

Enrollment Form



Instructions:

Fill this form out to the best of your ability. **Required fields are marked with a ***.

Name, date of birth and city of birth **must match** information on the birth certificate.

Western School District

	Last, First, Middle Initial	Please Print Clearly
*Student Name		<i>as it appears on the birth certificate</i>
Nickname		
*Gender	<i>Circle one</i> Male / Female	
*Date of Birth		<i>Must match birth certificate</i>
*City of Birth		<i>If not born in U.S.A. enter Country of birth</i>
*Resident County		<i>Michigan county student lives in</i>
*Student Home Phone		<i>Include area code</i>
Student Cell Phone		<i>Include area code</i>
Student Lives With		<i>Parent /Guardian Name here</i>
Single Parent Household	Yes / No	
Special Considerations		
*Is a language other than English spoken in the home? <i>Circle one</i> Yes / No If Yes, please indicate other languages on the line below.		
Languages spoken at home include:		
Student Address Information - Home address is where the student lives, mailing address is where school/district mailings will be sent		
*Street Address		
*Home City		
*Home State		
*Zip Code		
*Mailing Address or PO Box		
*Mailing City		
*Mailing State		
*Mailing Zip Code		

Office Use Only

District Entry Date: _____
 School Entry Date: _____
 Expected Graduation Year: _____

District Entry Grade Level: _____
 School Entry Grade Level: _____
 GAD Cohort Graduation Year: _____

Continued on next page

Western School District

Instructions:

Fill this form out to the best of your ability. **Required fields are marked with a *.**

Ethnicity information:

Federal and state laws require us to collect ethnicity information about your child three ways.

<p>*Scheduling Ethnicity <i>check all that apply</i></p>	<p> <input type="checkbox"/> Am-Indian/Alaskan-Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Pacific-Islander/Native-Hawaiian <input type="checkbox"/> White <input type="checkbox"/> I Decline to specify (this information will not be saved) </p>
<p>*Federal Ethnicity and Race</p>	<p>Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I decline to specify</p>

<p align="center">*Michigan Ethnicity Please indicate the order in which each may apply</p>							
Ethnicity	Does not apply	Primary Ethnic Choice	Second Ethnic Choice	Third Ethnic Choice	Fourth Ethnic Choice	Fifth Ethnic Choice	Sixth Ethnic Choice
Am-Indian/Alaskan-Native							
Asian American							
Black or African American							
Pacific-Islander/Native-Hawaiian							
White							
Hispanic/Latino							

Alerts

<p>Medical Alerts /Allergies /Medications</p> <p><input type="checkbox"/> This information has changed from the previous year.</p>	
<p>Other information you wish to share with us</p>	

Household 1 Contact 1	Last, First
*Name	Relationship:
*Home Phone	
Work Phone	
Cell Phone	
Email	
*Mailing Street/PO Box	
*Mailing City, State, Zip	
Employer	

Receive Separate Mailings Y / N Legal Guardian Y/ N Custodial Parent/Guardian: Y /N

Household 1 Contact 2	Last, First
Name	Relationship:
Home Phone	
Work Phone	
Cell Phone	
Email	
Mailing Street/PO Box	
Mailing City, State, Zip	
Employer	

Legal Guardian Y/ N Custodial Parent/Guardian: Y /N

Household 2 Contact 3	Last, First
Name	Relationship:
Home Phone	
Work Phone	
Cell Phone	
Email	
Mailing Street/PO Box	
Mailing City, State, Zip	
Employer	

Receive Separate Mailings Y / N Legal Guardian Y/ N Custodial Parent/Guardian: Y /N

Household 2 Contact 4	Last, First
Name	Relationship:
Home Phone	
Work Phone	
Cell Phone	
Email	
Mailing Street/PO Box	
Mailing City, State, Zip	
Employer	

Legal Guardian Y/ N Custodial Parent/Guardian: Y /N

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Emergency Contacts

The emergency contacts you supply in this section are the people/numbers that will be called after we have tried to contact the contacts listed on the previous page. By providing their information here, it is assumed that you are authorizing these contacts to pick your child up from school in the event of an emergency. **These contacts will only be called for emergencies involving your child as an individual, not for school/district wide emergencies.**

Emergency Contact 1	
Last, First	Relationship:
Name	
Home Phone	Include area code
Work Phone	Include area code
Cell Phone	Include area code
Emergency Contact 2	
Last, First	Relationship:
Name	
Phone	Include area code
Work Phone	Include area code
Cell Phone	Include area code
Emergency Contact 3	
Last, First	Relationship:
Name	
Phone	Include area code
Work Phone	Include area code
Cell Phone	Include area code
Emergency Contact 4	
Last, First	Relationship:
Name	
Phone	Include area code
Work Phone	Include area code
Cell Phone	Include area code

Automated Calling System

The phone numbers and email address in this section are those that will be contacted for school cancellations and delays. These numbers may be used for early dismissals, school/district event change announcements and for notification of other non-emergency school/district information as needed. If you do not supply any information, you will not receive any notifications.

