

Coopersville Area Public Schools
STUDENT ENROLLMENT FORM

198 East Street
Coopersville, MI 49404

The COOPERSVILLE AREA PUBLIC SCHOOLS do not discriminate on the basis of race, color, religion, sex, national origin, ethnicity, age, height, weight, marital status, or disability.

Office Use Only:
Birth Certificate _____
Immunizations _____
Vision Test _____
Hearing Test _____
Need District Release _____
Special Services _____
Daycare Class _____
White Cards Distributed _____

Office Use Only:
Enrollment Date _____
Start Date _____
Admin Approval _____
Teacher Placement _____
Date sent for records _____
Bus # _____
Student I.D. # _____
UIC # _____

STUDENT INFORMATION – Legal name – as on birth certificate

Name (first) _____ (nickname) _____ (middle) _____ (last) _____

Address (including PO Box) _____ City _____ Zip Code _____ Phone () _____

Township of Residence _____ County _____ District of Residence _____ Gender (M/F) _____

Birth Date _____ City & State of Birth _____ Grade _____

Is your child Hispanic/Latino? Yes _____ No _____ Is your child from one or more of these races? _____ American Indian or Alaskan Native, _____ Asian, _____ Black, or African American, _____ Native Hawaiian/Pacific Islander, or _____ White **(check all that apply)**

Has student attended Coopersville Schools in the past? Yes _____ No _____ If yes, when: _____

Last school attended _____ Phone _____ District _____ State _____

Did your child receive Special Education Services? Yes _____ No _____ Do you have a copy of the current IEP? Yes _____ No _____

Has your child ever been expelled? Yes _____ No _____ If so, why? _____ When: _____

Do you have any custody issues? Yes _____ No _____ Court papers will be required by the school.

Has either parent or guardian served in the U.S. Military Service? Yes _____ No _____ Name: _____

PARENT/LEGAL GUARDIAN INFORMATION:

Legal Name (first) _____ (last) _____ Relationship To Student _____

Address _____ City _____ Zip Code _____ Phone () _____

Student live with? Yes No Send information? Yes No

Employment _____ Work Phone _____ Ext. _____

E-mail address: _____ Cell Phone _____

Legal Name (first) _____ (last) _____ Relationship To Student _____

Address _____ City _____ Zip Code _____ Phone () _____

Student live with? Yes No Send information? Yes No

Employment _____ Work Phone _____ Ext. _____

E-mail address: _____ Cell Phone _____

OTHER – EMERGENCY CONTACTS

Name (first) _____ (last) _____ Relationship to Student _____

Home Phone _____ Work Phone _____ Cell Phone _____

OTHER – EMERGENCY CONTACTS

Name (first) _____ (last) _____ Relationship to Student _____

Home Phone _____ Work Phone _____ Cell Phone _____

FAMILY HOUSEHOLD

Please list all children living in the Family Household

First and Last Name _____	Gender _____	Date of Birth _____	Grade _____
First and Last Name _____	Gender _____	Date of Birth _____	Grade _____
First and Last Name _____	Gender _____	Date of Birth _____	Grade _____
First and Last Name _____	Gender _____	Date of Birth _____	Grade _____

RESIDENCY

Proof of residency is required at the time of enrollment or before a student begins his or her first day of school. In order to establish legal residence for school purposes, a student must have a parent or legal guardian residing in the school district. Acceptable proof of residence is rent receipt, lease, mortgage, or utility bills (gas, electric, home phone, cable/satellite) and all need to have the parent/guardian's name and address listed.

Is your current address a temporary living arrangement? Yes ___ No ___

Is this temporary living arrangement due to loss of housing, economic hardship, or other similar circumstances? Yes ___ No ___

SECOND LANGUAGE/BIRTH COUNTRY

Is a language other than English spoken in the student's home or environment? ___yes ___no What Language? _____

Is your child's native tongue a language other than English? Yes ___ No ___

Is the *primary language used in your child's home or environment a language other than English? Yes ___ No ___

*Primary language means the dominant language used by a person for communication.

Was Student born outside of US? Yes ___ No ___ Student US entry date _____

MEDICAL INFORMATION

My child(ren) is healthy and in good physical condition and his/her immunizations are up-to-date. Yes ___ No ___

Please list any pertinent medical information (i.e., Asthma, Allergies, Medications, Etc.) _____

If your child has food allergies, please list what they are allergic to _____

I give permission to the Ottawa County Health Dept. to screen my child for (**Vision** ___Yes ___No) --- (**Hearing** ___Yes ___No)

NEWSPAPER PUBLICATION PERMISSION

My child's picture may be taken by school staff or reporters of The Advance/Press/Coopersville Observer, Bronco Bits, Blog, local TV stations, etc. These pictures and my child's name may be used for publication. ___Yes___No

STUDENT HANDBOOK

I have received the Student Handbook. ___Yes ___No

I APPROVE THE ABOVE INFORMATION

Parent/Legal Guardian Signature _____ Date _____

If you are not the parent or legal guardian of the above named child, please obtain the signature of the parent/legal guardian to the following statement:

_____ resides with _____
(Student Name)

_____ at _____
(Relationship) (address)

in order to secure a suitable home, **not** for educational purposes.

(Signature of Parent/Legal Guardian)

As changes occur in any of the above information, please be sure to inform your child's school office.