

**7:50-E2 - Birth Certificate Documentation**

Board Policy 7:50 requires that **ALL** students enrolling in the District for the first time must present an original or certified copy of his/her birth certificate or other reliable proof of identity and age such as a passport.

Upon the failure of a person enrolling a student to provide a copy of the student’s birth certificate or reliable proof of identity and age, along with an affidavit explaining the inability to produce a copy of the birth certificate, within 30 days of enrollment, the building principal shall immediately notify the local law enforcement agency and shall also notify the person enrolling the student in writing that, unless he or she complies within 10 days, the case shall be referred to the local law enforcement agency for investigation. If compliance is not obtained within that 10 day period, the principal shall so refer the case. The principal shall immediately report to the local law enforcement authority any material received pursuant to this paragraph which appears inaccurate or suspicious in form or content.

**TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN**

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Mother’s Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Father’s Name: \_\_\_\_\_

**(A Separate Form is Required for Each Student)**

Name of Parent or Legal Guardian: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

**(A Post Office Box Will NOT Be Accepted.)**

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*I hereby certify that I have read and understand that failure to comply with Board Policy 7:50 within 10 days will result in the local authorities being notified regarding the enrollment of a minor without the proper Birth Certificate requirements being met.*

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
(Date)

**Office Use Only**

**Verification of Birth Certificate Request**

\_\_\_\_\_**Receipt of Certified Mail to appropriate County Official**

\_\_\_\_\_ **Date Requested** \_\_\_\_\_ **Place of Request**

\_\_\_\_\_**Request faxed by District Employee**

\_\_\_\_\_ **Date Requested** \_\_\_\_\_ **Place of Request**

\_\_\_\_\_**Employee Processing Request**

**Other:** \_\_\_\_\_

*The above policy/information has been reviewed with the individual enrolling the above-mentioned student.*

\_\_\_\_\_  
Signature of District Representative – **Required**

\_\_\_\_\_  
(Date)