

DETROIT PUBLIC SCHOOLS / ENROLLMENT FORM



<i>Office Staff Only</i>		
Today's Date:	Student Start/Enrollment Date:	
School Name:	Grade Entering:	Bus Route:
Student Number:	Teacher / Counselor:	Homeroom:
UIC:	Proof of Residency Provided:	
New to DPS: Yes ___ No ___ If YES: Immunizations: ___ Transcript: ___ Most recent Report Card: ___		

IMPORTANT: Certified Birth Certificate, Proof of Immunization and Proof of Residency must be provided.

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Name _____ Suffix: _____
 (Student's Name as it appears on Birth Certificate or Passport) (Jr., III, etc.)

Date of Birth: ___ / ___ / ___ Gender _____ Is the student a member of a multiple birth? Yes ___ No ___
 Month Day Year If so, indicate twin, triplet etc: _____

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

PART A: Is this student Hispanic/Latino? (*Choose only one*)

___ **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 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: What is the student's race? (*Choose one or more*)

___ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintain tribal affiliation)

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

___ **Black or African American** (A person having origins in any of the black racial groups of Africa)

___ **Native Hawaiian/Other Pacific Islander** (A person having origins in any of the original people of Hawaii, Guam, Samoa or Pacific)

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

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

Is your child's native language a language **other than** English? Yes ___ No ___ What is the Language? _____

[Office Use: Primary Language]

Is the primary language used in your child's **home** a language

other than English? *[Office Use: Home Language]* Yes ___ No ___ What is the Language? _____

Was your Student Born in the USA? Yes ___ No ___ Date Entered USA: ___ / ___ / ___ Birth Country: _____
 Month Day Year

Please provide a Certified Student Birth Certificate:

_____ US Citizen: Yes ___ No ___
 Student's City and State of Birth Birth Document Provided

Home Phone: () _____ Is the student a member of a military household? Yes__No__

Student's Address: _____
Street Address Apt# City State Zip

If not <u>currently</u> living in Detroit Public School District boundary: What is the District of Residence? _____	For official Use: Basis for Enrollment: _____ <i>Window for O, X closes 10 days after start of school</i>
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Has the student attended a DPS school before? Yes__No__ Last School attended at DPS? _____

Previous School: _____
Name Street Address City State Zip

Have you or your spouse moved in the past three years looking for temporary or seasonal employment in agriculture or fishing work? Yes__No__

PARENT / GUARDIAN INFORMATION

Last Name: _____ First Name: _____ Lives with student: Yes __No __

Address: _____
Street Address (if different from student's address) Apt# City State Zip

Phone Numbers: Home: *(if not living at above address)* () _____ Work () _____ Cell: () _____

Email Address: _____ Employer: _____

Relationship to Student: _____
Mother, Father, Legal Guardian, Foster Parent, Grandparent, Step Mother, Step Father, etc.

Last Name: _____ First Name: _____ Lives with student: Yes __No __

Address: _____
Street Address (if different from student's address) Apt# City State Zip

Phone Numbers: Home: *(if not living at above address)* () _____ Work () _____ Cell: () _____

Email Address: _____ Employer: _____

Relationship to Student: _____
Mother, Father, Legal Guardian, Foster Parent, Grandparent, Step Mother, Step Father, etc.

EMERGENCY CONTACT INFORMATION (My Child should be released to the following individuals ONLY)

Name	Address, City, Zip	Phone Numbers	Relationship

OTHER CHILDREN IN THE FAMILY

Name	Date of Birth	Grade	School Attending

SPECIAL CIRCUMSTANCES & PERSONAL EMERGENCIES

If there are any special circumstances or personal emergencies you want the district to be aware of, please describe:

MEDICAL

Does the student have a medical condition you want the school to be aware of? YES ___ No ___

If YES, please describe: _____

Does the student need prescription medications? YES ___ No ___

Please list: _____

SPECIAL EDUCATION

Does the student have an IEP and receive special education services? YES ___ No ___

SECTION 504

Does the student have a 504 plan? YES ___ No ___

ENGLISH LANGUAGE LEARNER

Has the student ever been enrolled in a Bilingual or English Language Learner Program? YES ___ No ___

DISCIPLINE

Has the student ever been suspended from a previous school/school district for 10 days or more? YES ___ No ___

If YES, please explain the offense: _____

Has the student ever been expelled from a school/school district? YES ___ No ___

If YES, please explain the offense: _____

Has the student withdrawn from any previous school when disciplinary charges were pending or after being accused of violating school policy or committing a disciplinary offense? YES ___ No ___

If Yes, please explain the offense: _____

I certify that this information is true and correct. If necessary I will allow an interview by the Attendance department to verify this data.

I understand that incorrect information could be grounds for revoking enrollment. I understand that it is my responsibility to inform the appropriate school office if and when any information on this form changes.

By signing this Enrollment Form, I accept and agree that if any statements and information contained on this Enrollment Form are not accurate and true, I will be personally liable to pay to the school district, tuition for the student (at the highest rate allowable by law) for all periods of time the student was a non-resident pupil of the school district – including attorney fees incurred by the school district in collecting the tuition.

Parent or Guardian Signature

Date