

Student Enrollment Form

Student Information: Please print clearly Date: _____

Student's Legal Name _____
First Middle Last

Home Address _____
No. Street City State ZIP

Township _____ County: _____ Male Female

1st day student will be in school _____ Last Grade Completed _____ Current Grade Level _____

Social Security # _____ - _____ - _____ Birthdate _____ (Must present original birth certificate at time of enrollment)

Ethnicity

Is this student Hispanic/Latino (Choose only one)
No, not Hispanic/Latino
Yes, Hispani/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.)

Race (Choose one or more)

- American Indian/Alaska Native
Asian Black/African American
White Native Hawaiian/Pacific Islander

Language Spoken in the home? _____

We reside _____ within _____ outside the Cass City Public Schools District.

Where is the student living now? (check one box)

- in a one family dwelling with more than one family in a house or apartment
in a car in a trailer park or campsite with friends/family members (other than parent/guardian)
in a shelter in a motel or hotel none of the above

District Transferring From _____

School Name and Address _____

School Phone _____ Fax _____

Family #1 Information: For custodial parents/guardians. (Parents student is currently living with)

Guardian 1 Name _____ Relationship to Student _____
Last First Middle

Guardian 2 Name _____ Relationship to Student _____
Last First Middle

Address (where student resides) _____

City _____ MI ZIP _____ Emergency Contact? (circle one) Yes / No

Mailing Address (Optional) _____ City _____ ZIP _____

Email Address _____

Move In Date _____ County _____ Township _____

Primary Phone _____ Fax # _____

Guardian 1: Occupation: _____ Place of Employment: _____

Work Phone _____ Cell Phone _____

Guardian 2: Occupation: _____ Place of Employment: _____

Work Phone _____ Cell Phone _____

Family #2 Information: For divorced, separated or non-custodial parents/guardians.

Guardian 1 Name _____ Relationship to Student _____
Last First Middle

Guardian 2 Name _____ Relationship to Student _____
Last First Middle

Address _____

City _____ MI ZIP _____ Contact in case of emergency? Yes / No

Mailing Address (Optional) _____ City _____ ZIP _____

Email Address _____

Primary Phone _____ Fax # _____

Guardian 1: Occupation: _____ Place of Employment: _____

Work Phone _____ Cell Phone _____

Guardian 2: Occupation: _____ Place of Employment: _____

Work Phone _____ Cell Phone _____

Emergency Information: Persons to be contacted in the event that parents are unavailable.

Emergency Contact #1

Name _____ Relationship to Student _____

Address _____

Primary Phone _____ Second Phone (circle one) Cell / Work _____

Emergency Contact #2

Name _____ Relationship to Student _____

Address _____

Primary Phone _____ Second Phone (circle one) Cell / Work _____

Other Information:

Student Health Alert information **Asthma** Yes / No **Diabetes** Yes / No **Other:** (describe, ex. allergies, regular medications): _____

Immunizations on file? Yes / No Has your child had Chicken Pox? Yes / No

Is this student a foster child or ward of the court? Yes / No

Does your child receive **Special Education services**? Yes / No **Please provide a copy of the last IEPC.** Subjects serviced in are (circle ALL that apply): Math Reading/ELA Science Social Studies

Other special needs, (504, Title I services, etc.) _____

Band Student (5th & 6th grade only- circle one) Yes / No Instrument _____

Does your child need bus transportation? Yes No

Pick up address: Check if same as above. _____

Drop off address: Check if same as above. _____

Indicate which two roads you live between: _____

Siblings:

Name _____ Grade/Age _____ School _____

Name _____ Grade/Age _____ School _____

Name _____ Grade/Age _____ School _____

Parent Signature: _____ Date: _____