



# WARREN WOODS PUBLIC SCHOOLS - ENROLLMENT FORM

## STUDENT INFORMATION:

TODAY'S DATE:

STUDENT LAST NAME:

MIDDLE:

FIRST NAME:

ADDRESS, CITY, ZIP:

DATE OF BIRTH:

STATE OF BIRTH:

BIRTH ORDER (IF STUDENT WAS NOT A SINGLE BIRTH)

HOME PHONE:

STUDENT RESIDES WITH:

IS A CUSTODY AGREEMENT IN PLACE FOR THIS STUDENT?:

## SPECIAL EDUCATION SERVICES:

DOES THIS STUDENT HAVE AN IEP (INDIVIDUALIZED EDUCATION PLAN)?:

HAS THIS STUDENT RECEIVED EVALUATIONS (TESTING FROM ANOTHER SCHOOL DISTRICT OR AGENCY):

PLEASE EXPLAIN:

## PREVIOUS SCHOOL INFORMATION

NAME OF LAST SCHOOL ATTENDED:

PREVIOUS SCHOOL ADDRESS:

PREVIOUS SCHOOL PHONE NUMBER:

HAS THIS STUDENT PREVIOUSLY ATTENDED SCHOOL IN THIS DISTRICT?

IS THE STUDENT CURRENTLY EXPELLED/SUSPENDED FROM ANY SCHOOL?

PLEASE EXPLAIN:

## ETHNICITY AND RACE INFORMATION:

IS THE STUDENT: (CIRCLE ONES THAT APPLY)

HISPANIC OR LATINO

AMERICAN INDIAN OR ALASKA NATIVE

ASIAN

BLACK OR AFRICAN AMERICAN

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

WHITE

## SIBLING INFORMATION

SIBLING 1 INFORMATION:

FULL NAME:

DATE OF BIRTH:		GENDER:	
GRADE:			
SCHOOL:			

SIBLING 2 INFORMATION:

FULL NAME:			
DATE OF BIRTH:		GENDER:	
GRADE:			
SCHOOL:			

SIBLING 3 INFORMATION:

FULL NAME:			
DATE OF BIRTH:		GENDER:	
GRADE:			
SCHOOL:			

SIBLING 4 INFORMATION:

FULL NAME:			
DATE OF BIRTH:		GENDER:	
GRADE:			
SCHOOL:			

SIBLING INFORMATION (Cont'd)

SIBLING 5 INFORMATION:

FULL NAME:			
DATE OF BIRTH:		GENDER:	
GRADE:			
SCHOOL:			

CONTACT INFORMATION

(MOTHER'S) PRIMARY CONTACT INFORMATION

NAME:			
RELATIONSHIP TO STUDENT:		GENDER:	
DOES THIS CONTACT HAVE FULL OR PARTIAL CUSTODY OF STUDENT?:			

EMERGENCY CONTACT PRIORITY:			
DOES THIS CONTACT HAVE PERMISSION TO PICK UP THIS STUDENT?: (YES OR NO)			
SHOULD THIS CONTACT RECEIVE MAILINGS?:			
DOES THIS CONTACT LIVE WITH THE STUDENT?			
ADDRESS, CITY, ZIP			
EMAIL			
PRIMARY PHONE:		CELL PHONE:	
EMPLOYER:			
WORK PHONE:			
FATHER'S CONTACT INFORMATION			
NAME:			
RELATIONSHIP TO STUDENT:		GENDER:	
DOES THIS CONTACT HAVE FULL OR PARTIAL CUSTODY OF STUDENT?:			
EMERGENCY CONTACT PRIORITY:			
DOES THIS CONTACT HAVE PERMISSION TO PICK UP THIS STUDENT?: (YES OR NO)			
SHOULD THIS CONTACT RECEIVE MAILINGS?:			
DOES THIS CONTACT LIVE WITH THE STUDENT?			
ADDRESS, CITY, ZIP			
EMAIL			
PRIMARY PHONE:		CELL PHONE:	
EMPLOYER:			
WORK PHONE:			
CONTACT 3 (IF APPLICABLE)			
NAME:			
RELATIONSHIP TO STUDENT:		GENDER:	
DOES THIS CONTACT HAVE FULL OR PARTIAL CUSTODY OF STUDENT?:			
EMERGENCY CONTACT PRIORITY:			

DOES THIS CONTACT HAVE PERMISSION TO PICK UP THIS STUDENT?: (YES OR NO)

SHOULD THIS CONTACT RECEIVE MAILINGS?:

DOES THIS CONTACT LIVE WITH THE STUDENT?

