



FLINT COMMUNITY SCHOOLS - OFFICE OF CENTRALIZED ENROLLMENT STUDENT ENROLLMENT FORM - Part I

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ ENTRY DATE \_\_\_\_\_

STUDENT'S LEGAL NAME (as shown on birth certificate)

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ (Jr/Sr/II/III)

GENDER (circle one) M F DATE OF BIRTH \_\_\_\_\_ (MM/DD/YYYY)

STUDENT ADDRESS \_\_\_\_\_ Number \_\_\_\_\_ Street \_\_\_\_\_ (Ave/Blvd/Rd/St) \_\_\_\_\_ (Apt/Box/Bldg/Lot)

\_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_ HOME PHONE(\_\_\_\_\_) \_\_\_\_\_

Is residency permanent? (circle one) Yes No

Does the student live in any of the following situations? (check only if it applies)

- Shelter Hotel/Motel Car Trailer Park/Campsite Foster home
Sharing the housing of other persons Living with someone other and their Parent/Guardian

SOCIAL SECURITY # \_\_\_\_\_ (optional)

RACE AND ETHNICITY - Both parts A and B MUST be completed

Part A: Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) Yes No

Part B: What is the student's race? (choose one or more regardless of ethnicity)

- American Indian/Alaska Native Asian Black of African American Hispanic
Native Hawaiian/Pacific Islander White (includes persons of Middle East or North Africa descent)

HOME LANGUAGE SURVEY - 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.

Is your student's native language a language other than English? (circle one) 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?

(circle one) Yes No If Yes, what is the language? \_\_\_\_\_

(FOR OFFICE USE ONLY)

ATTENDANCE JUSTIFICATION \_\_\_\_\_ Affidavit of Residence
Foster Home McKinney Vento Special Education Transfer Permit Schools of Choice Classroom Coverage

**FLINT COMMUNITY SCHOOLS - OFFICE OF CENTRALIZED ENROLLMENT  
STUDENT ENROLLMENT FORM - Part II**

**PARENTS/GUARDIANS**

1. \_\_\_\_\_  
Last First Middle Relationship to Student

Lives with student  YES  NO

If NO, LIST ADDRESS \_\_\_\_\_  
Number Street (Ave/Blvd/Rd/St) (Apt/Box/Bldg/Lot)

EMAIL ADDRESS \_\_\_\_\_ HOME PHONE(\_\_\_\_\_) \_\_\_\_\_

CELL PHONE(\_\_\_\_\_) \_\_\_\_\_ WORK PHONE(\_\_\_\_\_) \_\_\_\_\_

2. \_\_\_\_\_  
Last First Middle Relationship to Student

Lives with student  YES  NO

If NO, LIST ADDRESS \_\_\_\_\_  
Number Street (Ave/Blvd/Rd/St) (Apt/Box/Bldg/Lot)

EMAIL ADDRESS \_\_\_\_\_ HOME PHONE(\_\_\_\_\_) \_\_\_\_\_

CELL PHONE(\_\_\_\_\_) \_\_\_\_\_ WORK PHONE(\_\_\_\_\_) \_\_\_\_\_

3. \_\_\_\_\_  
Last First Middle Relationship to Student

Lives with student  YES  NO

If NO, LIST ADDRESS \_\_\_\_\_  
Number Street (Ave/Blvd/Rd/St) (Apt/Box/Bldg/Lot)

EMAIL ADDRESS \_\_\_\_\_ HOME PHONE(\_\_\_\_\_) \_\_\_\_\_

CELL PHONE(\_\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_\_) \_\_\_\_\_

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**EDUCATIONAL BACKGROUND**

Has your child previously attended a Flint Community School? (circle one) **Yes** **No**

if Yes which one? \_\_\_\_\_

LAST SCHOOL ATTENDED \_\_\_\_\_

\_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_  
City State

Is there any discipline pending or is your child under expulsion from another school? (circle one) **Yes** **No**

If Yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_