

Detroit Public Schools
STUDENT DATA ENROLLMENT FORM

Program: _____ AM ____ MID ____ PM ____ New or Returning Student _____

Home School: _____ H.S. Counselor: _____ Career & Tech Counselor: _____

Record Change

Date Entered: _____

Resident

Non-Resident

Receiving School Name _____

School Code _____

Student Information

I.D. Number: _____

Grade Level + Suffix (A/B): _____

(Last Name) (First Name) (Middle Initial) (Suffix - Jr., etc.)

(Date of Birth) (Sex) (Ethnicity) (Language) (Title I/31A)

(Street Address) (City) (State) (Zip Code)

(Previous School) (Previous School Address, City, State, Zip)

Reason for Transfer: _____

Student Lives with: Father Mother Guardian – Relationship _____

Parent/Guardian Information

(Father's Name) (Address, City, State, Zip) DPS Employee? Yes No

(Home Phone) (Cell Phone) (Employer) (Business Phone)
 DPS Employee? Yes No

(Mother's Name) (Address, City, State, Zip)

(Home Phone) (Cell Phone) (Employer) (Business Phone)
 DPS Employee? Yes No

(Guardian's Name) (Address, City, State, Zip)

(Home Phone) (Cell Phone) (Employer) (Business Phone)

My child may be eligible for (please check all that apply):

- Reduced Lunch Free Lunch Paid Lunch Special Education Services Counseling
 Speech Correction Vision Hearing Prescription/Medication ELL/ESL
 Other Services _____

Languages spoken in the home: _____ Special Medical Condition(s) _____

Emergency Contact Information - (My child should be released to the following individuals ONLY)

Name	Phone	Name	Phone

I CERTIFY THAT THIS INFORMATION IS ACCURATE AND CORRECT. IF NECESSARY, I WILL ALLOW AN INTERVIEW BY THE ATTENDANCE DEPARTMENT TO VERIFY THIS DATA.

Signed: _____ Date: _____

FOR OFFICE USE ONLY:

NEW TO DPS: Birth Certificate Immunization Transcript Most Recent Report Card Credit Hours

 (Counselor) (Homeroom) (Homeroom Teacher) (Bus Route)