

Gull Lake Community Schools

ENROLLMENT FORM 2016-17



Re-enrolling in a Michigan Public School? Yes No
 Date last attended a Michigan Public School: _____
 School District last attended _____

FOR OFFICE USE ONLY	
Verification of Birth Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verification of Immunizations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verification of Residency	<input type="checkbox"/> Yes <input type="checkbox"/> No
State ID	Student Number
Mentor Teacher	

STUDENT INFORMATION

Student Name: _____ **Nickname:** _____
 (From Birth Certificate) (LAST) (FIRST) (MIDDLE) (OPTIONAL)
Gender: Male Female **Birthdate:** ___ / ___ / ___ **Age:** _____ **Grade:** _____ **Student Email Address:** _____
Has the student been previously suspended or expelled? Yes No **If Yes, please explain** _____
 _____ **If Yes, which district?** _____

ETHNICITY (Part A) and RACE (Part B)

Race and Ethnicity (Both Part A and Part B) of the question must be answered. If either part is not answered, the US Department of Education requires the district to supply an answer on your behalf.

Part A: Ethnicity (choose only one)	Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.) <input type="checkbox"/> Yes <input type="checkbox"/> No
Part A refers to ethnicity, not race. No matter which box you selected above, please continue to answer Part B (below) by marking one or more boxes to indicate what you consider your student's race to be.	
Part B: Race (choose one or more) When choosing more than one, enter % for each ethnicity	% ___ <input type="checkbox"/> American Indian or Alaska Native (Origins from any of the original peoples of N, S, or Central America) % ___ <input type="checkbox"/> Asian (Origins from any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent) % ___ <input type="checkbox"/> Black or African American (Origins from any of the black racial groups of Africa) % ___ <input type="checkbox"/> Native Hawaiian / Other Pacific Islander (origins from any of the original peoples of any Pacific Island) % ___ <input type="checkbox"/> White (Origins from any of the original peoples of Europe, the Middle East or N Africa)

PRIMARY HOUSEHOLD INFORMATION

Home Phone Number: () _____ **Unlisted ()** **Phone Number for Attendance Calls:** () _____ **Unlisted ()**
Primary Email Address: _____

Is the primary language used in your child's home or environment a language other than English? Yes No
If yes, what is that language? _____ **Resident District** _____

Is your child's native tongue a language other than English? Yes No **If yes, What is that language?** _____
Is the primary language¹ used in your child's home or environment a language other than English? Yes No **If yes, What is that language?** _____

Current Physical Address: _____
 (STREET ADDRESS) (CITY) (STATE) (ZIP) (COUNTY)

Current Mailing Address: _____
 (if different) (STREET ADDRESS) (CITY) (STATE) (ZIP)

PRIMARY HEAD(S) OF HOUSEHOLD (With whom does the child reside?)

<input type="checkbox"/> Adoptive Parents	<input type="checkbox"/> Father Only	<input type="checkbox"/> Relative (_____)
<input type="checkbox"/> Birth Parent(s)	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Double-Up
<input type="checkbox"/> Father/Stepmother	<input type="checkbox"/> Emancipated Minor	<input type="checkbox"/> Hotel/Motel
<input type="checkbox"/> Mother/Stepfather	<input type="checkbox"/> Shelter	<input type="checkbox"/> Grandparents
<input type="checkbox"/> Mother Only	<input type="checkbox"/> Foster Home (less than 6 months?) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other (_____)
PRIMARY HOUSEHOLD DATA	PRIMARY RESIDENT 1	PRIMARY RESIDENT 2
Head of Household Name/Title (Last, First)		
Relationship Type		
Occupation/Employer		
Employer Phone		
*Additional Notes for above Phone Number		
Cell Phone / Pager		
*Additional Notes for above Phone Number		
Email Address		

SECONDARY HEAD(S) OF HOUSEHOLD

Does the child have a second parent/second residence? Yes No If yes, with whom?

Mother Only

Stepmother/Father

Other: _____

Father Only

Stepfather/Mother

Joint Custody? Yes No

Current Physical Address: _____
(STREET ADDRESS) (CITY) (STATE) (ZIP) (COUNTY)

Current Mailing Address: _____
(if different) (STREET ADDRESS) (CITY) (STATE) (ZIP)

Should this household be included in all mailings? Yes No Okay to release student to second household parent Yes No

If you answered "No" to either of these questions, please attach legal documentation; specific to this child and legal documentation; specific to communication with the Secondary Household parent.

SECONDARY HOUSEHOLD DATA	SECONDARY RESIDENCE 1	SECONDARY RESIDENCE 2
Head of Household Name/Title (L,F,M)		
Relationship Type		
Occupation/Employer		
Employer Phone		
*Additional Notes for above Phone Number		
Cell Phone / Pager		
*Additional Notes for above Phone Number		
Email Address		

EMERGENCY CONTACT INFORMATION

Calling Order	Name	Relationship Type	Work Phone	Cell Phone	Home Phone
1)					
2)					
Doctor		Doctor		If a medical emergency exists, the school is authorized to take appropriate action on behalf of the child. The family will assume all medical costs. <input type="checkbox"/> Yes <input type="checkbox"/> No Preferred Hospital _____	
Dentist		Dentist			

OTHER SIBLINGS LIVING AT HOME

Name	Gender	Birthdate	School	Grade
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		

HEALTH INFORMATION

Medical information is confidential and will be shared with personnel on a need to know basis.

Special Health Conditions Diabetes Heart Asthma Seizures Other (Explain) _____

Allergies Insects/Beestings Medication Food Environmental (Explain all) _____

Is student currently taking any prescription medications? Please list: _____

SPECIAL NEEDS INFORMATION

Special Program Received at Prior School: Special Education Speech & Language 504 Plan Title 1 Services Other (Explain) _____

MISCELLANEOUS INFORMATION	Please circle the information/activities you wish to exclude your student from: Student Directory Armed Forces Recruited Access School Travel Photos from School Publications
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I certify that all information is true and valid and that I am authorized to enroll this student:

SIGNATURE: _____ **Date:** _____