



Bangor Township Schools

STUDENT ENROLLMENT FORM

_____ Check here if you will be enrolling in our Virtual School.

___ Male ___ Female

Child's Legal Name (as shown on birth certificate)

Birth Date _____ Last _____ First _____ Middle _____ Grade Entering _____
 Place of Birth _____ Multiple Birth Status: ___ Single ___ Twin ___ Triplet

Address: _____ House # _____ Street _____ Apt. #/Unit # _____ City _____ Zip _____

Mailing Address if different: _____ House # _____ Street _____ Apt. #/Unit # _____ City _____ Zip _____

Housing Arrangements: ___ Permanent/Regular ___ Living w/friend or relative ___ Shelter ___ In Transition ___ Other

Is this a court-placed foster child? ___ Yes ___ No

Home Phone: _____ County of Residence _____

Is your child's native tongue a language other than English? ___ Yes ___ No If yes, name of Language other than English. _____

Is the primary language used in your child's home or environment a language other than English? ___ Yes ___ No

Immigration Date, if not born in U.S. _____ Number of full school years student has attended any U.S. School _____

Ethnicity

Is this student Hispanic/Latino? (Choose only one)

___ No, not Hispanic/Latino

___ Yes, Hispanic/Latino - (A person of Cuban, Mexican, Puerto Rican, south or Central American, or other Spanish culture or origin, regardless of race.)

Race

The question to the left is about ethnicity, not race. No matter what you selected, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

___ American Indian/Alaska Native

___ Asian American

___ Native Hawaiian/Pacific Islander

___ Black/African American

___ White

Last School Attended _____ City/State _____

Check one: ___ Public School Michigan ___ Public Out of State ___ Church/Private ___ Preschool

SPECIAL SERVICES:

Did your child receive any special education services at a previous school? ___ Yes ___ No (If yes, please indicate the types of services he/she received. Check all that apply) ___ Special Education Classes ___ Speech ___ OT/PT ___ Social Work ___ 504 Plan

MEDICAL INFORMATION: Does the child you are enrolling have any medical conditions (allergies, diabetes, etc.) or take physician-prescribed medications? If so, please describe below. If medication has been prescribed by a physician that needs to be administered by school personnel, please submit a Medication Prescriber/Parent Authorization Form (available at school) signed by the physician.

Name of Primary Parent/Guardian Residing in the Home	Place of Employment	Occupation	Work Phone (area code first)	Cell Phone (area code first)
Relationship: ___ Father ___ Mother ___ Grandparent ___ Guardian ___ Self (Student Enrolling) ___ Other: _____				

Name of Secondary Parent/Guardian Residing in the Home	Place of Employment	Occupation	Work Phone (area code first)	Cell Phone (area code first)
Relationship: ___ Father ___ Mother ___ Grandparent ___ Guardian ___ Self (Student Enrolling) ___ Other: _____				

Name of Parent Living Elsewhere	Relationship to Child	Residence Phone (area code first)	Work Phone (area code first)	Cell Phone (area code first)
Address			Have custody papers been provided to the district? ___Yes ___No Should this person receive mailings: ___Yes ___No	
Custody Restriction:				

Additional Contacts:

Name	Address	Phone to be used for contact if needed	Relationship to Student

Other Children in Family:

Name (First and Last)	Birth Date	School of Attendance

The undersigned hereby acknowledges that the information provided on this form is true and accurate. The undersigned understands that it is his/her responsibility to inform the appropriate office if and when any of the information set in this form changes. Failure to so inform the district will subject the student to termination of enrollment in the Bangor Township Schools.

Parent or Guardian Signature (Student signature if over 18)

Date

FOR OFFICE USE ONLY:

Entry Date _____ ___New ___Returning ___Schools of Choice Building: _____

Staff Person Registering Student: _____ ___CIMS ___MCIR ___Counseling UIC: _____

Proof of Residence: ___Property Tax Statement ___Utility Bill ___Lease ___Insurance ___Mortgage ___McKinney-Vento
HML Code: _____
___Purchase Agreement ___Affidavit – living with: _____

Documents: ___Birth Certificate ___Immunization Record ___Records Request
___Over-the-counter Medication Form ___Prescription Medicine Usage Form ___IEP (if applicable)
___Internet/Media Permission Slip ___Emergency Contact Profile ___Concussion Form
___Educational Testing (if applicable) ___30-Day Special Ed. Waiver

Enclosures: ___Free and Reduced Lunch Application ___Student Planner ___District Calendar
___Current Newsletter