



STUDENT ENROLLMENT FORM

Mendon Community Schools

Home of the Hornets

Re-enrolling in Mendon Community? Yes No
Date last attended Mendon Schools: _____
School last attended: _____

FOR OFFICE USE ONLY	
Verification of Birth Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verification of Immunizations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verification of Residency	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Number	
Teacher	
Bus # (Pickup)	Bus # (Drop-off)

STUDENT INFORMATION

Student Name: _____ Nickname: _____
(First) (Last) (Middle) (Optional)

Gender: Male Female Birthdate: ___/___/___ Age: _____ Grade: _____
Has the student been previously suspended or expelled? Yes No If Yes, please explain _____
If Yes, which district? _____

ETHNICITY (Part A) and RACE (Part B)

Race and Ethnicity (Both Part A and Part B) of the question **must be answered**. If either part is not answered, the US Department of Education requires the district to supply an answer on your behalf.

Part A: Ethnicity (choose only one) **Is this student Hispanic/Latino?** (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, Regardless of race.) Yes No

Part A refers to ethnicity, not race. No matter which box you selected above, please continue to answer Part B (below) by marketing one or more boxes to indicate what you consider your student's race to be.

Part B: Race (choose one or more) When choosing more than one, enter % for each ethnicity

- % _____ American Indian or Alaska Native (Origins from any of the original peoples of N, S, or Central America)
- % _____ Asian (Origins from any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent)
- % _____ Black or African American (Origins from any of the black racial groups of Africa)
- % _____ Native Hawaiian/Other Pacific Islander (Origins from any of the original peoples of any Pacific Island)
- % _____ White (Origins from any of the original peoples of Europe, the Middle East or N Africa)

PRIMARY HOUSEHOLD INFORMATION

Home Phone Number: (____) _____ Cell: (____) _____

Primary Email Address: _____
Is the primary language used in your child's home or environment a language other than English? Yes No

If yes, what is that language? _____ Resident District _____

Current Physical Address: _____
(Street Address) (City) (State) (Zip) (County)

Current Mailing Address: _____
(if different) (Street Address) (P.O. Box) (City) (State) (Zip)

PRIMARY HEAD(S) OF HOUSEHOLD (With whom does the child reside?)

<input type="checkbox"/> Adoptive Parents	<input type="checkbox"/> Father Only	<input type="checkbox"/> Relative (_____)
<input type="checkbox"/> Birth Parent(s)	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Emancipated Minor
<input type="checkbox"/> Father/Stepmother	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Grandparents
<input type="checkbox"/> Mother/Stepfather	<input type="checkbox"/> Foster Home (less than 6 months?) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other

Primary Household Data:	Mother	Father
Name		
Place of Birth		
Occupation/Employer		
Educational Status		
Marital Status		
Other		

SECONDARY HEAD(S) OF HOUSEHOLD

Does the child have a second parent/second residence? Yes No If yes, with whom?

- Mother Only
 Father Only

- Stepmother/Father
 Stepfather/Mother

Other: _____
 Joint Custody? Yes No

Current Physical Address: _____
 (STREET ADDRESS) (CITY) (STATE) (ZIP) (COUNTY)

Current Mailing Address: _____
 (if different) (STREET ADDRESS) (P.O. BOX) (CITY) (STATE) (ZIP)

Should this household be included in all mailings? Yes No **Okay to release student to second household parent** Yes No

If you answered "No" to either of these questions, please attach legal documents; specific to this child and legal documentation; specific to communication with the Secondary Household parent.

Secondary Household Data:	Adult Female	Adult Male
Name		
Place of Birth		
Occupation/Employer		
Educational Status		
Marital Status		
Relationship to Child		

EMERGENCY CONTACT INFORMATION

Calling Order	Name	Release To	Emergency Contact	Relationship Type	Work Phone	Cell Phone	Home Phone
1)		Y N	Y N				
2)		Y N	Y N				

OTHER SIBLINGS LIVING AT HOME

Name	Gender	Birthdate	School	Grade
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		

HEALTH INFORMATION

Medical information is confidential and will be shared with personnel on a need to know basis.

Special Health Conditions Diabetes Heart Asthma Seizures Other (Explain) _____

Allergies Insects/Beestings Medication Food Environment (Explain all) _____

Is student currently taking any prescriptions medications? Please list: _____

SPECIAL NEEDS INFORMATION

Special Program Received at Prior School: Special Education Speech & Language 504 Plan Title 1 Services

Other (Explain) _____

MISCELLANEOUS INFORMATION

Exclude my student from picture release? Y N

I certify that all information is true and valid and that I am authorized to enroll this student: _____