

**Kaleva Norman Dickson School District
Enrollment Data Form**

Student Information:

Last Name		First Name		Middle Name	
Mailing Address					
Home Street Address					
City		County		Zip Code	Home Phone
Date of Birth		Place of Birth		Gender	
Ethnicity (required): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		Student's Residence is: <input type="checkbox"/> With parent(s)/legal guardian and does not share a house, apartment, or mobile home with relatives or another family <input type="checkbox"/> With parent(s)/legal guardian and does share a house, apartment, or mobile home with relatives or another family <input type="checkbox"/> With parent(s)/legal guardian in a shelter or transition home <input type="checkbox"/> With parent(s)/legal guardian in a motel, car, or campsite <input type="checkbox"/> With grandparents, friends, etc. <input type="checkbox"/> Other (such as foster placement, etc.)			
Suspension/Expulsion Has your child ever been expelled from another school? <input type="checkbox"/> Yes* <input type="checkbox"/> No Is your child currently under suspension from another school? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If you answered yes, please explain the circumstances on the back side of this sheet.</i>			Parent/Guardian Highest Level of Education Mother: <input type="checkbox"/> Less than High School <input type="checkbox"/> High School/GED <input type="checkbox"/> College <input type="checkbox"/> Other: Father: <input type="checkbox"/> Less than High School <input type="checkbox"/> High School/GED <input type="checkbox"/> College <input type="checkbox"/> Other:		

Parent Information:

Father's Last Name		Father's First Name		Father's Employer																			
Father's Day Phone	Father's Home Phone	Father's Cell Phone	Father's Email																				
Mother's Last Name		Mother's First Name		Mother's Employer																			
Mother's Day Phone	Mother's Home Phone	Mother's Cell Phone	Mother's Email																				
Who is the child living with? <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparents <input type="checkbox"/> Other:		Please list other children living at this residence: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 10%;">Grade</th> <th style="width: 40%;">School</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Name	Grade	School															
Name	Grade	School																					

Health/Emergency Information:

Family Doctor		Family Doctor's Phone Number	
Allergies		Medications	Medical Conditions
Will the student be taking any medications at school? <input type="checkbox"/> Yes <input type="checkbox"/> No * All medications taken at school must be brought to the school by an adult in the original prescription bottle. A medication form must be signed by the parent.		If you answered yes, please list the medications:	

*Parents/guardians are the first to be contacted in an emergency.
Please provide additional contacts that can be notified in case the parent/guardian is unable to be contacted.*

Emergency Contact #1		Phone Number	
Emergency Contact #1		Phone Number	
Emergency Contact #1		Phone Number	

Kaleva Norman Dickson School District
Enrollment Data Form

Academic Information:

Name of Last School Attended	Phone Number	Fax Number
School Street Address		
City	State	Zip Code
County		

Student's Current Grade Level

Pre-K
 K
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10
 11
 12

Your child will be registered in the grade level listed above. Upon receipt of academic records, grade level placement may change if records so indicate.

Is the student now or has he/she ever been in Special Education? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered yes, please list the program/label:
Is the student now or has he/she ever recieved Title I services? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered yes, please list the subject area(s):
Is the student now or has he/she ever recieved speech/language therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please list any additional program/services:

Is the student a School of Choice student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered yes, what is the school district of residence?	Has this student ever attended KND School before? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	---

Agreements

Emergency Medical Care - In case of accident or serious illness, I request the school to contact me. If the school is unable to contact me, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Computer Use - I authorize that my student be given access to school computers, the internet and school email. I understand that this access is a privilege and is intended for educational use. All district policies and school handbook policies apply to this access and the use of technology.

Release for Publicatons - I agree t oallow the Kaleva Norman Dickson School District to use photographs of my child for publicatons on district owned wesites, newspaper, or other media sources. I understand that all photographs used in publications will be within the policies set forth by the school board.

I certify that the information contained in this form is accurate and complete to the best of my knowledge. I also agree to the above listed policies.

Parent/Guardian Signature 	Date
--	------

If you have any questions, please contact the school office.

Kaleva Norman Dickson Schools

231.477.5353

Kaleva Norman Dickson Schools Transportation Form

This form will be used by the Kalev Norman Dickson Schools Transportation Department to establish bus routes. If you have any questions, please contact the Transportation Department at 231.477.5545.

Student's Name	Grade	Phone	
Street Address			
City	State	Zip Code	County
Name of Parent(s) or guardian with whom the student resides			

For Office Use Only

Information entered into PowerSchool

Bus Driver Notified

AM Route: _____ PM Route: _____ Entry Date: ____/____/____

Request for Educational Records

Under provisions of the Privacy Rights of Parents and Students Act, part 1213, subpart D. 99 30 (b), it is not necessary to have the written consent of parents to release records to officials of other school systems in which the student seeks or intends to enroll.

Please send the educational records, including special education/services documentation, of this student:

Student's full name	Student's Date of Birth	Grade Level
---------------------	-------------------------	-------------

Forward to: Kaleva Norman Dickson Schools
4400 North High Bridge Road
Brethren, MI 49619
Attention: Student Records
Phone: 231.477.5353
Fax: 231.477.5351

Parent/Guardian Signature X	Date
---	------

Request School Records From _____

Address: _____

City/State/Zip: _____

For Office Use Only

Date of 1st Request ____/____/____ Date of 2nd Request ____/____/____

Kaleva Norman Dickson Schools

4400 North High Bridge Rd.
Brethren, MI 49619
ph 231.477.5353
fax 231.4677.5351

Small School - Big Family



Home Language Survey

Student's Name	Grade	Date of birth ____/____/____
What is your child's native or first language?		
What is the primary language used in your child's home or living environment?		

Parent Language Survey

What language do you prefer to be contacted in?	
Language services needed: Oral Interpretation <input type="checkbox"/> Yes <input type="checkbox"/> No Written Interpretation <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent Signature _____