

**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	
<b>Ethnicity (required):</b> <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		<b>Student's Residence is:</b> <input type="checkbox"/> With parent(s)/legal guardian and <b>does not</b> share a house, apartment, or mobile home with relatives or another family <input type="checkbox"/> With parent(s)/legal guardian and <b>does</b> 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.)		
<b>Suspension/Expulsion</b> 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>		<b>Parent/Guardian Highest Level of Education</b> 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	
<b>Who is the child living with?</b> <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparents <input type="checkbox"/> Other:	<b>Please list other children living at this residence:</b>			
	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

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**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
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**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 <b>X</b>	Date
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If you have any questions, please contact the school office.

Kaleva Norman Dickson Schools

231.477.5353

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## Request for Educational Records

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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:

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Student's full name

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Date of Birth

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Grade Level

Forward to: Kaleva Norman Dickson Schools  
4400 N. High Bridge Rd  
Brethren, MI 49619  
Attention: Student Records  
Phone: 231-477-5353  
Fax: 231-421-6243

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Parent/Guardian Signature

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Date

Request School Records from: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**For Office Use Only**

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/            /  
Date of 1st Request

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/            /  
Date of 1st Request

# Kaleva Norman Dickson Schools

## Transportation Form

This form will be used by the Kalev Norman Dickson Schools Transportation Department to establish bus routes. *ALL* information below must be completed and received by the Transportation Department *prior* to service being provided. The director of transportation will check your address for a safe, legal bus stop and contact you with your bus number and pick-up/drop-off times. If you have any questions, please contact the Transportation Department at 231.477.5545.

STUDENT INFORMATION			
Student's Name			Grade
Home Address			
City	State	Zip Code	County
Name of Parent(s) or guardian with whom the student resides			
Email			
Home phone number	Cell phone number	Work phone number	

*Please check all that apply*  
 Will your child need bus transportation to and/or from an ALTERNATE ADDRESS? (other than our home address listed above) And for what times:  
 Yes \_\_\_\_\_ No \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

*Please check all that apply*  
 Will your child need bus transportation to and/or from an ALTERNATE ADDRESS? (other than our home address listed above) And for what times:  
 Yes \_\_\_\_\_ No \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

Alternate Pick Up Address (if needed)	
Contact Person at Alternate Address and relation to child/family	Phone Number of alternate address
Alternate Drop Off Address (if needed)	
Contact Person at Alternate Address and relation to child/family	Phone Number of alternate address
SECOND ALTERNATE ADDRESS	
Contact Person at Alternate Address and relation to child/family	Phone Number of alternate address
AM _____ PM _____	
Is there any further information (i.e. medical, allergies, etc.) you feel we should be aware of, please explain:	

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# 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  _____