



Spring Lake Public Schools Elementary Enrollment Form

For Office Use Only	
Start Date _____	ID # _____
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Immunizations
<input type="checkbox"/> Proof of Residency	<input type="checkbox"/> Guardianship
<input type="checkbox"/> Health Form	<input type="checkbox"/> Hearing/Vision

Grade Entering: _____

Student Name: _____ Nickname: _____
 Last (legal) First (legal) Middle

Student Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Date of Birth: _____ Place of Birth: _____

Gender: (circle one) M F **Has your student received Special Education Services in the past?** (circle one) Yes No

Current services provided with IEP: Special Education Speech OT/PT Social Worker

Does student speak English? _____ What is the primary language spoken in the home? _____

Resident of Spring Lake School District? Yes No If no, School District of Residence: _____

Previous School/District Name & Address: _____

<p>ETHNICITY: Is this student Hispanic or Latino? (choose one):</p> <p><input type="checkbox"/> No, not Hispanic or Latino</p> <p><input type="checkbox"/> Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of 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 include what you consider the student's race to be. (Required to meet state reporting guidelines.)</p> <p><input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian American <input type="checkbox"/> White</p> <p><input type="checkbox"/> Black/African-American <input type="checkbox"/> Native Hawaiian/Pacific Islander</p>
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Parent/Guardian

 First/Last – Parent/Guardian Name Address (if different than student address) City/State/Zip

 Relationship to Student Home Phone Cell Phone Work Phone Employer

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 Step-Parent's Name (if applicable) Home Phone Cell Phone Work Phone

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 Student resides with/ List Who has Custody? Parent/Guardian Email Address

Mailings will be sent to parent/guardian listed. Please attach any legal documentation specific to this student as well as legal documentation specific to any communication restrictions.

PLEASE COMPLETE REVERSE SIDE

Additional Emergency Contacts (if parents cannot be reached)

Name of emergency contact (other than parent)	Relationship to Student	Home Phone	Cell Phone
Name of emergency contact (other than parent)	Relationship to Student	Home Phone	Cell Phone
Doctor's Name		Doctor's Phone	

Family History Data

	Mother	Father
Names		
Country or State of Birth		
Language in Home		
Highest Grade Completed		
Marital Status		

List other Children in Household

Name	Birthdate	Gender	Grade	School Attending

Custodial Issues:

Please list any custodial issues the school needs to be aware of (please provide legal documentation):

Medical Information

If your son or daughter has a physical problem that you feel the school should be aware of (such as extreme reaction to bee sting, peanut allergies, latex allergies, or asthma), please indicate. If your student is asthmatic, diabetic, or has severe allergies a management plan, signed by your physician, needs to be on file. All forms are available in the school office.

Medications:

If your son or daughter will be taking any type of medication, prescription or non-prescription there must be a medication form on file in the office and the medication must be supplied by the parent/guardian.

Authorization for Emergency Medical Treatment:

The following information is taken from the Michigan Department of Consumer and Industry Services pursuant to Public Act 116 and Administrative Rule 127.1(1).

In the event I cannot be reached in an emergency, I hereby give permission to the medical provider selected by a designated representative of Spring Lake Public Schools to authorize emergency medical or surgical treatment, routine, non-surgical medical care, hospitalize, secure proper anesthesia, or to order injection(s) for my child. The person herein described is in good health, has all required immunizations current, and I assume the health responsibility for the individual.

According to Michigan law, we must release children to either parent, unless the school has in its possession a legal document that establishes custody or guardianship. I certify that all the information I have listed on this form is true.

 Signature of Parent/Guardian

 Print Name

 Date