



# Ross-Hill Academy

## 2016-2017 School Year K-9 Enrollment Form

Entry Grade for Student _____
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Office Staff Only		If Enrolled AFTER Fall Count Day:
Today's Date:	Student Start/Enrollment Date:	<input type="checkbox"/> Signed & dated Enrollment Form
School Name:	Grade Entering:	<input type="checkbox"/> Proof of Residency attached
Student Number:	Teacher/Counselor:	<input type="checkbox"/> Complete Schedule
UIC:	Proof of Residency Obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attendance Validated
New to RHA: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes:</i> <input type="checkbox"/> Immunizations <input type="checkbox"/> Transcript <input type="checkbox"/> Report Card		<input type="checkbox"/> Document copies to PPM via A.S.

Household Information			
Student's Last Name	Student's First Name	Student's Middle Name	Suffix ( <i>Jr., III, etc.</i> )
Date of Birth ____/____/____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone	Cell Phone
Physical Address ( <i>where student resides</i> )		Mailing Address ( <i>if different from Physical Address</i> )	
Street	City	MI	Zip
Street		City	State Zip
Proof of Residency	Grade Level	Is the student a member of multiple births? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If so, indicate twin, triplet, etc. _____</i>	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Student's City and State of Birth	Certified Birth Certificate Document No.	Mother's Maiden Name	

Parent/Guardian Information				
Is Parent/Guardian address the same as the student: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If no, please provide: Street _____ City _____ State _____ Zip _____				
<b>(Check box)</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____				
A. First and Last Name	Employer	Work Phone	Cell/Home Phone	Email Address
_____	_____	_____	_____	_____
<b>(Check box)</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____				
B. First and Last Name	Employer	Work Phone	Cell/Home Phone	Email Address
_____	_____	_____	_____	_____

Previous School Information	
Has the student attended RHA before ( <i>include K</i> )? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If no, former school name</i> _____
_____	
Street Address	City State Zip

List Other Children In Family				
Name	Birthdate	Relationship to Student	School Attending	Grade
1. _____	____/____/____	_____	_____	_____
2. _____	____/____/____	_____	_____	_____
3. _____	____/____/____	_____	_____	_____

Emergency Contact Information		
My Child May Be Released To The Following Individuals:		
First and Last Name	Relationship to Student	Daytime Phone
_____	_____	_____
First and Last Name	Relationship to Student	Daytime Phone
_____	_____	_____

## Student Ethnicity and Language

We encourage you to select an answer for Student Ethnicity and Language. If you do not choose an answer, the U.S. Department of Education requires the school district to supply answer on your behalf.

### Student Ethnicity:

Is the student Hispanic/Latino?  No, Not Hispanic  Yes, Hispanic/Latino **(Choose only one)**

What is the student's race?  American Indian or Alaska Native  Asian  Black or African American  White  Native Hawaiian/Other Pacific Islander  
 Other \_\_\_\_\_ County of Origin \_\_\_\_\_

### Student Language:

Is your child's native language a language other than English?  Yes  No **If yes, what language?** \_\_\_\_\_

Is the primary language used in child's home a language other than English?  Yes  No **If yes, what language?** \_\_\_\_\_

Was your child born in the USA?  Yes  No Date Entered USA: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Country: \_\_\_\_\_

Has the student ever been enrolled in a Bilingual or English Language Learner Program?  Yes  No

Is your child able to understand, speak, read, and write a language other than English at the **NOVICE LEVEL**?  Yes  No **If yes, what language?** \_\_\_\_\_

Has your child successfully completed schooling in another country for at least a semester (4-6 months)?  Yes  No

*If yes, do you have the official transcripts (school report) from successful and continuous school?*  Yes  No

### Parent/Guardian Information:

Does the parent/guardian require oral or written communication from school in a language other than English?  Yes  No

**If yes, what language?** \_\_\_\_\_  Written  Oral **What language do you speak most of the time?** \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Education:  Elementary  High School  College  Masters/PhD  Other \_\_\_\_\_

## Special Circumstances/Personal Emergencies

Are there any special circumstances of personal emergencies you may want the district to be aware of?  Yes  No

*If yes, please describe:* \_\_\_\_\_

### Medical Information

Does your student have medical condition you want the school to be aware of?  Yes  No

Does your student need/take prescription medication?  Yes  No

*If yes, please list:* \_\_\_\_\_

### Special Education Programs

Please check the appropriate box below, if your student has ever participated in special ed. programs such as:

IEP  504 Plan  Other \_\_\_\_\_

### Military Family

Is the parent or legal guardian currently serving in any component of the Army, Navy, Air Force, Marines, or Coast Guard? *This includes children of any uniformed personnel serving with the Michigan National Guard, in any of the Reserved United States forces, or on Active Duty.*  Yes  No

### Migrant Students

Has the parent of legal guardian moved in the past three years looking for temporary or seasonal employment in agriculture or fishing work?  Yes  No

### Discipline

Has the student ever been suspended from a previous school or any school district?  Yes  No

*If yes, indicate:*  1-9 days  10 days or more Explain the offense: \_\_\_\_\_

Has the student withdrawn from any previous school when disciplinary charges were pending or after being accused of violating school policy or committing a disciplinary offense?  Yes  No

*If yes, please explain:* \_\_\_\_\_

## Acknowledgements & Signature

I certify that this information is true and correct. If necessary I will allow an interview by the Attendance Department to verify this data.

I understand that incorrect information could be grounds for revoking enrollment. I understand that it is my responsibility to inform the appropriate school office if and when any information on this form changes.

By signing this Enrollment Form, I accept and agree that if any statements and information contained on this Enrollment Form are not accurate and true.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date