Student Enrollment Form

STUDENT INFORMATION (Please Print)

(Enter the student name as it appears on the birth certificate, passport or other official document)

Student’s Legal Last Name
First Name
Middle
Suffix (Jr, III)

Date of Birth
Grade at Enrollment
Age

Gender (Male/Female)
Birthplace (City, State, Country)
Nickname

Student’s Personal Email
Student’s Cell Phone Number

STUDENT PRIMARY PHYSICAL ADDRESS (Enter the Michigan address at which the student lives the majority of the time)

Address Number and Street Name
City
County

Apartment / Lot# / Unit
State
Home Phone Number

Zip Code
Phone Unlisted?

Is the mailing address different than the primary physical address above?  Yes  No

STUDENT MAILING ADDRESS (If different than the primary physical address. NOTE: This will usually be a PO Box. If the student splits time between two households, there will be an opportunity to enter a second parent/guardian address later in the form.)

Address Number and Street Name
City

Apartment / Lot# / Unit
State

Zip Code

PREVIOUS SCHOOL ATTENDED (Include Preschool through 12th Grade)

School Name
Address
City

State
Zip Code

Country
Phone Number
Fax Number

STUDENT’S ETHNIC GROUP

Part A: Student’s Ethnicity

Is the student of Hispanic/Latino descent?  Yes  No
(A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin, regardless of race.)

Is the student of Arab descent?  Yes  No

Part B: Student’s Race: Choose one or more

☐ American Indian or Alaskan Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

☐ Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ Native Hawaiian/Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ African American/Black - A person having origins in any of the black racial groups of Africa.

☐ White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
# Student Enrollment Form

## Student Information

### PARENT/GUARDIAN INFORMATION

**PARENT/GUARDIAN 1** (Lives at the same primary physical address as the student)

<table>
<thead>
<tr>
<th>Parent/Guardian Last Name (1)</th>
<th>Parent/Guardian First Name</th>
<th>Cell Phone</th>
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</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name of Employer/Occupation</th>
<th>Work Phone</th>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Relationship to Student</th>
<th>Email Address</th>
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</thead>
<tbody>
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</tbody>
</table>

- Is this person a custodial parent?  □ Yes  □ No
- Are there any court-ordered restrictions to contact with the student by this parent/guardian?  □ Yes  □ No  If yes, please specify:
- At which phone number do you want to receive school communications?  □ Home  □ Cell  □ Work  □ Do not call
- Preferred voice message language:
- Preferred email language:

**PARENT/GUARDIAN 2**

<table>
<thead>
<tr>
<th>Parent/Guardian Last Name (2)</th>
<th>Parent/Guardian First Name</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

- Is this person a custodial parent?  □ Yes  □ No
- Are there any court-ordered restrictions to contact with the student by this parent/guardian?  □ Yes  □ No  If yes, please specify:
- Does student reside with the person?  □ Yes  □ No
- If not at same address as student, does parent/guardian want to receive copies of mailings?  □ Yes  □ No  If yes, enter address here:
- At which phone number do you want to receive school communications?  □ Home  □ Cell  □ Work  □ Do not call
- Preferred voice message language:
- Preferred email language:

**PARENT/GUARDIAN 3**

<table>
<thead>
<tr>
<th>Parent / Guardian Last Name (3)</th>
<th>Parent / Guardian First Name</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
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<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Is this person a custodial parent?  □ Yes  □ No
- Are there any court-ordered restrictions to contact with the student by this parent/guardian?  □ Yes  □ No  If yes, please specify:
- Does student reside with the person?  □ Yes  □ No
- If not at same address as student, does parent/guardian want to receive copies of mailings?  □ Yes  □ No  If yes, enter address here:
- At which phone number do you want to receive school communications?  □ Home  □ Cell  □ Work  □ Do not call
- Preferred voice message language:
- Preferred email language:
PARENT/GUARDIAN 4

Parent / Guardian Last Name (3)  Parent / Guardian First Name  Cell Phone

Name of Employer/Occupation  Work Phone

Relationship to Student  Email Address

Is this person a custodial parent?  Yes  No  Are there any court-ordered restrictions to contact with the student by this parent/guardian?  Yes  No  If yes, please specify:

Does student reside with the person?  Yes  No  If not at same address as student, does parent/guardian want to receive copies of mailings?  Yes  No  If yes, enter address here:

At which phone number do you want to receive school communications?  Home  Cell  Work  Do not call

Preferred voice message language:  Preferred email language:

SCHOOL AGE SIBLINGS (If there are more than 3, please continue on the back of the sheet)

Student Last name, First name  Age  School  Date of Birth

Student Last name, First name  Age  School  Date of Birth

Student Last name, First name  Age  School  Date of Birth

OPTION TO RECEIVE TEXT MESSAGES IN THE EVENT OF SCHOOL CLOSURES

The Ann Arbor Public Schools is considering the use of text messaging for alerting families about school closures such as snow days. Please indicate your interest in such an option below.

