



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



DPSCD does not discriminate on the basis of race, color, national origin, sex, sexual orientation, transgender identity, disability, age, religion, height, weight, citizenship, marital or family status, military status, ancestry, genetic information, or any other legally protected category, in its educational programs and activities, including employment and admissions. Questions? Concerns? Contact the Civil Rights Coordinator at (313) 240-4377 or dpscd.compliance@detroitk12.org or 3011 West Grand Boulevard, 14th Floor, Detroit MI 48202.



DISTRICT EMERGENCY CONTACT AND MEDICAL AUTHORIZATION FORM



SCHOOL: _____ **SCHOOL YEAR:** _____

STUDENT INFORMATION

First Name:		Last Name:		Date of Birth: / /	
Grade:	Homeroom Teacher:		Homeroom Classroom Number:		
Home Address Street:			City:	ZIP:	
Student Cell Phone Number: ()			Student Email:		
Who does the student live with? Select all that apply:					
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other _____					

EMERGENCY CONTACTS INFORMATION

PRIMARY CONTACT

First Name:		Last Name:		Cell Phone: ()		Home Phone: ()	
Employer:		Work Phone: ()		Email:			
Relation to student:							
<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 _____							

SECONDARY CONTACT

First Name:		Last Name:		Cell Phone: ()		Home Phone: ()	
Employer:		Work Phone: ()		Email:			
Relation to student:							
<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 _____							

ADDITIONAL CONTACT

First Name:		Last Name:		Cell Phone: ()		Home Phone: ()	
Employer:		Work Phone: ()		Email:			
Relation to student:							
<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 _____							

EMERGENCY CONTACTS INFORMATION - CONTINUED

ADDITIONAL CONTACT

First Name:	Last Name:	Cell Phone: ()	Home Phone: ()
Employer:	Work Phone: ()	Email:	
Relation to student:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Grandparent
	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Foster Parent
	<input type="checkbox"/> Other _____		

SIBLINGS IN STUDENT'S HOME

Please list all siblings in student's home (include non-school age children)

Name:	Grade:	Date of Birth: / /
Name:	Grade:	Date of Birth: / /
Name:	Grade:	Date of Birth: / /
Name:	Grade:	Date of Birth: / /

CONSENT TO CONTACT MEDICAL CARE PROVIDERS / HOSPITALS

PART 1 - TO GRANT CONSENT

Only Part 1 or Part 2 below must be completed and signed.

Doctor's Name:	Phone: ()	Address:
Dentist's Name:	Phone: ()	Address:
Medical Specialist (optional):	Phone: ()	Address:
Local Hospital:	Emergency Room Phone: ()	Address:

Emergency Medical Authorization I hereby give permission for a physician, licensed nurse, or other school employee designated by school administration, to administer medical treatment to my child in an emergency, including as a result of athletic participation, that threatens the life or health of my child. I understand that school staff and medical personnel will be acting in good faith, in accordance with applicable law and in the best interest of my child. DPSCD staff will adhere to applicable policies as well. By providing this consent, to the extent permitted by law, I voluntarily with full knowledge of its significance, release and hold harmless DPSCD, the Board of Education and its staff, contractors, agents, and volunteers from liability resulting directly or indirectly from the medical treatment provided. I further authorize a physician, licensed nurse or other school employee designated by school administration to cause my child to be transported to the nearest hospital for treatment in an emergency. I hereby assume responsibility for the costs of any medical treatment and transportation provided to my child which may include indemnification of DPSCD for such costs.

Signature of Parent/Guardian: _____ Date _____

Note: The above information will be shared with appropriate staff as necessary. This includes, but is not limited to, administrators, teachers, support staff, bus drivers, food service staff, custodians, coaches, and substitute employees. Please, notify the school nurse of any concerns.

PART 2 - REFUSAL TO CONSENT

Do not complete Part 2 if you completed Part 1.

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish school/district authorities to take the following action:

Signature of Parent/Guardian: _____ Date _____



DPSCD does not discriminate on the basis of race, color, national origin, sex, sexual orientation, transgender identity, disability, age, religion, height, weight, citizenship, marital or family status, military status, ancestry, genetic information, or any other legally protected category, in its educational programs and activities, including employment and admissions Questions? Concerns? Contact the Civil Rights Coordinator at (313) 240-4377 or dpscd.compliance@detroitk12.org or 3011 West Grand Boulevard, 14th Floor, Detroit MI 48202.



