



STUDENT ENROLLMENT FORM

Lakeshore Public Schools
5771 Cleveland Avenue, Stevensville, MI 49127
Phone: (269)428-1400 Fax: (269)428-1574

Office Use Only—Enrollment Type	
<input type="checkbox"/> Educational	<input type="checkbox"/> SOC

Date: _____

School last attended: _____ Location: _____

Current Resident District: _____ Grade Level (Last Completed): _____

Re-enrolling in Lakeshore Public Schools? Yes No Date last attended Lakeshore Public Schools: _____

Discipline:

Yes No Has student been expelled from another school or has an expulsion pending?

Yes No Is student currently under suspension from another school?

If yes to either of the above, which district? _____ Location: _____

Please explain: _____

STUDENT INFORMATION

Student's Legal Name (as shown on Certified Birth Certificate)

Last Name: _____ First Name: _____ Middle: _____

Gender: Male Female DOB: ____/____/____ Age: _____ City/State of Birth: _____

If born outside the United States, how long has the student resided in the US? _____

Student to be enrolled in grade (Circle One): Y5 K 1 2 3 4 5 6 7 8 9 10 11 12

PRIMARY HOUSEHOLD INFORMATION

Home Phone Number: (____) _____ Unlisted () Student's Personal Cell Phone Number: (____) _____
(Instant alerts are sent to the Primary Home Phone)

Current Physical Address: _____
(STREET ADDRESS) (CITY) (STATE) (ZIP) (COUNTY)

Current Mailing Address: _____
(If different) (STREET ADDRESS) (CITY) (STATE) (ZIP) (COUNTY)

RESIDENCY VERIFICATION

Own a Home Rent/Lease Family Shares with Relatives/Friends Shelter Hotel Other: _____

• If needed, please explain your current living situation: _____

SPECIAL NEEDS INFORMATION

- Special Services** – Please indicate any services your child received at previous school (please check all that apply):
 Special Education/IEP Speech & Language 504 Plan Title 1 Services Other _____
- Does your child qualify for Migrant Services? Yes No
- Does your child have a parent or legal guardian active in the Military? Yes No

HOME LANGUAGE SURVEY

Lakeshore Public 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 380.1152-380.1158 of the School Code of 1995 Michigan's Bilingual Education Law.

- Is your child's native tongue* a language other than English? No Yes If yes, what is that language? _____
- 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? _____
- If born outside the United States, how long has the student **attended school** in the US? _____

* "Native tongue" means the first language the child learned from his/her parents.

** "Primary language" means the dominant language used by a person for communication.

ETHNICITY (Part A) and RACE (Part B)

Both Parts A and B of the question must be answered.

If either part is not answered, the US Department of Education requires the District to supply an answer on your behalf.

Part A: Ethnicity <i>(choose only one)</i>	Is this student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)</i>
Part B: Race <i>(choose one or more)</i> UNDERLINE Primary	<input type="checkbox"/> American Indian or Alaska Native <i>(Origins from any of the original peoples of North/South America, or Central America)</i> <input type="checkbox"/> Asian <i>(Origins from any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent)</i> <input type="checkbox"/> Black or African American <i>(Origins from any of the black racial groups of Africa)</i> <input type="checkbox"/> Native Hawaiian or other Pacific Islander <i>(Origins from any of the original peoples of any Pacific Island)</i> <input type="checkbox"/> White <i>(Origins from any of the original peoples of Europe, the Middle East or North Africa)</i> <input type="checkbox"/> Hispanic/Latino

PRIMARY HOUSEHOLD DATA (With whom does the child reside?)

<input type="checkbox"/> Adoptive Parents	<input type="checkbox"/> Father Only	<input type="checkbox"/> Relative (_____)
<input type="checkbox"/> Birth Parent(s)	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Emancipated Minor
<input type="checkbox"/> Father/Stepmother	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Grandparents
<input type="checkbox"/> Mother/Stepfather	<input type="checkbox"/> Foster Home	<input type="checkbox"/> Other (_____)
*less than 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Primary Household Data:	PRIMARY Household Parent/Guardian 1:	PRIMARY Household Parent/Guardian 2:
Name (Last, First)		
Relationship to Student		
Cell Phone		
Employer		
Work Phone		
Email Address		

SECONDARY HOUSEHOLD DATA (Parent/Guardian living elsewhere)

1. Does the child have a second parent/second residence? Yes No If yes, with whom?

2. Should this household be included in all mailings? Yes No

3. Okay to release student to second household parent? Yes No *If you answered "No" to either of these questions, please attach legal documentation; specific to this child and legal documentation; specific to communication with the Secondary Household*

<input type="checkbox"/> Mother Only	<input type="checkbox"/> Stepmother/Father	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Father Only	<input type="checkbox"/> Stepfather/Mother	Joint Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No

