

# PONTIAC SCHOOLS OFFICIAL ENROLLMENT FORM



School & Year:

Grade/YOG:

PARENT

Student ID#:

Entry Date:

OFFICE

**Please print.** Enter student's full name exactly as it appears on their birth certificate

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Name	Suffix	Birth Date (mm/dd/yy)

## Current Household Information / Student Residence

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
House #	Street Name	Apt - Box - Lot# Circle 1	Zip Code	Geo Code

City:

**Preferred Mailing:** To send mail to an address other than home address, provide mailing information

Gender (M / F)

**ETHNICITY: Is this student Hispanic/Latino Ethnicity (Choose Only One):**

No, not Hispanic/Latino

Yes, Hispanic/Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other)

**RACE: The previous question was regarding ethnicity, not race.** No matter what you selected to the left, please answer the following by marking one or more boxes to indicate what you consider your student's (or your) race to be:

American Indian     Asian     Black/African American

Native Hawaiian/Other Pacific Islander     White

**HOME LANGUAGE**

Do you speak a language in your home **OTHER** than English?

YES    NO

If Yes, please note the language:

**STUDENT PRIMARY LANGUAGE**

Does your student speak a language in your home **OTHER** than English?

YES    NO

If Yes, please note the language:

**LEGAL BINDINGS:** Please indicate any special circumstances regarding your child:

Home Phone w/Area Code

Type— Resident/Cell Etc.

Unlisted     Message Only

## Entry Comment

Indicate District / School name & state of last school attended, and whether the student had an active IEP:

Do you have any other children in your household enrolled at Pontiac Schools? If so, please list their names below:

Has your child attended Pontiac Schools?    \_\_\_ YES    \_\_\_ No

Did your child have an active IEP?    \_\_\_ YES    \_\_\_ No

As the parent/legal guardian, my signature to the right, affirms all information provided within this form is true and accurate, and that my child and I reside at the listed address. I understand false information provided by me, may subject me to legal penalties for perjury.

Parent Signature Date

## VERIFICATION CHECKLIST - FOR OFFICE USE ONLY

Birth Certificate: \_\_\_\_\_  
- Other Proof & Affidavit: \_\_\_\_\_

Custody Verification: \_\_\_\_\_  
(If Applicable)

Residency Verification: \_\_\_\_\_  
(Determinative / Corroborative Type)

HmRm # / Teacher: \_\_\_\_\_  
or Counselor: \_\_\_\_\_

- Affidavit of Student Living w/Relative: \_\_\_\_\_  
- Affidavit of Family Living w/ Friend/Relative: \_\_\_\_\_

Verified / Entered By: \_\_\_\_\_

Immunization Record: \_\_\_\_\_

Verifier Title: \_\_\_\_\_

Homeless: \_\_\_\_\_  
(File paperwork w/Enrollment Office)

# PONTIAC SCHOOLS OFFICIAL ENROLLMENT FORM

**OFFICE** **PARENT**

Membership District of Residence (Not= 63030) & Residency Code Birthplace as appears on Birth Certificate: List city of birth  
*\*\*If city unknown—enter state. \*\*If state unknown—enter country*

Citizenship (Not=USA) Track & Year Status (AF/M/P) Entry Date Entry Code Grade Registration Date (Misc. Tab) FTE if < 1

**Restrictions/Publications:** What data can be shared / used by the district?

All Data / All Photos   
  All Data / No Photos   
  No Data / All Photos   
  No Data / No Photos

**With Whom Does Your Child Reside?**

Both parents     Mother Only     Father Only  
 Mother/Stepfather     Guardian(s)     Foster Parent(s)  
 Father/Stepmother     Other: \_\_\_\_\_

Student Email Address

**Contacts — Male / Guardian of Student (In Same Household Only)**

Last Name First Name Middle Name & Suffix (Jr, III, etc.)

Lives with Student? Yes, my address is the same as my child. If no, list address to the right.  
 Y / N      
 Street Number & Name Apt/Lot # etc. City, State Zip

Area Code Primary / Home Phone Area Code Cell Area Code Work Phone

Male Parent / Guardian Email Address (General Tab) Relationship to Student (Father, Stepfather, etc.)

**Contacts — Female / Guardian of Student (In Same Household Only)**

Last Name First Name Middle Name & Suffix (Jr, III, etc.)

Lives with Student? Yes, my address is the same as my child. If no, list address to the right.  
 Y / N      
 Street Number & Name Apt/Lot # etc. City, State Zip

Area Code Primary / Home Phone Area Code Cell Area Code Work Phone

Female Parent/Guardian Email Address (General Tab) Relationship to Student (Mother, Stepmother, etc.)

# PONTIAC SCHOOLS OFFICIAL ENROLLMENT FORM

## Parent Living Elsewhere

 PARENT

 OFFICE

Complete the section below if the Shared or Non-custodial parent lives in a home other than the student.

Last Name	First Name	Middle Name & Suffix (Jr, III, etc.)

Street Number & Name	Apt/Lot # etc.	City, State	Zip

Area Code	Primary / Home Phone	Area Code	Cell	Area Code	Work Phone

Parent Elsewhere / Guardian Email Address (General Tab)	Relationship to Student (Mother, Father, etc.)

## Other Adult Contacts

1

Last Name	First Name	Relationship to Student (Relative, Neighbor, etc.)

Street Number & Name	Apt/Lot # etc.	City, State	Zip

Area Code	Primary / Home Phone	Area Code	Cell	Area Code	Work Phone

2

Last Name	First Name	Relationship to Student (Relative, Neighbor, etc.)

Street Number & Name	Apt/Lot # etc.	City, State	Zip

Area Code	Primary / Home Phone	Area Code	Cell	Area Code	Work Phone

## Emergency Information - Physician / Insurance information is optional and will only be used in cases of emergency.

### List Health Alert Information (Health Module)

List medical conditions (allergies, health conditions etc.) or other information which you want teachers and office personnel to know. This information when entered, will be available for teachers to see in class on a secure desktop application.

This is a critical alert item

By listing this information here, I agree to share this information with school officials. Parent/Guardian Initials \_\_\_\_\_

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First and Last Name of Physician (Include phone number)

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Preferred Hospital (include city where hospital is located)

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Family Insurance Provider

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Insurance Policy Number