



# Grand Haven Area Public Schools

## Student Enrollment Form

Student ID# \_\_\_\_\_  
Date Received \_\_\_\_\_  
Anticipated Start Date \_\_\_\_\_

**English:** Do you need documents translated into another language? Yes or No Which language? \_\_\_\_\_

**Spanish:** ¿Es usted un padre que necesita traducción de documentos? Sí o No

**Vietnamese:** Bạn có phải là cha mẹ người sẽ cần dịch tài liệu? Có hay không

**Child's Legal Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Gender** \_\_\_\_\_  
(as shown on birth certificate) Last First Middle

**Nickname/Goes by name?** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **City/State of Birth** \_\_\_\_\_

**Is child a twin/triplet/etc?** \_\_\_\_\_ **Home/Main Phone** (\_\_\_\_\_) \_\_\_\_\_ **Resident County** \_\_\_\_\_  
Unlisted Yes or No?

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Resident of GHAPS District?** Yes / No – If No, Which District? \_\_\_\_\_

**Previous School/District Name, Address, and Phone:** \_\_\_\_\_

**Has your student been expelled or suspended from a school inside/outside the State of Michigan?**  Yes  No

**Is either parent currently actively serving in the military?** No/Yes If Yes, which branch? \_\_\_\_\_

*The US Department of Education requires that parents answer both Parts A and B. Please select an answer for both.  
If either part A or B is not answered, the Department of Education requires the school district to supply an answer on your behalf.*

**Part A – Ethnicity:** Is this student Hispanic/Latino? (Choose only one)

- No, not Hispanic/Latino**
- Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race.)

**Part B – Race:** The question to the left is about ethnicity, not race. No matter what you selected, please continue to answer the following by marking one or more boxes to include what you consider your student's race to be. (Required to meet state reporting guidelines.)

- American Indian/Alaska Native  Asian American
- White
- Native Hawaiian/Pacific Islander  Black/African American

### Parents/Step-parents/Guardians Residing in the Home:

Name		Name	
Relationship		Relationship	
Employer		Employer	
Work Phone		Work Phone	
Main Phone	Type:	Main Phone	Type:
Email		Email	

**Is there a custody concern or current court order concerning this child?**  No  Yes, if yes, please provide documentation.

### Parents/Step-parents/Guardians Living Elsewhere: (circle one) Joint Custody / Non-Custodial

Name		Name	
Relationship		Relationship	
Complete address			
Employer		Employer	
Work Phone		Work Phone	
Main Phone	Type:	Main Phone	Type:
E-mail		E-mail	

**May we contact non-custodial family members in case of an emergency? Yes/No** **May non-custodial family members have access to child's educational record?** Yes/No  
If you answered "No" to either of these questions, please provide legal documentation specific to this matter.

### Emergency Contacts, in case parents/guardians cannot be reached (including Daycare Provider, if applicable):

Name	Relationship to Student	Daytime Phone

List other children in the family (use additional sheet as needed):				
Name	Birthdate	Gender	Grade	School (if applicable)

Special Education					
Has your child ever received Special Education services? <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes, please provide copy of <i>Current Services Provided w/IEP</i> .					
SE Primary Disability _____	Speech? Y or N	OT/PT? Y or N	Social Work? Y or N	Section 504? Y or N	Other?

Language Survey
What language is spoken in the child's home? _____
What is the native language of the student/family? _____
Did the student enter the US from another country? _____ Did he/she leave country voluntarily? _____ If no, reason? _____
If the student was not born in the US, when did he/she start attending school in the US? _____ month/year; In Michigan? _____ month/year
Is the student a refugee? _____ Has the student ever received Bilingual/ELL services? _____ Are you a migrant agricultural worker/fisher? _____

