



Whiteford Agricultural School District

Student Enrollment Form

STUDENT INFORMATION (PLEASE PRINT)

Student's Legal Last Name		First Name	Middle / Suffix (Jr., III)
Address (number and street name, apt. or lot #)		City	State ZIP
Date of Birth	Grade at Enrollment	Age	Birthplace (City, State, Country)
Home Phone Number			

STUDENT'S ETHNIC GROUP

PART A: Is this student of Hispanic/Latino decent? ☐ Yes ☐ No
(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

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 Philippines 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 peoples of Hawaii, Guam, Samoa or other Pacific Islands.)
☐ **White/Caucasian** (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 US Department of Education requires the school district to supply an answer on your behalf.)

1. Was the student born outside the US or Puerto Rico?

☐ Yes ☐ No If yes, when did the student first enter US schools? _____

2. Has the student ever attended a Michigan school?

☐ Yes ☐ No

3. Has the student had the chickenpox?

☐ Yes ☐ No

Answering YES to any of the following questions requires completion of the noted additional form.

4. Are there any physical or personal problems for which the student might require special attention or help from school personnel (i.e., severe allergies, asthma, etc.)?

☐ Yes ☐ No

If yes, please complete the Health Information Survey.

5. Has the student received any IEP Special Education Services or a 504 Plan?

☐ Yes ☐ No

If yes, please complete the Special Education Survey.

6. Is a language other than English spoken in the home?

☐ Yes ☐ No

If yes, please complete the Home Language Survey.

7. Has the student had a long-term suspension or expulsion from another school and/or district?

☐ Yes ☐ No

If yes, please complete the Affirmation of Prior Discipline Record. Expulsion does not automatically disqualify a student from enrollment, but Whiteford Schools reserves the right to review the enrolment and determine the appropriateness of his/her enrollment.



Whiteford Agricultural School District

Student Enrollment Form

PARENT/GUARDIAN INFORMATION (PLEASE PRINT)

<i>(1) Parent/Guardian Last Name, First Name</i>		<i>Cell Phone / Pager</i>	
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Name of Employer/Occupation</i>		<i>Work Phone</i>	
<i>Relationship to Student</i>		<i>Email Address</i>	
Does student reside with this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is custody decree in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
Is this person the custodial parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, copy must be provided for your child's records.	
Enlisted in Military?	<input type="checkbox"/> Active Duty <input type="checkbox"/> On-Call		

<i>(2) Parent/Guardian Last Name, First Name</i>		<i>Cell Phone / Pager</i>	
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Name of Employer/Occupation</i>		<i>Work Phone</i>	
<i>Relationship to Student</i>		<i>Email Address</i>	
Does student reside with this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this person the custodial parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enlisted in Military?	<input type="checkbox"/> Active Duty <input type="checkbox"/> On-Call		

ALTERNATE PARENT ADDRESS

<i>(3) Parent/Guardian Last Name, First Name</i>		<i>Cell Phone / Pager</i>	
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Name of Employer/Occupation</i>		<i>Work Phone</i>	
<i>Relationship to Student</i>		<i>Email Address</i>	
Does student reside with this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contact allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enlisted in Military?	<input type="checkbox"/> Active Duty <input type="checkbox"/> On-Call		

SIBLING INFORMATION (USE ADDITIONAL SHEET IF NECESSARY)

<i>Student Last Name, First Name</i>	<i>Grade</i>	<i>School</i>	<i>Date of Birth</i>
<i>Student Last Name, First Name</i>	<i>Grade</i>	<i>School</i>	<i>Date of Birth</i>

I certify that the information provided herein is current and true, and by my signature below acknowledge Whiteford Agricultural Schools' lawful right to disenroll my child and to charge prorated tuition to the family of any student who has been found to have misrepresented residency in the Whiteford Agricultural School District.

<i>Parent/Guardian Signature</i>	<i>Date</i>
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