

Introduction

This book teaches students the important survival skill of filling out forms while strengthening their abilities in reading, comprehension, spelling, writing, and following directions.

Based on the life story of Ferdie Fillemout, students learn about all the forms needed during the course of his growing up. They will practice filling out a birth certificate, application for a Social Security number, forms for school admittance, test-taking, driver's license, job application, and more. Pertinent questions about the forms test students' understanding of them.

This book is designed for use in grades 4–12. Readability is on the 3rd–4th grade level.

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Name _____

BIRTH CERTIFICATE

Follow the life of Ferdie Fillemout, and you will learn all about filling out forms.

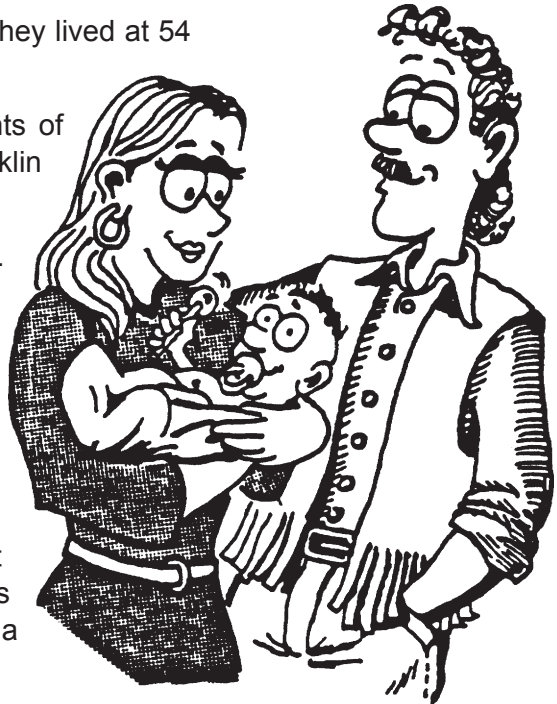
Frederick Francis Fillemout married Frances Fenton Formly. They lived at 54 Palm Lane in Phoenix, Arizona.

On July 30, 1980, Mr. and Mrs. Fillemout became the parents of a bouncing baby boy. They named him Ferdinand Franklin Fillemout.

Ferdie (as his parents called him) was born at 10:30 A.M. at Good Hope Hospital in the city of Phoenix, the county of Maricopa. The doctor who helped at his birth was Dr. Joseph Hill, M.D.

After Ferdie was born, a birth certificate was filled out. **Use the information above to complete Ferdie's birth certificate.**

(Additional information: A woman's MAIDEN NAME is her last name before she gets married. In this case, Mrs. Fillemout's maiden name is Formly. When a form asks for the SEX of a person, it is asking if the person is a MALE or a FEMALE.)



STATE OF ARIZONA Certificate of Live Birth

NAME OF CHILD	A. First	B. Middle	C. Last
SEX	DATE OF BIRTH		TIME
PLACE OF BIRTH	A. County	B. Town or City	C. Hospital
FATHER'S NAME	A. First	B. Middle	C. Last
MOTHER'S MAIDEN NAME	A. First	B. Middle	C. Last
Father's Place of Birth	Father's Date of Birth	Mother's Place of Birth	Mother's Date of Birth
Pennsylvania	1/06/52	Iowa	7/16/54
MOTHER'S STREET ADDRESS			
PARENT SIGNATURE	RELATIONSHIP TO CHILD		DATE SIGNED
DOCTOR'S NAME	DOCTOR'S SIGNATURE		

Name _____

SOCIAL SECURITY NUMBER

Use the information on page 3 and your Ferdie Fact Sheet to complete this application for a Social Security number.

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

INSTRUCTIONS

Print or type using black or blue ink. DO NOT USE PENCIL.

After you complete this form, take or mail it along with the required documents to your nearest Social Security office.

If you are completing this form for someone else, answer the questions as they apply to that person. Then sign your name in question 16.

