



**INSTRUCTIONS:** Next to each item, Westwood staff must check the box, initial, and date.

### STUDENT ENROLLMENT PACKET CHECKLIST

STUDENT'S NAME _____	
GRADE _____	DATE OF SUBMISSION _____
<input type="checkbox"/> _____ Please Circle One: <i>Student is In District</i> <i>Student is School of Choice</i>	

**All items are required for enrollment; no incomplete enrollment packets will be accepted.**

\_\_\_\_\_ Completed District Survey

**VERIFICATION of Document:**

\_\_\_\_\_ "Original" Birth Certificate - *photocopy*

**REQUIRED Documents for Residents - Submitted and Complete**

- \_\_\_\_\_ Two documents to prove residency\*
  - \*Homeowners: mortgage statement, property tax assessment, current utility bill (gas, water, electricity)
  - \*Renters: current lease agreement, current utility bill (gas, water, electricity)

**REQUIRED Documents for all applicants (Schools of Choice or Resident) - Submitted and Complete**

- \_\_\_\_\_ Student Enrollment Form (attached)
- \_\_\_\_\_ Parent identification: driver's license, state ID or passport - *Photocopy*
- \_\_\_\_\_ Custody or guardianship papers, if applicable
- \_\_\_\_\_ Request for Student Records Form (attached)
- \_\_\_\_\_ Most recent report card (K-8) or transcript (high school)
- \_\_\_\_\_ Household Information Survey (attached)
- \_\_\_\_\_ Home Language Survey (attached)
- \_\_\_\_\_ Westwood Community School District Staff/Student Network Resources Contract (attached)
- \_\_\_\_\_ Transportation Request (attached)

**OTHER Documents for Enrollment, if applicable - Submitted and Complete:**

- \_\_\_\_\_ Student Housing Questionnaire, if applicable (attached)
- \_\_\_\_\_ Military Families Information (attached)



**DISTRICT SURVEY**

School: \_\_\_\_\_ Grade: \_\_\_\_\_

How did you hear about Westwood Schools (check all that apply)?

- Friend
  - Other Students
  - Printed Materials
    - Brochure
    - Magnet
    - Mail
    - Newsletter
    - Newspaper
      - Detroit Free Press*    *Detroit News*    *Metro Parent*
      - Press and Guide*    *Telegram*    Other \_\_\_\_\_
    - Postcard
    - Yard Sign
  - Social Media
    - Facebook
    - Instagram
    - Twitter
    - Other \_\_\_\_\_
  - Billboard
  - Bus Signs
  - District Sign
  - District Website
  - Electronic Media (radio, television)
  - Movie Theater ad
  - Other \_\_\_\_\_
- 
- 
- 

For School Office Use Only:

Please return this form to Central Office. Thank you!

**For Office Use Only:**

Zangle ID \_\_\_\_\_

UIC \_\_\_\_\_

**Birth Certificate Verification**

Date \_\_\_\_\_

Staff Signature \_\_\_\_\_



**STUDENT ENROLLMENT FORM (Page 1 of 3)**

*Please Print Clearly*

<b>1. STUDENT INFORMATION</b>		
Last Name	First Name	Middle
Date of Birth	City and State of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	City, State	ZIP
Home Phone/Cell Phone	Last School/District Attended (City, State)	
Has your child ever attended a school in the state of Michigan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ethnicity: is the student Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)? <input type="checkbox"/> Yes, Hispanic/Latino <input type="checkbox"/> No, not Hispania/Latino		
Race: The question above is about ethnicity, not race. No matter what you selected, please continue to answer the following by marking one or more boxes to indicate what you consider the student's race to be. <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White		
Is the student's primary language English? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, name of language _____		
Is the primary language used in the student's home or environment a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of language _____		
Is the student's living status fixed, adequate and regular? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please complete Student Housing Questionnaire.		
<b>Please indicate any services the student received at a previous school (check all that apply):</b> <input type="checkbox"/> Special education services <input type="checkbox"/> Speech <input type="checkbox"/> Social Work <input type="checkbox"/> 504 Plan <input type="checkbox"/> Title I or other academic support <input type="checkbox"/> ESL <input type="checkbox"/> Other _____ <input type="checkbox"/> No Special Services Received		

<b>2. FAMILY INFORMATION</b>		
Name of Parent/Guardian Residing in Home	Relationship to Student	Employer
Email	Cell Phone	Work Phone
Name of Other Parent/Guardian Residing in Home	Relationship to Student	Employer
Email	Cell Phone	Work Phone



## STUDENT ENROLLMENT FORM (Page 2 of 3)

*Please Print Clearly*

<b>2. FAMILY INFORMATION (CONTINUED)</b>		
Name of Parent/Guardian Living Elsewhere	Relationship to Student	Employer
Home Address	City, State	ZIP Code
Home Phone	Cell Phone	Work Phone
Email	Custody papers on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	Should this person receive mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No

Other child residing in home	Date of Birth	Grade/School	Relationship to Student
Other child residing in home	Date of Birth	Grade/School	Relationship to Student
Other child residing in home	Date of Birth	Grade/School	Relationship to Student

<b>3. EMERGENCY CONTACTS (to be called if parent cannot be reached and to whom the student may be released)</b>			
Emergency Contact 1	Relationship to Student	Home Phone	Cell Phone
Emergency Contact 2	Relationship to Student	Home Phone	Cell Phone
Emergency Contact 3	Relationship to Student	Home Phone	Cell Phone
Emergency Contact 4	Relationship to Student	Home Phone	Cell Phone
<b>DO NOT RELEASE THE CHILD TO:</b> _____			



### STUDENT ENROLLMENT FORM (Page 3 of 3)

Please Print Clearly

#### 4. HEALTH INFORMATION

Please indicate if the student has any of the following medical conditions (check all that apply):

<input type="checkbox"/> Nothing known	<input type="checkbox"/> Asthma	<input type="checkbox"/> Allergies, seasonal	<input type="checkbox"/> Peanut allergy
<input type="checkbox"/> Food allergies (LIST) _____ _____ _____	<input type="checkbox"/> Bee stings	<input type="checkbox"/> Insect bite reaction	<input type="checkbox"/> Heart condition
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Vision problem	<input type="checkbox"/> Glasses/contacts	<input type="checkbox"/> Epilepsy/seizure disorder
<input type="checkbox"/> Hearing problem	<input type="checkbox"/> Uses hearing aid	<input type="checkbox"/> Kidney disease	Other _____ _____
<input type="checkbox"/> EpiPen			

Physician

Phone Number

Please list any medications school personnel should be aware of:

Does your child have a health plan?

Yes     No

#### 5. ACKNOWLEDGMENTS

Student Handbooks/Planners will be distributed during the first week of school, or are posted on the District's website. The undersigned acknowledges that the contents of the student handbook will be reviewed with the student.

Students in the District may be photographed for marketing purposes without compensation to the child or family. If you do not want your child photographed, you must submit a written request to the building principal.

The undersigned acknowledges that health information provided on this form will be shared with appropriate school staff. In cases of serious illness or accident, when parents or other emergency contacts cannot be reached, permission is given for the school to make arrangement for the treatment of the student as necessary, including transporting him or her. Any financial obligation for medical expenses resulting from treatment in such a case is the responsibility of the parent/guardian.

The undersigned hereby acknowledges that all information in this enrollment packet form is true and accurate. False information may result in the Westwood Community School District revoking admission. I understand my child may be denied admission if severe behavior issues are shown, or if my child was expelled from another school district. The undersigned understands that it is his/her responsibility to inform the appropriate school office if and when any of the information on this form changes.

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

\_\_\_\_\_  
Date



3335 S. Beech Daly Road  
Dearborn Heights, Michigan 48125

### REQUEST FOR STUDENT RECORDS

Please Print Clearly

Student Last Name	Student First Name	Date of Birth	Last Grade in District
Previous School	Records Personnel Name	School Phone Number	
School Address	City, State, ZIP	School Fax Number	
Date Requested	(Mailed)	(Faxed)	

To Student Records Custodian:  
Please be advised that the above-named student has enrolled in the \_\_\_\_\_ grade with the Westwood Community School District. We are asking you to forward any and all pertinent information regarding this student to the Records Secretary at the school indicated at right. (If the student left before the end of the semester, the grades earned to date of leaving are requested.)

Your prompt attention and follow through are appreciated.

<b>For District Use Only</b> <i>Westwood Community School District</i>
<input type="checkbox"/> Daly Elementary School, 25824 Michigan Avenue, Inkster, 48141 Office: 313-565-0468 Fax: 313-565-2359
<input type="checkbox"/> Thorne Primary School, 25251 Annapolis, Dearborn Heights, 48125 Office: 313-292-2440 Fax: 313-292-4273
<input type="checkbox"/> Thorne Intermediate School, 25251 Annapolis, Dearborn Heights, 48125 Office: 313-292-1600 Fax: 313-292-4282
<input type="checkbox"/> Tomlinson Middle School, 25912 Annapolis, Inkster, 48141 Office: 313-565-3391 Fax: 313-565-0920
<input type="checkbox"/> Robichaud High School, 3601 Janet, Dearborn Heights, 48125 Office: 313-565-8851 Fax: 313-565-0304
<input type="checkbox"/> Westwood North Academy, 25824 Michigan Avenue, Inkster, 48141 Office: 313-565-0400 Fax: <b>313-438-0164</b>
<input type="checkbox"/> Westwood Virtual Academy, 3601 Janet, Dearborn Heights, 48125 Office: 313-565-0288 Fax: <b>313-565-2372</b>

