



Please Print

STUDENT ENROLLMENT FORM

BHS Resident School: _____ Transfer to: _____ Entering Grade: _____ BHS Student #: _____

Student Name: Last _____ First _____ Middle _____ Nickname _____

Address: House Number _____ Street Name _____ Apt. Number _____ City _____ ZIP code _____

Date of Birth _____ (mm/dd/yyyy) Male Female _____ Listed? Yes No
Primary Telephone Number _____ Type (cell, work, etc.) _____

Ethnicity: Is the student Hispanic or Latino? Yes No

Previous School _____

Race: Use percentages to rank primary and secondary groups
___ Black/Af Amer ___ Native Amer/Alaska Native ___ Asian
___ Nat Hawaiian/Pac Islander ___ Middle Eastern ___ White

Name: _____
Type: Preschool Public Private Home School
 Out of state/country State/Country? _____

Place of Birth U. S.? Yes City: _____ St: _____
 No Country: _____ Arrival Date: _____

First day in a U.S. School: _____

Student is living

in home w/parents in home w/ > 1 family in motel/car
 w/family/friends, not parents other _____

Siblings/Other Students in Household

Prior student/sibling attendance at a BH School/IA? No Yes
Name(s): _____

Parents of student are

married / in same household divorced / not married
 mother deceased father deceased other _____

Services for which Child Qualified

NONE IEP/Spec Ed 504 Plan ESL/ELL

Has student been tested for ELL services? No Yes

Language Is the student's native tongue a language **other than English**? No Yes If not English, what is the student's primary language? _____
Is the primary language used in your child's home or environment a language **other than English**? No Yes If not English, what is the language used in the home or environment? _____

Parent 1

Parent 2

NAME	_____	_____
Legal Relationship	_____	_____
Primary Telephone	_____	_____
Second Telephone	_____	_____
Third Telephone	_____	_____
Email Address	_____	_____
Address if not Student's	_____	_____
Cty St ZIP if not Stdnt's	_____	_____

This person lives with the student. Yes No
 This person should receive mailings. Yes No
 There are legal restrictions on him/her. Yes No
 Court documents are provided. Yes No

Yes No
 Yes No
 Yes No
 Yes No

The undersigned hereby acknowledges that the information provided on this form is true and accurate. The undersigned understands that documented and verifiable residency (living) within the District is a prerequisite to a free and public education and attests to the residency as indicated above. The undersigned attests that the above named address is his or her permanent, full-time home from which he/she comes and goes daily. Tuition students, Special Education Center Program students and children of qualifying employees are not bound by the residency requirement. The undersigned understands that it is his/her responsibility to inform the appropriate school office if and when any of the information set in this form changes. Failure to so inform the District will subject the student to termination of enrollment in the Bloomfield Hills School District.

Parent or Guardian Signature (Student if 18 or over) _____

Date _____

OFFICE USE: Entry Date: _____ New Returning PS/SpecEd Census Zone: _____

Residency Status: Resident Tuition* Employee Child* Spec Ed Center Program* Private/Parochial Spec Ed Svcs

* Resident District: _____ Birth Cert. Viewed Foreign Birth - Passport & Affidavit

DATE RECEIVED IN
STUDENT SERVICES: