

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? <input type="checkbox"/> Yes <input type="checkbox"/> No Should this person receive mailings: <input type="checkbox"/> Yes <input type="checkbox"/> 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



**Bangor Township
Schools**

STUDENT ENROLLMENT FORM

___ 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 _____

<p>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.)</p>	<p>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</p>
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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: _____				