Oscoda Area Schools

Enrollment Form

Our Vision: Students First

Date _____

Student _____
Last First Middle

Address _____
Number/Street

_____
City Zip

Phone Number (_____)_____ Listed: ___Yes ___No

E-Mail Address _____

Birth Date _____ Birth Place _____

Gender: _____Male _____Female Grade Student will enter: _____

Has student 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)

_____

FOR OFFICE USE ONLY

Student Number _____
Entry Date _____
First Day of School _____
Entry Code _____ Prev LEA____
Birth Cert Y N Year of Grad _____
Teacher Name/# _____
Room # _____
Bus Route#_____
Immunization Records YES NO
Lunch Application YES NO
Student Records: Requested _____
Received: _____
Copy of Report Card YES NO
Speech LD Social Worker
Title I Special Ed 504
Copy of IEPC 504
NON-RESIDENT STATUS:
Dual Residency
School of Choice
District Release _____
UIC Number_____

C Father/Stepmother
D Mother/Stepfather
E Father Only
F Mother Only
G Legal Guardian
H Court Placed_____
J Relative _____
K Foster Home _____
L Divorced, Joint Custody
M Copy of Custodial Papers

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 number _____

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

Work place _____ Work Phone_____

*Parent Education level: indicate appropriate level by number _____

*Parent Education Level

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) _____Church Activity (1)
_____Head Start (2) _____Preschool Experience (3)
_____Daycare Setting (4)

(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)

___Nothing Known (1)
___Medical Waiver (2)
___Rheumatic (3)
___Cardiac (4)
___Hemophiliac (5)
___Diabetic (6)
___Aspirin Allergy (7)
___Penicillin Allergy (8)
___Iodine Allergy (9)
___Multiple Allergies (10)
___Epileptic (11)
___Contact Lenses (12)
___Special Blood Condition (13)
___Sulpha Allergy (14)
___Muscle Weakness (15)
___Headaches (16)
___Wears glasses (17)
___Bee Sting (18)
___Asthma (19)
___Nose Bleeds (20)
___No Medication, Religious (21)
___Check Health Card (22)
___Attention Deficit Disorder (23)
___Hearing Problems (24)
___Takes medication regularly (please indicate below medication(s) and how often)

_____

_____

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