Please submit only phone numbers that are directly accessible by you. **Phone numbers that require an extension will not work.**

Automated Calling System	Include area code
Phone Number 1	
Phone Number 2	
Phone Number 3	

Emergency Dismissal notification

If an emergency dismissal becomes necessary, due to loss of power, extreme weather conditions, or other situations that may arise, Students will be sent to their normal after school location. The district will send notification of an early dismissal to the phone numbers provided below. **Phone numbers that require an extension will not work.**

In addition, notification will also be sent to local radio and television stations.

Emergency Calling System	Include area code
Phone Number 1	
Phone Number 2	
Phone Number 3	

Western School District

Signature Page

Student Name: _____

Date: _____

STUDENT HANDBOOK

I verify that I have read, or will read, and familiarize myself with the Parent/Student Handbook.

Parent/Legal Guardian Signature: _____ Student Signature: _____

PARENT LIVING ELSEWHERE

COURT DOCUMENTATION MUST be provided to the office prior to the first day of attendance. If documentation is not provided, we cannot deny parents the right to pick up their own child

Name of Parent: _____ If this parent is not allowed to pick up the child

Parent/Legal Guardian Signature _____

FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA) RELEASE OF INFORMATION

Note to Secondary Parents: In accordance with Section 9528 of the "No Child Left Behind Act of 2001", school districts are obligated to make secondary level students' names, addresses, and phone numbers available to colleges and universities as well as various branches of the armed forces. You, the parent, have the right to decide if your student's information will be made available if requested. Indicate how you wish to have your student's information handled.

This information *may* _____ **or may not** _____ be released. (check one).

Parent/Legal Guardian Signature _____

FIELD TRIP PERMISSION

I understand that transportation to and from field trip activities will be by school bus or other school owned vehicle and that under Michigan No-Fault Insurance guidelines, my automobile insurance is the primary carrier. I understand further that all trips will be chaperoned by school employees, who may be assisted by non-staff volunteers.

My child *does* _____ **or does not** _____ have permission to participate in field trips. (check one).

Parent/Legal Guardian Signature _____

TECHNOLOGY USE AND SAFETY POLICY RESPONSIBILITY DECLARATION

I have read the Western School District Technology Use and Safety Policy (found at www.westernschools.org) and agree to adhere to the privileges, responsibilities, and consequences as outlined.

Parent/Legal Guardian Signature: _____ Student Signature: _____

PERMISSION TO PHOTOGRAPH

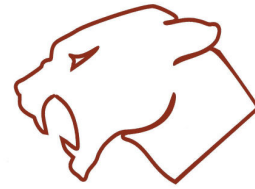
I grant permission for Western School District to photograph and/or videotape my child and my child's work as part of the educational program produced by the district. This may include, but not be limited to newsletters, media releases, and website information. I understand that my child's image, name, school, and grade may be revealed, but that no other information about our child will be revealed without my prior consent. Photos may be taken at various times throughout the year without advance notice.

Western School District *does* _____ **or does not** _____ have permission to use my child's picture in district publications.
(check one).

Parent/Legal Guardian Signature _____



WESTERN SCHOOL DISTRICT
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 (517) 841-8100 FAX (517) 841-8801
www.westernschools.org



This form is intended to address the requirements of the McKinney-Vento Act under the guidelines of the No Child Left Behind Act of 2001. Your answers will help us to determine if your child qualifies for services provided by the Act.

Presently, where is the student living?

Section A (Living Arrangements): Check <u>ONE</u> box only	Section B (Student's Supplemental Needs)
<input type="checkbox"/> Shelter <input type="checkbox"/> Temporarily with more than one family in a house or apartment due to economic hardship or loss of housing <input type="checkbox"/> Temporary Foster Care <input type="checkbox"/> Hotel/Motel, car or campsite <input type="checkbox"/> Unsheltered (on the street, abandoned building or park) <input type="checkbox"/> Alone GO ON to Section B and C if you checked a box in Section A . STOP if you did not check a box in Section A. Do not complete the rest of this form.	<input type="checkbox"/> Transportation to and from school <input type="checkbox"/> Tutoring <input type="checkbox"/> Personal hygiene items <input type="checkbox"/> Clothing <input type="checkbox"/> Counseling <input type="checkbox"/> Other: _____

Section C

The student lives with:

- | | |
|---|--|
| <input type="checkbox"/> 1 parent | <input type="checkbox"/> a relative, friend(s) or other adult(s) |
| <input type="checkbox"/> 2 parents | <input type="checkbox"/> alone with no adults |
| <input type="checkbox"/> 1 parent and another adult | <input type="checkbox"/> an adult that is not the parent or legal guardian |

Enrolling School: _____ Grade _____

Name of Student _____ Male Female

Birth Date _____ Age: _____
 (Month/Day/Year)

Name of Parent(s)/Legal Guardian(s) _____

Address _____ Phone _____
 City State Zip

Signature of Parent/Legal Guardian _____ Date _____

For School Use Only
<p>Forward to:</p> <input type="checkbox"/> Homeless Liaison <input type="checkbox"/> File Only
<p>Processed by _____ (please print name)</p>
<p>For any choices in Section A, a copy of this form must be submitted to Craig Raetz, Homeless Coordinator, in the Central Administration Office immediately upon receipt. All buildings must keep original form(s) separately from the student's permanent file for audit purposes during the year.</p>