

**Parchment Middle School
Parchment, Michigan
ENROLLMENT INFORMATION**

OFFICE USE ONLY		
Student # _____	Locker _____	
Homeroom/Teacher _____		
Birth Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Immunizations <input type="checkbox"/> Yes <input type="checkbox"/> No
Release on File	<input type="checkbox"/> Yes <input type="checkbox"/> NA	Date App Received _____
Date/Time of 1 st Class Attendance _____		

Has this child previously attended school in Parchment: Yes No

Student Name **from Birth Certificate** _____ Nickname _____

Current Address _____ (Last) _____ (First) _____ (Middle) _____ City _____ Zip _____

School District You Reside in if other than Parchment: _____

Home Telephone _____ Unlisted () Parent's Email Address: _____

Municipality: Cooper Twp Kalamazoo Twp Kalamazoo City Parchment Other

Birthdate ____/____/____ Birthplace _____ (City) _____ (State) Age ____ Gender ____ Grade ____

Racial/Ethnic Survey: Providing this information is optional and confidential, however, it is helpful in completing state reports. Please select the ethnic choice which identifies your student. **(If multi-racial, please indicate the primary race with a 1, followed by a 2 for the secondary ethnicity)**

Am. Indian ____ Asian ____ Black ____ Hispanic ____ Pacific Islander ____ White ____

With whom does the child reside (primary residence)		
<input type="checkbox"/> Adoptive Parents (A)	<input type="checkbox"/> Father Only (3)	<input type="checkbox"/> Relative (7)
<input type="checkbox"/> Birth Parents (0)	<input type="checkbox"/> Mother Only (4)	<input type="checkbox"/> Emancipated Minor (8)
<input type="checkbox"/> Father/Stepmother (1)	<input type="checkbox"/> Legal Guardian (5)	<input type="checkbox"/> Grandparents (G)
<input type="checkbox"/> Mother/Stepfather (2)	<input type="checkbox"/> Foster (6)	<input type="checkbox"/> Other
Primary Home Data:	Mother	Father
Parent Name OR		
Step-Parent / Other Name		
Place of Employment		
Employment Phone		
Cell Phone / Pager		

Does the child have a second parent/second residence? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, with whom?		
<input type="checkbox"/> Mother Only	<input type="checkbox"/> Stepmother/Father	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Father Only	<input type="checkbox"/> Stepfather/Mother	Joint Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street: _____		
City _____ Zip: _____ Phone: _____		
Should this address be included in all mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Second Home Data:	Mother	Father
Parent Name OR		
Step-Parent / Other Name		
Place of Employment		
Employment Phone		
Cell Phone / Pager		

School Last Attended: School: _____ Street: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

A. CONTACT INFORMATION:

Child Care Contact (if applicable) Name: _____ Phone: _____ Phone: _____

School Transportation Name: _____ Phone: _____

If school is to transport child to address other than home: Address: _____

Emergency Contact: Name: _____ Relationship _____ Ph#: _____ Ph#: _____

(Other than parent if parent cannot be reached in an emergency) Name: _____ Relationship _____ Ph#: _____ Ph#: _____

B. HEALTH INFORMATION

1. Does this student have any health conditions that need special attention such as heart trouble, seizures, disabilities, medical allergies, fainting spells, nosebleeds, etc. ? _____ If yes, please explain.

2. Is this student currently taking any long term medication? Yes No If yes, list medication(s):

3. Will this student need medication administered at school? Yes No *If Yes, please complete Permission to Administer Medication form*

4. If a medical emergency exists and Parent/Legal Guardian cannot be reached, contact **Dr.** _____ at **(phone)** _____. The school is authorized to take appropriate action on behalf of the child. The family will assume all medical costs. **Hospital Preference** _____

C. PLACEMENT INFORMATION

Special Ed. Certification: Yes No Title I Services: Yes No 504 Plan: Yes No
 Speech & Language: Yes No Other _____

D. SPECIAL CONSIDERATIONS:

1. Is your child currently expelled and or suspended from another school district? Yes No

2. Are there any court/restraining orders pertaining to this child? Is there anything else we should know that would be helpful?

E. FAMILY INFORMATION

1. Are you enrolling children in other buildings? Yes No

2. List other children living with the family

First & Last Name	Date of Birth

3. Is English the child's primary language, or language usually spoken in the child's home or environment?

Yes No If no, what is that language? _____

F. Parent/Guardian Signature: _____

NOTICE OF NON-DISCRIMINATION: The Parchment School District does not discriminate on the basis of race, color, religion, sex, national origin, age, height, weight, marital status, handicap, or disability in any of its programs or activities. Inquiries by students and/or parents/guardians related to discrimination on the basis of disability/handicap should be directed to: Ruth Rowe, Assistant Superintendent of the Parchment School District, 520 N. Orient Street, Parchment, MI 49004. Phone Number 269-488-1050.