Secondary Household Data:	SECONDARY Household Parent/Guardian 1:	SECONDARY Household Parent/Guardian 2:
Name (Last, First)		
Relationship to Student		
Home Phone		
Cell Phone		
Employer		
Work Phone		
Email Address		
Mailing Address		
Mailing State		
Mailing Zip Code		

OTHER CHILDREN WHO RESIDE IN THE HOME

Name	Gender	Birthdate	School	Grade
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		

EMERGENCY CONTACTS (Other than parents that may pick up your child)

Full Name	Relationship	Phone #

HEALTH INFORMATION *Medical information is confidential and will be shared with personnel on a need to know basis.*

- In a medical emergency, Lakeshore Public Schools is authorized to take whatever reasonable and appropriate steps are necessary to care for my child. I accept all responsibility, financial and otherwise, for this care. Yes No
- I give permission for the school office personnel to discuss the medical information of my child with any school staff member that they feel necessary for the safety of the child. Yes No
- If student is currently taking prescription medications? Please list:

<input type="checkbox"/> Nothing Known	<input type="checkbox"/> Allergies	
<input type="checkbox"/> Epileptic/Seizures	<input type="checkbox"/> Insects/Bee Sting * Has Epi Pen?	<input type="checkbox"/> Yes <input type="checkbox"/> No Allergic <input type="checkbox"/> Sensitive <input type="checkbox"/>
<input type="checkbox"/> Rheumatic	<input type="checkbox"/> Medication:	Allergic <input type="checkbox"/> Sensitive <input type="checkbox"/>
<input type="checkbox"/> Heart	<input type="checkbox"/> Food:	Allergic <input type="checkbox"/> Sensitive <input type="checkbox"/>
<input type="checkbox"/> Muscle Weakness	<input type="checkbox"/> Environmental:	Allergic <input type="checkbox"/> Sensitive <input type="checkbox"/>
<input type="checkbox"/> Hemophiliac	<input type="checkbox"/> Asthma * Uses Inhaler?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Severe Nose Bleeds	<input type="checkbox"/> Diabetic	
<input type="checkbox"/> Wears Glasses or Contacts (circle)	<input type="checkbox"/> Hearing Problems * Wears Hearing Aids?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If any health conditions are marked above, please give further detail on how we can best meet the needs of your child:

PERMISSION FOR EDUCATIONAL TRAVEL

I give permission for my child to take part in all school sponsored field trips. I assume responsibility for my child on these trips, both financially and otherwise. Yes No

PERMISSION FOR PUBLICATION OF STUDENT PHOTO OR WORK

- Checking YES gives permission for your child's name and/or photo/writing/artwork to be used in publications, presentations, social media, videos, web pages, or news releases produced by Lakeshore Public Schools or agencies working with the District.
- Checking NO means that your child's name and/or photograph may not be used in any publication, presentation, video, website, or news release that is distributed outside of the school community. Yes No

Annual school yearbooks and PTO publications are considered internal school publications and are not subject to these restrictions. If you do not want your child's name/photo to be included in these publications, please notify the school principal in writing.

FOR ENTERING KINDERGARTENERS ONLY

Where was the Student Before Kindergarten			Check your School Location	
<input type="checkbox"/> Head Start	<input type="checkbox"/> Private Pre-School	<input type="checkbox"/> GSRP	<input type="checkbox"/> Hollywood Elementary	
<input type="checkbox"/> Childcare—Home Setting	<input type="checkbox"/> Childcare—Center Setting		<input type="checkbox"/> Roosevelt Elementary	
<input type="checkbox"/> Childcare with Family	<input type="checkbox"/> Other _____		<input type="checkbox"/> Stewart Elementary	

The undersigned hereby acknowledges that the information provided on this form is true and accurate. 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. Failure to inform the District will subject the student to termination of enrollment in Lakeshore Public Schools.

➤ **Parent/Legal Guardian Signature** _____

➤ **Relationship to Student** _____ **Date** _____

OFFICE USE		
Building: _____	Entry Date: _____	
District of Residence: _____	SOC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Residency Code: _____
CENTRAL OFFICE		
<input type="checkbox"/> 25E (Between Fall & Spring Count)	Initials: _____	PowerSchool Documents Attached
<input type="checkbox"/> Records Request Faxed	Initials: _____	<input type="checkbox"/> School of Choice Initials: _____
<input type="checkbox"/> Transportation Form Scanned To Dept.	Initials: _____	<input type="checkbox"/> Legal Documents Initials: _____
<input type="checkbox"/> Special Services Information Scanned to Dept.	Initials: _____	<input type="checkbox"/> Notarized Proof of Residency Initials: _____
<input type="checkbox"/> Free/Reduced Lunch & Sack Lunch Form Sent to Dept.	Initials: _____	