<b>Medically Diagnosed/Physician Treated Conditions?</b> (include only those conditions that are under a doctor's care): _____ _____ Will medication be required at school? Yes / No If yes, please complete a medical form. Medication will not be administered without a completed form.  In the event of a serious accident or illness, I authorize the school district to transport, or call for an ambulance, my child to a hospital for emergency care. The hospital, their agents, or a licensed physician may administer such emergency medical treatment as they deem necessary. In addition, I authorize the school district to share medical information about my child with staff members that are in contact with him/her.  _____ Signature (Legal parent/guardian) <span style="float: right;">Date</span>
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Grand Haven Area Public Schools is working towards sending school correspondence electronically. **If you do not wish to receive correspondence in this manner, please initial here** \_\_\_\_\_ *If you do wish to receive electronic correspondence, please make sure you provided a valid email address on the first page of this form.*

- Kindergarten/Young Fives:** By checking this box I am intending to enroll my child for the upcoming school year under Section 6(4)(I)(iii) of the State School Aid Act (MCL 388.1606), which acknowledges my child will turn 5 years old between September 2<sup>nd</sup> - December 1<sup>st</sup> of this current year.
- Photo Release:** By checking this box, I grant permission allowing GHAPS to publish my child's photo on all media including the district website.
- Student Email:** By checking this box, I grant permission allowing school district to assign my child a district email address for use with technology devices (where age appropriate).

**Please Read and Sign:**

Information on this form will be kept confidential and released only according to the Family Educational Rights and Privacy Act.

In order for a student to enroll in Grand Haven Area Public Schools, the parents or guardians must comply with the State of Michigan General School Laws, which require that students attend school in the district in which they live, with the exception of School of Choice approval. If it is found that a student's documents have been falsified to establish residency in the Grand Haven Area Public Schools district, that student will be immediately dismissed from school, in accordance with district policy.

In order to affirm this student's residency in the Grand Haven Area Public Schools district, I declare that this student physically resides at the address shown. I have presented documents to Grand Haven Area Public Schools confirming the parent/guardian's name and address is within the boundaries of the Grand Haven district. I declare that these documents are true and accurate. I am aware that deliberate falsification of information for school attendance purposes is unlawful and will result in the student's immediate dismissal from Grand Haven Area Public Schools.

\_\_\_\_\_  
 Signature (Legal Parent/Guardian) Relationship to Student Date

**OFFICE USE ONLY**

- Verification of Birthdate Use for Kindy  Non-resident student application recv'd? \_\_\_\_\_  Immunization records recv'd
- Verification of residency  Records Requested \_\_\_\_\_ Recv'd \_\_\_\_\_

Grand Haven Area Public Schools do not discriminate on the basis of race, color, religion, sex, national origin, age, height, weight, marital status, handicap, disability, or limited English proficiency in any of its programs or activities. The following office is designated to handle inquiries regarding the nondiscrimination policies:  
 Assistant Superintendent of Human Services 616.850.5085, Grand Haven Area Public Schools, 1415 Beechtree Street, Grand Haven, MI 49417



**AUTHORIZATION FOR RELEASE OF RECORDS**

Last School Attended: \_\_\_\_\_

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

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

School Phone #: \_\_\_\_\_ School Fax #: \_\_\_\_\_

In accordance with the Family Educational Rights and Privacy Act of 1974 and Michigan State Law, I hereby authorize the release of all school records to Grand Haven Area Public Schools for the following student:

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

The above named student has enrolled at Grand Haven Area Public Schools. Please forward the following information to the address listed below:

- Cumulative Folder (CA60) including all medical records, attendance, discipline and confidential information.
- Records including any psychological evaluations, social work evaluations, copies of IEP's and MET's and any other records applicable to special education placement.
- Student UIC #

Please fax the following urgent materials to the number listed below: \_\_\_\_\_

According to the Parents Rights and Privacy Act, Section 438, parents or guardians of a student may inspect the records transferred and request a hearing to challenge the contents therein.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

.....  
School personnel to fill out the following information:

**PLEASE FORWARD RECORDS TO:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student Residency Questionnaire**

*This questionnaire is intended to address the McKinney-Vento (homeless) Act 42 U.S.C. 11435. The answers to this confidential residency information help determine the services this student may be eligible to receive.*

