

Milan Special School District Application for Enrollment

04-22-15

Office Use Only:

Enrollment Date _____ School: MES MMS MHS STAR: Y N District _____
Registration Grade _____ EIS: Y N District _____
Homeroom Teacher _____ Student ID _____
Walk _____ Car # _____ Bus # _____ Day Care _____

Student Information:

Preferred Name _____ Grade _____

Name as it appears on student's birth certificate:

Last Name _____ First _____ Middle _____

Date of Birth _____ Age _____ Social Security # _____

Sex (circle one) Male Female Race (circle one) Asian/ Pacific Islander Black Hispanic White Other _____

Student resides with _____ Relationship _____

Address _____

House Number

Street Name

City

State

Zip

Mailing Address (if different) _____

Living Arrangements:

Where does your child stay at night? (check one)

- ☐ Home/apartment owned or rented by the parent(s)/guardian(s)
☐ With a relative or friend (family does not have a residence)
☐ In a shelter ☐ In a motel ☐ In an automobile ☐ A campsite
☐ In housing that is inadequate (i.e. no electricity, running water, etc.)
☐ Other housing (please explain) _____

Home Language:

What is the first language your child learned to speak? _____

What language does your child speak most often outside of school? _____

What language do people usually speak in your child's home? _____

Custody Information: In order to better protect your child, it is necessary for us to have proof of custody.

Does the above mentioned child reside with both natural / adoptive parents? Yes _____ No _____

Please check one: Married _____ Divorced _____ Never Married _____

If divorced, please check one of the following regarding who has custody:

Joint Custody _____ Mother _____ Father _____ Other _____

Legal Custodian of Student:

Name _____ Address (if different from pupil's' address) _____

Home Phone _____

Cell Phone _____

Place of Employment _____

Work Phone _____

04-09-14

Parent / Guardian Information:

Father: _____
Name (First and Last) Address (if different from student's address)

Home Phone Cell Phone Place of Employment Work Phone

Mother: _____
Name (First and Last) Address (if different from pupil's address)

Home Phone Cell Phone Place of Employment Work Phone

Mother's Maiden Name _____

Student's Place of Birth _____
City County State Country

Please list names and ages of all brothers and sisters (Include those who are in and out of school): _____

Student's Educational Background:

Last School Attended: _____

Other schools in which student was enrolled: _____

Has this student been served by any special programs?

_____ Special Education _____ Title 1 _____ Speech _____ Counseling _____ Gifted _____ 504 _____ Other _____

Does student have a disability? _____ Describe _____

List Allergies or Medical Condition: _____

Doctor's Name: _____ Telephone Number: _____

(MMS only) Will student take band? Yes _____ No _____

How will student get home each day?

Car _____ Car # _____ Day Care _____

Bus _____ Bus # _____

Emergency Contacts: (list two)

Name _____ Relationship _____

Address _____ City _____ Zip _____

Employer _____ Work Number _____

Home Phone _____ Cell Phone _____

Name _____ Relationship _____

Address _____ City _____ Zip _____

Employer _____ Work Number _____

Home Phone _____ Cell Phone _____

Signature of Person Who Furnished This Information _____

To the best of my knowledge the information stated on this registration data form is correct. I understand that if legal custody documents are not provided to Milan Special School District, this student may be checked out by either parent/ legal guardian. If information, situation, or conditions change, I will inform the school as soon as possible for the welfare of my child.

Parent/ Guardian Signature

Date