

WHITEHALL DISTRICT SCHOOLS
Shoreline, Ealy, Middle, High School and Home School Partnership
ENROLLMENT FORM

For Office Use Only
Student Number: _____
Student UIC#: _____
Building/Teacher: _____

DATE _____

STUDENT INFORMATION

Student: _____
Last name First Name Middle

Student Address: _____ City _____ Zip _____

Main Contact #() _____ Student Cell() _____

Enrolling in Grade ____ Birthdate ____/____/____ Birthplace (city/state) _____ Gender (F/M) _____

Does student currently receive Special Education Services: no yes (must sign 30 day placement)

Last school attended _____ city/state/zip _____

Last grade attended _____ Promoted Retained

PARENT/GUARDIAN INFORMATION

With whom does the student reside (Check all that apply):

- Parent: Mother Father Step Mother Step Father
Guardian: Legal Guardian Ward of the Court Foster Parent Other Relative Host Family (exchange student)

Contact information of parents or guardian with whom child resides:

Name _____ Cell number (____) _____

Email address _____ Employer name/number _____ (____) _____

Name _____ Cell number (____) _____

Email address _____ Employer name/number _____ (____) _____

Please List Any Other Children in Family

_____ age _____ age _____
_____ age _____ age _____

Special Conditions

Briefly state any medical conditions or changes in your family situation that we should know about (i.e.: allergies, asthma, divorce, deaths, etc.)

Mandatory forms to be completed:

- All buildings: enrollment emergency ca request transportation ferpa residency questionnaire disclosure of discipline
ethnicity home language survey free/reduced lunch

Shoreline/Ealy: parent/student compact

Middle/High School: concussion athletics participation

Student Ethnicity and Race

Please answer BOTH questions below by marking the appropriate answer

What is your child's race? American Indian or Alaska Native Asian
 Black or African American White
 Native Hawaiian or Other Pacific Islander

Is your child Hispanic/Latino? No yes (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race).

State Board of Education Approved Home Language Survey*

The Whitehall District Schools collects information regarding the language background of each of its students. The information is used 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 for your cooperation.*

Name of Student _____ Grade _____ Age _____

1. Is your child's native tongue a language other than English? no yes If yes, what language? _____

2. Is the primary language** used in your child's home or environment a language other than English?
 no yes If yes, what is that language? _____

Parent/Guardian Signature Address Date

*Primary language means the dominate 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 517-373-6006.

Disclosure of Prior Discipline Record

All non-resident students requesting admission to the Whitehall School District must complete this disclosure form. A willful false statement will result in a report to the appropriate authorities and may preclude admission to the district.

Please check the applicable statement below, provide all appropriate information, and sign and date this document.

- The undersigned affirm(s) that _____ (student name) has never been suspended or expelled from any public or private school in Michigan or any other state.
- The undersigned hereby discloses that _____ (student name) has been suspended or expelled from a public or private school in Michigan and/or another state.

If the second statement is checked, explain the circumstances in detail. Provide the name and location of the school(s), date(s) of suspension(s) and/or expulsion(s), and a clear, complete description of the incident(s).

Explanation of Incident

Name and address of school

Dates of suspension/expulsion

Parent/Guardian Signature Date

Home School Partnership Virtual Requirement (to be completed by home school students only)

In order to participate in the Whitehall Home School Partnership Program a student is required to take a minimum of one seated class and two online virtual elective classes.

Parent/Guardian Signature Date