

NORTH MUSKEGON ELEMENTARY EMERGENCY ENROLLMENT Current date: _____

Student's Name: _____
last first middle

Address: _____

Phone: _____ Date of Birth: _____ City, State of Birth: _____
area code unlisted # Yes No

Language in Home: _____ **Student's gender:**
Male Female

School District of Residence: (only answer if not North Muskegon) _____

Last School Attended _____ City/State: _____
Code: Public School in Michigan Public Out of State Church/Private Preschool

Did your child receive any special education services at a previous school? Yes No
(Check all that apply) Special Education Classes Speech OT/PT Social Work 504 Plan

Father's History: Father's Prefix: Dr Mr Rev _____ living or _____ deceased?

Father's Name: _____ Birth Place: _____
first middle last (city, state)

Father's Address: _____ Father's Home Phone Number: _____

Father's Place of Employment: _____ work # _____ ext _____

Father's Occupation: _____ cell # _____ pager: _____

Stepmother's Name: (include first & last name): _____

Stepmother's work phone: _____ cell phone: _____

Mother's History: Mother's Prefix: Mrs Miss Ms Dr Rev _____ living or _____ deceased?

Mother's Name: _____ Birth Place: _____
first middle last (city, state)

Mother's Address: _____ Mother's Home Phone Number: _____

Mother's Place of Employment: _____ work # _____ ext _____

Mother's Occupation: _____ cell # _____ pager: _____

Stepfather's Name: (include first & last name): _____

Stepfather's work phone: _____ cell phone: _____

FRIDAY FLYER:

Email Address for Friday Flyer information: _____

Marital status of child's parents: Married Divorced Separated Widow never married living together

With whom does the child reside? _____

If separated/divorced, does the child have contact with the second parent? ____ Yes ____ No
(the school should have a copy of any custody papers)

Are there any complications with the second parent the school should be aware of? _____

If parents are separated/divorced, do you request separate report cards? ____ Yes ____ No
(please include an address on the previous page for mailing to second parent)

If parents are separated/divorced, do you request separate conferences? ____ Yes ____ No

Second Parent Email Address for Friday Flyer: _____

Other siblings in the family:

Child's Name	Birthdate	Step-sibling? Only answer if yes	Living in child's household
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medical History:

Are there any problems the school should be aware of?

Hearing Impaired Vision Impaired Medication Bee Stings
 Asthma Diabetic Wheel Chair Cardiac Problem Epileptic
 ADD ADHD Cystic Fibrosis Shunt Allergies Glasses

Explain/other: _____

My child's family physician is: _____

_____ Year child had Measles _____ Year child had Mumps

_____ Year child had Rubella _____ Year child had Chicken pox

Family History: (only answer if living)

Maternal Grandmother: _____ Phone: _____ contact? _____

Maternal Grandfather: _____ Phone: _____ contact? _____

Paternal Grandmother: _____ Phone: _____ contact? _____

Paternal Grandfather: _____ Phone: _____ contact? _____

EMERGENCY PHONE LIST:

(A contact may have multiple lines, but different phone numbers – **list as many as you wish**

Note: When the calling starts, it may reach down the list to an actual contact person)

	Phone Number	Title	Name of Person	Relationship to child
call 1st	_____	_____	_____	_____
	area code phone	Mr/Mrs,etc	Name of contact	relationship
call 2	_____	_____	_____	_____
	area code phone	Mr/Mrs,etc	Name of contact	relationship
call 3	_____	_____	_____	_____
	area code phone	Mr/Mrs,etc	Name of contact	relationship
call 4	_____	_____	_____	_____
	area code phone	Mr/Mrs,etc	Name of contact	relationship
call 5	_____	_____	_____	_____
	area code phone	Mr/Mrs,etc	Name of contact	relationship
call 6	_____	_____	_____	_____
	area code phone	Mr/Mrs,etc	Name of contact	relationship
call 7	_____	_____	_____	_____
	area code phone	Mr/Mrs,etc	Name of contact	relationship
call 8	_____	_____	_____	_____
	area code phone	Mr/Mrs,etc	Name of contact	relationship

Part A
Ethnicity

Is this student Hispanic/Latino? (Choose only one)

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

Part B
Race

The question to the left is about ethnicity, not race. No matter what you selected, **please continue to answer the following** by marking **one or more** boxes to indicate what you consider your student's race to be.

What is the student's (or your) race? (Choose one or more)

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- 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 Philippine 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** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa).