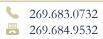


Student Records
One Tyler Street
Niles, Michigan 49120





## Student Enrollment Form

		ormation: Please use student legal na	ime as	shown on their birth certificate	
Last:		First:		Middle:	
Gender:		Date of Birth:		Entering Grade:	
Primary Address:		•		Student Phone #:	
Student preferred name (if	f applicable)			•	
☐American Indian or Alas ☐Asian (origins from any ☐Black or African Americ ☐Hispanic/Latino (A pers ☐Native Hawaiian / Othe ☐White (origins from any	ska Native (original pan (original pan (origins from on Guban, Mer Pacific Islander of the original pans or original pans original p	e box, please circle the primary ethnic/racial ns from any of the original peoples of N, S, o eoples of the Far East, Southeast Asia, or the any of the black racial groups of Africa) exican, Puerto Rican, South or Central American, Corigins from any of the original peoples of peoples of Europe, the Middle East or N African Immigration	e Indian ca or ot any Pac ca)	subcontinent) her Spanish culture or origin) ific Island)	
		School of Attendance			
Northside Child De	ev. Center	Ring Lardner Middle School		☐ Way Niles	
☐ Ballard Elementary		☐ Niles Virtual School		Southside	
Eastside Connecti	ons	☐ Niles High School	☐ Niles High School		
☐ Howard-Ellis Elementary		☐ Niles Cedar Lane	Pr	evious School District:	
Please complete		Mother		Father	
Name (Last, First)					
Place of Employment					
Work Phone					
Work Phone Cell Phone					
Cell Phone					
Cell Phone Email Address	☐ Moth	er		] Father	
Cell Phone Email Address Home Address Student Lives With Please complete	☐ Moth	er Stepmother or Guardian		Father Stepfather or Guardian	
Cell Phone Email Address Home Address Student Lives With Please complete Name (Last, First)	☐ Moth				
Cell Phone Email Address Home Address Student Lives With Please complete	☐ Moth				
Cell Phone Email Address Home Address Student Lives With Please complete Name (Last, First)	☐ Moth				
Cell Phone Email Address Home Address Student Lives With Please complete Name (Last, First) Place of Employment	☐ Moth				
Cell Phone  Email Address  Home Address  Student Lives With  Please complete  Name (Last, First)  Place of Employment  Work Phone	☐ Moth				
Cell Phone Email Address Home Address Student Lives With Please complete Name (Last, First) Place of Employment Work Phone Cell Phone	☐ Moth				
Cell Phone Email Address Home Address Student Lives With Please complete Name (Last, First) Place of Employment Work Phone Cell Phone Email Address	☐ Moth	Stepmother or Guardian			

Name(s) of other children residing in home	Gender	Birthdate	School Attending	Grade			
	□M □F	/ /					
	□M □F	/ /					
	□M □F	/ /					
	□M □F	/ /					
	□M □F	/ /					
☐ We are currently living in permanent housing ☐ Other- Explain:							
Special Information: Please indicate any services the student received at previous school. If SE services were received, you must complete a Temporary Placement form.							
Special Health Conditions:   Diabetes   Asthma   Seizures   Heart   Other							
Allergies:   Bee stings   Environmental  Food Explain							
Is student currently taking any prescribed medication? Please list:							
Suspension/Expulsion: Check One:  Suspension/Expulsion: Check One:  Suspension/Expulsion: Check One:  Suspension/Expulsion: Check One:  Suspension/Expulsion:  S							
Previous School and Early Childhood Information							
Previous School: City/State: Where was the student before kindergarten? (check all that apply)  GSRP							
Emergency Contacts (Other Than Parents-must provide at least one)							
Name	Relationship to	student	Phone No.				
Name	Relationship to	student	Phone No.	<del></del>			
Is there any person who does NOT have permission to contact student at school?   Note: If a birth parent does NOT have permission to contact student at school, legal paperwork is required for verification.							
**Parent/Guardian Signature**							
The undersigned hereby acknowledges that the information provided on this form is true and accurate and it is your intent to enroll your child in NCS. The undersigned understands that it is his/her responsibility to inform the school office when any of the information on this form changes. I authorize Niles Community Schools to consent to medical treatment for my child in my absence. I also accept responsibility for payment of medical services rendered. The undersigned understands that virtual learning may occur for periods of time.							
Printed name of parent/guardian	Sig	gnature of parent/guard	ian Date				