Parents/guardians providing cell phone numbers would be given an opportunity to opt into text messages starting in the fall. Please note, although the district does not charge you for this service, it does not pay for text message charges that may be incurred by you for sending or receiving text messages. Check with your wireless carrier for possible charges. Message and Data rates may apply.

* Please Select:
  - Our family would be interested in receiving school closure information via text message.
  - We would NOT be interested in receiving school closure information via text message.

This enrollment packet was submitted by: ________________________________  ________________________________

Parent/Guardian  Date

My signature below indicates that I have reviewed the original enrollment packet and have verified all information is correct and accurate.

Initials of parent/guardian: ________  Date: ________
HOME LANGUAGE SURVEY
The Ann Arbor 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 380.1152-380.1157 of the School Code of 1995, Michigan's Bilingual Education Law. Thank you for your cooperation.

Is the student's first language (native tongue) something other than English? ☐ Yes ☐ No

Please specify the language: ____________________________________________________________

Is the primary language used in your child’s home or environment a language other than English? Note: “Primary language” means the dominant language used by a person for communication. ☐ Yes ☐ No

Please specify the language: ____________________________________________________________

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

Please Explain: _______________________________________________________________________

When did your child first enroll in a school in the United States?

Date (mm/dd/yyyy): _________________________________________________________________

My child first started to speak English at how many years old:

Please Explain: _______________________________________________________________________

EDUCATIONAL NEEDS/ SERVICES INFORMATION

Has the student received any IEPC/IFSP/IEP/MET Special Education Services or a 504 Plan? ☐ Yes ☐ No

Please Explain: _______________________________________________________________________

Has student received any IEPC/IEP Special Education Services?

What Years?

School district: _____________________________________________________________________

Services: _________________________________________________________________________

Has student had a 504 plan? ☐ Yes ☐ No

School district: _____________________________________________________________________

Services: _________________________________________________________________________

Parent/ Guardian Signature ___________________________________________________________

Date ____________________________

Rev. 2/20
RESIDENCY INFORMATION

This questionnaire is given to ALL students to ensure our district remains in compliance with federal law. Your answers will help school staff determine if the student is eligible for certain rights under federal law and supportive services.

The student lives with:
- Parent or guardian
- Other adult(s)/caregiver(s)*
- Alone without adults*

The student lives in the following situation:
- Owner-occupied home
- Rental unit
- Emergency shelter*
- Transitional housing program*
- Motel/hotel*
- Substandard Housing, Campgrounds, or Locations not ordinarily used for sleeping (including cars, parks, buildings, bus station, hospital, other)*
- Foster care placement*
- Cooperative Living Arrangement-long-term/stable shared housing
- Temporary Shared Housing with friends or family members*

* Living in these situations may qualify you for services under the McKinney-Vento Act including immediate enrollment or continued enrollment, educational advocacy and resources (transportation, meals, programming), and community referrals.

If you are living in temporary shared housing, please answer the following questions:

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the living situation intended to be temporary or long-term?</td>
<td>☐ temporary ☐ long-term</td>
</tr>
<tr>
<td>Did you move in due to loss of housing or economic hardship?</td>
<td>☐ loss of personal housing ☐ economic hardship</td>
</tr>
<tr>
<td></td>
<td>☐ other similar reason:</td>
</tr>
<tr>
<td>How long have you lived there?</td>
<td></td>
</tr>
<tr>
<td>What is the expected length of this arrangement?</td>
<td></td>
</tr>
<tr>
<td>Are you looking for another place to live?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Can the student or family be asked to leave at any time with no legal recourse?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>How many people live in the home?</td>
<td></td>
</tr>
<tr>
<td>Where does the student sleep?</td>
<td></td>
</tr>
</tbody>
</table>
Dear Parent/Guardian,

In order to enroll your child in a program or to receive services here at the Westerman Preschool and Family Center we need to process an enrollment for your child.

Please print off the enrollment packet and complete all pages.

Alternately, you can print, complete, scan, and email the enrollment documents back to me.

Bring the completed enrollment forms along with the following documentation to the Preschool & Family Center.

1. Your Driver’s License
2. Original Birth Certificate
   - copies cannot be accepted
   - must be translated into English
   - we will make a copy and return your original
3. Proof of Residency
   - Current lease, if rent  - or -
   - mortgage/tax bill, if own house  -or-
   - DTE bill