



# YALE PUBLIC SCHOOLS – STUDENT ENROLLMENT FORM

Enrolling In:  Yale High School (9-12)  Phoenix Alternative School  Yale Junior High (6-8)  
 Yale Elementary  Avoca Elementary  Farrell-Emmett Elementary

STUDENT'S FULL LEGAL NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

GENDER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ CITY & STATE OF BIRTH: \_\_\_\_\_

MULTIPLE BIRTH:  YES  NO \*IF YES, BIRTH ORDER: 1 2 3 4 RESIDENT of DISTRICT:  YES  NO

## ETHNICITY/RACE

*This is a two-part question required by the federal government.*

ETHNICITY: (Check Only One)  HISPANIC/LATINO  NOT HISPANIC/LATINO

RACE: (Check One or More Regardless of Ethnicity)

- AMERICAN INDIAN or ALASKAN NATIVE  ASIAN  BLACK or AFRICAN AMERICAN  
 NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER  WHITE

## HOME LANGUAGE SURVEY

*The following information will be used to determine the number of children eligible for bilingual instruction according to Section 380.1152-1157 School Code of 1995, Michigan's Bilingual Education Law. Note: Indicating a language other than English to any of the below questions will result in your child being assessed for an additional English Language Learner Program.*

WHAT LANGUAGE DID YOUR CHILD FIRST LEARN TO SPEAK? \_\_\_\_\_

IS YOUR CHILD'S NATIVE LANGUAGE A LANGUAGE OTHER THAN ENGLISH?  YES  NO

IF YES, WHAT IS THAT LANGUAGE? \_\_\_\_\_

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? \_\_\_\_\_

**\*PRIMARY LANGUAGE MEANS THAT THE DOMINATE LANGUAGE USED BY A PERSON FOR COMMUNICATION**

## FAMILY #1

### STUDENTS PRIMARY RESIDENCE

ADDRESS: \_\_\_\_\_ APARTMENT/LOT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PRIMARY PHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT THAN ABOVE): \_\_\_\_\_

GUARDIAN #1: \_\_\_\_\_

GUARDIAN #2: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## FAMILY #2

ADDRESS: \_\_\_\_\_ APARTMENT/LOT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PRIMARY PHONE NUMBER: \_\_\_\_\_

GUARDIAN #1: \_\_\_\_\_

GUARDIAN #2: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

IF STUDENT ALSO RESIDES WITH FAMILY #2, WOULD YOU LIKE TO RECEIVE MAILINGS AT THIS ADDRESS?  YES  NO

**ADDITIONAL EMERGENCY CONTACT INFORMATION**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL ALERT INFORMATION:**

PLEASE LIST BELOW ANY MEDICAL CONDITIONS, ALLERGIES, OR HEALTH CONCERNS YOUR CHILD HAS THAT WE SHOULD BE AWARE OF.  
*IF YOUR STUDENT HAS MEDICATION THAT NEEDS TO BE OR MAY NEED TO BE TAKEN THROUGH OUT THE SCHOOL DAY, PLEASE FILL OUT THE YALE PUBLIC SCHOOLS MEDICATION PERMISSION FORM.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ PHYSICIAN: \_\_\_\_\_  
DENTIST: \_\_\_\_\_  
HOSPITAL: \_\_\_\_\_

**SIBLING INFORMATION**

STUDENT NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_  
STUDENT NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_  
STUDENT NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

**SPECIAL EDUCATION INFORMATION**

*If your student receives Special Education Services, please provide documentation of the current plan to the school.*

DOES YOUR CHILD CURRENTLY RECEIVE SPECIAL EDUCATION SERVICES?  YES  NO

IF YES, PLEASE COMPLETE THE 30 DAY PLACEMENT FORM AND CHECK ALL THAT APPLY:

- IEP  SPEECH/LANGUAGE  PHYSICAL THERAPY  OCCUPATIONAL THERAPY  SOCIAL WORK

DOES YOUR CHILD HAVE A CURRENT 504 PLAN?  YES  NO

PLEASE LIST ANY OTHER SPECIAL NEEDS YOUR CHILD MAY HAVE: \_\_\_\_\_

**PERMISSION FOR PUBLICATION OF STUDENT NAME/PHOTO/VIDEO**

YALE PUBLIC SCHOOLS LIKE TO RECOGNIZE STUDENTS FOR THEIR EFFORTS AND ACCOMPLISHMENTS IN A VARIETY OF WAYS. WE MAY USE YOUR CHILDS NAME/PHOTO/OR VIDEO USED ON CLASSROOM WEBPAGES, SCHOOL/DISTRICT MEDIA SITES, ELECTRONIC NEWSLETTERS AND SOCIAL MEDIA SITES (SCHOOL FACEBOOK OR TWITTER).

- I GIVE PERMISSION FOR MY CHILDS NAME/PICTURE/VIDEO PUBLISHED ON SCHOOL/DISTRICT WEBPAGES, NEWSLETTERS, OR SOCIAL MEDIA.  
 I **DO NOT** GIVE PERMISSION FOR MY CHILDS NAME/PICTURE/VIDEO PUBLISHED ON SCHOOL/DISTRICT WEBPAGES, NEWSLETTERS, OR SOCIAL MEDIA

**PARENTAL CONSENT FOR ENROLLMENT**

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE STATEMENTS CONTAINED HEREIN AND ON ANY ATTACHMENTS ARE TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE

**OFFICE USE ONLY:**

DATE OF ENTRY \_\_\_\_\_ STUDENT ID # \_\_\_\_\_ STUDENT UIC# \_\_\_\_\_  
BIRTH CERT. \_\_\_ IMMUNIZATION \_\_\_ COMPUTER USE FORM \_\_\_ CONCUSSION FORM \_\_\_ RESIDENCY PROOFS \_\_\_  
RELEASE OF RECORDS FORM \_\_\_ COPIES TO: TRANSPORTATION \_\_\_ FOOD SERVICES \_\_\_