ANNUAL HEALTH INFORMATION



Dear Parent/Guardian: The information on this form will be used to meet your child's health needs at the school. Please complete all sections of the form and then sign and return it to your child's teacher as soon as possible. Every student must have a new form completed each year.

School Name:		Grade:	Is your child new to the district? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student's Last Name:	First Name:	Middle Name:	Suffix (Jr., III, etc.)	
Date of Birth: / /				
Parent/Guardian Name:		Relationship to student:		
Home or Cell Phone: ()		Work Phone: ()		
Health Care Provider Name:		Health Care Provider Phone: ()		
Date of last physical: / / <input type="checkbox"/> Unsure		Date of last dental exam: / / <input type="checkbox"/> Unsure		
What type of insurance does your child have? <input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> Unsure <input type="checkbox"/> My child does not currently have insurance		If your child has Medicaid, please mark the plan name: <input type="checkbox"/> Aetna <input type="checkbox"/> McLaren <input type="checkbox"/> Total Health Care <input type="checkbox"/> Blue Cross Complete <input type="checkbox"/> Meridian <input type="checkbox"/> United <input type="checkbox"/> HAP Midwest <input type="checkbox"/> Molina <input type="checkbox"/> Other		

Does your child have any of the following health conditions?

HEALTH CONDITION	YES	NO	HEALTH CONDITION	YES	NO			
Severe allergies (food, insects, drugs, latex) If yes, please state what your child is allergic to (certain foods, insects, latex, etc) If yes, please check the reaction that occurs: <input type="checkbox"/> Hives <input type="checkbox"/> Swelling <input type="checkbox"/> Trouble breathing <input type="checkbox"/> Other			Depression					
			Diabetes					
			Head Injury or Concussions					
			Hearing Problems					
Allergies (seasonal)			Heart Problems					
			Lead Poisoning					
			Pregnant					
			Seizures					
			Sickle Cell Disease					
			Speech Problems					
			Vision Problems					
			Wears Glasses					
			Behavioral Problems			Other Health Conditions, please list:		
			Bladder or Bowel Problems					
Dental Problems								

MEDICATIONS AND/OR SPECIAL PROCEDURES*

- Does your child require any daily medications to be taken at school? Yes* No
- Does your child require any emergency medications be kept at school? Yes* No
- Does your child require any special procedures to be done at school?
(g-tube feeding, catheterization, etc.) Yes* No

***If you answered yes to any of the above questions under Medications and Special Procedures, please have your child's health care provider complete the attached medication/procedure authorization form. The form must be signed by both the health care provider and the parent, and must also be renewed every year.**

FAMILY NEEDS

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food? Yes No

ACKNOWLEDGMENTS & SIGNATURE

I certify that this information is correct to the best of my knowledge and understand that it is my responsibility to inform the school if any of this information changes. I also understand that this information may be shared with need-to-know staff at my child's school in order to keep my child safe and protected while at school.

Parent or Guardian Signature

Print Name

Date

TO BE COMPLETED BY OFFICE STAFF

	DATE	STAFF PERSON
Form Received		
Information entered into Student Information System		



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CONSENT TO RELEASE HEALTH INFORMATION



STUDENT INFORMATION

Student's Last Name:	First Name:	Middle Name:	Date of Birth: / /
Parent/Guardian First and Last Name:		Home or Cell Number: ()	

CONSENT FOR RELEASE OF INFORMATION

By signing this Consent to Release Information form, I consent to the following:

