



STUDENT ENROLLMENT FORM

Niles Community Schools

Niles, Michigan

Today's Date: _____

SCHOOL OF ATTENDANCE

- Northside Child Development Center
 Ballard Elementary
 Eastside Connections
 Howard-Ellis Elementary
 Ring Lardner Middle School
 Niles High School
 Niles Cedar Lane
 Southside
 WAY Program

Re-enrolling in Niles Community Schools? Yes No Date last attended Niles Schools: _____

STUDENT INFORMATION

Student Legal Name: _____
(as shown on birth certificate) Last First Middle

Gender: Male Female DOB: ____/____/____ Age: _____ Entering Grade: _____

PRIMARY HOUSEHOLD INFORMATION

Primary Phone: _____ Primary Email Address: _____

Current Physical Address: _____
Street City Zip County

Current Mailing Address (if different): _____

Within what school district do you reside? _____

PRIMARY HOUSEHOLD DATA

Legal Guardian: Both Parents Father only Mother only Other _____

With whom does student reside (check all that apply)?

- Father Only Father/Stepmother
 Mother Only Mother/Stepfather Grandparents Relative (_____)
 Foster Home Emancipated Minor Legal Guardian Other (_____)

	Mother	Father
Name (Last, First)		
Place of Employment		
Work Phone		
Cell Phone		
Email Address		
Physical Address		

	Stepmother or Guardian	Stepfather or Guardian
Name (Last, First)		
Relationship to Student		
Place of Employment		
Work Phone		
Cell Phone		
Email Address		
Physical Address		

ETHNICITY/RACE

If you check more than one box, please circle the primary ethnic/racial box.

- American Indian or Alaska Native (origins from any of the original peoples of N, S, or Central America)
 Asian (origins from any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent)
 Black or African American (origins from any of the black racial groups of Africa)
 Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin)
 Native Hawaiian / Other Pacific Islander (origins from any of the original peoples of any Pacific Island)
 White (origins from any of the original peoples of Europe, the Middle East or N Africa)

IMMIGRANT INFORMATION

Please complete the following if student is an immigrant of the United States. Country of birth: _____

Immigrant year of entry: _____ First date entered in USA schools: _____



OTHER CHILDREN RESIDING IN THE HOME

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

CURRENT LIVING SITUATION

Where is the student currently living?

- In permanent housing In a shelter In a hotel/motel In a car, park, bus, train or campsite
 With another family or other person because of loss of housing or as a result of economic hardship
 Other temporary living situation (describe): _____
 Student was covered under the McKinney Vento Act (homeless) at a previous school during the current school year.
 (If yes, please check the homeless box on the free/reduced lunch application.)
 Parent or guardian is active military or a veteran

SPECIAL INFORMATION

Please indicate any services the student received at previous school:

- Special Education (IEP) Speech and Language 504 Plan Title 1 Services

Are there any special academic, behavioral, medical or legal matters we need to know about? No Yes

If yes, please explain _____

Note: If your child received any special ed or speech and language services, please ask for a temporary placement form**HEALTH INFORMATION**Special Health Conditions: Diabetes Asthma Seizures Heart Other _____Allergies: Bee stings Environmental Food Explain _____

Is student currently taking any prescribed medication? Please list: _____

SUSPENSION/EXPULSION

- Check One: Has not been expelled from another school Is currently under suspension from another school
 Has been expelled from another school or has expulsion pending

EMERGENCY CONTACTS (OTHER THAN PARENTS)

Name	Relationship to student	Phone No.

Is there any person who does NOT have permission to contact student at school? No Yes

If yes, please provide name and explanation _____

Note: If a birth parent does NOT have permission to contact student at school, legal paperwork is required for verification.**PREVIOUS SCHOOL AND EARLY CHILDHOOD INFORMATION**

Previous School: _____ City/State: _____

Where was the student before kindergarten? (check all that apply)

- GSRP Head Start Family/relative care Private child care center Tuition based preschool Early child special ed
 Young 5/developmental or transitional kindergarten Other – describe _____

What was the schedule of primary care prior to kindergarten?

- Part-day, 4 days/week Part-day, 5 days/week School-day, 4 days/week School-day, 5 days/week
 Other schedule – describe _____

PARENT/GUARDIAN SIGNATURE

The undersigned hereby acknowledges that the information provided on this form is true and accurate. The undersigned understands that it is his/her responsibility to inform the school office when any of the information on this form changes. I authorize Niles Community Schools to consent to medical treatment for my child in my absence. I also accept responsibility for payment of medical services rendered.

→ Printed name of parent/guardian _____

→ Signature of parent/guardian _____

OFFICE USE ONLY

- Entered in PS Enrolled list Birth certificate Proof of residency Immunizations Concussion form E/L survey
 McKinney Vento form to WS Health information to necessary personnel Records Requested 05/18

Student No. _____ Bus _____ Teacher/Counselor _____ Locker # _____