

WHITEHALL DISTRICT SCHOOLS

Shoreline, Ealy, Middle, High School and Home School Partnership

ENROLLMENT FORM

For Office Use Only Date: _____

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?

☐ White

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ American Indian or Alaska Native

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*

Michigan welcomes families of all language backgrounds. Speaking more than one language is a valuable asset! Please answer the three questions below. If your response to any of the questions is a language other than English, the school district will give an assessment to see if your student may benefit from English language support.

Name of Student _____ Grade _____ Age _____

1. What language is used most at home? _____

2. What language is used most by the student? _____

3. In which language do you prefer to receive communication from the school? _____

*If you need this form translated in another language, please inform a secretary at your child's school.

Schooling Outside of the U.S.

4. Was the student born outside the U.S. or Puerto Rico? ☐ no ☐ yes

If yes, when did the student enter U.S. schools?

(If less than 3 years, mark student as Immigrant in MSDS).

Parent/Guardian Signature

Address

Date

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