



# FERNDALE PUBLIC SCHOOLS

CA-60

Enrollment & Pupil Services Office • 248/586-8686

## Enrollment Form

<b>Student Information - PLEASE PRINT</b>		<b>Student #</b>	
Last Name _____ Jr. II III (circle)		Last School Attended (Name/District, Address, Phone, Date)	
First Name _____			
Middle Initial _____ <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Special Education Information</b>	
Date of Birth _____ Multiple Birth <input type="checkbox"/> Yes <input type="checkbox"/> No		Has your child ever received Special Education Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address _____ Apt # _____		Is your child receiving any Special Education Services now? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City _____ Zip _____		If yes, please provide the IEP for the Special Education Office.	
Home Phone _____ <input type="checkbox"/> Day <input type="checkbox"/> Evening		<b>Ferndale Schools Information</b>	
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	
Student Email _____		When? (Month/Year) _____ Which School? _____	
<b>Primary Legal Guardian(s):</b> Please provide all contact information/phone and email to help the school reach you in an emergency.		<b>Ethnicity</b> (choose one) ___ Hispanic or Latino ___ NOT Hispanic or Latino	
		<b>Race Information</b> (choose one or more, regardless of ethnicity checked above. Two or more races, please rank in 1, 2, 3 order)	
		___ Black or African American (04) ___ Asian (05) ___ White (02) ___ Native Hawaiian/Pacific Islander (06) ___ American Indian or Alaska Native (01)	
<b>City, State, Country of Birth</b>			
<b>Mother</b>		<b>Father</b>	
<b>Legal Guardian</b>			
Name (first, last) _____		Name (first, last) _____	
Name (first, last) _____		Name (first, last) _____	
Street Address _____		Street Address _____	
Street Address _____		Street Address _____	
City, State Zip _____		City, State Zip _____	
City, State Zip _____		City, State Zip _____	
Home Phone _____		Home Phone _____	
Home Phone _____		Home Phone _____	
Work Phone _____		Work Phone _____	
Work Phone _____		Work Phone _____	
Cell Phone _____		Cell Phone _____	
Cell Phone _____		Cell Phone _____	
Email _____		Email _____	
Email _____		Email _____	
Student lives with 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 parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, send mail to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Custodial Parent/Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No		Custodial Parent/Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Custodial Parent/Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No		Custodial Parent/Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Child Lives with:</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Divorced Joint Custody <input type="checkbox"/> Court Placed <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other			
<b>Other Schoolage Children in Family</b>			
<b>Name</b>		<b>Birthdate</b>	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Parent/Guardian Signature</b>		<b>For Office Use</b> (Staff please initial each)	
I certify the information given is true and accurate. I am a legal resident of the Ferndale Public School district, or I have enrolled my child legally through the Schools of Choice program or with a Superintendent's Release. I understand that documented and verifiable residency within the Ferndale Schools district policies is a requirement. I understand it is my responsibility to inform the district Enrollment Office if any of this information changes. Failure to do so may subject my child to exclusion from enrollment in the Ferndale Public Schools.		Date: _____	
Parent/Guardian Signature _____ Date _____		UIC# _____	
		MICR <input type="checkbox"/> Yes <input type="checkbox"/> No	
		MEAP <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Lunch Application <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Scanned <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>For Enrollment Office Use – Enrolled by</b> (Initials)			
1 <sup>st</sup> Day of Attendance _____		Year of Grad _____	
Building # (Admin Unit) _____		Counselor _____	
Code (circle one) N=New R=Reenroll		Assigned to Grade _____	
Residency Verified <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> MV		Birth Certificate Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Language: English <input type="checkbox"/> Yes <input type="checkbox"/> No (CC: S. Chapman)		Circle Waivers Denied Media Technology Sex Ed	
Schools of Choice (date approved) _____		30 Day Affidavit Expires _____	
Supt Release (date approved) _____		Permanent Affidavit with Supporting Doc <input type="checkbox"/> Yes	
		Special Education Svs <input type="checkbox"/> No <input type="checkbox"/> Yes (CC: S. Chapman)	