# **Online Registration Summary**

Page 1/2 Munkh-Erdene, Emun | 2495

**Modified By: Auto-Posted** Modified Date: 07/26/2022 **Application End Year: 2023** 

**Submission Date: 07/26/2022** Confirmation Number: # 2495 **Application Created By: Munkh-Erdene** Erdenebulgan

#### Household

#### **Primary Household Phone**

Phone: (571)480-0425

Home Phone: Voice Text

# **Home (Physical) Address**

From Portal

1671 Invincible America Ave Apt. B-13

Fairfield, IA 52556

lefferson

Household has no separate Mailing Address

# **Reduced Fee Eligibility**

ReducedFeesYN starting literal: Yes

#### Parent/Guardian

Badarch , Lkhagvadulam Gender: F Birthdate: 06/13/1984 Household: Yes

#### **Contact Information**

Cell: (571)345-6676

Work: Other:

badarch2022@gmail.com Fmail:

Secondary Email: Cell: Voice Text

Email:

# **Military Service**

Parent/Guardian in Military: No

### Parent/Guardian

Munkh-

Gender: M Erdene , Erdenebulgan Birthdate: 04/25/1987 Household: Yes

# **Contact Information**

Cell: (571)480-0425

Work: Other:

Email: munkh2dev@gmail.com Secondary

Email: Cell: Voice Text Email:

# **Military Service**

Parent/Guardian in Military: No

#### **Emergency Contact**

Gender: F Byambadorj , Nora Household: No Birthdate:

# **Emergency Contact**

Byambadorj , Nora Gender: F Birthdate: Household: No

#### **Contact Information**

Home:

Mobile: (202)904-0205

Work: Fmail:

#### **Verification Information**

Address Line 1: Address Line 2:

### **Emergency Contact**

Munkh-Erdene , Joe Gender: M Birthdate: **Household: Yes** 

### **Contact Information**

Home: (571)480-0425

Mobile: Work: Email:

#### **Verification Information**

Address Line 1: Same as student Address Line 2: Same as student

# **Emergency Contact**

Tserenbat , Tsogo Gender: M Birthdate: Household: No

#### **Contact Information**

Home:

Mobile: (310)927-4841

Work:

#### **Verification Information**

Address Line 1: Address Line 2:

# Student

DOB: Gender: M 02/11/2014

Munkh-Erdene , Emun

Student Number: 2032164

# **Demographics**

Student Cell Number:

Preferred Identify differs from legal identify: No

Enrollment Grade: 03

**Enrolled School: Pence Elementary** 

#### Race Ethnicity

Asian

Is Hispanic/Latino: No

# **Housing**

Homeless: No

#### Student

DOR.

Munkh-Erdene, Emun Gender: M 02/11/2014

Student Number: 2032164

### **Relationships**

Lkhagvadulam Badarch - Mother

Guardian: true Mailing: true Portal: true Messenger: true

Secondary Household false

Contact Order: 1

Erdenebulgan Munkh-Erdene - Father

Guardian: true Mailing: true Portal: true Messenger: true

Secondary Household false

Contact Order: 2

Joe Munkh-Erdene - Sibling

Contact Order: 15

Nora Byambadorj - Emergency Contact/Friend

Contact Order: 3

Tsogo Tserenbat - Emergency Contact/Friend

Contact Order: 4

Michael Munkh-Erdene - Sibling

# **Health Services - Emergency Information**

Primary Care Provider:

Primary Care Phone:

If emergency treatment is required and the parents cannot be reached immediately, may school authorities use their judgment in calling the primary care provider or taking your child to the hospital emergency room (at parents' expense)? Yes, school may contact doctor or take child to ER

# Vision/Hearing

Does student wear glasses or contacts? No

Date of last vision exam by eye doctor

Name of eye doctor

Date of last dental exam 09/06/2022

Name of dentist

# **Health Services - Medical or Mental Health Conditions**

No medical or mental health conditions

Operations?

Serious Injury?

Serious Illness?

#### **Health Services - Medications**

No medications

# **Health Insurance**

Student's health insurance status? Medicaid SecondaryInsurance:

# **Exemption Forms**

#### Student

DOB: Munkh-Erdene , Emun Gender: M 02/11/2014

Student Number: 2032164

### **Release Agreements**

Consent given to use my child's photograph, voice and/or name in various media projects: Yes

Consent given to participate in approved field trips: Yes

Internet Access Yes **Email Account Yes** 

Student Directory (FERPA) No

Student Directory (Elementary) No

I understand my child may be recorded in online conferencing

solutions to provide FAPE to all students. Yes

Agree to Portal acceptable use Yes

Agree to the Technology acceptable use policy - Yes



# Signature:



# **Online Registration Summary**

Page 1/2

Munkh-Erdene, Michael Iveel | 2495

Modified By: Auto-Posted Modified Date: 07/26/2022 Application End Year: 2023 Submission Date: 07/26/2022 Confirmation Number: # 2495 Application Created By: Munkh-Erdene Erdenebulgan

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Work: Other:

Email: badarch2022@gmail.com

Secondary Email: Cell: Voice Text Email:

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Parent/Guardian in Military: No

### Parent/Guardian

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Erdene , Erdenebulgan Gender: M Birthdate: 04/25/1987 Household: Yes

# **Contact Information**

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Work: Other:

Email: munkh2dev@gmail.com Secondary

Email:

Cell: Voice
Text
Email:

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#### **Emergency Contact**

Byambadorj , Nora Gender: F Birthdate: Household: No

# **Emergency Contact**

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Tserenbat , Tsogo Gender: M Birthdate: Household: No

#### **Contact Information**

Home:

Mobile: (310)927-4841

Work: Email:

#### **Verification Information**

Address Line 1: Address Line 2:

#### Student

DOB: Munkh-Erdene , Michael Iveel Gender: M 05/15/2016

Student Number: 2034136

# **Demographics**

Student Cell Number:

Preferred Identify differs from legal identify: No

Enrollment Grade: 01

**Enrolled School: Washington Elementary** 

#### Race Ethnicity

Asian

Is Hispanic/Latino: No

# <u>Housing</u>

Homeless: No

Student

DOR:

Munkh-Erdene , Michael Iveel Gender: M 05/15/2016

Student Number: 2034136

**Relationships** 

Lkhagvadulam Badarch - Mother

Guardian: true Mailing: true Portal: true Messenger: true

Secondary Household false

Contact Order: 1

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Tsogo Tserenbat - Emergency Contact/Friend

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Emun Munkh-Erdene - Sibling

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Does student wear glasses or contacts? No

Date of last vision exam by eye doctor

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Date of last dental exam 09/06/2022

Name of dentist

# <u>Health Services - Medical or Mental Health</u> Conditions

No medical or mental health conditions

Operations?

Serious Injury?

Serious Illness?

#### **Health Services - Medications**

No medications

# **Health Insurance**

Student's health insurance status? Medicaid SecondaryInsurance:

# **Exemption Forms**

#### Student

DOB: Munkh-Erdene , Michael Iveel Gender: M 05/15/2016

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