



Please Print
Lapeer Community Schools
Enrollment Form

New Re-enrolling Entering Grade _____ School Enrolling In _____

Student Information					
Legal Last Name		Legal First Name		Middle Initial	Nickname
Birth Date (Month/Day/Year)	Gender M F	Birth Place: City		State	Country
Preschool Information: Please indicate if your child participated in any of the following preschool programs: ___ GSRP ___ Early On ___ Head Start ___ LCS Tuition Preschool ___ Other _____					
Last School Attended: <div style="text-align: right; margin-right: 50px;">City/State _____</div>					
Code: <input type="checkbox"/> Public School <input type="checkbox"/> Charter/Academy <input type="checkbox"/> Church/Private <input type="checkbox"/> Preschool <input type="checkbox"/> Home Schooled					
Number of previous districts attended K – 12 (please circle): 0 – None 1 – One 2 – Two 3 – Three 4 – Four or More Has your child ever been enrolled in Lapeer Community Schools? ___ Yes ___ No If yes, which school(s) : _____					
Ethnicity Is this child Hispanic/Latino? <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino – (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)			Race The question to the left is about ethnicity, not race. No matter what you selected, please continue to answer the following by marking one or more boxes to indicate what you consider your child's race to be. ___ American Indian/Alaska Native ___ Asian American ___ Native Hawaiian/Pacific Islander ___ Black/African American ___ White		
Is your child's native tongue a language other than English? ___ Yes ___ No If yes, name of language _____					
Is the primary language used in your child's home or environment a language other than English? ___ Yes ___ No If yes, name of language _____					
Immigration Date, if not born in U.S. _____ Number of full school years child has attended any U.S. school _____					
Primary Household Information (where child resides)					
Primary Household Parent/Guardian #1 Last Name First Name				Child lives with: (please circle) 0 - Both parents 4 - Father/Stepmother 1 - Mother Only 5 - Grandparent(s) 2 - Mother/Stepfather 6 - Guardian(s) 3 - Father Only 7 - Other	
Primary Household Parent/Guardian #2 Last Name First Name					
Resident Address	Street	Apt #	City	State	Zip Code
Mailing Address	Street	Apt #	City	State	Zip Code
Primary Household Parent/Guardian #1 Home phone: () _____ Is home phone unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No Cell phone: () _____ Work phone: () _____ Place of employment _____ E-mail Address: _____			Primary Household Parent/Guardian #2 Home phone: () _____ Is home phone unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No Cell phone: () _____ Work phone: () _____ Place of employment _____ E-mail Address: _____		

Last Name _____ First Name _____

Special Services

Does your child currently receive Special Education Services? Yes No Copy of plan provided
 Does your child have a current 504 plan? Yes No Copy of plan provided
 Has your child ever participated in:
 Title I Talented/Gifted Speech IEP Other School Based Intervention _____

Other

1. Is your current living arrangement a result of loss of housing or economic hardship? Yes No Unsure
 If yes, you will be given a residency questionnaire to complete in order to determine your eligibility for services under the McKinney-Vento Act.

2. Is there a joint custody or parenting plan in effect? Yes No
 If yes, please list alternate parent on joint custody or parenting plan. _____
 Is the custody joint legal? Yes No
 Is the custody joint physical? Yes No
 If yes, does the child also reside with this parent during the school week? Yes No
 Is there a restraining order in effect? Yes No (If yes, legal papers with official court stamp or signature must be on file with the school for enforcement.)

3. Has your child ever been suspended or expelled for any reason? Yes No
 If yes:
 Date(s): _____ Reason _____

Daycare/Childcare Provider

Provider Name	Phone Number	Cell Phone
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Daycare/Childcare provider is authorized to remove child from school. Yes No

Emergency Contacts (other than primary contacts) My child may be released to the person(s) listed below.

Last Name	First Name	Relationship to Child	Phone #1	Phone #2
			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()
			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()
			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()

Health

If your child has a special health need, appropriate school personnel will be notified. A special need could include one or more of the following (circle any that apply):

- | | | |
|----------------------------|-------------------------------|--------------------|
| 1. Diabetes/Hypoglycemia | 4. Permanent Hearing Problems | 7. Allergies _____ |
| 2. Convulsive Disorder | 5. Orthopedic | |
| 3. Vision Problems/Glasses | 6. Cardiac | 8. Other _____ |

Siblings – Please list other siblings attending Lapeer Community Schools.

Last Name	First Name	School	Grade

Verification of Information

I verify the above information to be true and accurate. Any falsification to achieve enrollment may be cause for termination of the child's enrollment within Lapeer Community Schools.

Legal Parent/Guardian Signature _____ Date _____