

# Shelby Public Schools Student Enrollment Form

Early Childhood Center~Thomas Read Elementary~New Era Elementary~Shelby Middle School~Shelby High School

Previously collected information appears in the gray boxes. To add or change any information please write in the blank boxes or directly on the larger gray boxes.

Grade: \_\_\_\_\_  
Student ID #: \_\_\_\_\_

Student's Last Name \_\_\_\_\_

Legal First Name \_\_\_\_\_

Preferred First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address (P.O. Box) \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_ - \_\_\_\_\_

Phone Number \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender

Birth Country/Entry \_\_\_\_\_

Is the student Hispanic or Latino?  Yes  No Race/Ethnicity \_\_\_\_\_

## LANGUAGE INFORMATION

What is the first language the student learned to speak?  
 English  Spanish  Other: \_\_\_\_\_

What language is used regularly by the student?  
 English  Spanish  Other: \_\_\_\_\_

What language is used regularly in the student's home?  
 English  Spanish  Other: \_\_\_\_\_

What language do you prefer for school communications?  
 English  Spanish  Other: \_\_\_\_\_

Has the family moved in the past 3 years for agriculture?  
 Yes  No

- African-American
- American Indian
- Asian
- Caucasian
- Hispanic
- Other
- Pacific Islander

## Does this student receive these services

Special Education  Yes  No

504 Services  Yes  No

Social Work  Yes  No

Speech  Yes  No

**MEDICAL/ALLERGIES/MEDICATION INFORMATION** - Parents/guardians are responsible for providing full details on any medical condition to the Shelby Public Schools. Student Medication Request Release Agreements are available at the school office. This form must be completed for any medication a student will need to take during school hours.

## PREVIOUS SCHOOL INFORMATION:

Has the student attended another Shelby Public School in the past?  Yes  No

Last School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

School Yr: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Has this student ever been suspended or expelled from any other school district?  Yes  No

Dates: \_\_\_\_\_ School District: \_\_\_\_\_ Reason for Exclusion: \_\_\_\_\_

## Please list other children living in the home that are attending Shelby Public Schools:

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

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

Signing this document I certify the above information is accurate and authorize Shelby Public Schools to seek emergency medical for my student.

-----For School Office Use Only-----

Birth Certificate: \_\_\_\_\_ Immunization: \_\_\_\_\_ SUN Agreement: \_\_\_\_\_ Bus Contract: \_\_\_\_\_ Proof of Residency: \_\_\_\_\_ Lunch Form: \_\_\_\_\_

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## Contact Info for \_\_\_\_\_

NOTICE: It is the policy of the Shelby Public School District not to discriminate on the basis of race, color, national origin, sex (including sexual orientation and transgender identity), disability, age, religion, height, weight, marital or family status, military status, ancestry, genetic information, or any other legally protected category, (collectively, "Protected Classes"), in its programs and activities, including employment opportunities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Superintendent, 525 N. State Street, Shelby, MI 49455, (231) 861-5211.

Student Primarily Lives With:  Both Parents  Mother/Stepfather  Father/Stepmother  Mother Only  Father Only  
 Foster Parents  Relatives: \_\_\_\_\_  Other: \_\_\_\_\_

Parent/Guardian Name:

Relation:

Lives with Student:  Yes  No

Phone 1:  Home  Work  Cell  Other  -  -  ext

Phone 2:  Home  Work  Cell  Other  -  -  ext

Phone 3:  Home  Work  Cell  Other  -  -  ext

Email:

Send Mailings:  Yes  No  Mailing address is the same as the student's

Mailing Address:   
*If Mailings (Report cards, etc.) are desired*

Parent/Guardian 2 Name:

Relation:

Lives with Student:  Yes  No

Phone 1:  Home  Work  Cell  Other  -  -  ext

Phone 2:  Home  Work  Cell  Other  -  -  ext

Phone 3:  Home  Work  Cell  Other  -  -  ext

Email:

Send Mailings:  Yes  No  Mailing address is the same as the student's

Mailing Address:   
*If Mailings (Report cards, etc.) are desired*

Additional Contact 1 Name:

Relation:

Lives with Student:  Yes  No

Phone 1:  Home  Work  Cell  Other  -  -  ext

Phone 2:  Home  Work  Cell  Other  -  -  ext

Phone 3:  Home  Work  Cell  Other  -  -  ext

Email:

Send Mailings:  Yes  No  Mailing address is the same as the student's

Mailing Address:   
*If Mailings (Report cards, etc.) are desired*

Additional Contact 2 Name:

Relation:

Lives with Student:  Yes  No

Phone 1:  Home  Work  Cell  Other  -  -  ext

Phone 2:  Home  Work  Cell  Other  -  -  ext

Phone 3:  Home  Work  Cell  Other  -  -  ext

Email:

Send Mailings:  Yes  No  Mailing address is the same as the student's

Mailing Address:   
*If Mailings (Report cards, etc.) are desired*