**Please Note:**

Under the provisions of the Privacy Rights of Parents and Students Act, page 1213, Subpart D, 99.30 (b), it is no longer necessary to have the written consent of the parent to release records to "official of other schools or school systems in which the student seeks or intends to enroll..." It is against the law to withhold student files; they must be forwarded immediately upon request. It is unlawful to withhold student records because of past book obligations.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_



School Use Only	
Approved for:	
1 <input type="checkbox"/>	2 <input type="checkbox"/>

## HOUSEHOLD INFORMATION SURVEY

To determine eligibility for various additional state and federal program benefits that your child(ren) may qualify for, please complete, sign and return this application to:  
 Daly Elementary    Thorne Elementary    Tomlinson Middle School    Robichaud High School    Westwood North Academy    Westwood Virtual Academy

**These sections must be completed by the head of household or designee.**

**Part A: Size of family**—Enter the total number of individuals living in your household, including all adults and children. →

**Part B: Current benefits**—Complete below if applicable.

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP) or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name \_\_\_\_\_ Case Number \_\_\_\_\_

**Part C: Student Information**—Complete for each student Pre-K through 12th grade.

Last Name	First Name	Birthdate xx-xx-xxxx	School	Identify H if Homeless M if Migrant R if Runaway F if Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

If you need additional lines, attach a second sheet to this survey or attach a copy of this survey clearly marked as a **Page 2**.

**Part D: Total Monthly Household Income**—Report income for all members of household excluding foster children. If you have reported a case number above, you do not need to fill in this section. Simply sign and date form.

Type of Income	Dollar Range	Circle if No Income
1. Gross monthly earnings: wages, salary, commissions	\$	None
2. Monthly welfare payments, child support, alimony	\$	None
3. Monthly payments from pensions, retirement, social security	\$	None
4. Monthly dividends or interest on savings	\$	None
5. Monthly worker's compensation, unemployment	\$	None
6. Other monthly income (SSI, VA, disability, farm, other)	\$	None
Total Monthly Household Income (Add lines 1-6)	\$	

**Part E: Signature**—If Total Monthly Household Income section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will get federal/state funds based on the information I give. I understand that sponsor officials may verify (check) the information.		
Signature _____ Print Name _____ Date _____		
Last Four (4) digits of adult Social Security Number: xxx-xx-_____ <input type="checkbox"/> I do not have a social security number.		
Address	City	ZIP Code
Home Phone	Work Phone	Email Address <small>(by providing your email address, you may be contacted via email by the District).</small>



## HOME LANGUAGE SURVEY

Please Print Clearly

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ School Building \_\_\_\_\_

In order to determine those students who are potentially eligible for additional instruction in English as a Second Language, we request the following information:

1. Country of birth \_\_\_\_\_

2. Is English the first language that the student learned to speak?  Yes  No

If No, what is the first language the student learned to speak? \_\_\_\_\_

3. Is English regularly (most of the time) spoken in the home?

If No, what is the language regularly spoken in the home? \_\_\_\_\_

4. Is this the first time your child has enrolled in a school in the United States?  Yes  No

If No, when did your child first enroll in a school in the United States? Date \_\_\_\_\_

5. In your opinion, what is the student's English language deficiency?

Check all that apply:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> speaks no English      | <input type="checkbox"/> writes no English      | <input type="checkbox"/> reads no English      |
| <input type="checkbox"/> speaks limited English | <input type="checkbox"/> writes limited English | <input type="checkbox"/> reads limited English |
| <input type="checkbox"/> speaks English well    | <input type="checkbox"/> writes English well    | <input type="checkbox"/> reads English well    |

6. Do you consider yourself a refugee?  Yes  No

Parent/Guardian's Name
Address, City, State, ZIP
Telephone Number (home, work or cell)
Parent/Guardian's Signature
Date

If Yes, from what country? \_\_\_\_\_





## WESTWOOD COMMUNITY SCHOOL DISTRICT STUDENT NETWORK RESOURCES CONTRACT

I, \_\_\_\_\_, have read the Westwood Community School District E-Mail and Internet Acceptable User Policy and understand the rules that will govern my use of the Internet.

