



Student Enrollment Form 2020-2021

Re-enrolling in Holland Public Schools? No Yes...*If Yes*, date that you last attended HPS: _____

Interested in TWBI* KINDERGARTEN? Yes No (*Two Way Bilingual Immersion, located in the Holland Language Academy.)

STUDENT INFORMATION PLEASE PRINT CLEARLY IN ALL SECTIONS

Last Name _____ First Name _____ Middle _____

Birthdate _____ City/State of Birth _____ Gender Male Female

STUDENT ADDRESS STREET _____ CITY _____ STATE/ZIP _____

COUNTY: _____ PHONE INCLUDING AREA CODE: _____ STUDENT EMAIL: _____

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

ETHNICITY (Part A) AND RACE (Part B)

The U.S. Department of Education requires that parents answer both Parts A & B. Please select an answer for both. If either part A or B is not answered, the U.S. Department of Education requires the school district to supply an answer on your behalf.

***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 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 B* RACE: (Please check all applicable races) **STUDENT HAS ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF:**
 American Indian or Alaska Native *North, South or Central America*
 Asian *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 *the black racial groups of Africa*
 Native Hawaiian or other Pacific Islander *Hawaii, Guam, Samoa or other Pacific Islands*
 White *Europe, the Middle East or North Africa*

PRIOR SCHOOL ATTENDANCE

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

Has your child ever attended Preschool? No Yes...*If Yes*...please list the school name and the number of months your child attended. If your child has attended multiple preschools, please list each one. _____

Name and address of last school attended: _____

How many years has your child attended a US school? _____

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:* _____

FAMILY INFORMATION, CONTINUED

SECONDARY HOUSEHOLD PERSON 1:

LAST NAME _____ FIRST _____
 ADDRESS... *if different from student's address* _____
 STREET _____ CITY _____ STATE/ZIP _____

HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____

RELATIONSHIP TO STUDENT:
 Father Grandfather Stepfather Uncle Court Guardian Mother Grandmother Stepmother Aunt Other _____

Marital Status: SINGLE MARRIED DIVORCED WIDOWED

LANGUAGE(S) *able to speak/read:* _____ EMPLOYER: _____ WORK PHONE: _____

Active Military? No Yes...*If Yes...please list which branch* _____

Do you have Legal Custody of Student?* Yes..... No.....*notes* _____

SECONDARY HOUSEHOLD PERSON 2:

LAST NAME _____ FIRST _____
 ADDRESS... *if different from student's address* _____
 STREET _____ CITY _____ STATE/ZIP _____

HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____

RELATIONSHIP TO STUDENT:
 Father Grandfather Stepfather Uncle Court Guardian Mother Grandmother Stepmother Aunt Other _____

Marital Status: SINGLE MARRIED DIVORCED WIDOWED

LANGUAGE(S) *able to speak/read:* _____ EMPLOYER: _____ WORK PHONE: _____

Active Military? No Yes...*If Yes...please list which branch* _____

Do you have Legal Custody of Student?* Yes..... No.....*notes* _____

***Is there a custody concern or current court order concerning your child?** No Yes

If Yes...please provide documentation. Documentation attached? No Yes _____

OTHER PEOPLE LIVING IN THE SECONDARY HOUSEHOLD:

FIRST & LAST NAME	GENDER	DATE OF BIRTH	RELATIONSHIP

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.

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

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**

Almost complete, please continue to page four...



EMERGENCY CONTACT INFORMATION

CONTACT PERSON 1 _____	RELATIONSHIP TO STUDENT _____
FIRST PHONE # _____	SECOND PHONE # _____
CONTACT PERSON 2 _____	RELATIONSHIP TO STUDENT _____
FIRST PHONE # _____	SECOND PHONE # _____

SIGNATURE

Parent / Guardian Signature _____ Date _____

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

Holland Public Schools does not discriminate on the basis of race, color, national origin, sex (including sexual orientation or transgender identity), disability, age, religion, height, weight, marital or family status, military status, ancestry, genetic information, or any other legally protected category. Everyone is welcome at our school events as well. Call 494-2005 and we will make reasonable accommodations for disabled persons. Inquiries regarding our district's non-discrimination policies should be directed to: Karen Sherwood, Deputy Superintendent, Holland Public Schools, 320 W. 24th St., Holland, MI 49423 616-494-2025.

FOR OFFICE USE ONLY

www.hollandpublicschools.org

UPDATED JANUARY 24, 2020

Verification of Birthdate..... Yes No Verification of Photo ID (Legal Guardian)..... Yes No
 Verification of Immunization Record Yes No _____

ENROLLMENT DATE: _____ ENTERING GRADE: _____

BUILDING NAME: _____ ASSIGNED TO ROOM: _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Student Information entered | <input type="checkbox"/> Student Membership entered | <input type="checkbox"/> Guardian/Mailing Information |
| <input type="checkbox"/> Student enrolled | <input type="checkbox"/> Household entered (last name, first name) | <input type="checkbox"/> Relationships entered |
| <input type="checkbox"/> Student scheduled | <input type="checkbox"/> Address attached to household/student | <input type="checkbox"/> Emergency Contacts |
- Child Custody Documentation Needed?... No Yes...*if Yes*.. Documentation received? No Yes