

DETROIT PUBLIC SCHOOLS COMMUNITY DISTRICT Enrollment Form

This Section to be Completed by Office Staff			If Enrolled AFTER Fall Count Day:
Date Received:	Student Start/Enrollment Date:		<input type="checkbox"/> Signed & dated Enrollment Form
School Name:	Grade Entering:	Bus Route:	<input type="checkbox"/> Proof of Residency attached
Student Number:	Teacher / Counselor:		<input type="checkbox"/> Complete Schedule
UIC:	Homeroom		<input type="checkbox"/> Attendance Validated
New to DPSCD: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Immunizations <input type="checkbox"/> Transcript <input type="checkbox"/> Report Card <input type="checkbox"/>			<input type="checkbox"/> Document copies to PPM
Proof of Residency Obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, DPSCD Student/Family Residence Questionnaire MUST Be Completed.			
If not currently living in the DPSCD boundary, what is the District of Residence?		School of Choice Enrollment Code: _____ <i>Window for O, X closes the Friday of the 1st week of the start of school.</i>	

Household Information					
Student's Last Name		Student's First Name		Student's Middle Name	Suffix (<i>Jr., III, etc.</i>)
Date of Birth / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Primary Phone		Alternate Phone	
Student's Physical Address			Mailing Address (If different from Physical Address)		
Street	City	MI	Street	City	
ZIP	Apt. No. etc.		State	ZIP	Apt. No. etc.
Email Address		Grade Entering	Is the student a member of multiple births? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, indicate twin, triplet, etc.:</i>		U.S. Citizen: <input type="checkbox"/> YES <input type="checkbox"/> NO
Student's City and State of Birth		Certified Birth Certificate Document No.		Mother's Maiden Name	
Is student an unaccompanied minor <u>not</u> living with a parent/guardian/relative? <input type="checkbox"/> Y <input type="checkbox"/> N If YES, complete DPSCD Student/Family Residence Questionnaire					

Parent/Guardian Information					
Is Parent/Guardian address the same as the student's: <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, please provide address:					
Street _____		City _____		State _____ ZIP _____	
A. First and Last Name	Employer	Cell/Home Phone	Work Phone	Email Address	
<i>Relation to student:</i> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____					
B. First and Last Name	Employer	Cell/Home Phone	Work Phone	Email Address	
<i>Relation to student:</i> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____					

Previous School Information			
School student most recently attended: _____			
Name of School		City	State
If not a current DPSCD student, has the student ever attended a DPSCD school (incl. PK, K)? <input type="checkbox"/> Y <input type="checkbox"/> N If Y, list most recent school _____			

List Siblings Attending DPSCD Schools				
Name	Birthdate	Relationship to Student	School Attending	Grade
1. _____	/ /	_____	_____	_____
2. _____	/ /	_____	_____	_____
3. _____	/ /	_____	_____	_____

Emergency Contact Information		
MY CHILD MAY BE RELEASED TO THE FOLLOWING INDIVIDUALS		
First and Last Name	Relationship to Student	Daytime Phone
_____	_____	_____
First and Last Name	Relationship to Student	Daytime Phone
_____	_____	_____

Student Ethnicity and Language

Please select an answer for Student Ethnicity and Language. If you do not choose an answer, the U.S. Department of Education requires the school district to supply answer on your behalf.

Student Ethnicity:

Is the student Hispanic/Latino? Select only one: NO, Not Hispanic YES, Hispanic/Latino

Student's race: American Indian or Alaska Native Asian Black or African American White Native Hawaiian/Other Pacific Islander
 Other _____

Country of Origin _____

Student Language:

Is student's native language a language other than English? YES NO If yes, what language? _____

Is the student able to understand, speak, read and write a language other than English at the NOVICE LEVEL? YES NO

If yes, what language? _____

Is the primary language used in child's home a language other than English? YES NO If yes, what language? _____

Has the student ever been enrolled in a Bilingual or English Language Learner Program? YES NO

Has the student successfully completed schooling in another country for at least a semester (4-6 months)? YES NO

If yes, do you have the official transcripts (school report) from successful and continuous school? YES NO

Was the student born in the USA? YES NO DATE ENTERED USA: ___/___/___ Birth Country: _____
Month Day Year

Parent/Guardian Information:

Does parent/guardian require oral or written communication from the school in a language other than English? YES NO

If yes, what language? _____ Written Oral What language do you speak most of the time? _____

Highest level of education attained: Elementary High School College Masters/PhD Other _____

Special Circumstances / Personal Emergencies

Please notify the main office whenever a situation will impact student's attendance

Are there any special circumstances or personal emergencies you may want the district to be aware of? YES NO

If "yes", please describe?

If circumstances are due to change in recent living arrangement resulting from loss of housing, please complete **DPSCD Student/Family Residence Questionnaire**.

Medical Information

Does student have a medical condition you want the school to be aware of? Y N

Does student need/take prescription medication? Y N

If "yes," please list:

Exceptional Education Programs

Please indicate if student has ever participated in Exceptional Education Programs such as:

IEP 504 Plan Other _____

Military Family

Is the parent/ legal guardian currently serving in any branch of the Army, Navy, Air Force, Marines, or Coast Guard? *This includes any uniformed personnel serving with the Michigan National Guard, in any of the Reserved United States forces, or on Active Duty.*

YES NO

Migrant Students

Has the parent/legal guardian moved in the past three years looking for temporary or seasonal employment in agriculture or fishing work?

YES NO

Discipline

Has the student ever been suspended from a previous school or any school district? YES NO

If "yes", indicate: 1 – 9 days 10 days or more Explain the offense:

Has the student withdrawn from any previous school when disciplinary charges were pending or after being accused of violating school policy or committing a disciplinary offense? Y N If "yes", please explain:

ACKNOWLEDGEMENTS & SIGNATURE

I certify that this information is true and correct. If necessary, I will allow an interview by the Attendance Department to verify this data. I understand that incorrect information could be grounds for revoking enrollment. I understand that it is my responsibility to inform the appropriate school office if and when any information on this form changes.

By signing this Enrollment Form, I accept and agree that if any statements and information contained on this Enrollment Form are not accurate and true, I will be personally liable to pay to the school district, tuition for the student (at the highest rate allowable by law) for all periods of time the student was a non-resident pupil of the school district – including attorney fees incurred by the school district in collecting the tuition.

Parent or Guardian Signature

Date

DPSCD prohibits discrimination based on race, color, national origin, sex, disability and/or religion.
Questions? Concerns? Contact the Compliance Officer at (313) 240-4377.