



Please fill out the enrollment form as completely as possible. This information is used to maintain your child’s school records, including medical information, phone numbers, mailing address, emergency contacts, etc.

**NOTE:** *If any of this information changes during the school year, please contact us immediately.*

| PART 1: DEMOGRAPHIC INFORMATION   |  |   |  |              |   |
|---|--|---|--|--------------|---|
| School  | <input type="checkbox"/> Woodworth Elementary School   |   | <input type="checkbox"/> Leslie Middle School  |              | <input type="checkbox"/> Leslie High School                   |
| Legal Name:   | <u>First</u>   | <u>Middle</u>   | <u>Last</u>  |              |   |
| Preferred Name/Nickname:  |  | Grade:  |  | Gender:      | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Date of Birth:  |  | Birthplace:   | <u>City</u>  | <u>State</u> | <u>Country</u>  |
| Has the student ever attended Leslie Public Schools before?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | If Yes - Year:   |              | School:   |
| Student lives with:   | <input type="checkbox"/> Both Parents<br><input type="checkbox"/> 50/50 with both parents<br><input type="checkbox"/> Mother/Step-Father<br><input type="checkbox"/> Father/Step-Mother<br><input type="checkbox"/> Single Parent/Mother<br><input type="checkbox"/> Single Parent/Father  |   | <input type="checkbox"/> Other (If “Other,” please indicate relationship below.)<br>Guardian Relationship: _____ |              |   |
| Ethnicity:  | <b>Part A.</b> Is this student Hispanic/Latino? ( <i>Choose only one answer for Part A</i> )<br><input type="checkbox"/> No, not Hispanic/Latino<br><input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish Culture or origin.)  |   |  |              |   |
| <b>NOTE:</b> <i>Please answer both Part A and B. If you do not answer completely, a school district official will be required to choose for you based on observation.</i> | <i>Part A of the question is about ethnicity, not race. Regardless of what you selected in Part A, please answer Part B by marking one or more boxes to indicate what you consider your student’s (or your) race to be.</i><br><b>Part B. What is the student’s race?</b> ( <i>Choose one or more answers for Part B</i> )<br><input type="checkbox"/> <b>American Indian or Alaska Native</b> (A person having origins in any of the original peoples of North and South America, including Central America.)<br><input type="checkbox"/> <b>Asian</b> (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)<br><input type="checkbox"/> <b>Black or African-American</b> (A person having origins in any of the black racial groups of Africa.)<br><input type="checkbox"/> <b>Native Hawaiian or Other Pacific islander</b> (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific islands.)<br><input type="checkbox"/> <b>White</b> (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.) |   |  |              |   |
|   | Does the student speak a language other than English in the home?  | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please indicate language spoken: |  |              |   |

| PART 2: STUDENT SERVICES INFORMATION                    |  |
|---|--|
| My child currently has a 504 Plan in place:             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| My child currently receives Special Education services: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| PART 3: RESIDENCY INFORMATION |  |                                |  |
|-------------------------------|--|--------------------------------|--|
| Street:                       |  | PO Box:                        |  |
| City & Zip:                   |  | County you reside in:          |  |
| Home Phone:                   |  | School District you reside in: |  |

**RESIDENCY INFORMATION, continued**

|   |  |   |                                     |  |   |   |
|---|--|---|-------------------------------------|--|---|---|
| Residency Status and Verification                       | <b>RESIDENCY STATUS</b>  |   |                                     | <b>RESIDENCY VERIFICATION</b>  |   |   |
|   | <input type="checkbox"/> Resident: Student presently is a resident in the Leslie School District<br><input type="checkbox"/> *Non-Resident: Student does not reside in the Leslie School District<br><input type="checkbox"/> *Non-Resident/Resident: Student does not reside in Leslie School District, however one parent does reside in the Leslie School District.<br><input type="checkbox"/> I don't know what our residency status is.<br><br><i>*All Non-Resident applicants must have an approved School of Choice application on file for enrollment to be approved.</i> |   |                                     | Please attach a copy of one of the following documents to this enrollment form. Residency verification is a requirement for enrollment.<br><br><input type="checkbox"/> Rent Receipt<br><input type="checkbox"/> Mortgage Payment Receipt (Purchase/Lease Agreement)<br><input type="checkbox"/> Utility Bill<br><input type="checkbox"/> Property Tax bill<br><input type="checkbox"/> Junk mail which includes your name and address |   |   |
| Family Residency Information<br>(Check the best answer) | Own or Rent<br><input type="checkbox"/>  | Living w/<br>another family<br><input type="checkbox"/> | Shelter<br><input type="checkbox"/> | Hotel/Motel<br><input type="checkbox"/>  | Other<br>Location<br><input type="checkbox"/> | Temporary<br>Location<br><input type="checkbox"/> |

**PART 4: HEALTH INFORMATION**

|  |  |
|--|--|
| Daily Medications taken  |  |
| <i>If any medication (prescription or over-the-counter) needs to be distributed at school, you must have a medication authorization form with a physician's signature on file in the office.</i> |  |
| Medical Alert Information  |  |
| Allergies  |  |
| <i>If your child has a life threatening allergy, please make sure the Medical Alert Information is completely filled out.</i>  |  |
| Preferred Hospital   |  |
| Other Health Considerations  |  |

**PART 5: TRANSPORTATION INFORMATION**

|   |  |
|---|--|
| My Student will ride a bus:   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>NOTE:</b> If you checked yes above, you must contact the Leslie Public Schools' Transportation Department to make bus arrangements. It is your responsibility to ensure that your child will be picked up by a school bus if necessary. <b>The phone number is 517-589-8413.</b> |  |

Please list any brothers and/or sisters in Leslie Public Schools:

| <b>PART 6: SIBLING INFORMATION</b> |  |      |  |        |  |
|------------------------------------|--|------|--|--------|--|
| Name:                              |  | Age: |  | Grade: |  |
| Name:                              |  | Age: |  | Grade: |  |
| Name:                              |  | Age: |  | Grade: |  |
| Name:                              |  | Age: |  | Grade: |  |

**PART 7: PARENT/ GUARDIAN CONTACT INFORMATION**

**Contact 1 (Mother)**

|                       |  |             |  |
|-----------------------|--|-------------|--|
| Name:                 |  | Email:      |  |
| Home Mailing Address: |  |             |  |
| Home Phone:           |  | Cell Phone: |  |
| Work Phone:           |  | Employer:   |  |

**Contact 2 (Father)**

|                       |  |             |  |
|-----------------------|--|-------------|--|
| Name:                 |  | Email:      |  |
| Home Mailing Address: |  |             |  |
| Home Phone:           |  | Cell Phone: |  |
| Work Phone:           |  | Employer:   |  |

**Contact 3 (Step-Mother)**

|                       |  |             |  |
|-----------------------|--|-------------|--|
| Name:                 |  | Email:      |  |
| Home Mailing Address: |  |             |  |
| Home Phone:           |  | Cell Phone: |  |
| Work Phone:           |  | Employer:   |  |

**Contact 4 (Step-Father)**

|                       |  |             |  |
|-----------------------|--|-------------|--|
| Name:                 |  | Email:      |  |
| Home Mailing Address: |  |             |  |
| Home Phone:           |  | Cell Phone: |  |
| Work Phone:           |  | Employer:   |  |

**PART 8: RESTRICTED ACCESS INFORMATION**

The individual(s) listed below should not be contacted by the school and my child should not be released to this individual. (Please include each individual's full name and relationship, if any, to the child.) **LEGAL DOCUMENTS MUST BE ON FILE WITH THE SCHOOL STATING WHO MAY NOT TAKE YOUR CHILD IN ORDER FOR THE SCHOOL TO ENFORCE THIS.**

|       |  |               |  |
|-------|--|---------------|--|
| Name: |  | Relationship: |  |
| Name: |  | Relationship: |  |

The emergency contacts you supply in this section are the people/phone numbers that will be called after we have tried to reach the contacts listed on the previous page. **By providing their information here, it is assumed that you are authorizing these contacts to pick your child up from school in the event of an emergency.** These contacts will only be called for emergencies involving your child individually, not for school-wide or district-wide emergencies.

| PART 9: EMERGENCY CONTACT INFORMATION |  |             |  |               |  |
|---------------------------------------|--|-------------|--|---------------|--|
| <b>Emergency Contact 1</b>            |  |             |  |               |  |
| Name:                                 |  |             |  | Relationship: |  |
| Home Phone:                           |  | Cell Phone: |  | Work Phone:   |  |
| <b>Emergency Contact 2</b>            |  |             |  |               |  |
| Name:                                 |  |             |  | Relationship: |  |
| Home Phone:                           |  | Cell Phone: |  | Work Phone:   |  |
| <b>Emergency Contact 3</b>            |  |             |  |               |  |
| Name:                                 |  |             |  | Relationship: |  |
| Home Phone:                           |  | Cell Phone: |  | Relationship: |  |
| <b>Emergency Contact 4</b>            |  |             |  |               |  |
| Name:                                 |  |             |  | Relationship: |  |
| Home Phone:                           |  | Cell Phone: |  | Relationship: |  |
| <b>Emergency Contact 5</b>            |  |             |  |               |  |
| Name:                                 |  |             |  | Relationship: |  |
| Home Phone:                           |  | Cell Phone: |  | Relationship: |  |

The numbers and email below are used to automatically contact you in **Non-Emergency Situations** (school cancellations & delays, event change notifications, general school/district informational calls, etc.) and **Emergency Situations** (mid-day school cancellations/dismissals, and school/district evacuations, etc.)

| PART 10: NOTIFICATION CONTACT SYSTEM |  |               |  |
|--------------------------------------|--|---------------|--|
| <b>Name:</b>                         |  | Email 1:      |  |
|                                      |  | Email 2:      |  |
|                                      |  | Phone Number: |  |
| <b>Name:</b>                         |  | Email 1:      |  |
|                                      |  | Email 2:      |  |
|                                      |  | Phone Number: |  |

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Reminder:** If any of this information changes during the school year, please contact us immediately.