



Please Print  
**Lapeer Community Schools**  
 Enrollment Form

New    Re-enrolling   Entering Grade \_\_\_\_\_ School Enrolling In \_\_\_\_\_

Student Information					
<b>Legal Last Name</b>		<b>Legal First Name</b>		<b>Middle Name</b>	<b>Nickname</b>
<b>Birth Date (Month/Day/Year)</b>	<b>Gender</b> M   F	<b>Birth Place: City</b>		<b>State</b>	<b>Country</b>
<b>Preschool Information:</b> Please indicate if your child participated in any of the following preschool programs: ___ GSRP   ___ Early On   ___ Head Start   ___ LCS Tuition Preschool   ___ Other _____					
<b>Last School Attended:</b> <div style="text-align: right; margin-right: 50px;">City/State _____</div>					
<b>Code:</b> <input type="checkbox"/> Public School <input type="checkbox"/> Charter/Academy <input type="checkbox"/> Church/Private <input type="checkbox"/> Preschool <input type="checkbox"/> Home Schooled					
<b>Number of previous districts attended K – 12 (please circle):</b> 0 – None   1 – One   2 – Two   3 – Three   4 – Four or More Has your child ever been enrolled in Lapeer Community Schools? ___ Yes   ___ No   If yes, which school(s) : _____					
<b>Ethnicity</b> Is this child Hispanic/Latino?  <input type="checkbox"/> No, not Hispanic/Latino  <input type="checkbox"/> Yes, Hispanic/Latino – (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)			<b>Race</b> The question to the left is about ethnicity, not race. No matter what you selected, <b>please continue to answer the following</b> by marking one or more boxes to indicate what you consider your child's race to be. ___ American Indian/Alaska Native   ___ Asian American ___ Native Hawaiian/Pacific Islander   ___ Black/African American ___ White		
Is your child's native tongue a language other than English? ___ Yes   ___ No   If yes, name of language _____					
Is the primary language used in your child's home or environment a language other than English? ___ Yes   ___ No   If yes, name of language _____					
Immigration Date, if not born in U.S. _____ Number of full school years child has attended any U.S. school _____					
Primary Household Information (where child resides)					
<b>Primary Household Parent/Guardian #1</b> Last Name                      First Name				<b>Child lives with: (please circle)</b> 0 - Both parents                      4 - Father/Stepmother 1 - Mother Only                        5 - Grandparent(s) 2 - Mother/Stepfather               6 - Guardian(s) 3 - Father Only                         7 - Other	
<b>Primary Household Parent/Guardian #2</b> Last Name                      First Name					
<b>Resident Address</b>	Street	Apt #	City	State	Zip Code
<b>Mailing Address</b>	Street	Apt #	City	State	Zip Code
<b>Primary Household Parent/Guardian #1</b> Home phone: (    ) _____ Is home phone unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No  Cell phone: (    ) _____  Work phone: (    ) _____  Place of employment _____  E-mail Address: _____ Active Duty Armed Forces/Full Time Nat'l Guard ___ Yes ___ No			<b>Primary Household Parent/Guardian #2</b> Home phone: (    ) _____ Is home phone unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No  Cell phone: (    ) _____  Work phone: (    ) _____  Place of employment _____  E-mail Address: _____ Active Duty Armed Forces/Full Time Nat'l Guard ___ Yes ___ No		

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**Special Services**

Does the student receive any special services in education?  IEP  504 Plan  No

If yes to an IEP or 504 Plan, please check the type of service(s) received: \_\_\_Resource Room \_\_\_Speech

\_\_\_Special Education Intervention Classes \_\_\_Physical Therapy \_\_\_Occupational Therapy \_\_\_Social Work

**Other**

1. Is your current living arrangement a result of loss of housing or economic hardship?  Yes  No  Unsure  
If yes, you will be given a residency questionnaire to complete in order to determine your eligibility for services under the McKinney-Vento Act.

2. Is there a joint custody or parenting plan in effect?  Yes  No  
If yes, please list alternate parent on joint custody or parenting plan. \_\_\_\_\_

Is the custody joint legal?  Yes  No

Is the custody joint physical?  Yes  No

If yes, does the child also reside with this parent during the school week?  Yes  No

Is there a restraining order in effect?  Yes  No (If yes, legal papers with official court stamp or signature must be on file with the school for enforcement.)

3. Has your child ever been suspended or expelled for any reason?  Yes  No

If yes:

Date(s): \_\_\_\_\_ Reason \_\_\_\_\_

**Daycare/Childcare Provider**

Provider Name	Phone Number	Cell Phone
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Daycare/Childcare provider is authorized to remove child from school.  Yes  No

**Emergency Contacts (other than primary contacts) My child may be released to the person(s) listed below.**

Last Name	First Name	Relationship to Child	Phone #1	Phone #2
			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ( )	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ( )
			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ( )	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ( )
			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ( )	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ( )

**Health**

If your child has a special health need, appropriate school personnel will be notified. A special need could include one or more of the following (circle any that apply):

- |                            |                               |                    |
|----------------------------|-------------------------------|--------------------|
| 1. Diabetes/Hypoglycemia   | 4. Permanent Hearing Problems | 7. Allergies _____ |
| 2. Convulsive Disorder     | 5. Orthopedic                 |                    |
| 3. Vision Problems/Glasses | 6. Cardiac                    | 8. Other _____     |

**Siblings – Please list other siblings attending Lapeer Community Schools.**

Last Name	First Name	School	Grade

**Verification of Information**

I verify the above information to be true and accurate. Any falsification to achieve enrollment may be cause for termination of the child's enrollment within Lapeer Community Schools.

Legal Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_