_

\*OFFICE USE ONLY \_\_\_\_\_ \*COUNSELOR \_\_\_\_\_

\*UNIT: EAST \_\_\_\_\_ ENROLLMENT: \_\_\_\_\_ \*GRADE: 09  
 CENTRAL \_\_\_\_\_ HOMEROOM: \_\_\_\_\_ \*GRADE: 10  
 WEST \_\_\_\_\_ LOCKER: \_\_\_\_\_ \*GRADE: 11  
 SOUTH \_\_\_\_\_ \*BIRTHDAY: \_\_\_\_\_ \*GRADE: 12  
month/day/year

NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

SCHOOL TRANSFERRED FROM: \_\_\_\_\_

ADDRESS OF SCHOOL: STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ PREVIOUS COUNSELOR \_\_\_\_\_

CUSTODIAL PARENTS/GUARDIAN \_\_\_\_\_

*NON-CUSTODIAL PARENT (Will receive all correspondence received by custodial parent, including report cards.)*

NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

**\*OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE**

**\*COMMENTS:** \_\_\_\_\_

*OGT		
SUBJECTS	PASSED	FAILED
Writing		
Reading		
Math		
Citizenship		
Science		

* NOTIFICATION	
SPECIAL EDUCATION	
	IEP
	SPEC. ED COORDINATOR
	PRIN/CNSL
	CASE MGR

*DOCUMENTATION	
RESIDENCY PROOF	
BIRTH CERTIFICATE	
CUSTODY DOCUMENT	
CUSTODY PENDING	
HEALTH RECORDS	
SCHOOL RECORDS	

*SCHEDULE				
Period	Course #	Course	Teacher	Room
1				
2				
3				
4				
5				
6				
7				