

# STUDENT ENROLLMENT FORM

PARENT

OFFICE



## VERIFICATION CHECKLIST - FOR OFFICE USE ONLY

Birth Certificate: \_\_\_\_\_  
 - Other Proof \_\_\_\_\_  
 & Affidavit: \_\_\_\_\_

Custody Verification: \_\_\_\_\_  
 (If Applicable)

Residency Verification: \_\_\_\_\_  
 (Determinative / Corroborative Type)

Technology User Agreement: \_\_\_\_\_ Media Release: \_\_\_\_\_

- Affidavit of Student Living w/Relative: \_\_\_\_\_  
 - Affidavit of Family Living w/ Friend/Relative: \_\_\_\_\_

HmRm # / Teacher: \_\_\_\_\_  
 or Counselor: \_\_\_\_\_

Immunization Record: \_\_\_\_\_

Verified / Entered By: \_\_\_\_\_

Homeless: \_\_\_\_\_  
 (File paperwork w/Enrollment Office)

Verifier Title: \_\_\_\_\_

Affirmation of Prior Discipline: \_\_\_\_\_

School & Year: \_\_\_\_\_

Grade/YOG: \_\_\_\_\_

SCHOOLS OF CHOICE:  DISTRICT OF RESIDENCE: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Entry Date: \_\_\_\_\_

WAIVER:  DISTRICT OF RESIDENCE: \_\_\_\_\_

MCIR#: \_\_\_\_\_

UIC#: \_\_\_\_\_

**Please print.** Enter student's full name exactly as it appears on their birth certificate

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Last Name

First Name

Middle Name

Suffix

Birth Date (mm/dd/yy)

\_\_\_\_\_

Gender (M / F)

**ETHNICITY: Is this student of Hispanic/Latino Ethnicity (Choose Only One):**

- No, not Hispanic/Latino
- Yes, Hispanic/Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other culture or origin, regardless of race.)

**RACE: The previous question was regarding ethnicity, not race.** No matter what you selected to the left, please answer the following by marking one or more boxes to indicate what you consider your student's (or your) race to be:

- American Indian
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White

**HOME LANGUAGE**

Is the student's native tongue a language **OTHER** than English?

YES NO

If Yes, please note the language: \_\_\_\_\_

**STUDENT PRIMARY LANGUAGE**

Is the primary language used in the student's home a language **OTHER** than English?

YES NO

If Yes, please note the language: \_\_\_\_\_

**LEGAL BINDINGS:** Please indicate any special circumstances regarding your child:

\_\_\_\_\_

Primary Phone w/Area Code

\_\_\_\_\_

Type— Resident/Cell Etc.

Unlisted  Message Only

Last School Attended:

\_\_\_\_\_  
 \_\_\_\_\_  
 City State

Has your child attended Royal Oak Schools? \_\_\_ YES \_\_\_ NO

Did your child have Special Services/an active IEP?  
 \_\_\_ YES \_\_\_ NO What service(s): \_\_\_\_\_

Do you have any other children in your household enrolled at Royal Oak Schools? If so, please list their names below:

Name	Grade
_____	_____
_____	_____
_____	_____
_____	_____

The undersigned hereby acknowledges that the information and documentation provided is true and accurate. The undersigned understands that it is his/her responsibility to inform the appropriate school office if and when any of the information set forth changes. Failure to inform the school will subject the student to termination of enrollment in the Royal Oak Schools and possible loss of credit.

**Note: We honor all expulsions and/or suspensions from other school districts.**

Parent / Guardian Signature

Date

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## Current Household Information / Student Residence

House #	Street Name	Apt - Box - Lot# Circle 1	Zip Code	Geo Code
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City	Preferred Mailing: To send mail to an address other than home address, provide mailing information
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Student Country of Immigration	Birthplace as appears on Birth Certificate: List city of birth <i>**If city unknown—enter state. **If state unknown—enter country</i>
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Immigration Arrival Date: _____	Entry Date	Entry Code	Grade	Registration Date (Misc. Tab)
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Citizenship (Not=USA)	Track & Year
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### With Whom/Where Does Your Child Reside?

- Both parents
- Mother Only
- Father Only
- Mother/Stepfather
- Guardian(s)
- Foster Parent(s)
- Father/Stepmother
- Temporary Housing
- With Friends or Relatives
- Other: \_\_\_\_\_

## Contacts — Primary Parent / Guardian of Student

Release address and phone number to the PTA:  Y / N

Last Name	First Name	Middle Name & Suffix (Jr, III, etc.)
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Lives with Student? Yes, my address is the same as my child. If no, list address to the right.  
Y / N

Street Number & Name	Apt/Lot # etc.	City, State	Zip
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Area Code	Primary Phone	Area Code	Cell	Area Code	Work Phone
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Employer: \_\_\_\_\_

Parent / Guardian Email Address (General Tab)	Relationship to Student (Mother, Father, Step-Mother, etc.)
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## Contacts — Co-Parent/ Guardian of Student (In Same Household Only)

Release address and phone number to the PTA:  Y / N

Last Name	First Name	Middle Name & Suffix (Jr, III, etc.)
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Lives with Student? Yes, my address is the same as my child. If no, list address to the right.  
Y / N

Street Number & Name	Apt/Lot # etc.	City, State	Zip
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Area Code	Primary / Home Phone	Area Code	Cell	Area Code	Work Phone
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Employer: \_\_\_\_\_

CoParent/Guardian Email Address (General Tab)	Relationship to Student (Mother, Father, Stepmother, etc.)
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## Parent Living Elsewhere

Complete the section below if the Shared or Non-custodial parent lives in a home other than the student.

Release address and phone number to the PTA:  Y / N

Last Name       First Name       Middle Name & Suffix (Jr, III, etc.)

Street Number & Name       Apt/Lot # etc.       City, State       Zip

Area Code     Primary Phone       Area Code     Cell       Area Code     Work Phone

Employer:

Parent Elsewhere / Guardian Email Address (General Tab)       Relationship to Student (Mother, Father, etc.)

## Emergency Information

Should the student become ill during the school day and we cannot contact parents / guardians please list emergency contacts in order of preference. He/she will pick up the student and provide care for him/her.

**1**  Last Name       First Name       Relationship to Student (Relative, Neighbor, etc.)  
 Area Code     Primary Phone       Area Code     Cell       Area Code     Work Phone

**2**  Last Name       First Name       Relationship to Student (Relative, Neighbor, etc.)  
 Area Code     Primary Phone       Area Code     Cell       Area Code     Work Phone

## Emergency Information - Physician / Insurance information is optional and will only be used in cases of emergency.

### List Health Alert Information (Health Module)

List medical conditions (allergies, health conditions etc.) or other information which you want teachers and office personnel to know. This information when entered, will be available for teachers to see in class on a secure desktop application.

**This is a critical alert item**

By listing this information here, I agree to share this information with school officials. Parent/Guardian Initials \_\_\_\_\_

First and Last Name of Physician (Include phone number)

Preferred Hospital (include city where hospital is located)

In case of emergency, the School District is authorized to take immediate action necessary for the preservation of the student's health.

Parent / Guardian Signature       Date