1 NAME

To Be Shown on Card
FULL NAME AT BIRTH
IF OTHER THAN ABOVE

FIRST FULL MIDDLE NAME LAST

OTHER NAMES USED

FIRST FULL MIDDLE NAME LAST

2 MAILING ADDRESS

Do Not Abbreviate

STREET ADDRESS, APT. NO., PO BOX, RURAL ROUTE NO.

CITY STATE ZIP CODE

3 CITIZENSHIP

Check One

☐ U.S. Citizen ☐ Legal Alien Allowed to Work ☐ Legal Alien Not Allowed to Work ☐ Foreign Student Allowed Restricted Employment ☐ Conditionally Legalized Alien Allowed to Work ☐ Other (See Instruction On Page 2)

4 SEX

☐ Male ☐ Female

5 RACE/ETHNIC DESCRIPTION

(Check One Only - Voluntary)

☐ Asian, Asian-American Or Pacific Islander ☐ Hispanic ☐ Black (Not Hispanic) ☐ North American Indian Or Alaskan Native ☐ White (Not Hispanic)

6 DATE OF BIRTH

MONTH DAY YEAR

7 PLACE OF BIRTH

CITY STATE OR FOREIGN COUNTRY

Office Use Only

FCI

8 MOTHER'S MAIDEN NAME

FIRST FULL MIDDLE NAME LAST

9 FATHER'S NAME

FIRST FULL MIDDLE NAME LAST

10 Has the person in item 1 ever received a Social Security number before?

☐ Yes (If „yes,” answer questions 11-13.) ☐ No (If „no,” go to question 14.) ☐ Don't Know (If „don't know,” go on to question 14.)

11 Enter the Social Security number previously assigned to the person listed in Item 1.

□□□-□□-□□□□

12 Enter the name shown on the most recent Social Security card issued for the person listed in item 1.

FIRST FULL MIDDLE NAME LAST

13 Enter any different date of birth if used on an earlier application for a card.

MONTH DAY YEAR

14 TODAY'S DATE

MONTH DAY YEAR

15 DAYTIME PHONE NUMBER

() MONTH DAY YEAR

AREA CODE

DELIBERATELY FURNISHING (OR CAUSING TO BE FURNISHED) FALSE INFORMATION ON THIS APPLICATION IS A CRIME PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH.

16 YOUR SIGNATURE

▶

17 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:

☐ Self ☐ Natural Or Adoptive Parent ☐ Legal Guardian ☐ Other (Specify)

Name _____

GENERAL INFORMATION

The years went by quickly, and the Fillemout family was very happy. They moved to 15 Cactus Drive in Scottsdale, Arizona. Their phone number was (480) 555-2456.

Ferdie's grandmother, Phyllis Formly, lived down the street. Her phone number was (480) 555-8030.

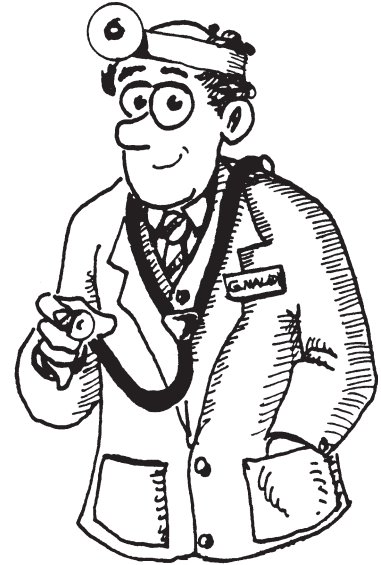
Mr. Fillemout worked at Acme Construction Company. His work number was (480) 555-8383.

Ferdie was very healthy and did not have any medical problems. His doctor's name was Dr. Malady. He could be reached at (480) 555-4673. Ferdie's dentist's name was Dr. Drill. His phone number was (480) 555-9550.

Mrs. Fillemout's best friend, Barbara Bingo, lived next door. Mrs. B was always there to help in an emergency. Her phone number was (480) 555-3242.

In September 1985, Ferdie started kindergarten. The Fillemouts had to fill out the form below for the school.

Use the information above and the information on your Ferdie Fact Sheet to complete this form.