Name of Student \_\_\_\_\_

Birth date \_\_\_\_\_ Gender \_\_\_\_\_ Building \_\_\_\_\_ Grade \_\_\_\_\_

Name of Parent(s)/Legal Guardian(s) \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

1. Is your current address a temporary living arrangement?  Yes  NoIf *Yes*, how long have you been living in this situation? \_\_\_\_\_2. Is this temporary living arrangement due to loss of housing, economic hardship, or other similar circumstances?  Yes  No3. Are you a Refugee/Migrant?  Yes  No**If you answered NO to all the above questions, simply sign and date the bottom of the form.****If you answered YES to any, please complete the remainder of this form.****Where is student presently living?**

- In a motel/hotel.
- In a shelter or other transitional housing.
- In a car, park, campground, public space, abandoned building, or substandard housing.
- Moving from place to place.
- With more than one family in a house or apartment. Who residing with? \_\_\_\_\_
- With an adult that is not a parent or legal guardian. Who residing with? \_\_\_\_\_
- Alone, without an adult. Who residing with? \_\_\_\_\_
- In Foster Care.
- Other (please explain) \_\_\_\_\_

Signature of Parent/Legal Guardian/Person Enrolling Student

Date



# Grand Haven Area Public Schools

Educational Service Center  
1415 Beechtree Street • Grand Haven, MI 49417  
Ph: 616.850.5000 • Fax: 616.850.5010 • [www.ghaps.org](http://www.ghaps.org)

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## Enrollment Checklist

Parents/Guardians enrolling their child in Grand Haven Area Public Schools are required to provide certain documentation to complete the enrollment process. To ensure your child is enrolled in a timely manner, please make sure you bring the following documentation with you when you register.

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Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### REQUIRED DOCUMENTATION for all grade levels:

\_\_\_ **Enrollment Form** (*completed*)

\_\_\_ **Student Residency Questionnaire** (*completed*)

\_\_\_ **Proof of Residency**

Acceptable documents to establish residency include a mortgage, lease, or rental agreement; current property tax statement; utility bills or credit card statement dated within the last 60 days; State ID or Michigan driver's License with current address; voter registration card with current address.

\_\_\_ **Schools of Choice Approval** \_\_\_\_\_ In-District \_\_\_\_\_ Out-of-District

(*if not residing in Grand Haven Area Public School boundaries*)

\_\_\_ **Request for School Records** (*completed*)

\_\_\_ **Proof of Child's Age**

Acceptable documents include the child's birth certificate or passport, baptismal certificate, or a legal statement by a parent. (Document will be copied and original returned to you at time of enrollment)

\_\_\_ **Immunization Record or Health Department Waiver**

State law requires that your child's immunizations must be up-to-date or your child cannot enter school. If you are unable to locate a copy, we can check with MICR, the State of Michigan immunization site. If we still cannot confirm the immunizations, you may be asked to provide a physician's statement.

\_\_\_ **Heads Up Concussion Form**

\_\_\_ **Copy of Most Recent Special Education IEP** (*if applicable*)

\_\_\_ **Court Documentation in the Event of Custody Issues** (*if applicable*)

### Additional Requirements for KINDERGARTEN (YOUNG 5's) LEVEL:

\_\_\_ **Kindergarten Enrollment Age Verification**

Michigan Law states, children enrolling in Kindergarten must be 5 on or before September 1 of the school year of enrollment. An exception provides that if your child will be 5 years of age not later than December 1 of that school year, the district may enroll the child, as long as the parent informs the district in writing that he or she intends to enroll. There is an area on the enrollment form for you to acknowledge your intentions.

\_\_\_ **Proof of Vision & Hearing Screening**

State law requires that your child's vision and hearing must be checked within the last two years. Form must be filled out by your child's doctor or the local health department.

### MIDDLE SCHOOL or SENIOR HIGH SCHOOL grades:

\_\_\_ **Transcript, or most recent report card, from previous school**

If you would like to inquire about free/reduced meal benefits, please call our Food Service Department at 850-6080 or visit the website at <a href="http://www.ghaps.org/foodservice">www.ghaps.org/foodservice</a> .
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