Oscoda Area Schools

Enrollment Form

Our Vision: Students First

Date _____

Student _____
Last First Middle

Address _____
Number Street

_____
City Zip

Phone Number (_____) _____ Publicly Listed: _____ Yes _____ No

E-Mail Address _____

Birth Date _____ Birth Place _____

Gender: ___Male ____Female

Grade Student will enter: _____

Has student previously ever attended Oscoda Area Schools? _____ Yes _____ No

Other last name student may have used _____

Previous School Attended: _____ Address of School: _____

Has student ever been suspended or expelled from any school? ____No ___Yes

(explain below)

Race and Ethnicity: (*Note: Both Part A and Part B of the question **must be** answered.)*
Part A: Is this student Hispanic/Latino? *(Choose only one)*
_____**No, not Hispanic/Latino** _____**Yes, Hispanic/Latino**
The above part of the question is about ethnicity, not race. No matter which box you selected above, **please continue to answer the following** by checking one or more below to indicate what you consider your student's race to be.
Part B: What is the student's race? *(Choose one or more)*
_____**American Indian or Alaska Native**
_____**Asian**
_____**Black or African American**
_____**Native Hawaiian or other Pacific Islander**
_____**White**

NOTE: Both parts A and B **MUST** be completed. We encourage you to select an answer for both parts. If either part (A or B) is not answered, the U.S. Department of Education requires the school district to supply an answer on your behalf.

Name of Adult **MALE** residing in the home _____

Work place_____Work Phone_____

Parent Education level: indicate appropriate level by _____
1: Completed Grade 8 or less, 2: Some High School, 3: High School Graduate, 4: Post High School

Name of Adult FEMALE residing in the home _____

Work place _____ Work Phone_____

Parent Education level: indicate appropriate level by number _____
1: Completed Grade 8 or less, 2: Some High School, 3: High School Graduate, 4: Post High School

Parent living elsewhere _____ Phone _____

Address _____
Number/Street City Zip

Do you want them to receive school mailings? _____ Yes _____ No

For Kindergarten Students Only – Please check:

_____ No previous social group (0)
_____ Head Start (2)
_____ Daycare Setting (4)
_____Church Activity (1)
_____Preschool Experience (3)

(over)

Special services that your child received at previous school (check all that apply)

___Speech ____Learning Disabled ____Social Worker ___Title I ____Special Education ____504

Emergency Contacts

1. Name _____ Relationship to Child _____

   Phone Number _____

2. Name _____ Relationship to Child _____

   Phone Number _____

Emergency Medical Conditions/Problems (Check all that apply)

___Known
___Nothing Medical Waiver
___Rheumatic
___Cardiac
___Hemophiliac
___Diabetic
___Aspirin Allergy
___Penicillin Allergy
___ Iodine Allergy
___ Multiple Allergies
___ Epileptic
___ Contact Lenses
___ Special Blood Condition
___ Sulpha Allergy
___ Muscle Weakness
___ Headaches
___ Wears glasses
___ Bee Sting
___ Asthma
___ Nose Bleeds
___ No Medication, Religious
___ Check Health Card
___ Attention Deficit Disorder
___ Hearing Problems

___Takes medication regularly. Please indicate below

_____

Other children that reside in the home

Name	**Birth Date**	**Grade**		
_____	_____	____	Natural Sibling	Step Sibling
_____	_____	____	Natural Sibling	Step Sibling
_____	_____	____	Natural Sibling	Step Sibling
_____	_____	____	Natural Sibling	Step Sibling
_____	_____	____	Natural Sibling	Step Sibling

Child Care Information

Does your child attend a day care center or go to a sitter after school? _____Yes _____ No

Name of Sitter or Day Care Center _____

Address _____ Phone Number _____

I affirm that, as the parent/legal guardian, all information provided above is true and accurate, and that my child and I reside at the listed address. I understand any false information provided by me may subject me to legal penalties for perjury.

_____ _____

Signature of Parent/Guardian Date