

CHARLOTTE PUBLIC SCHOOLS

ENROLLMENT FORM

OFFICE USE ONLY: Req Met: Yes No Summer Enroll <input type="checkbox"/>	
Building Request: _____	Entry Date: _____
ID# _____	Transportation: <input type="checkbox"/>
Certified BC: <input type="checkbox"/>	Immunizations: <input type="checkbox"/>
Proof of Residency: <input type="checkbox"/>	Spec Ed: TP IEPC
Grade Transcript <input type="checkbox"/>	Rec Req: <input type="checkbox"/> Tech form: <input type="checkbox"/>

PLEASE NOTE: YOU MUST PRESENT AN ORIGINAL, CERTIFIED BIRTH CERTIFICATE, IMMUNIZATION RECORD, & 2 PROOFS OF RESIDENCY FOR ENROLLMENT

Child's Full LEGAL Name: _____
(First Name) (Middle) (Last Name)

Gender: (circle one) Male / Female Date of Birth _____ City of Birth _____

Permanent Address: _____
(Street Address) (City) (Zip Code)

IF SHARED PARENTING

Permanent Address #2: _____
(Street Address) (City) (Zip Code)

Home Phone: _____ Mom's Cell: _____ Dad's Cell: _____

Mom's E-Mail: _____ Dad's E-Mail: _____

County of Residence: _____ School District of Residence: Charlotte Other: _____
(Please Specify District)

Township of Residence: (circle one)

<i>City of Charlotte</i>	<i>Windsor</i>	<i>Benton</i>	<i>Kalamo</i>	<i>Carmel</i>	<i>Chester</i>	<i>Bellevue</i>	<i>Delta</i>	<i>Sunfield</i>
<i>Walton</i>	<i>Vermontville</i>	<i>Eaton Rapids</i>	<i>Roxand</i>	<i>City of Potterville</i>	<i>Eaton</i>	<i>Brookfield</i>	<i>Oneida</i>	

Present Grade: _____ Lead Screening (Kindergarten Only): Yes No

Health Problems: _____

DOES CHILD PRESENTLY RECEIVE SPECIAL EDUCATION SERVICES: [] YES [] NO **Service Type:** _____

Race and Ethnic Category: Note: Both Part A and Part B of the question **must be** answered

Part A: Is this student Hispanic/Latino?
 _____ No, not Hispanic/Latino
 _____ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)

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 marking one or more boxes 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 (A person having origins in any of the original peoples of North and South American, including Central America)

_____ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand and Vietnam)

_____ Black or African American (A person having origins in any of the black racial groups of Africa)

_____ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands)

_____ White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa)

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.

Previous School & District Name: _____

Preschool Name: _____ # of Years Attended: _____

Siblings: Child's Name and School Building (if currently enrolled in district).

Parent/Guardian Information:

	Mother	Father	Stepmother Foster Mother Female Guardian	Stepfather Foster Father Male Guardian
Name				
Place of Birth				
Language Spoken in Home				
Educational Status				
Occupation				
Work Phone				
Living w/ Child? (Circle One)	Yes No	Yes No	Yes No	Yes No
Marital Status				

What led you to select Charlotte Public Schools? _____
