



Please Print

CENTER PROGRAM STUDENT ENROLLMENT FORM

Resident School District: _____

Entering Grade: _____ BHS Student #: _____

Student Name: Last _____ First _____ Middle _____ Nickname _____

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

Date of Birth _____ Male Female (_____) _____ Listed? Yes No
(mm/dd/yyyy) 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

Siblings/Other Students in Household

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

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

Parents of student are

Services Qualified For: _____

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

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	_____	_____
Email Address	_____	_____
Address if not Student's	_____	_____
Cty St ZIP if not Stdnt's	_____	_____

This person lives with the student.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
This person should receive mailings.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
There are legal restrictions on him/her.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Court documents are provided.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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 _____

Resident District USE: Entry Date in BHS: _____ New Returning Spec Ed Center Program

Student's Resident District: _____ Student UIC: _____ Birth Cert. Viewed OR Passport & Affidavit

Resident District Representative: _____

DATE RECEIVED IN
BHS STUDENT SERVICES: