Jefferson Schools
2400 North Dixie Highway, Michigan 48162
Phone 734-289-5550 Fax 734-289-5574

STUDENT ENROLLMENT FORM

IMPORTANT: Certified Birth Certificate, Proof of Immunization and Proof of Residency must be provided.

☐ New to District ☐ Returning to District

Present Grade: _____ Registration Date: _____

Office Use Only: SCHOOL YEAR: _____

SCHOOL: _____

STUDENT ID: _____ UIC _____

STUDENT INFORMATION

Legal Name: _____ Gender: ☐ Male ☐ Female
First Middle Last Gen

Birth Date: _____

Race and Ethnicity: (Both Part A and Part B of the question must be answered)
Part A: Is this student Hispanic/Latino? ____ NO ___ YES (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)

The above question is about ethnicity, not race. The following question indicates what you consider your child's race.
Part B: What is the student's race? (Choose one or more)
____ ***American Indian or Alaska Native***
____ ***Asian***
____ ***Black or African American***
____ ***Native Hawaiian/Other Pacific Islander***
____ ***White***
____ ***Hispanic***

Home Language:

Primary Language of Student: English ☐ Other: _____ Language Spoken at Home: English ☐ Other: _____
If you answered "Other" to one of the questions above, please complete a separate ***Home Language Assessment Survey***

Phones:
Home Phone: _____

Cell Phone: _____ **I authorize all non-emergency calls and text messages to this phone** ___YES ___NO

Student's Home Address:

_____
Street City State Zip

Presently where is the student living? Check <u>One</u> Box

☐ With a parent/guardian as one family in the residence (only one family in household)

☐ With friends or family member (other than parent/guardian)

☐ With a parent/guardian and more than one family in a house or apartment

☐ In a motel, car, campsite, other

FAMILY INFORMATION

Student Lives With: ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Parent and Step Parent ☐ Other _____

HEAD OF HOUSEHOLD:

_____
Last Name First Name Middle

Primary Phone: _____

Alternate Phone: _____

Email address: _____

Relationship to child (circle one):
A. Birth Parent B. Adoptive Parent C. Step-Parent
D. Court Appointed Guardian E. Grandparent F. Other: _____

HEAD OF HOUSEHOLD:

_____
Last Name First Name Middle

Primary Phone: _____

Alternate Phone: _____

Email address: _____

Relationship to child (circle one):
A. Birth Parent B. Adoptive Parent C. Step-Parent
D. Court Appointed Guardian E. Grandparent F. Other: _____

If parents are divorced, please state who has:

Physical Custody _____ Legal Custody _____

Specific Instructions/Restrictions: (must provide Court Order/Judgment)

_____

FAMILY INFORMATION : PARENT LIVING ELSEWHERE: *(if applicable)*

_____ Relationship to Child: _____
Name

_____ Phone: _____ Email: _____
Address City State Zip

List as Contact: ☐ YES ☐ NO Receive Mailings: ☐ YES ☐ NO

SIBLINGS

NAME	AGE	GRADE	PRESENT SCHOOL (if applicable)

EMERGENCY CONTACTS (Persons to call in case of emergency if we are unable to contact parents)

NAME	PHONE NUMBERS	RELATIONSHIP

STUDENT'S SCHOOL HISTORY—Please complete for ALL schools attended

Schools Previously Attended	Grades	School Address	City, State, Zip	Phone

Did Student Previously Attend a Jefferson School? ☐ YES ☐ NO Last Grade Attended at Jefferson: _____

Has this student been suspended from any school for more than one day? ☐ YES ☐ NO

Has this student been suspended from any school long term (more than 10 days) or expelled? ☐ YES ☐ NO

SPECIAL EDUCATION INFORMATION

Has this student ever received special education services that require an Individual Education Plan (IEP) ? ☐ YES ☐ NO

If yes, describe and provide a copy of current IEP:

_____

MEDICAL INFORMATION

DOCTOR'S NAME:	Phone:
ALLERGIES:	
MEDICATIONS: (Please list)	
HEALTH PROBLEMS—Circle all existing conditions. Asthma; Diabetes; Hearing-Frequent Infections, Hearing Aids, Tubes; Seizures; Vision—Contacts/Glasses; Other—	Describe:
Does your child have any health conditions that would limit participation in strenuous activities such as physical education or athletics? _____YES _____NO	Describe:

If your child needs any medications (over the counter or prescription) administered during school hours, be sure to fill out the ***Administration of Medication to Pupil*** Permission Form.