I realize that the sole purpose of the Internet connection through the Westwood Community School District is educational in nature.

I realize that this opportunity to connect to the Internet is a privilege, not a right, and that only through proper use of the system may I remain as an active Internet user.

I realize that any violation of the policies or the intent of the policies as described in the Acceptable User Policy may lead to penalties including revocation of the account, disciplinary action, and/or legal action.

I realize that I am solely responsible for my actions while connected to the Internet and will be held accountable as such.

I realize the importance of upholding copyright laws while uploading, downloading, or using any software while on the network.

By signing this contract, I release the Westwood Community School District and all other organizations related to the network from any liability or damages that may result from the use of the Internet connection. In addition, I will accept full responsibility and liability, both legally and financially, for the results of my actions with regards to the use of the Internet.

---

Student Signature

Date

In order for a student to receive permission to use the Internet, this form must be signed by a parent or guardian.

---

Parent/Guardian Signature

Date



## Transportation Request Form

Date: \_\_\_\_\_

**PLEASE PRINT**

1) Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Grade: \_\_\_\_\_ School (Circle One):    Daly    Thorne    Tomlinson    Robichaud

2) Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Grade: \_\_\_\_\_ School (Circle One):    Daly    Thorne    Tomlinson    Robichaud

3) Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Grade: \_\_\_\_\_ School (Circle One):    Daly    Thorne    Tomlinson    Robichaud

4) Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Grade: \_\_\_\_\_ School (Circle One):    Daly    Thorne    Tomlinson    Robichaud

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Emergency Contacts:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

**Please return this form to the person registering your student(s).**

**\*Note\*:** The Westwood Community School District provides transportation services to a limited area outside of the District's boundaries. High School Students use the SMART Bus System with passes provided by the District. Please contact the Transportation Office at (313) 565-3269 with questions related to out of district services.

**For Transportation Office Use Only**

Date Received: \_\_\_\_\_ Assigned Bus Route: \_\_\_\_\_ Stop #: \_\_\_\_\_



## Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. **If you own/rent your own home, you do not need to complete this form.**

Last Name	First Name	Middle Name
Date of Birth	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Parent/Guardian(s)		
Mailing Address	Apt./Lot/P.O. Box	
City	State	ZIP
Home Phone	Work Phone	Cell Phone

If you do not own/rent your own home, please check all that apply below. (Submit to District Homeless Liaison. Contact information can be found at the bottom of the page).

- |   |   |
|---|---|
| <input type="checkbox"/> In a motel<br><input type="checkbox"/> In a shelter<br><input type="checkbox"/> Moving from place to place/couch surfing<br><input type="checkbox"/> Unaccompanied Youth | <input type="checkbox"/> A car, park, campsite, or similar location<br><input type="checkbox"/> Transitional Housing<br><input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.)<br><input type="checkbox"/> In someone else's house or apartment with another family due to loss of housing, economic hardship |
|---|---|

Name of Student or Students: \_\_\_\_\_  
First
Middle
Last

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Month/Day/Year

Gender: \_\_\_\_\_

Check One:  Student is unaccompanied (not living with a parent or legal guardian)       Student is living with a parent or legal guardian

ADDRESS OF CURRENT RESIDENCE: \_\_\_\_\_

PHONE NUMBER OR CONTACT NUMBER: \_\_\_\_\_ NAME OF CONTACT: \_\_\_\_\_

Print name of parent(s)/legal guardian(s) or unaccompanied youth: \_\_\_\_\_

\*Signature of parent/legal guardian or unaccompanied youth: \_\_\_\_\_ Date: \_\_\_\_\_

\*I declare under penalty of perjury under the laws of the State of Michigan that the information provided here is true and correct.

Contact Information:  
 Ms. Gail Strickland  
 Director of Special Services  
 3601 Janet Street  
 Dearborn Heights, Michigan. 48125  
 Phone: 313-292-3161

If Eligible



MILITARY FAMILIES INFORMATION

School Year \_\_\_\_\_

Please Print Clearly

Student Last Name: Student First Name: Middle Initial:

School:

Grade:

Date of Birth: (MM/DD/YYYY)

Siblings:

1.

2.

3.

Parent/Guardian

Active Military  Yes  No

Retired Military  Yes  No

Branch:

Please also include the name and relationship of any other immediate family member (i.e., grandparent, sibling, aunt, uncle) who is either active in or retired from the military.

Name Relationship Active or Retired

Name Relationship Active or Retired

Name Relationship Active or Retired