



Van Buren Public Schools

Office Use Only

Grade _____ Student's Entry Date _____ (First Day Present) Proof of Residency _____
Immunization _____
Teacher's Name _____ Bus Route _____ Effective Date _____ Birth Certificate _____
Concussion Form _____
Homeroom Number _____ Building Number _____ Student Number _____

Child's Name _____ Birthdate _____ Sex: ☐ Male ☐ Female
(Last) (First) (Middle) month/day/year

Home Address _____ Home Ph: _____ Cell Ph: _____
(Street) (City) (Zip)

Place of Birth _____ Was the student born outside of the U.S.? _____
(City) (State)

Immigration Arrival Date _____ When did the student first enter U.S. schools? _____
(if born outside of the United States)

State of Michigan Mandated Questions:

Part A: Is this student Hispanic/Latino? (choose only one) ☐ No, not Hispanic or Latino ☐ Yes, Hispanic or Latino

Part B: What is the student's race? (select one or more, regardless of ethnicity): ☐ American Indian or Alaska Native ☐ Asian
☐ Black or African-American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Has one or more of the parents enlisted in the United States Armed Forces? ☐ Yes ☐ No

Previous Home Address _____
(Street) (City) (State) (Zip)

School and District Last Attended _____ Address _____

Have there been any disciplinary actions (long term suspensions or expulsions) at the student's previous school. ☐ Yes ☐ No

If YES Explain: _____

Please list below the names of all parents/guardians. These individuals will have the authority to release your child from school and/or pick him/her up.

Family Data	Mother	Father
Name		
E-Mail Address		
Language Used at Home		
Name of Employer		
Employer's Telephone Number		
	Step-Parent/Foster Parent	Guardian
Name		
E-Mail Address		
Language Used at Home		
Name of Employer		
Employer's Telephone Number		

With Whom Does Child Live? ☐ Mother ☐ Father ☐ Step-Parent/Foster Parent ☐ Guardian

Other children in family: Please include all pre-school children.

Name (First) (Last)	Birthdate	Grade	Teacher/School

Has your child been in a Special Education, 504 or gifted program or received services during the past year? ☐ Yes ☐ No If yes, what program?

Emergency Considerations:

If any of the following apply to this student, please indicate by acknowledging the condition/consideration.

☐ Religious objections to physician contact ☐ Arthritic condition ☐ Diabetes ☐ Heart Condition ☐ Seizure Disorder
☐ Hypertension/high blood pressure ☐ Asthma

List critical allergies/reactions below:

Medicines: _____ Foods: _____ Insects: _____
 Other: _____

Please list any medications your child is using:

This emergency information must be filled in.

Where is your child to be taken in case of emergency if no one is home? If at all possible, the emergency address should be on your child's bus route.

Name/Relationship _____	Address _____	Phone _____
		Cell Phone _____
Name/Relationship _____	Address _____	Phone _____
		Cell Phone _____

In addition, please identify any other adults we may contact in an emergency. These individuals will have the authority to release your child from school and/or pick him/her up.

First and Last Name	Phone Number(s)	Relationship

In signing this enrollment form you attest to the accuracy of the information provided. Furthermore, you authorize the school principal or his/her designee as well as the contacts listed on both pages to authorize medical attention for your child if needed.

Today's Date _____ Signature of Parent or Guardian _____