

For Office Use:  
Birth Certificate Y or N  
Immunizations Y or N  
(Required for Enrollment)

# Charlevoix Public Schools

## Enrollment/Data Update Form

Circle School:  
1. Elementary  
2. Middle  
3. High

Today's Date \_\_\_\_\_

Date Starting \_\_\_\_\_

Female or Male (circle) \_\_\_\_\_

Student's Legal Name \_\_\_\_\_ Entering Grade \_\_\_\_\_

First

M.I.

Last

Street Address \_\_\_\_\_ City, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Parent(s) Email \_\_\_\_\_

(if different than Street Address)

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Previous School Attended (if new) \_\_\_\_\_

Has student ever attended Charlevoix Public Schools? Yes or No 6-12 grade only: Do you want to enroll in Band? Yes or No

Special Services student received at previous school: \_\_\_\_\_ Section 504 \_\_\_\_\_ Special Education \_\_\_\_\_ Other \_\_\_\_\_

Is your child's native tongue a language other than English? Yes or No. What is that language? \_\_\_\_\_

Is the primary language used in your child's home or environment a language other than English? Yes or No. What is that language? \_\_\_\_\_

Primary language means "the dominant language used by a person for communication."

Within the preceding 2 years, has student ever been suspended or expelled from another school? Yes or No. If yes, explain \_\_\_\_\_

### STUDENT LIVES WITH: (circle)

- |                         |                                |
|-------------------------|--------------------------------|
| 1. Both Natural Parents | 6. Father & Stepmother         |
| 2. Mother Only          | 7. Relative _____              |
| 3. Father Only          | 8. Legal Guardian              |
| 4. Mother & Stepfather  | 9. Foster Parents/Court Placed |
| 5. Joint Custody        |                                |



(Parent address who registers student will be used for official student address, unless that address is **out** of district and other parent address is **in** district.)

### STUDENT RESIDENCE IS: (circle)

- |                           |   |
|---------------------------|---|
| 1. Single family dwelling | 3. Shelter                                |
| 2. Motel/Car/Campsite     | 4. More than one family in house/apt.     |
|                           | 5. With friend's family other than parent |

### ETHNICITY: (circle all that apply)

- |                                      |                       |
|--------------------------------------|-----------------------|
| 1. American Indian or Alaskan Native |                       |
| 2. Asian                             | 5. White              |
| 3. Black or African American         |                       |
| 4. Pacific Islander                  | 6. Hispanic or Latino |

### List Other Children In Home:

Name	Date of Birth	Grade
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### FAMILY DATA

### MOTHER

### FATHER

Name

Mailing Address

Home Phone

Cell Phone

Work Phone

\*Step-Parent Name

\*(Or in-home significant other)

Cell Phone

Work Phone

*\*Parents living at separate addresses may both receive mailings if addresses provided.*

Any court order/restrictions? Please list: \_\_\_\_\_

Student medical concerns/allergies: \_\_\_\_\_ Doctor: \_\_\_\_\_

MEDICAL EMERGENCY: In case of an accident or serious illness, if the school is unable to contact me, I hereby authorize the school to contact the physician indicated above and authorize the school to act on his/her advice. If physician cannot be reached, the school may consult with another physician or hospital authorized by the Board of Health, or the emergency contacts listed on this form. I further authorize that school personnel may apply first aid as recommended by the County Health Dept. I agree to pay all expenses incurred in the emergency care of my child. Authorization is indicated by signature at bottom of this form.

Local Emergency Contact (other than parent/guardian) – Give in order of who should be called first (1.) to last (4.) if parent not available:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ 3. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ 4. Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_