Please be sure your child meets the Michigan Department of Community Health IMMUNIZATION REQUIREMENTS. If your child's immunizations were given outside of Michigan or is a Kindergarten student, we will need a copy of their immunization record signed by a Health Professional. Children who have not received the required immunizations WILL BE EXCLUDED from school UNTIL parents provide proof that ALL REQUIRED IMMUNIZATIONS have been given, or have a WAIVER on file. (Waiver Form can be obtained from the Monroe County Health Department)

The undersigned hereby acknowledges that the information provided on this form is true and accurate, incorrect information could be grounds for revoking enrollment. The undersigned understands that it is his/her responsibility to inform the appropriate school office if and when any of the information set in this form changes.

_____ _____

Parent or Guardian Signature *Date*

FOR OFFICE USE ONLY: Entry Date: _____ Certified Birth Certificate Yes No

Teacher Name: _____ Room Number _____ Immunization Records Yes No

Student Records: Requested _____ Received _____ Bus In _____ Bus Home _____ Lunch Application Yes No

Residence verified by: rent receipt, utility bill, drivers license or other _____ verified by: _____ Date: _____

Circle one: Jefferson Resident School of Choice Dual Residency Year Waiver Date: _____

Jefferson Schools
Excellence in Education

Craig A. Haugen - Superintendent
2400 North Dixie Hwy
Monroe, MI 48162
Ph. 734.289.5550
Fx. 734.289.5574

Authorization to Release Records

Student's name: _____ Birthdate: _____

Student's name: _____ Birthdate: _____

Student's name: _____ Birthdate: _____

UIC Number: _____ Present Grade: _____

The above named student has been enrolled in:

- ☐ Jefferson Early Childhood Center – 1960 Hurd Road, Monroe, MI 48162 Fax 734-289-5580
- ☐ North Elementary – 8281 North Dixie Hwy Newport, MI 48166 Fax 734-586-8854
- ☐ Sodt Elementary – 2888 Nadeau Road Monroe, MI 48162 Fax 734-289-5600
- ☐ Jefferson Elementary 5/6 – 5102 North Stony Creek Road, Monroe, MI 48162 Fax 734-289-5560
- ☐ Jefferson Middle School - 5102 North Stony Creek Road, Monroe, MI 48162 Fax 734-289-5596
- ☐ Jefferson High School – 5707 Williams Road, Monroe, MI 48162 Fax 734-289-5595

Please forward this student's cumulative files, including academic and achievement test, health and immunization records, disciplinary and behavior records. If appropriate, send special programming information, including psychological data and Individualized Education Planning Committee paperwork.

In order to comply with Public Act 328, please verify that the above named student has not been suspended or expelled from school for a weapons, arson, or criminal sexual conduct violation subsequent as of January 1, 1995. If the above named student has been suspended or expelled for one of the above name violations, please attach an explanation as to the current status of the student.

Permission is herewith granted to send the above mentioned school records information to Jefferson Schools within 30 days upon receipt of this release form.

_____ _____

Parent/Guardian Signature Date of Enrollment

Name of School last attended: _____

School Address: _____ Fax: _____

JEFFERSON SCHOOLS
MEDICATION AUTHORIZATION FORM
(For all prescription and non-prescription medications)

Student Name:_____ Grade_____

Attending Physician:_____ Phone_____

Physician Address:_____

Prescription:
Name of Medication _____
Dosage and frequency _____
Time of Administration _____
Anticipated Duration _____
Purpose of Medication _____
Possible Side Effects _____

Prescription:
Name of Medication _____
Dosage and frequency _____
Time of Administration _____
Anticipated Duration _____
Purpose of Medication _____
Possible Side Effects _____

I hereby request that my child be administered the above medication at school by the school personnel authorized by the principal. I understand that the medication will be administered exactly as per the instructions of my above named physician. I will notify the school of changes or discontinuation of this medication.

I will provide a single dose of medication (prescription or non-prescription) in a labeled, original container to be taken by my child when involved in an activity during regular school hours which takes place outside of his/her home building.

Parent or Guardian Signature_____ Date_____

Physician Signature_____ Date_____

This form must be kept with the medication until discontinuation or until the end of the school year and then filed in the cumulative record.

_____ _____
Principal Signature School Nurse Signature

Date_____ Date_____

STATE BOARD OF EDUCATION APPROVED
HOME LANGUAGE SURVEY *

The Jefferson School District is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1152 - 380.1157 of the School Code of 1995, Michigan's Bilingual Education Law. Would you please help by providing the following information?

Thank you very much for your cooperation.

Name of Student _____ Grade _____ Age _____

School Building

1. Is your child's native tongue a language other than English?

☐ Yes ☐ No What is that language?

2. Is the primary language[1] used in your child's home or environment a language other than English?

☐ Yes ☐ No What is that language?

_____ _____ _____
Signature of Parent or Guardian Address Date

[1] "Primary language" means the dominant language used by a person for communication.

* Translation of this survey form in Spanish, Arabic, French, Italian and Ojibwa is available at the Office of Field Services at 517-373-6066.