NAVAJO SCHOOL STUDENT INFORMATION FORM

Full Name of Student _____

Student's Address _____

Date of Birth _____ Home Phone _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

Does student have any allergies? If so, please list: _____

Does student take any medicine on a regular basis? If so, please list: _____

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

In case of emergency, name and phone number of who to contact. Please list names of two friends or relatives other than parents in the event parents cannot be reached.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____

GENERAL INFORMATION

Complete the form below with information about yourself.

Name _____
Last First Middle

Address _____
Number Street Apt. No.

City State Zip Code

Home Phone _____ Date of Birth _____

Place of Birth _____ Age last birthday _____

Color of Eyes _____ Color of Hair _____

Height _____ Weight _____

Mother's Name _____
Last First Middle

Father's Name _____
Last First Middle

Mother's Place of Employment _____ Phone _____

Father's Place of Employment _____ Phone _____

Name of Doctor _____ Phone _____

Name of Dentist _____ Phone _____

Any allergies? If so, please list: _____

Taking any medicine on a regular basis? If so, please list: _____

Emergency Information: (List name and phone of two friends or relatives other than parents.)

Name _____

CLASS SCHEDULE



In September 1994, Ferdie became a freshman at Central High School.

When Ferdie entered high school, he was surprised to learn that he would be choosing his own classes. His counselor, Ivan Listing, told him that he **MUST** take math, science, English, history, and physical education. But Ferdie could choose an elective as his sixth class.

Read the course list below and select one course from each category to complete Ferdie's Class Schedule.

Course Listings for Central High School Freshmen

MATH

SCIENCE

ENGLISH

Course No.	Course Title
------------	--------------

Course No.	Course Title
------------	--------------

Course No.	Course Title
------------	--------------

101	Algebra I
102	Math Concepts
103	Advanced Math

201	Botany
202	Biology
203	Chemistry

301	English Literature
302	Composition
303	English I

HISTORY

PHYSICAL EDUCATION

FRESHMEN ELECTIVES

Course No.	Course Title
------------	--------------

Course No.	Course Title
------------	--------------

Course No.	Course Title
------------	--------------

401	American History
402	World History
403	World Geography

501	Freshman P.E.
502	Swimming
503	Racquet Sports

601	Spanish I
602	Journalism I
603	Woodworking

Class Schedule

Name of Student _____

Year (circle one)	Freshman	Sophomore	Junior	Senior
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Name of Counselor	School Year
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COURSE NO.	COURSE TITLE
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Name _____

DRIVER'S PERMIT & LICENSE

Ferdie is now a sophomore in high school. Ferdie has grown quite a bit. He is now 6'3" tall. He weighs 165 pounds. His hair is brown, and his eyes are blue. This year he is taking Driver's Education as one of his classes. When Ferdie is 15 years and 7 months old, he will be able to get his Learner's Permit.


Complete Ferdie's Learner's Permit application below. Use your Ferdie Fact Sheet to find his address and date of birth.

PLEASE PRINT		
TEMPORARY LEARNER'S PERMIT		
Last Name	First	Middle
Street Address		
City	State	Zip Code
Height _____	Weight _____	
Eyes _____	Hair _____	
Date of Birth _____		

Ferdie is finally 16 years old! He is going to get his driver's license.

Complete the license below for Ferdie.

Note: When writing a date on an application, you should use numbers. For example: March 13, 1997, would be written as 3-13-97 (3rd month, 13th day, 97th year)

PLEASE PRINT						STATE OF ARIZONA	
FIRST NAME	MIDDLE NAME	LAST NAME	LICENSE NUMBER X2584763				
STREET ADDRESS			EXPIRES ON YOUR BIRTHDAY IN 2001				
CITY	STATE	ZIP CODE					
SEX	WEIGHT	HEIGHT	EYES	HAIR			
DATE OF BIRTH: MO.		DAY	YEAR	DATE OF ISSUE July 30, 1996			
X _____ (SIGNATURE OF APPLICANT)							

Name _____

DRIVER'S LICENSE

Look at Ferdie's driver's license to answer these questions

1. What is Ferdie's driver's license number?

2. On what month, day, and year does Ferdie's license expire?

3. In five years, Ferdie will have to renew his driver's license. Why do you think a person must renew his or her driver's license every few years?



