

**Modified By:**  
**Modified Date:**  
**Application End Year: 2023**

**Confirmation Number: # 2495**  
**Application Created By: Munkh-Erdene**  
**Erdenebulgan**

**Household****Primary Household Phone**

Home  
Phone: (571)480-0425

Home  
Phone: Voice  
Text

**Home (Physical) Address**

From Portal

1671 Invincible America Ave Apt. B-13

Fairfield, IA 52556

Jefferson

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:  
Email: badarch2022@gmail.com  
Secondary  
Email:

Cell: Voice  
Text  
Email:

**Military Service**

Parent/Guardian in Military: No

**Parent/Guardian**

**Munkh-Erdene , Erdenebulgan** Gender: M  
**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**

**Byambadorj , Nora** Gender: F  
**Birthdate:** Household: No

**Emergency Contact**

**Byambadorj , Nora** Gender: F  
**Birthdate:** Household: No

**Contact Information**

Home:  
Mobile: (202)904-0205  
Work:  
Email:

**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:  
Email:

**Verification Information**

Address Line 1:  
Address Line 2:

**Student**

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

Secondary Insurance:

### Exemption Forms

Student		
Munkh-Erdene , Emun	Gender: M	DOB: 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:



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Work:  
Email:

**Verification Information**

Address Line 1:  
Address Line 2:

**Student**

**Munkh-Erdene , Michael Iveel** Gender: M **DOB:**  
**Student Number: 2034136** **05/15/2016**

**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

**Housing**

Homeless: No

Student	
Munkh-Erdene , Michael Iveel Gender: M	DOB: 05/15/2016
Student Number: 2034136	

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Portal: true  
Messenger: true  
Secondary Household false  
Contact Order: 1

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Date of last dental exam 09/06/2022

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Operations?

Serious Injury?

Serious Illness?

### Health Services - Medications

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Student's health insurance status? Medicaid

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### Exemption Forms

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