

# 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
Locker Number	Comb.
Homeroom/Teacher	
Bus # (Pickup)	Bus # (Drop-off)
Building	1 <sup>st</sup> Day of Attendance

### 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.

<b>Part A: Ethnicity</b> (choose only one)	<b>Is this student Hispanic/Latino?</b> (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.	
<b>Part B: Race</b> (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 language<sup>1</sup> 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  
 Father Only

- Stepmother/Father  
 Stepfather/Mother

- Other: \_\_\_\_\_  
 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) \_\_\_\_\_

<b>MISCELLANEOUS INFORMATION</b>	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: \_\_\_\_\_