- I authorize my child's school to disclose the following student information to the individuals/groups listed below: child's family and emergency contact information, attendance and disciplinary records, immunization history, results of health screenings such as hearing and vision, psychological evaluations, special education records, section 504 accommodation plan and any information related to medical conditions, such as asthma, diabetes or seizures.
 - My child's Health Care Provider(s)
 - My child's Health Insurance Plan
 - Michigan Dept. of Health and Human Services and Detroit Health Dept. (immunization records only)
 - School-based health service providers – see below
- I understand that sharing this information will allow DPSCD to work with each of these individuals/groups to coordinate care, provide outreach services if necessary, and keep my child healthy and safe at school.
- I understand that I am entitled to receive a copy of any disclosed records. (If you wish to receive a copy please provide an email or street address to which where the records should be sent.)
- I understand that these individuals may further use records provided by DPSCD for contacting me and/or verifying information for student health related purposes.
- I understand that my authorization to allow sharing the above information is voluntary and that it expires when my child leaves the school district, or graduates. **I understand that I may revoke this authorization at any time by submitting a note or letter in writing to the school administration office.**

School-based health service providers may include any of the following:

- School Based Health Centers (SBHC): ability to diagnose and treat many common conditions such as sore throats, headaches, and ear infections, and also manage chronic health conditions. The SBHC may also provide behavioral health services.
- Dental Services: may include oral health education, screenings, fluoride varnish application, preventative care and cleaning, restorative/corrective care.
- Vision Services: may include screening, examination, treatment and/or corrections such as eyeglasses.
- Immunization Services
- Behavioral Health Services

In order for your child to receive these services, from these providers, you will need to complete a separate enrollment form with each of the providers.

Parent/Guardian Name:	Relationship to Child:	Date: / /
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Permission for Collaboration for Your Child's Health HEALTH CARE PROVIDERS, HEALTH PLANS & HEALTH DEPARTMENTS



FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

What is FERPA?

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. Generally, schools must have written permission from the parent, or student if over 18, in order to release any information from a student's education record.

Permission for what?

Detroit Public Schools Community District is requesting your consent because we may need to share information contained in our student records with your child's Health Care Provider, Health Insurance Plan, a School-Based Health Service Provider, or as required by law, including to the Michigan and Detroit Departments of Health. Health Care Providers are the physician(s) or nurse practitioner(s) who take care of your child, as noted in the district's records. A Health Plan is an organization that administers your child's health care benefits, such as Medicaid or a health insurance company.

Why is this important?

This consent form allows the district, when requested or necessary by law, and/or to assist with coordination of health care, including benefits, by sharing health information from the student's education record. Without your consent, the district is limited in how it can collaborate with your child's Health Care Provider, Health Insurance Plan, or a School-Based Health Service Provider to help you or your child.

What this form does not do.

- This form only authorizes the district to disclose information for limited purposes, with your consent. Each Health Care Provider, Health Insurance Plan, or a School-Based Health Service Provider may have its own way of getting permission from you for them to share information with the district.
- Your signature does not authorize the district to obtain medical treatment for your child on your behalf.

**Please help us link you and your child to health services
by signing and returning the previous page.**



FREE AND REDUCED LUNCH (FRL) FORM



Dear Parent or Guardian,

We are pleased to inform you that Detroit Public School Community District participates in the Community Eligibility Provision (CEP) as part of the National School Lunch and School Breakfast Programs. ALL students enrolled at our schools can receive a healthy breakfast and lunch at NO CHARGE to your household each day.

To support this program, the District needs **all households to fill out and sign the Household Information Report**. We ask that you fill this out **regardless of your income level** – collecting this form for all students is critical in determining the amount of money that our schools receive from a variety of State and Federal supplemental programs like Title I A, At-risk (31a), Title II A, E-Rate, etc.

Completing the attached form will help ensure the following benefits and resources will be available for your child, his or her classroom and the school:

- Free tutoring and afterschool programs
- Extra teacher aides and other specialized staff for your child's classroom
- Classroom technology-computers, white boards and the internet
- DOT bus cards and other transportation assistance
- Free summer school and summer enrichment programs
- Free college testing services and waiver of college applications fees
- Parent and Community engagement supplies and activities
- Field trips, field days and other academic enrichment activities
- Career and Technical Education opportunities

We are asking that you please complete and submit it as part of the enrollment packet to ensure that our schools have additional funding to meet the needs of students. All information on the report submitted is confidential. Without your assistance in completing and returning the attached report, our schools cannot maximize the use of available State and Federal funds.

Note: If you are enrolling for the 2021-22 school year, please hold onto this form and sign and submit it to your school after July 1, 2021. Forms completed before July 1, 2021 will not be eligible for the 2021-22 school year.