Figure out what year it will be when you become 16 years old. Now, imagine that it is that year. Complete the license below for yourself. How tall do you think you'll be? What will your weight be? Make the date of issue the day, month, and year of your 16th birthday. Your license will expire five years from the issue date. Be sure to write in the year the license will expire. Write in the name of the state in which you are getting your license.

PLEASE PRINT		STATE OF _____		
FIRST NAME	MIDDLE NAME	LAST NAME	LICENSE NUMBER M5624860	
STREET ADDRESS			EXPIRES ON YOUR BIRTHDAY IN	
CITY	STATE	ZIP CODE		
SEX	WEIGHT	HEIGHT	EYES	HAIR
DATE OF BIRTH:	MO.	DAY	YEAR	DATE OF ISSUE
X _____ (SIGNATURE OF APPLICANT)				

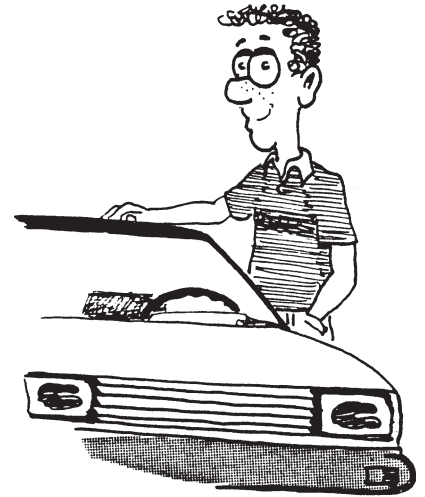
Name _____

AUTOMOBILE TITLE

Ferdie's parents decided to buy him his own car. Ferdie and his dad found a nice, used Ford Mustang. Now Ferdie must apply for a certificate of title to show that he is the new owner of the car.

Use your Ferdie Fact Sheet and the following information to fill out the form below.

- The license plate number on the car is BYW613.
- The renewal tab number is 84916A5.
- The vehicle identification number is OM46B792586.
- The make of the car is a Ford, body style 2DHB, year 1987.
- The car was manufactured in December 1986.
- The model number is 03, and the list price was \$8,975.
- The fuel used is gasoline (G).
- The odometer shows 75,622 actual miles.
- The car was purchased on August 15, 1996, from:
Randall Rogers of Scottsdale, Arizona.



APPLICATION FOR ARIZONA CERTIFICATE OF TITLE

Type or print in **BLACK INK**.
When validated, THIS IS YOUR REGISTRATION
and **must** be carried in vehicle at all times.

VEHICLE	PLATE NO.	TAB NO.	VEHICLE ID NO.	MAKE	STYLE	YEAR
	MTH/YR	MODEL	LIST PRICE	FUEL	ODOMETER READING	<input type="checkbox"/> Actual <input type="checkbox"/> B <input type="checkbox"/> C
APPLICANT	NAME (First/Middle/Last)			DATE OF BIRTH	DRIVER LICENSE OR ID NO	
				MAILING ADDRESS		
				CITY/STATE/ZIP CODE		
APPLICANT CERTIFICATION	The vehicle was acquired <input type="checkbox"/> New <input type="checkbox"/> Used on _____ 19 _____			Are your registration rights under suspension? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	from Name _____			Is the vehicle specially constructed or reconstructed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	City/State _____			Will the vehicle be rented without a driver? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<p>I certify that the information contained on this application is true and correct. I acknowledge that the odometer reading above is qualified by the seller and that it is not the responsibility of the Division to determine the accuracy of the odometer statement. I understand that vehicles registered for use in, or being used to commute to, the Phoenix or Tucson metropolitan areas may be subject to emission testing.</p> <p>APPLICANT MUST SIGN HERE</p> <p>X _____</p>					