



# FERNDALE PUBLIC SCHOOLS

CA-60

Enrollment & Pupil Services Office 248/586-8686

Enrollment Form Please PRINT

For Enrollment Office Use:		
1 <sup>st</sup> Day of Attendance	Year of Grad	Student #
Code A=New R=Reenroll	Assigned to Grade	Building # (Admin Unit)
Counselor	Ethnic Code	
Language Code	Waiver <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 5b	Schools of Choice (date approved)
Home Language	Circle if denied	Supt Release (date approved)

Student Information			
Last Name		Last School Attended (Name/District, Address, Phone)	
First Name			
Middle Initial	Jr. II III (circle)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Special Education Information
Address	Apt #	Has your child ever received Special Education Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City	Zip	Is your child receiving any Special Education Services now? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone	<input type="checkbox"/> Day <input type="checkbox"/> Evening	Ferndale Schools Information	
Cell Phone	<input type="checkbox"/> Day <input type="checkbox"/> Evening	Has your child ever been enrolled in a Ferndale School? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth	When? (Month/Year)		
Multiple Birth <input type="checkbox"/> No <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> Quad <input type="checkbox"/> Quint	Ethnic Group (If more than one, please number in 1, 2, 3 order)		
City, State, Country of Birth	<input type="checkbox"/> American Indian or Alaska Native (01)	<input type="checkbox"/> Hispanic or Latino (03)	<input type="checkbox"/> Asian American (05)
US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No, Citizenship	<input type="checkbox"/> White (02)	<input type="checkbox"/> Black/African American (04)	<input type="checkbox"/> Native Hawaiian or Pacific Islander (06)

Family Data		
Mother	Father	<input type="checkbox"/> Step-Parent or <input type="checkbox"/> Guardian
Name (first, last)	Name (first, last)	Name (first, last)
State/Country of Birth	State/Country of Birth	State/Country of Birth
Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation	Occupation	Occupation
Work Phone	Work Phone	Work Phone
Cell Phone	Cell Phone	Cell Phone
Student lives with this parent <input type="checkbox"/> Yes <input type="checkbox"/> No If no, send mail to this parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Student lives with this parent <input type="checkbox"/> Yes <input type="checkbox"/> No If no, send mail to this parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Student lives with this person <input type="checkbox"/> Yes <input type="checkbox"/> No If no, send mail to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No

Other Children in Family			
Name	Birthdate	Sex	Grade
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	

Signature	For Office Use
I certify the information given is true and that I am a legal resident of the Ferndale Public School district, or I have enrolled my child through the Schools of Choice program or with a Superintendent's Release.	Enrolled by: _____
Parent/Guardian Signature _____	Date: _____
Date _____	UIC# _____
	Scanned: <input type="checkbox"/> Yes <input type="checkbox"/> No
	MICRS: <input type="checkbox"/> Yes <input type="checkbox"/> No