



EDWARDSBURG PUBLIC SCHOOLS

69410 Section Street, Edwardsburg, MI 49112

Student Enrollment Form

OFFICE USE ONLY

Student ID: _____

Teacher: _____

AM Bus #: _____ PM Bus #: _____

Updated Information: _____

Entered: _____ Left: _____

STUDENT INFORMATION (Please Print)

Grade: _____ Previous student in this district? Yes No Has student ever been expelled? Yes No

Student's Legal Last Name	Legal First Name	Middle Name	Suffix
Birth Date MM/DD/YYYY	City/State/Country of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Preferred Name

STUDENT PRIMARY HOUSEHOLD RESIDENCE

This information helps determine services students may be eligible for under the Title IX, Part A of the Every Student Succeeds Act of 2015.

Street Address	Apt/Lot #	PO Box
City	State	Zip
County	Home Phone ()	

Current Living Arrangement: In permanent housing In a shelter In a hotel/motel In a car, park, bus, train, or campsite
 In a foster home Unaccompanied youth With another family or person due to 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

LEGAL PARENT(S) OR GUARDIAN(S) LIVING IN PRIMARY HOUSEHOLD

Full Legal Name(s) (First, Middle, Last)		
Relationship to Student	<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Court Guardian <input type="checkbox"/> Other _____	<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Court Guardian <input type="checkbox"/> Other _____
Employer Name		
Employer Phone	()	()
Cell Phone	()	()
Email Address		

OTHER CHILDREN LIVING IN STUDENT'S PRIMARY HOUSEHOLD

Last Name	First Name	Gender	Birth Date	Grade	Relationship to Student
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			

Michigan law allows student information to be shared with both parents, regardless of marital status, unless a court order dictates otherwise. Please provide the school with any current legal court documents or restraining orders pertaining to this student.

SECONDARY HOUSEHOLD INFORMATION (Does student have a legal parent/guardian living at a different residence?)

Full Legal Name (First, Middle, Last)	
Relationship to Student	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Court Guardian <input type="checkbox"/> Other _____
Employer Name	Employer Phone ()
Home Phone ()	Cell Phone ()
Street Address	Apt/Lot # PO Box
City	State Zip Email Address

DAYCARE PROVIDER

Name		Street Address			Apt/Lot #
City	State	Zip	Home Phone ()	Cell Phone ()	

EMERGENCY CONTACT INFORMATION (If Parent/Legal Guardian Cannot Be Reached)

Contact Name		
Relationship to Student		
Home Phone	()	()
Cell Phone	()	()
Work Phone	()	()

ETHNICITY & RACE / CITIZENSHIP / HOME LANGUAGE

NOTE: Please answer both parts of the Ethnicity and Race sections. Regardless of what you select for Ethnicity, please select one or more boxes to indicate what you consider your student's race to be. If either part is not answered, the U.S. Department of Education requires the school district to supply an answer on your behalf.

Ethnicity: Is this student Hispanic/Latino? (Choose only one)

No Yes (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

Race: (Choose one or more)

American Indian or Alaska Native Asian Black or African American Pacific Islander White

Is student a U.S. citizen? Yes No If no, in what country is student a citizen? _____

First year in U.S.A.? Yes No

Is your child's native tongue a language other than English? Yes No If yes, what is the language? _____

Is the primary language used in your child's home or environment a language other than English? Yes No

If yes, what is the language? _____ (Sections 380.1152 - 380.1157 of the School Code of 1995)

HEALTH/MEDICAL INFORMATION

NO KNOWN MEDICAL PROBLEMS or Check Conditions Below:

- | | | |
|--|--|---|
| <input type="checkbox"/> ADD / ADHD | <input type="checkbox"/> hearing impaired | <input type="checkbox"/> bronchitis or breathing problems |
| <input type="checkbox"/> asthma* | <input type="checkbox"/> seizures* | <input type="checkbox"/> eczema or skin conditions |
| <input type="checkbox"/> bleeding disorder | <input type="checkbox"/> bee sting allergy* | <input type="checkbox"/> frequent ear, throat, sinus infections |
| <input type="checkbox"/> diabetes* | <input type="checkbox"/> food allergy* | <input type="checkbox"/> heart murmur |
| <input type="checkbox"/> hayfever | <input type="checkbox"/> medication allergy* | <input type="checkbox"/> other heart problems* |
| <input type="checkbox"/> headaches | <input type="checkbox"/> other allergy* | <input type="checkbox"/> other health concerns* |

*Additional Comments: _____

Physical Limitations: _____

Physician Name: _____ Physician Phone: () _____

Medications	Dosage	Time(s)	Administered At School?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: All medications taken at school must follow Michigan Law, which requires schools to have a written physician's order and parent/guardian authorization. Medication Authorization Forms are available at each school or on the district website.

RIGHTS AND PRIVACY ACT

In compliance with the Federal Statute "Family Educational Rights and Privacy Act of 1974, Section 99.34 which reads as follows: Schools may send a student's educational record to officials of other schools or school systems in which the student seeks or intends to enroll, upon condition that the student's parents be notified of the transfer, receive a copy of the record, if desired, and have an opportunity to challenge the content of the record. I affirm that as the parent/legal guardian, all information provided is true and accurate, and that my child and I reside at the above-listed address. I understand any false information provided by me might subject me to legal penalties for perjury." I further authorized Edwardsburg Public Schools to share any or all of the aforementioned information with appropriate school staff, for the purpose of providing a safe and healthy environment for my child. In case of accident or serious illness, I request the school to contact me. If this is not possible, I authorize the school to secure emergency medical treatment or make whatever arrangements deemed necessary.

NON-DISCRIMINATION CLAUSE

The Board of Education does not discriminate on the basis of race, color, religion, national origin, sex, disability, age, height, weight, marital status, or any other legally protected characteristics, in its programs and activities, including employment opportunities. If any person believes that the Edwardsburg Public School District or any of the district's staff has inadequately applied the principles and/or regulations of Title II, Title VI, and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment Act of 1972, Section 504 of the Rehabilitation Act of 1973, The Age Act and The Americans with Disabilities Act, s/he may bring forward a complaint to the district's Civil Rights Coordinator, Edwardsburg Public Schools, 69410 Section Street, Edwardsburg, Michigan 49112 (269-663-1048).

Parent/Legal Guardian Signature _____ Date _____