



Litchfield Community Schools
Student Enrollment Form

Office use:

Birth Certificate _____ Open Enrollment _____
 Immunizations _____ District Release _____
 Concussion _____
 Proof of Residency (2) _____

Required Documents: Certified birth certificate, immunization records, (2) proof of residence items

Student Information

Requested school of attendance: Litchfield Community Schools Middle/High School
 Litchfield Community Schools Elementary

Student Name (including middle name): _____

Gender: Male Female Birthdate: _____ City, County, State of birth: _____

Last school attended: _____ Into which grade is student enrolling? _____

Address: _____ County: _____

Litchfield Community Schools District Resident Non-Resident If non resident, what district _____

Parent/Guardian and Emergency Information

Parent 1

Relationship to Student _____

Name: _____

Address: _____

City, State, Zip: _____

Phone(s): _____

Birthdate: _____

Email: _____

Employer: _____

Work Phone: _____

Name of STEP PARENT: _____

STEP PARENT Phone: _____

Parent 2

Relationship to Student: _____

Name: _____

Address: _____

City, State, Zip _____

Phone(s): _____

Birthdate: _____

Email: _____

Employer: _____

Work Phone: _____

Name of STEP PARENT: _____

STEP PARENT Phone: _____

With whom does the student live: _____

Is there a court order regarding custody/visitation: Yes No (please provide court records)

Is there a person the **courts** have ruled your student may NOT have contact with? If so, who: _____

****Note - The school must have a copy of the court documentation regarding "No Contact" rulings.**

Other children who reside in the home:

Name: _____ Birthdate: _____ Grade: _____ School Attending: _____

Name: _____ Birthdate: _____ Grade: _____ School Attending: _____

Name: _____ Birthdate: _____ Grade: _____ School Attending: _____

Persons OTHER THAN THE PARENT authorized to pick up student or to be contacted in case of emergency:

1. _____
Name and relationship _____ Check if resides with student _____ Phone number _____

2. _____
Name and relationship _____ Check if resides with student _____ Phone number _____

3. _____
Name and relationship _____ Check if resides with student _____ Phone number _____

Emergency medical conditions/problems (check all that apply):

Glasses/contacts/hearing aid Seizures Allergies Physical disabilities Other _____

If yes on any of the above, please explain:

My student is taking medication prescribed by a physician: Yes No If yes, explain: _____

If a student has to take over-the-counter or prescription medication during the school day, authorization forms are available in the office. These forms MUST be completed for the student to receive any medication.

Race/Ethnicity Information (both Part A and B must be completed - This information is required by the MI Dept. of Education)

Part A: Is this student Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin, regardless of race.) No, not Hispanic/Latino Yes, Hispanic/Latino

Part B: What is the student's race (please check all that apply) White (W) Black or African American (B)
 Hispanic or Latino (H) American Indian or Alaska Native (I) Native Hawaiian or other Pacific Islander (P) Asian (A)

Is student's native language English? Yes No If no, what is the language? _____

Is English the primary language (the dominant language used for communicating) in student's home?
 Yes No If no, what is the language? _____

Special Education (Check all that apply)

Speech Special Education/IEP Does student have a current IEP Yes No If yes, date of IEP _____

Other _____

Other Services

Student has a 504 Plan

Athletic Information (Middle school or high school students only)

Did student play any sport at previous school: Yes No

If yes, what sport? _____

If yes, what grade? _____

Housing Information

Proof of residency provided:

Driver license Rent receipt Mortgage payment Utility bill Property tax receipt/bill Public aid card

State ID Food stamp card Vehicle Registration Paycheck stub Signed lease Other _____

Is your address a temporary living arrangement **and** due to loss of housing or economic hardship? Yes No

As a student, are you living with someone other than your parent/legal guardian? Yes No

If "yes" checked to either of the above questions, with whom does the student live with?

Living arrangements, please choose one:

In a shelter In a hotel/motel With another family or person because of loss of housing or economic hardship

With friends or family member **and** with parent/guardian in a location not designed for sleeping (car, park, campsite)

Transitional housing (housing through an organization for the purpose of emergency housing)

Other temporary living situation (please describe) _____

Other Information

Has student ever been expelled or is in the process of being expelled. Yes No

If your child should require medical attention and you can't be contacted, may school personnel obtain medical treatment for the student from the hospital's emergency room (the legal guardian will assume all financial responsibility)? Yes

No

I give permission for my child to attend school-sponsored programs during the school year when special programs are held in any school building or facility within Litchfield Community Schools. I also give my permission for my student to be transported by bus to that site or to walk to this alternate location. Yes No

I affirm, that as the parent/legal guardian, all information provided above is true and accurate, and that my child and I reside at the listed address. I understand any false information provided by me, may subject me to legal penalties for perjury and result in my child being excluded from enrollment.

Print name

Signature

Date