



# 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 Niles  
Re-enrolling in Niles Community Schools? ☐ Yes ☐ No Date last attended Niles Schools: \_\_\_\_\_

Please tell us how you heard about Niles Community Schools: \_\_\_\_\_

### STUDENT INFORMATION

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

Student Preferred Name(if applicable): \_\_\_\_\_

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): \_\_\_\_\_

### PRIMARY HOUSEHOLD DATA

Legal Guardian: ☐ Both Parents ☐ Father only ☐ Mother only ☐ Other \_\_\_\_\_

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

☐ Both Parents ☐ Father/Stepmother ☐ Mother/Stepfather ☐ Legal Guardian  
☐ Father Only ☐ Mother Only ☐ Foster Home ☐ Other \_\_\_\_\_

☐ Parent or guardian is active military or a veteran, please indicate who: \_\_\_\_\_

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

Please complete	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.)

**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.
Name	Relationship to student	Phone No.

Name	Relationship to student	Phone No.
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 sent
☐ Health information to necessary personnel
☐ Records Requested

4/21

Student No. \_\_\_\_\_ Bus \_\_\_\_\_ Teacher/Counselor \_\_\_\_\_ Locker # \_\_\_\_\_