

ENROLLMENT FORM

Child's Name as it appears on the birth certificate Last, First, Middle	Female <input type="checkbox"/> Male <input type="checkbox"/>
Birthplace (Birth City and State)	Date of Birth
Name of Last School Attended Address: Street: City/State/ Zipcode Last Grade Attended:	Child's Social Security Number

Ethnic Group (please check one or more) American Indian Black Asian Hispanic/Latino White Hawaiian (Pacific)

Do you live in Grand Haven Area Public School district? Y / N (circle one)
If no – what school district do you reside in? _____

(A School of Choice Application must be submitted for non-resident students)

With whom does the child reside?	Relationship
Mother's name (or other legal guardian)	Home Phone:
Address / Apt. No. / City	Zipcode
Employer	Work Phone: Cell phone/pager - <i>please circle</i>
Stepfather's name (if applicable)	Employer / Work Phone: Cell Phone/pager - <i>please circle</i>
Email address:	
Father's name (or other legal guardian)	Home Phone:
Address / Apt. No. / City	Zipcode
Employer	Work Phone: Cell phone/pager - <i>please circle</i>
Stepmother's name (if applicable)	Employer / Work Phone: Cell phone/pager - <i>please circle</i>
Email address:	

Mailing Address (if different than above)

Address & Street		
City	State	Zip

Other children in the family:

First Name	Last Name	Date of Birth	School Attending

(complete back portion of Enrollment Form)

In case of emergency (illness or accident) the school is authorized to act as directed below. Please list **two** people to contact when parents can not be reached.

Emergency #1	Address	Phone:
Emergency #2	Address	Phone:
Contact Family Physician		Phone:
Daycare Provider	Address	Phone:

Does your child leave from/or go to the daycare provider from school? If yes, please explain:

Does student require special services? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what? _____	Special Ed? _____	Reading? _____	Speech? _____
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List any health concerns for your child:

Is your child currently taking any prescription medications – please list:

Are there any custodial issues the school needs to be aware of?:

I authorize the release of my child to the following people (in addition to those identified above) :

◆◆◆◆STATE BOARD OF EDUCATION APPROVED 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 Section 380.1151-380.1158 of the School Code of 1976, Michigan's Bilingual Education Law. Would you please help by providing the following information?

- 1.) Is your child's native tongue a language other than English? Yes No What is that language? _____
- 2.) Is the primary language* used in your child's home or environment a language other than English? Yes No What is that language? _____
*primary language means "the dominant language used by a person for communication"

Signature of Parent/Guardian:	Relationship to Child:	Date:
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<p>Check ✓</p> <p><input type="checkbox"/> B.C. Verified</p> <p><input type="checkbox"/> Guardianship or Custody Verified</p> <p>Immunizations:</p> <p><input type="checkbox"/> Complete</p> <p><input type="checkbox"/> In Process</p> <p><input type="checkbox"/> Waiver</p> <p><input type="checkbox"/> Not Provided</p> <p>Entering students must provide evidence of compliance with Michigan school immunization laws.</p>	<p><i>For School Office Use Only</i></p> <p>Resident Location:</p> <p><input type="checkbox"/> Grand Haven City _____</p> <p><input type="checkbox"/> Ferrysburg City <input type="checkbox"/> Twp _____</p>	<p>Student I.D. Number: _____</p> <p>Family Number: _____</p> <p>Locker Number: _____</p> <p>Counselor: _____</p> <p>Administrator: _____</p> <p>Enrolled in grade: _____</p> <p>Building: _____</p> <p>Enrollment date: _____</p>
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Grand Haven Area Public Schools do not have insurance to cover school accidents for pupils. School accident insurance may be purchased at a minimal fee.