



ENROLLMENT FORM



SCHOOL: _____

DATE: _____

REQUIRED DOCUMENTS

The following documents are required in addition to the completed and signed enrollment form. They should be provided before the child's first day of school but must be submitted no later than 30 days from the first day.

- Parent/Guardian photo ID
- Student's birth certificate or birth record
- Student's immunization record or waiver
- Student's most recent transcript or report cards
- Two forms of proof of address, such as: Driver's license, Detroit ID, W-2, public assistance documents, pay stub, official government mail, utility bill, etc.

*Some families may qualify for support with obtaining documents.

STUDENT INFORMATION

First Name:		Middle Name:		Last Name:		Suffix (Jr., III, etc.)	
Date of Birth: / /			Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male				
Student Phone (if applicable): ()				Student Email (if applicable):			
Student's Physical Address:							
Street:						Apt #:	
City:			State:		ZIP Code:		
Mailing Address (if different from Physical Address)							
Street:						Apt #:	
City:			State:		ZIP Code:		
Grade Entering:		School Year:		Is the student a member of multiple births? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was the student born in the U.S.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No: When did the student first enroll in a U.S. school? _____ (month/year)							
Does the student participate in Exceptional Education Programs (Special Education)? Select one.							
<input type="checkbox"/> No		<input type="checkbox"/> Yes. Student has an Individualized Education Plan (IEP)					
<input type="checkbox"/> Yes. Student has a 504 Plan		<input type="checkbox"/> Yes. Other _____					
Has the student or family moved in the past three years looking for temporary or seasonal employment in agriculture or fishing?							
<input type="checkbox"/> Yes		<input type="checkbox"/> No					

STUDENT LANGUAGE

Student's native language? English Other _____

Is a language other than English spoken in the home? No Yes: language spoken _____

Has student ever been enrolled in a Bilingual or English Language Learner program? Yes No

STUDENT RESIDENCY

The following questions are given to all students to ensure our district remains in compliance with federal law. Your answers will help school staff to determine if the student is eligible for certain support services.

Does the student live in any of the following types of residences?

- Shelter
- Transitional Housing
- Doubled Up/Shared housing with family, friends or others
- Hotel or motel
- Unsheltered (Such as: Campground, Car, Park, Abandoned Building, Substandard Housing, Bus or Train Station, etc.)

Is the student an unaccompanied minor not living with a parent/guardian/relative? Yes No

If you selected any of the above choices, please complete the McKinney Vento Student Referral Form included in this Enrollment packet.

STUDENT ETHNICITY

SELECT ALL THAT APPLY

If you do not choose an answer, the U.S. Dept. of Education requires the District to supply answer on your behalf.

Is the student Latino/Latina/Latinx? Yes No

Student's race:

- American Indian or Alaska Native
- Asian
- Black or African American
- White (Select one)
 - European
 - Middle Eastern
 - North African
- Native Hawaiian/Other Pacific Islander
- Other/Multiple Race

PREVIOUS SCHOOL INFORMATION

School student most recently attended

Name: _____

City/State: _____

PARENT / GUARDIAN INFORMATION

PARENT / GUARDIAN 1

First & Last Name:	Relationship to Student:
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Cell Phone: ()	Home Phone: ()
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Work Phone (if applicable): ()	Email:
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Same address as student's physical address? Yes No, provide address:

Street:	Apt #:
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City:	State:	ZIP Code:
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Does the parent/guardian require communication from the school in a language other than English?

No Yes, what language? Written _____ Spoken _____

Is the parent/legal guardian currently serving in any branch of the Army, Navy, Air Force, Marines, or Coast Guard? This includes the Michigan National Guard or Reserve personnel. Yes No

PARENT / GUARDIAN 2

First & Last Name:		Relationship to Student:	
Cell Phone: ()		Home Phone: ()	
Work Phone (if applicable): ()		Email:	
Same address as student's physical address? <input type="checkbox"/> Yes <input type="checkbox"/> No, provide address:			
Street:			Apt #:
City:	State:	ZIP Code:	
Does the parent/guardian require communication from the school in a language other than English?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, what language? Written _____ Spoken _____			
Is the parent/legal guardian currently serving in any branch of the Army, Navy, Air Force, Marines, or Coast Guard? This includes the Michigan National Guard or Reserve personnel. <input type="checkbox"/> Yes <input type="checkbox"/> No			

PARENT / GUARDIAN 3

First & Last Name:		Relationship to Student:	
Cell Phone: ()		Home Phone: ()	
Work Phone (if applicable): ()		Email:	
Same address as student's physical address? <input type="checkbox"/> Yes <input type="checkbox"/> No, provide address:			
Street:			Apt #:
City:	State:	ZIP Code:	
Does the parent/guardian require communication from the school in a language other than English?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, what language? Written _____ Spoken _____			
Is the parent/legal guardian currently serving in any branch of the Army, Navy, Air Force, Marines, or Coast Guard? This includes the Michigan National Guard or Reserve personnel. <input type="checkbox"/> Yes <input type="checkbox"/> No			

PARENT / GUARDIAN 4

First & Last Name:		Relationship to Student:	
Cell Phone: ()		Home Phone: ()	
Work Phone (if applicable): ()		Email:	
Same address as student's physical address? <input type="checkbox"/> Yes <input type="checkbox"/> No, provide address:			
Street:			Apt #:
City:	State:	ZIP Code:	
Does the parent/guardian require communication from the school in a language other than English?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, what language? Written _____ Spoken _____			
Is the parent/legal guardian currently serving in any branch of the Army, Navy, Air Force, Marines, or Coast Guard? This includes the Michigan National Guard or Reserve personnel. <input type="checkbox"/> Yes <input type="checkbox"/> No			

SIBLINGS ATTENDING DPSCD SCHOOLS

First & Last Name:		Date of Birth: / /
Relationship to Student:	School Attending:	Grade:
First & Last Name:		Date of Birth: / /
Relationship to Student:	School Attending:	Grade:
First & Last Name:		Date of Birth: / /
Relationship to Student:	School Attending:	Grade:
First & Last Name:		Date of Birth: / /
Relationship to Student:	School Attending:	Grade:
First & Last Name:		Date of Birth: / /
Relationship to Student:	School Attending:	Grade:

MASS COMMUNICATIONS

Detroit Public Schools Community District uses mass communication tools including phone calls, emails or text messages to notify families about school closures, important news and events.

ACKNOWLEDGMENTS & SIGNATURE

I certify that the information provided on this Enrollment Form is true and correct. If necessary, I will allow an interview by the District to verify. I understand that incorrect information may be grounds for revoking enrollment. I understand that it is my responsibility to inform the appropriate school office if/when there is a change to any information on this form.

By signing this Enrollment Form, I accept and agree that if any statements and information used to determine residency are not accurate, I will be personally liable to pay to the District tuition and any fees incurred to collect tuition for all periods of time my student was a non-resident.

Parent or Guardian Signature

Print Name

Date



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