

# Gull Lake Community Schools

## PARTNERSHIP 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
Immunization Waiver	<input type="checkbox"/> Yes <input type="checkbox"/> No
State ID	
Student Number	

Re-enrolling in a Michigan Public School?  Yes  No  
 Date last attended a Michigan Public School: \_\_\_\_\_  
 School District last attended \_\_\_\_\_

### STUDENT INFORMATION

**Student Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_  
 (From Birth Certificate) (LAST) (FIRST) (MIDDLE) (OPTIONAL)  
**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** \_\_\_\_\_

**Is your child's native tongue a language other than English?**  Yes  No **If yes, What is that language?** \_\_\_\_\_

**Is the primary language<sup>1</sup> used in your child's home or environment a language other than English?**  Yes  No **If yes, What is that language?** \_\_\_\_\_

**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"/> Legal Guardian   | <input type="checkbox"/> Double-Up        |
| <input type="checkbox"/> Father/Stepmother | <input type="checkbox"/> Emancipated Minor  | <input type="checkbox"/> Hotel/Motel      |
| <input type="checkbox"/> Mother/Stepfather | <input type="checkbox"/> Shelter  | <input type="checkbox"/> Grandparents     |
| <input type="checkbox"/> Mother Only       | <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 RESIDENT 1	PRIMARY RESIDENT 2
Head of Household Name/Title (Last, First)		
Relationship Type		
Occupation/Employer		
Employer Phone		
Cell Phone / Pager		
Email Address		

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

Date \_\_\_\_\_