

____ Birth Cert ____ Bus Reg
____ Immunizations ____ Residency
____ Vision/Hearing ____ Health Ap

THORNAPPLE KELLOGG SCHOOLS ENROLLMENT FORM

Today's Date: _____
Grade to be enrolled in: _____
Teacher: _____

Parent/Guardian must supply student's birth certificate and immunization record upon enrollment.

STUDENT INFORMATION

Student's Legal Name: _____ Preferred Name: _____

Home Address: _____
Street City Zip County

Birth Date: _____ City/State of Birth: _____ Gender: _____ Grade: _____

Main Telephone Number: _____ Legal Guardian: _____

Resides with (circle one): Both Parents • Mother • Father • Foster Parent • Guardian • Mother/Step-Father • Grandparent •
Father/Step-Mother • Other _____

Mailing Address (if different than home address) or Second Mailing Address to Non-Custodial Parent (If applicable):

School Last Attended: _____
District Name and Building Name

Does the student receive Special Education services (circle)? Resource Room • Social Work • Speech • Other _____

If you do not live in the Thornapple Kellogg School District, what school district do you live in? _____

PARENT/GUARDIAN AND EMERGENCY INFORMATION

Name of **FATHER/GUARDIAN**: _____ Name of **MOTHER/GUARDIAN**: _____

Place of Employment: _____ Place of Employment: _____

Working Hours: _____ Working Hours: _____

Business Phone: _____ Business Phone: _____

Cell Phone: _____ Cell Phone: _____

Email Address: _____ Email Address: _____

Name of **STEP-PARENT**: _____ Name of **STEP-PARENT**: _____

Business Phone: _____ Business Phone: _____

Cell Phone: _____ Cell Phone: _____

List people the school may contact in case of illness/and emergency. They will also be allowed to pick up/transport your child.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Other Children in Family

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

NOTE: PLEASE TURN FORM OVER AND COMPLETE THE REQUESTED INFORMATION

Race/Ethnicity Information (both part A and B must be completed) - This information is required by the Michigan Department of Education

Part A Is this student Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)?

- No, not Hispanic/Latino Yes, Hispanic/Latino

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).
 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.)
 Black or African American (A person having origins in any of the black racial groups of Africa.)
 Native Hawaiian or Other Pacific Islander (A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.)
 White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa).

Is your child's native language English? Yes No

Is English the primary language (the dominant language used for communicating) in your child's home? Yes No

If no, what is that language? _____

Has your child ever been suspended or expelled? Yes No

MEDICAL INFORMATION

Does your child take medication regularly? If so, what is taken and when? _____

Please list any **ALLERGIES**, health information, work schedules, day care, and/or any other information the school should be aware of:

If your child has an allergy or medical condition where we could potentially administer medication, i.e., epi-pen, inhaler, etc., please complete an "Administering Medicines to Students" form available from the school office or on our web-site. Please contact the building secretary to confirm this information prior to your child starting school.

▶▶▶ EMERGENCY and OTHER INFORMATION ◀◀◀

In case of emergency school closing (weather, etc.), TK Schools will follow my child's regular dismissal routine.

- ▶ If unable to reach parent(s) or emergency contact people, my child will receive health/dental emergency care by the Thornapple EMT service and/or be taken to Pennock Hospital.
- ▶ I give permission for my child to attend school-sponsored field trips. I will be made aware of any field trip away from the district by school and/or classroom newsletters.

PARENT SIGNATURE

DATE