



NORTHPORT PUBLIC SCHOOL



New Student Enrollment Form

104 Wing Street, P.O. Box 188
Northport, MI 49670

Main Office: 231-386-5153

Fax: 231-386-9838

STUDENT INFORMATION (PLEASE PRINT)

| | | | | | |
|--|------------------|-------------------|-------------------|---------------|-------------------------------|
| Legal Last Name | Legal First Name | Legal Middle Name | Also known as: | Gender M F | Grade |
| Resident Address (Street Address) | | Apt. # | P.O. Box | City | Zip Code |
| Mailing Address (if different from street address) | | | Home Phone () | | Unlisted Yes ___ No ___ |
| Date of Birth | Place of Birth | | | | |

Race and Ethnicity: (Note: Part A and Part B of the question must be answered)

Part A: Is this student Hispanic/Latino?

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.)

The above part of the question is about ethnicity not race. No matter which box you selected above **PLEASE continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

Part B: Ethnic Code: (Choose one or more):

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South American, including Central America.)

Black/African American (A person having origins in any of the black racial groups of Africa.)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)

White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Native Hawaiian/Pacific Islander (A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.)

NOTE: Both Parts A and Part B **MUST** be completed. We encourage you to select an answer for **BOTH** parts. If either part (A or B) is not answered, the U.S. Department of Education **requires** the school district to supply an answer on your behalf.

Last School Attended: _____ Address: _____

If your student is in a temporary residence/shelter, please indicate the type by checking one of the following:

Shelter Youth Shelter Women's DV Shelter Living with family/friends

Motel/Hotel Other Location Temporary Arrangement Unknown

Does your child have any physical restrictions? Yes No Please explain _____

Does your child require medication during school hours? Yes No

If YES is marked, written orders from your physician and a school medical form MUST be on file with the office before any medication can be given.

Does your child have any of the following medical conditions? Asthma Seizures Diabetes

Is your child allergic to bee stings? Yes No **If YES, you must provide the office with a bee sting kit.**

PLEASE ANSWER QUESTIONS TO HELP PROVIDE SERVICES FOR YOUR CHILD.

Has your child been receiving Special Education services? Yes No

Does your child have a 504 plan in place? Yes No

Is your child's native tongue a language other than English? Yes No What is that language? _____

Is the primary language used in your child's home a language other than English? Yes No

What is that language? _____

Have the courts placed this student in the present home? Yes No

Is this student a current resident of the Northport Public School District? Yes No

Is this student participating in the Schools of Choice Program? Yes No

Will you allow your student's name and/or picture to be used in class lists and other publications? Yes No

PARENT/GUARDIAN INFORMATION (PLEASE PRINT)

| | | |
|------------------|-------------------|--------------|
| Last Name | First Name | Relationship |
|------------------|-------------------|--------------|

| | | | | |
|--|----------|------|-------|----------|
| Street Address (if different than student's) | P.O. Box | City | State | Zip Code |
|--|----------|------|-------|----------|

| | | |
|-------------------|-------------------|--------|
| Home Phone () | Cell Phone () | E-Mail |
|-------------------|-------------------|--------|

| | |
|---------------------|--------------------------|
| Place of Employment | Work Phone & Ext. () |
|---------------------|--------------------------|

| | | |
|------------------|-------------------|--------------|
| Last Name | First Name | Relationship |
|------------------|-------------------|--------------|

| | | | | |
|--|----------|------|-------|----------|
| Street Address (if different than student's) | P.O. Box | City | State | Zip Code |
|--|----------|------|-------|----------|

| | | |
|-------------------|-------------------|--------|
| Home Phone () | Cell Phone () | E-Mail |
|-------------------|-------------------|--------|

| | |
|---------------------|--------------------------|
| Place of Employment | Work Phone & Ext. () |
|---------------------|--------------------------|

OTHER LEGAL/JOINT CUSTODY INFORMATION

| | | |
|------------------|-------------------|--------------|
| Last Name | First Name | Relationship |
|------------------|-------------------|--------------|

| | | | | |
|--|----------|------|-------|----------|
| Street Address (if different than student's) | P.O. Box | City | State | Zip Code |
|--|----------|------|-------|----------|

| | | |
|-------------------|-------------------|--------|
| Home Phone () | Cell Phone () | E-Mail |
|-------------------|-------------------|--------|

| | |
|---------------------|--------------------------|
| Place of Employment | Work Phone & Ext. () |
|---------------------|--------------------------|

Student Resides with: (choose one)

Both Parents Mother only Father only Mother/Stepfather Father/Stepmother Self
 Grandparents Stepfather/Stepmother Legal Guardian Foster Home Court Placed

Is there Joint-Custody or a Parent Plan in effect? Yes No (If yes, a copy must be on file with the school.)

Is there a restraining order in effect? Yes No (If yes, legal papers must be on file with the school to enforce.)

Please list siblings:

| Name | Gender | Date of Birth | Attending School? | Name of School? |
|------|--------|---------------|-------------------|-----------------|
| | | | | |
| | | | | |
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| | | | | |

EMERGENCY CONTACT INFORMATION

If a parent cannot be contacted, please list AT LEAST TWO contacts who can be reached and who are authorized to pick up or to give permission for the student to leave in the event of illness or emergency.

| | | |
|---------------------|------------|--------------|
| #1 Last Name | First Name | Relationship |
|---------------------|------------|--------------|

| | | |
|------------|------------|-------------------|
| Home Phone | Cell Phone | Work Phone & Ext. |
| () | () | () |

| | | |
|---------------------|------------|--------------|
| #2 Last Name | First Name | Relationship |
|---------------------|------------|--------------|

| | | |
|------------|------------|-------------------|
| Home Phone | Cell Phone | Work Phone & Ext. |
| () | () | () |

| | | |
|---------------------|------------|--------------|
| #3 Last Name | First Name | Relationship |
|---------------------|------------|--------------|

| | | |
|------------|------------|-------------------|
| Home Phone | Cell Phone | Work Phone & Ext. |
| () | () | () |

Although the above recommendation of the parent will be respected as far as possible, I understand that the final disposition of an emergency case, the judgment of school authorities will prevail. Anytime the above information must be changed, I will notify the school office in writing.

Signature of Parent or Legal Guardian

Today's Date