

Student Enrollment Form

Student Name (last, first): _____

Student ID#: _____ Date: _____

STUDENT INFORMATION (Please Print)

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student's Legal Last Name	First Name	Middle	Suffix (Jr, III)
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth	Grade at Enrollment	Age	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Gender (Male/Female)	Birthplace (City, State, Country)	Nickname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
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)

<input type="text"/>		<input type="text"/>
Address Number and Street Name		Apartment / Lot# / Unit
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
County	Home Phone Number	Phone Unlisted?
Is the mailing address different than the primary physical address above? <input type="checkbox"/> Yes <input type="checkbox"/> 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.)

<input type="text"/>		<input type="text"/>
Address Number and Street Name		Apartment / Lot# / Unit
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code

PREVIOUS SCHOOL ATTENDED (Include Preschool through 12th Grade)

<input type="text"/>		<input type="text"/>	
School Name		Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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.

PARENT/GUARDIAN INFORMATION

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent/Guardian Last Name (1)	Parent/Guardian First Name	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Employer/Occupation		Work Phone
<input type="text"/>		<input type="text"/>
Relationship to Student		Email Address

Is this person a custodial parent? Yes No
At which phone number do you want to receive school communications? Home Cell Work Do not call
Preferred voice message language:
Preferred email language:

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

PARENT/GUARDIAN 2

<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent/Guardian Last Name (2)	Parent/Guardian First Name	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Employer/Occupation		Work Phone
<input type="text"/>		<input type="text"/>
Relationship to Student		Email Address

Is this person a custodial parent? Yes No
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:

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 3

<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent / Guardian Last Name (3)	Parent / Guardian First Name	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Employer/Occupation		Work Phone
<input type="text"/>		<input type="text"/>
Relationship to Student		Email Address

Is this person a custodial parent? Yes No
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:

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 4

<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent / Guardian Last Name (3)	Parent / Guardian First Name	Cell Phone
<input type="text"/>		<input type="text"/>
Name of Employer/Occupation		Work Phone
<input type="text"/>		<input type="text"/>
Relationship to Student		Email Address

Is this person a custodial parent? Yes No
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:

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: _____

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Last name, First name	Age	School	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Last name, First name	Age	School	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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: _____

Student Name (last, first): _____

Student ID#: _____

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: _____

Yes No

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

Student Name (last, first): _____

Student ID#: _____

Date: _____

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:

Is the living situation intended to be temporary or long-term?	<input type="checkbox"/> temporary <input type="checkbox"/> long-term
Did you move in due to loss of housing or economic hardship?	<input type="checkbox"/> loss of personal housing <input type="checkbox"/> economic hardship <input type="checkbox"/> other similar reason:
How long have you lived there?	
What is the expected length of this arrangement?	
Are you looking for another place to live?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can the student or family be asked to leave at any time with no legal recourse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many people live in the home?	
Where does the student sleep?	

Parent/ Guardian Signature

Date



Ann Arbor Public Schools W. Scott Westerman
Preschool and Family Center
2775 Boardwalk
Ann Arbor, MI 48104
(734) 997-1245
Fax: (734) 994-2895

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