

West Ottawa Public Schools Student Enrollment Form



Student's Full Legal Name: _____

Birthdate: _____ Last: _____ First: _____ Middle: _____

Gender: _____ Grade: _____

M F _____

Nickname: _____

Household Information

Please Print

Are you living in temporary housing or shelter? Y N

Residence Address: _____

City/State/Zip code: _____

Household Telephone: _____

Unlisted? Y N

Each year, school districts in Michigan are required to report student data by race and ethnicity categories set by the U.S. Department of Education. In 2007, the federal Department of Education released guidance to schools regarding new requirements for collecting and reporting student race and ethnicity data. School districts are now required to collect race and ethnicity information about students using a two-part question. The new collection and reporting format went into effect beginning with the 2010-11 school year.

Please update your child's data by completing the two required questions below. If we do not receive a response from you to both questions (Part A and Part B), an employee of the school district will be required by federal law to provide this information based on observation. Federal law does not allow school districts to leave either question blank for any student.

Race and Ethnicity: (Note: 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 part of the 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.)

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 peoples 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.)

What is the primary language you use when speaking to your child: _____

What is your child's native (or first) language: _____

Country of child's birth: _____

What was the date your child first enrolled in a U.S.A. school? _____

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Parent/Guardian Information

Name: _____ Relationship to Student: _____

Address: _____ City/State/Zip code: _____

Home Telephone: _____ Cell Telephone: _____

Wk Telephone: _____ Pager: _____ Email: _____

Employer: _____ Legal Guardian: Y N

Are you eligible as a migrant worker? Y N Don't Know (moved within the preceding 36 months to obtain temporary or seasonal employment in agricultural or fishing work)

Name: _____ Relationship to Student: _____

Address: _____ City/State/Zip code: _____

Home Telephone: _____ Cell Telephone: _____

Wk Telephone: _____ Pager: _____ Email: _____

Employer: _____ Legal Guardian: Y N

Are you eligible as a migrant worker? Y N Don't Know (moved within the preceding 36 months to obtain temporary or seasonal employment in agricultural or fishing work)

Other Children Under Age 18 Living in the Home

<u>Name</u>	<u>Birthdate</u>	<u>Sex</u>	<u>Relation to student</u>	<u>Grade</u>	<u>Building</u>

Emergency Contact Information (Only will be used when we are unable to contact parents in the event of an emergency.)

Name: _____ Relation to Student: _____

Home Telephone: _____ Work Telephone: _____ Cell Telephone: _____

Name: _____ Relation to Student: _____

Home Telephone: _____ Work Telephone: _____ Cell Telephone: _____

Health Information

Special Medical Needs: _____

School Last Attended

Name: _____ Address: _____

Special Services

Y N Individualized Education Program on file?

Circle services your child has received: Counselor School Psychologist Speech Social Worker

Other: _____

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Parental Consent

By law, school districts may release directory information to outside organizations without a parent/guardian's prior written consent.

West Ottawa carefully reviews each of these outside requests for educational benefit and applicable law prior to making a determination to release or not release directory information.

Further information on directory information and release of information is provided in your enrollment packet and on the district website.

Below, please indicate your consent to allow West Ottawa Public Schools to release specific directory information. These consents remain in effect for only this school year.

Yes No I give permission for the following directory information to be released to district-approved third parties:

- Name, address, and listed/published telephone number
- Date of birth
- Photographic or computer images of the student (e.g., for the district or school website or newsletter)
- Video images of the student (e.g., airing of a school holiday concert on the education station)
- Parent/guardian name, address, and phone number (e.g., for PTO/PTA mailings)
- Student grade level and West Ottawa school attending (e.g., for mailings for students in a specific grade level or school)
- Participation in officially-recognized activities and sports.
- Awards received, honor rolls, and scholarships
- Height and weight, only if a member of an athletic team
- Dates of attendance (date entered and date left the district) and/or date of graduation
- For high school students only: Name, address and phone number to be released to military recruiters.

Additional (non-directory) parental consents:

- I give permission for district staff to transport my child home or to the child's designated caregiver if necessary for health matters, screenings, evaluations, or other reasons.
For students who are enrolling and received required immunizations in a state other than Michigan:
- I give permission for my child's immunization records to be entered into the Michigan Childhood Immunization Registry.
For schools partnering with Holland Hospital only:
- I give permission for a contracted health care provider to provide school nursing services and have access to school registration and health records as needed.

Parent/Guardian Signature: _____ **Date:** _____