ADDRESS, CITY, ZIP

EMAIL

PRIMARY PHONE:

CELL PHONE:

EMPLOYER:

WORK PHONE:

PARENT/GUARDIAN'S SIGNATURE:

TODAY'S DATE:

Is there any individual not permitted to have contact w/student?:

<b>STUDENT HEALTH FORM</b>
<b>MEDICAL INFORMATION:</b>

DOES STUDENT NEED MEDICATION DURING SCHOOL?:

NAMES AND SCHEDULE FOR MEDICATION:


EXPLAIN ANY EMERGENCY ALERTS, ALLERGIES, OR PROBLEMS:

ALERT EXPIRES:

PHYSICAL LIMITATIONS (EXPLAIN:)

**IN CASE OF EMERGENCY...**

INITIAL BELOW TO CONSENT TO ANY TREATMENT AND/OR HOSPITAL CARE FOR THE STUDENT FOR ANY EMERGENCY THAT ARISES DURING REGULAR SCHOOL HOURS OR SCHOOL ACTIVITIES. THIS CONSENT EXTENDS TO THE HOSPITAL AND ITS AFFILIATED PHYSICIANS, NURSES, EMPLOYEES AND ADMINISTRATIVE OFFICERS.

PARENT/GUARDIAN'S SIGNATURE:

TODAY'S DATE:

**MCKINNEY VENTO ACT**

STUDENT NAME:

DATE OF BIRTH:

GENDER:

CITY/PLACE OF BIRTH:

STATE OF BIRTH:

COUNTRY OF BIRTH:

GRADE:

STUDENT RESIDES WITH:

HOME PHONE:

CELL PHONE:

EMAIL ADDRESS:

ADDRESS:

CITY:

STATE:

ZIP:

MAILING ADDRESS:

MAILING CITY:

STATE:

ZIP:

**MCKINNEY VENTO INFORMATION**

IS YOUR CURRENT ADDRESS A TEMPORARY LIVING ARRANGEMENT?

IS THIS TEMPORARY LIVING ARRANGEMENT DUE TO LOSS OF HOUSING OR ECONOMIC HARDSHIP?

WHAT IS THE STUDENT'S CURRENT LIVING ARRANGEMENT?

PARENT/GUARDIAN'S SIGNATURE:

TODAY'S DATE:

**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)**

FERPA (Family Educational Rights and Privacy Act) allows that certain student information (known as Directory Information) may be released to those who follow procedures for requesting it. If you do not want this information shared, choose do not release below.

STUDENT'S NAME

ADDRESS:

PRIMARY PHONE:

EMAIL ADDRESS:

PHOTOGRAPH:

ANY INFORMATION REGARDING NAME, ADDRESSES OR TELEPHONE LISTINGS TO MILITARY RECRUITERS.

PARENT/GUARDIAN'S SIGNATURE:

TODAY'S DATE:

#### MILITARY INFORMATION

If the below persons are not actively serving respond by putting N/A (not applicable)

MILITARY SERVICE FOR MOTHER:

MILITARY SERVICE FOR FATHER:

PARENT/GUARDIAN'S SIGNATURE:

TODAY'S DATE:

#### CONCUSSION AWARENESS POLICY

Confirm you have read and agreed to the attached Concussion Awareness Policy by signing below:

PARENT/GUARDIAN'S SIGNATURE:

TODAY'S DATE:

#### HOME LANGUAGE SURVEY

Michigan welcomes families of all language backgrounds. Speaking more than one language is a valuable asset! Please answer the questions below. If your response to either question is a language other than English, the school district will give an assessment to see if your student may benefit from English language support

Student Name:

Date Of Birth

Grade

What language is used most at home?

What language is used most by the student?

PARENT/GUARDIAN'S SIGNATURE:

#### TRIBAL AFFILIATION DATA COLLECTION

Student Name:		Date Of Birth:		Grade:	
Parent/Guardin Name:					
Home Address:					
City:		State:		Zip Code:	

Is this student tribally affiliated?

	Yes, the student is tribally affiliated
	No, the student is not tribally affiliated

If the student is tribally affiliated, what is their primary tribal affiliation?

	Bay Mills Indian Community
	Grand Traverse Band of Ottawa and Chippewa Indians
	Hannahville Indian Community
	Keweenaw Bay Indian Community
	Lac Vieux Desert Band of Lake Superior Chippewa Indians of Michigan
	Little River Band of Ottawa Indians
	Little Traverse Bay Band of Odawa Indians
	Match-e-be-nash-she-wish Band of Pottawatomi Indians of Michigan
	Nottawaseppi Huron Band of the Potawatomi
	Pokagon Band of Potawatomi Indians
	Saginaw Chippewa Indian Tribe of Michigan
	Sault Ste Marie Tribe of Chippewa Indians
	Not Listed

PARENT/GUARDIAN'S SIGNATURE:	
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Date:	
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