



Whiteford Agricultural School District

Student Enrollment Form

STUDENT INFORMATION (PLEASE PRINT)

Student's Legal Last Name		First Name	Middle / Suffix (Jr., III)	
Address (number and street name, apt. or lot #)		City	State	ZIP
Date of Birth	Grade at Enrollment	Age	Birthplace (City, State, Country)	
Home Phone Number				

STUDENT'S ETHNIC GROUP

PART A: Is this student of Hispanic/Latino decent? Yes No

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

PART B: What is the student's race? (Choose one or more)

- American Indian or Alaska Native** *(A person having origins in any of the original peoples of North and South American, including Central America.)*
- Asian** *(A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines Islands, Thailand and Vietnam.)*
- Black or African American** *(A person having origins in any of the black racial groups of Africa.)*
- Native Hawaiian or Other Pacific Islander** *(A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.)*
- White/Caucasian** *(A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)*

(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 US Department of Education requires the school district to supply an answer on your behalf.)

1. **Were you ever enrolled in Whiteford Agricultural Schools?**

Yes No

2. **Has the student ever attended a Michigan school?**

Yes No

3. **Has the student had the chickenpox?**

Yes No

Answering YES to any of the following questions requires completion of the noted additional form.

4. **Are there any physical or personal problems for which the student might require special attention or help from school personnel (i.e., severe allergies, asthma, etc.)?**

Yes No

If yes, please complete the Health Information Survey.

5. **Has the student received any IEP Special Education Services or a 504 Plan?**

Yes No

If yes, please complete the Special Education Survey.

6. **Is a language other than English spoken in the home?**

Yes No

If yes, please complete the Home Language Survey.

7. **Has the student had a long-term suspension or expulsion from another school and/or district?**

Yes No

If yes, please complete the Affirmation of Prior Discipline Record. Expulsion does not automatically disqualify a student from enrollment, but Whiteford Schools reserves the right to review the enrolment and determine the appropriateness of his/her enrollment.



Whiteford Agricultural School District

Student Enrollment Form

PARENT/GUARDIAN INFORMATION (PLEASE PRINT)

(1) Parent/Guardian Last Name, First Name

Cell Phone / Pager

Address

City

State

Zip

Name of Employer/Occupation

Work Phone

Relationship to Student

Email Address

Does student reside with this person?

Yes No

Is custody decree in place? Yes No Pending

Is this person the custodial parent?

Yes No

If yes, copy must be provided for your child's records.

Enlisted in Military?

Active Duty On-Call

(2) Parent/Guardian Last Name, First Name

Cell Phone / Pager

Address

City

State

Zip

Name of Employer/Occupation

Work Phone

Relationship to Student

Email Address

Does student reside with this person?

Yes No

Is this person the custodial parent? Yes No

Enlisted in Military?

Active Duty On-Call

(3) Parent/Guardian Last Name, First Name

Cell Phone / Pager

Address

City

State

Zip

Name of Employer/Occupation

Work Phone

Relationship to Student

Email Address

Does student reside with this person?

Yes No

Is contact allowed? Yes No

Enlisted in Military?

Active Duty On-Call

ALTERNATE PARENT ADDRESS

SIBLING INFORMATION (USE ADDITIONAL SHEET IF NECESSARY)

Student Last Name, First Name

Grade

School

Date of Birth

Student Last Name, First Name

Grade

School

Date of Birth

I certify that the information provided herein is current and true, and by my signature below acknowledge Whiteford Agricultural Schools' lawful right to disenroll my child and to charge prorated tuition to the family of any student who has been found to have misrepresented residency in the Whiteford Agricultural School District.

Parent/Guardian Signature

Date