

HARLEM CONSOLIDATED SCHOOL DISTRICT NO. 122
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, along with an affidavit explaining the inability to produce a copy of the birth certificate, **within 30 days** of enrollment the Superintendent or designee 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 authority for investigation. If compliance is not obtained within that 10-day period, the Superintendent or designee shall so refer the case. The Superintendent or designee shall immediately report to the local law enforcement authority any material received pursuant to this paragraph that 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.)

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)