

DETROIT PUBLIC SCHOOLS COMMUNITY DISTRICT

ENROLLMENT FORM

<i>Office Staff Only</i>			<i>If Enrolled AFTER Fall Count Day:</i>
Today's Date:	Student Start/Enrollment Date:	<input type="checkbox"/> Signed & dated Enrollment Form	
School Name:	Grade Entering:	Bus Route:	<input type="checkbox"/> Proof of Residency attached
Student Number:	Teacher / Counselor:	Homeroom:	<input type="checkbox"/> Complete Schedule
UIC:	Proof of Residency Obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Attendance Validated
New to DPS: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES: Immunizations: <input type="checkbox"/> Transcript: <input type="checkbox"/> Report Card: <input type="checkbox"/>			<input type="checkbox"/> Document copies to PPM via A.S.
If not currently living in Detroit Public School boundary: What is the District of Residence? _____		Basis for Enrollment: _____ <i>Window for O, X closes the Friday of the 1st week of the start of school.</i>	

Household Information			
Student's Last Name	Student's First Name	Student's Middle Name	Suffix (<i>Jr., III, etc.</i>)
Date of Birth / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone	Cell Phone
Email Address			
Physical Address (where student resides)		Mailing Address (If different from Physical Address)	
Street	City	MI	ZIP
Street	City	State	ZIP
Proof of Residency	Grade Level	Is the student a member of multiple births? <input type="checkbox"/> Y <input type="checkbox"/> N <i>If so, indicate twin, triplet, etc. _____</i>	U.S. Citizen: <input type="checkbox"/> Y <input type="checkbox"/> N
Student's City and State of Birth	Certified Birth Certificate Document No.:		Mother's Maiden Name

Parent/Guardian Information				
Is Parent/Guardian address the same as the student: <input type="checkbox"/> Y <input type="checkbox"/> N				
If no, please provide: Street _____ City _____ State _____ ZIP _____				
(check box) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____				
A. First and Last Name	Employer	Work Phone	Cell/Home Phone	Email Address
(check box) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____				
B. First and Last Name	Employer	Work Phone	Cell/Home Phone	Email Address

Previous School Information				
Has the student attended a DPS school before (incl. PK, K)? <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, school name _____				
Previous Non-DPS School: _____				
Name	Street Address	City	State	Zip

List Other Children In Family				
Name	Birthdate	Relationship to Student	School Attending	Grade
1. _____	/ /	_____	_____	_____
2. _____	/ /	_____	_____	_____
3. _____	/ /	_____	_____	_____

Emergency Contact Information		
MY CHILD MAY BE RELEASED TO THE FOLLOWING INDIVIDUALS:		
First and Last Name	Relationship to Student	Daytime Phone
First and Last Name	Relationship to Student	Daytime Phone

Student Ethnicity and Language

We encourage you to select an answer for Student Ethnicity and Language. If you do not choose an answer, the U.S. Department of Education requires the school district to supply answer on your behalf.

Student Ethnicity:

Is the student Hispanic/Latino? **NO, Not Hispanic** **YES, Hispanic/Latino** (Choose only one)

What is the student's race? American Indian or Alaska Native Asian Black or African American White Native Hawaiian/Other Pacific Islander
 Other _____ County of Origin _____

Student Language:

Is your child's native language a language other than English? **YES** **NO** If yes, what language? _____

Is the primary language used in child's home a language other than English? **YES** **NO** If yes, what language? _____

Was your child born in the USA? **YES** **NO** **DATE ENTERED USA:** ____/____/____ **Birth Country:** _____
Month Day Year

Has the student ever been enrolled in a Bilingual or English Language Learner Program? **YES** **NO**

Is your child able to understand, speak, read, AND write a language other than English at the **NOVICE LEVEL**? **YES** **NO** If yes, what language? _____

Has your child successfully completed schooling in another country for at least a semester (4-6 months)? **YES** **NO**

If yes, do you have the official transcripts (school report) from successful and continuous school? **YES** **NO**

Parent/Guardian Information:

Does the parent/guardian require oral or written communication from the school in a language other than English? **YES** **NO**

If yes, what language? _____ **Written** **Oral** What language do you speak most of the time? _____

Relationship to Student _____ **EDUCATION** **Elementary** **High School** **College** **Masters/PhD** **Other**

Special Circumstances / Personal Emergencies

Are there any special circumstances of personal emergencies you may want the district to be aware of? **Y** **N**

If "yes", please describe:

Medical Information

Does your student have a medical condition you want the school to be aware of? **Y** **N**

Does your student need/take prescription medication? **Y** **N**

If "yes", please list:

Special Education Programs

Please check the appropriate box below, if your student has ever participated in special ed. programs such as:

IEP **504 Plan** **Other** _____

Military Family

Is the parent or legal guardian currently serving in any component of the Army, Navy, Air Force, Marines, or Coast Guard? *This includes children of any uniformed personnel serving with the Michigan National Guard, in any of the Reserved United States forces, or on Active Duty.* **Y** **N**

Migrant Students

Has the parent or legal guardian moved in the past three years looking for temporary or seasonal employment in agriculture or fishing work? **Y** **N**

Discipline

Has the student ever been suspended from a previous school or any school district? **Y** **N**

If "yes", indicate: **1 - 9 days** **10 days or more** **Explain the offense:**

Has the student withdrawn from any previous school when disciplinary charges were pending or after being accused of violating school policy or committing a disciplinary offense? **Y** **N**

If "yes", please explain:

ACKNOWLEDGEMENTS & SIGNATURE

I certify that this information is true and correct. If necessary I will allow an interview by the Attendance Department to verify this data.

I understand that incorrect information could be grounds for revoking enrollment. I understand that it is my responsibility to inform the appropriate school office if and when any information on this form changes.

By signing this Enrollment Form, I accept and agree that if any statements and information contained on this Enrollment Form are not accurate and true, I will be personally liable to pay to the school district, tuition for the student (at the highest rate allowable by law) for all periods of time the student was a non-resident pupil of the school district - including attorney fees incurred by the school district in collecting the tuition.

Parent or Guardian Signature

Date