

HOLLAND PUBLIC SCHOOLS

Student Enrollment Form

FOR OFFICE USE ONLY

Verification of Birthdate: Yes No
 Verification of Immunization Yes No
 Interested in TWBI Kindergarten? Yes No
 Enrollment Date: _____ Entering Grade: _____
 Building Name: _____ Assigned to Room: _____

Re-enrolling in Holland Public Schools? Yes No

Date last attended HPS: _____

STUDENT INFORMATION

PLEASE PRINT CLEARLY IN ALL SECTIONS

Last Name _____ First Name _____ Middle _____
 Birthdate _____ City/State of Birth _____ Gender Male Female

ETHNICITY (Part A) and RACE (Part B)

The US Department of Education requires that parents answer both Parts A and B. Please select an answer for both. 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.

Part A* Ethnicity: Is this student Hispanic/Latino? (Choose only one)

- No, not Hispanic/Latino
 Yes, Hispanic/Latino (Student is of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

*Part A refers to ethnicity, not race. No matter which box you select, please continue to answer Part B (below) by marking one or more boxes to indicate what you consider your student's race to be.

Part B Race: (Choose one or more)

- American Indian or Alaska Native (Student has origins in any of the original peoples of North/South America, including Central America.)
 Asian (Student has 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 Philippine Islands, Thailand and Vietnam.)
 Black or African American (Student has origins in any of the black racial groups of Africa.)
 Native Hawaiian or other Pacific Islander (Student has origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.)
 White (Student has origins in any of the original peoples of Europe, the Middle East or North Africa.)

Do you live in the Holland Public School District? Yes No **If no**, what school district do you reside in? _____

Has your child been in this country for less than 3 years? No Yes **If yes**, date of arrival _____

How many years has your child attended a US school? _____ Country of Immigration: _____

Name and address of last school attended: _____

Student to be enrolled in grade (circle one): Y5 K 1 2 3 4 5 6 7 8 9 10 11 12

STUDENT ADDRESS INFORMATION

Student Address _____
 COUNTY _____ STREET ADDRESS WITH PH AREA CODE _____ CITY _____ STATE _____ ZIP _____
 STUDENT EMAIL _____

Student is living with: Mother Father Stepmother Stepfather Foster-Parent Guardian Other _____

FAMILY INFORMATION

Male Head of Household

LAST Name: _____ FIRST Name: _____
 Address, if different from student's _____

STREET _____

CITY _____ STATE _____ ZIP _____

Phone: _____ Cell Phone: _____

Email: _____

Relationship To Student:

- Father Stepfather Court Guardian
 Grandfather Uncle Other _____

Marital Status:

- Single Married Divorced Deceased

Legal custody of student: Yes No

Language(s) able to speak/read: _____

Employer: _____ Work Phone: _____

Female Head of Household

LAST Name: _____ FIRST Name: _____
 Address, if different from student's _____

STREET _____

CITY _____ STATE _____ ZIP _____

Phone: _____ Cell Phone: _____

Email: _____

Relationship To Student:

- Mother Stepmother Court Guardian
 Grandmother Aunt Other _____

Marital Status:

- Single Married Divorced Deceased

Legal custody of student: Yes No

Language(s) able to speak/read: _____

Employer: _____ Work Phone: _____

Other People Living In The Home:

First & Last Name	Gender	Date of Birth	Relationship

RESIDENCY VERIFICATION

Own a home Rent/Lease Family shares with relatives/friends Shelter

HEALTH INFORMATION

Medical information is confidential and will be shared with personnel on a need to know basis.

Does the student have any special health problems such as: Diabetes Heart Asthma Seizures

Other – Explain _____

Allergies – What are they? Example: insect sting, medication, foods, etc. _____

Comments/Notes _____

Is your child currently taking any prescription medications? Please list: _____

EMERGENCY CONTACT INFORMATION

Contact Name: _____ Contact Name: _____

Phone: _____ Cell Phone: _____ Phone: _____ Cell Phone: _____

Relationship to Student: _____ Relationship to Student: _____

SPECIAL NEEDS INFORMATION

Special Program Received At Prior School: Special Education Speech Reading Gifted/Talented ESL Counseling

Other please describe _____

Has the student been previously suspended or expelled? No Yes *If yes, from where?* _____

Please explain: _____

STATE BOARD OF EDUCATION APPROVED HOME LANGUAGE SURVEY

The School District of the City of Holland is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1151-380.1158 of the School Code of 1976, Michigan's Bilingual Education Law.

1. Is your child's native tongue a language other than English? No Yes *If yes...What is that language?* _____

2. Is the primary language* used in your child's home or environment a language other than English? No Yes *If yes...What is that language?* _____

***"Primary language" means the dominant language used by a person for communication**

Students may be transferred to another school due to class size or other issues.

Parent / Guardian Signature _____ Date _____

Holland Public Schools does not discriminate on the basis of race, color, religion, sex, national origin, age, height, weight, marital status, handicap, disability or limited English proficiency or any of its programs or activities. Inquiries regarding the district's nondiscrimination policies should be directed to: The Director of HR, Holland Public Schools, 156 W 11th Street, Holland, MI 49423. Phone: 616-494-2025

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FORM LAST REVISED MAY 24, 2011

- Student Information entered
- Student enrolled
- Student scheduled
- Student Membership entered
- Household entered (last name, first name)
- Address attached to household/student
- Guardian/Mailing Information
- Relationships entered
- Emergency Contacts