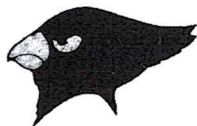


ST PAUL LUTHERAN SCHOOL ENROLLMENT FORM

(FOR OFFICE USE ONLY)

DATE: _____



Resident:	Non-Resident	Schools of Choice
Teacher Assigned:	Starting Date:	
UIC CODE:	ID#:	

GRADE: _____

STUDENT INFORMATION

LEGAL LAST NAME _____ LEGAL FIRST NAME _____ LEGAL MIDDLE NAME _____

BIRTH CERTIFICATE: YES ___ NO ___ MALE ___ FEMALE ___ DATE OF BIRTH _____

PLACE OF BIRTH _____
 City _____ State _____ Country _____

Ethnicity _____ Is this student Hispanic/Latino? (choose only one)
 ___ No, not Hispanic/Latino
 ___ Yes, Hispanic/Latino A Person of Cuban, Mexican, Puerto, South or Central American,
 or other Spanish culture or origin, regardless of race

The question above is about ethnicity, not race. No matter what you selected, please continue to answer the following by marking one or more to indicate what you consider your student's race to be

___ 1 – American Indian	___ 5 – White
___ 2 – African American	___ 6 – Hawaiian
___ 3 – Asian American	

RESIDENCY INFORMATION

Is this student a resident of Millington Community Schools? **YES** ___ **NO** ___
 If not, what district do you live in? _____ COUNTY OF RESIDENCY
 Bay, Genesee, Lapeer, Saginaw, Tuscola

ADDRESS _____ CITY _____ ZIP CODE _____
 CROSSROADS _____ TELEPHONE # _____

PARENT/GUARDIAN INFORMATION

Is this child Court or Agency placed? **YES** ___ **NO** ___

Circle all those with whom child resides with: Mother, Father, Step Parent, Aunt, Uncle,
 Grand Parents, Guardian, Foster Parent

NAME OF PERSON WITH WHOM STUDENT RESIDES WITH: _____	NAME OF PERSON WITH WHOM STUDENT RESIDES WITH: _____
RELATIONSHIP TO STUDENT: _____	RELATIONSHIP TO STUDENT: _____

ADDRESS _____ CITY _____ ZIP CODE _____	TELEPHONE # _____
TELEPHONE # _____	CELL # _____
CELL # _____	WORK # _____
WORK # _____	PLACE OF EMPLOYMENT _____
PLACE OF EMPLOYMENT _____	

Legal documentation if child is not to be seen or picked up by the other parent. **YES** ___ **NO** ___

Household where student **does not** reside should receive copies of student information? (progress reports, attendance, discipline) **YES** ___ **NO** ___

NAME: _____ RELATIONSHIP TO STUDENT: _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____

Has your child been enrolled in a special education classroom setting?

Yes No

Did your child receive any special education services at a previous school?

Yes No

If yes, please indicate the types of services he/she received.

Speech ____ Hearing Impairment ____ Visual Impairment ____
Occupational Therapy ____ Physical Therapy ____ Speech ____ Social Work ____

If yes, complete Temporary Placement Form.

Health/Allergy Concerns:

List Siblings Attending St. Paul/Millington

Doctor: _____

Last Name / First Name Date of Birth

Telephone Number

Last Name / First Name Date of Birth

Last Name / First Name Date of Birth

Name and address of last school attended:

Circle One: Public School in Michigan Public School Out of State Parochial Private

Has this student attended Millington Schools before?

Yes No

Other districts attended in Michigan:

School Name _____ City _____
School Name _____ City _____

Has this student ever been suspended or expelled from another school district?

Yes No

If yes, please indicate the reason and length of time.

Where is the student living now (check one box)

In a one family dwelling

With more than one family in a house or apartment

In a car

In a trailer park or campsite

With friends/family members (other than parent/guardian)

In a shelter

In a motel or hotel

None of the above-explain _____

Parent/Guardian Signature:

Date:

Administrator's Signature:

Date:

EMAIL ADDRESS :
