



# New Student Registration Form

2010-2011

*Please complete and return this enrollment form.*

<b>Student Information</b>			
Student's Full Legal Name <i>(must match the Birth Certificate)</i>			Gender
Last Name	First Name	Middle Name	<input type="checkbox"/> M <input type="checkbox"/> F
Home Street Address (with apt/suite)		Home City & Zip	Home Phone <input type="checkbox"/> Unlisted?
Birth City/State (if born in US)	Ethnicity <b>A. Is the student Hispanic/Latino?</b> <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic/Latino <small><i>(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)</i></small>		Resident School District
<b>B. Please check one from list below</b>			
Student's Date of Birth	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <i>(if multi please check all appropriate boxes above)</i>	<input type="checkbox"/> Asian American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Hispanic or Latino	
<b>Student Order of Birth (if multiple)</b> Please check: <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04			
Fill in Section Below for Students not Born in US			
US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Entered US (month & year)	First Attended School in US (month & year)	Country of Birth
Fill in Sections Below for All Students – If any boxes are marked "Yes" fax to 586.783.6309			
Is your child's native tongue a language other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, what is the Language?</i>		Is the primary language used in your child's home or environment a language other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, what is the Language?</i>	
<small><i>If you have answered YES to either of the above questions, your child will be assessed to determine his/her eligibility to receive English as a Second Language (ESL) services.</i></small>			
Former School			
Attended School in this District Before? (Include Pre-K) <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, School Attended	
Former District		Former School	
Former School Address	Former School City, State & Zip	Suspended/Expelled from Former School? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Services Received at Former School			
<input type="checkbox"/> Special Ed	<input type="checkbox"/> Title I	<input type="checkbox"/> Speech/Language	<input type="checkbox"/> Social Work <input type="checkbox"/> Other Services
Please Describe Other Services			
Forms Submitted			
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Proof of Residency	<input type="checkbox"/> Immunization	<input type="checkbox"/> Hearing & Vision
Health			
Preferred Hospital		Names & Schedule for Medications	
Emergency Medical Alerts, Allergies or Problems		Physical Limitations (Explain)	

**Health Continued**

<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Vision Problem	<input type="checkbox"/> Hearing Problem	<input type="checkbox"/> Heart Condition
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Physician Name	Physician Phone
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**Contact 1 (Parent/Guardian should be listed first)**

First & Last Name	Relationship to Student	Contact Emergency Priority
Street Address, City, State & Zip	Home Phone	Cell Phone
Cell Phone 2/Pager	Email Address <input type="checkbox"/> Add to auto email	Resides with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Work Phone (with extension)	Receives Letter Mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Contact 2**

First & Last Name	Relationship to Student	Contact Emergency Priority
Street Address, City, State & Zip	Home Phone	Cell Phone
Cell Phone 2/Pager	Email Address <input type="checkbox"/> Add to auto email	Resides with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Work Phone (with extension)	Receives Letter Mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Contact 3**

First & Last Name	Relationship to Student	Contact Emergency Priority
Street Address, City, State & Zip	Home Phone	Cell Phone
Cell Phone 2/Pager	Email Address <input type="checkbox"/> Add to auto email	Resides with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Work Phone (with extension)	Receives Letter Mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Contact 4**

First & Last Name	Relationship to Student	Contact Emergency Priority
Street Address, City, State & Zip	Home Phone	Cell Phone
Cell Phone 2/Pager	Email Address <input type="checkbox"/> Add to auto email	Resides with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Work Phone (with extension)	Receives Letter Mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that the information on this form is true and correct to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date