

STUDENT ENROLLMENT FORM

FOR OFFICE USE ONLY	
Verification of Birth Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verification of Immunizations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verification of Residency	<input type="checkbox"/> Yes <input type="checkbox"/> No
State ID	Student Number
Locker Number	Comb.
Homeroom/Teacher	
Bus # (Pickup)	Bus # (Drop-off)
Building	1 st Day of Attendance

Re-enrolling in Portage Public Schools? Yes No
 Date last attended Portage Public Schools: _____
 School last attended _____

STUDENT INFORMATION

Student Name: _____ (From Birth Certificate) (LAST) (FIRST) (MIDDLE) (OPTIONAL) Nickname: _____
 Gender: Male Female Birthdate: ___/___/___ Age: _____ Grade: _____ Student Email Address: _____
 Has the student been previously suspended or expelled? Yes No If Yes, please explain _____
 If Yes, which district? _____

ETHNICITY (Part A) and RACE (Part B)

Race and Ethnicity (Both Part A and Part B) of the question **must be answered**. If either part is not answered, the US Department of Education requires the district to supply an answer on your behalf.

Part A: Ethnicity (choose only one) 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.) Yes No

Part A refers to ethnicity, not race. No matter which box you selected above, please continue to answer Part B (below) by marking one or more boxes to indicate what you consider your student's race to be.

Part B: Race (choose one or more) When choosing more than one, enter % for each ethnicity

% American Indian or Alaska Native (Origins from any of the original peoples of N, S, or Central America)
 % Asian (Origins from any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent)
 % Black or African American (Origins from any of the black racial groups of Africa)
 % Native Hawaiian / Other Pacific Islander (origins from any of the original peoples of any Pacific Island)
 % White (Origins from any of the original peoples of Europe, the Middle East or N Africa)

PRIMARY HOUSEHOLD INFORMATION

Home Phone Number: () _____ Unlisted () Phone Number for Attendance Calls: () _____ Unlisted ()

Primary Email Address: _____

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

If yes, what is that language? _____ Resident District _____

Current Physical Address: _____
 (STREET ADDRESS) (CITY) (STATE) (ZIP) (COUNTY)

Current Mailing Address: _____
 (if different) (STREET ADDRESS) (CITY) (STATE) (ZIP)

PRIMARY HEAD(S) OF HOUSEHOLD (With whom does the child reside?)

<input type="checkbox"/> Adoptive Parents	<input type="checkbox"/> Father Only	<input type="checkbox"/> Relative (_____)
<input type="checkbox"/> Birth Parent(s)	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Emancipated Minor
<input type="checkbox"/> Father/Stepmother	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Grandparents
<input type="checkbox"/> Mother/Stepfather	<input type="checkbox"/> Foster Home (less than 6 months?) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other (_____)
Primary Household Data:	Primary Residence 1	Primary Residence 2
Head of Household Name/Title (Last, First)		
Relationship Type		
Occupation/Employer		
Employer Phone		
*Additional Notes for above Phone Number		
Cell Phone / Pager		
*Additional Notes for above Phone Number		
Email Address		

SECONDARY HEAD(S) OF HOUSEHOLD

Does the child have a second parent/second residence? Yes No If yes, with whom?

- Mother Only
- Stepmother/Father
- Other: _____
- Father Only
- Stepfather/Mother
- Joint Custody? Yes No

Current Physical Address: _____
(STREET ADDRESS) (CITY) (STATE) (ZIP) (COUNTY)

Current Mailing Address: _____
(If different) (STREET ADDRESS) (CITY) (STATE) (ZIP)

Should this household be included in all mailings? Yes No Okay to release student to second household parent Yes No
If you answered "No" to either of these questions, please attach legal documentation; specific to this child and legal documentation; specific to communication with the Secondary Household parent.

Secondary Household Data:	Secondary Residence 1	Secondary Residence 2
Head of Household Name/Title (L,F,M)		
Relationship Type		
Occupation/Employer		
Employer Phone		
*Additional Notes for above Phone Number		
Cell Phone / Pager		
*Additional Notes for above Phone Number		
Email Address		

EMERGENCY CONTACT INFORMATION

Calling Order	Name	Release to?	Emergency Contact?	Relationship Type	Work Phone	Cell Phone	Home Phone
1)		Y N	Y N				
2)		Y N	Y N				

If a medical emergency exists, the school is authorized to take appropriate action on behalf of the child. The family will assume all medical costs. Yes No
Preferred Doctor _____

OTHER SIBLINGS LIVING AT HOME

Name	Gender	Birthdate	School	Grade
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		

HEALTH INFORMATION

Medical information is confidential and will be shared with personnel on a need to know basis.

Special Health Conditions Diabetes Heart Asthma Seizures Other (Explain) _____

Allergies Insects/Beestings Medication Food Environmental (Explain all) _____

Is student currently taking any prescription medications? Please list: _____

SPECIAL NEEDS INFORMATION

Special Program Received at Prior School: Special Education Speech & Language 504 Plan Title 1 Services Other (Explain) _____

MISCELLANEOUS INFORMATION

Exclude my student from the student directory? Y N Exclude my student from picture release? Y N

I certify that all information is true and valid and that I am authorized to enroll this student: _____