If we can be of any further assistance, please contact us at (313) 578-7220.

Sincerely,
Detroit Public Schools Community District

INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD INFORMATION REPORT

Please fully complete form and sign.



A HOUSEHOLD
MEMBER IS ANY CHILD
OR ADULT LIVING WITH YOU.

IF ANY member of your household receives benefits from the Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR please follow these instructions:

- PART A** | Enter the total number of individuals living in your household, including all children in the box provided.
- PART B** | List the case number for any household member (including adults) receiving FAP, FIP, or FDPIR benefits.
- PART C** | List the First and Last name, Birth Date, School that the child is attending, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.
- PART D** | Skip this part.
- PART E** | Sign the form. Print your name and Date.

If your household **DOES NOT** receive benefits from the Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR please follow these instructions:

- PART A** | List the total number of individuals living in your household, including all children.
- PART B** | Skip this part.
- PART C** | List the First and Last name, Birth Date, School that the child is attending, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.
- PART D** | Enter all gross income for each type of income that applies. If you have no income for any 1 or more of the categories, Circle **NONE** if no income. Add lines 1-6 and enter the Total Monthly Household Income.
- PART E** | Sign the form. Print your name and date.



HOUSEHOLD INFORMATION REPORT

To determine eligibility for various additional state and federal program benefits that your school may qualify for, please complete, sign and return this report to _____.
(School Name)

These sections must be completed by the head of household or designee.

PART A. SIZE OF FAMILY

Enter the total number of individuals living in your household, including all adults and children _____.

PART B. CURRENT BENEFITS

Complete below if applicable

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name:	Case Number:
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PART C. STUDENT INFORMATION

Complete for each student Pre-K through 12th Grade

Last Name	First Name	Birth Date XX/XX/XXXX	School	Identify H if Homeless, M if Migrant R if Runaway, F if Foster
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		

HOUSEHOLD INFORMATION REPORT - CONTINUED

PART D. TOTAL MONTHLY HOUSEHOLD INCOME

Report income for all members of household excluding Foster Children.
If you have reported a case number above, you do not need to fill in this section.
Simply sign and date form.

Type of Income	Income	Circle or Check if None
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefits	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
Total Monthly Household Income (Add lines 1-6)	\$	

PART E. SIGNATURE

I certify (promise) that all information on this report is true and that all income is reported. I understand that the school will get federal/state funds based on the information I give. I understand that school officials may verify (check) the information.

_____/_____/_____
Date

Signature

Printed Name

Address

City

Zip

Home Phone

Work Phone

Email Address *(By providing your email address you may be contacted via email by the district).*





STUDENT MEDIA RELEASE



PLEASE PRINT ALL INFORMATION

To the parent or guardian of: _____
(Print Student's Name)

On occasion, Detroit Public Schools Community District-approved non-commercial video, photographic and/or audio production crews may be present at the school or at a Detroit Public Schools Community District-sanctioned activity your child attends, in order to highlight the activity, school, student or the District in the interest of promoting public education. If you consent to your child's participation in the video/photographic/audio, productions/interviews/activities that may take place, please sign below after reading the following.

I, _____, am the parent/guardian of the above-named student.
(Print Parent/Guardian Name)

In the interest of public education, I hereby authorize the Detroit Public Schools Community District, its Board of Education, and the non-commercial production crews, acting through their authorized employees or agents, to use, publish, and copyright audio and/or visual reproductions of the above-named student's voice and/or image, alone or with other persons, with or without the use of the student's name for the sole use in the interest of public education connected with a DPSCD authorized project.

This release is in effect in perpetuity from the date _____
(Print Student's Name)

becomes a student of _____ until the date his/her
(Print School Name)

status at DPSCD or at the school as a student terminates. I hereby release and hold the Detroit Public Schools Community District harmless from any liability, any and all injuries, claims, damages or costs arising from the use of images or recordings of any type and waive any request for remuneration.

Parent/Guardian Signature

Date

Address, City, Zip

KEEP THE COMPLETED FORM AT YOUR SCHOOL.

Office of Communications & Marketing
ph: 313-873-3494 | communications@detroitk12.org