

STUDENT ENROLLMENT FORM

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
State ID	Student Number
Locker Number	Comb.
Homeroom/Teacher	
Bus # (Pickup)	Bus # (Drop-off)
Building	1 st Day of Attendance

Re-enrolling in Portage Public Schools? Yes No
 Date last attended Portage Public Schools: _____
 School last attended _____

STUDENT INFORMATION

Student Name: _____ (From Birth Certificate) (LAST) (FIRST) (MIDDLE) (OPTIONAL) Nickname: _____
 Gender: Male Female Birthdate: ___/___/___ Age: _____ Grade: _____ Student Email Address: _____
 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 marking 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: () _____ Unlisted () Phone Number for Attendance Calls: () _____ Unlisted ()

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) (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:	Primary Residence 1	Primary Residence 2
Head of Household Name/Title (Last, First)		
Relationship Type		
Occupation/Employer		
Employer Phone		
*Additional Notes for above Phone Number		
Cell Phone / Pager		
*Additional Notes for above Phone Number		
Email Address		

