



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: