



Ravenna Public Schools Student Enrollment Form

Child's Legal Name
(as shown on
birth certificate)

Male Female

Grade Entering _____

Last First Middle

Birth Date _____ Place of Birth _____ Multiple Birth Status: Single Twin Triplet

Address _____
House # Street Apt./Unit # City Zip

Home Phone _____ County _____ Is this child a court placed foster child? Yes No

What is your child's Native Language? _____ Is the primary language used in your child's home or environment a language other than English? Yes ___ No ___
Does your child speak a language other than his Native Language on a daily basis? Yes ___ No ___ If yes, what is the language? _____

If Yes, what is the language? _____ Immigration Date, If not born in U.S.: _____
Number of full school years student has attended any U.S. school? _____

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 or origin, regardless of race.)

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 indicate what you consider your student's race to be.

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

Last School Attended _____ City/State _____

Code: Public School Michigan Public Out of State Church/Private Preschool

Did your child receive any special education services at a previous school? Yes No (If yes, please indicate the types of services he/she received)

(Check all that apply) Special Education Classes Speech OT/PT Social Work 504 Plan

Name of Primary Parent/Guardian Residing in the Home	Place of Employment	Email	Work Phone (area code first)	Cell Phone (area code first)
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Relationship: Father Mother Grandparent Guardian Self (Student Enrolling) Other _____

Name of Secondary Parent/Guardian Residing in the Home	Place of Employment	Email	Work Phone (area code first)	Cell Phone (area code first)
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Relationship: Father Mother Stepmother Stepfather Grandparent Guardian Other _____

Name of Parent Living Elsewhere	Relationship to child	Residence Phone (area code first)	Work Phone (area code first)	Cell Phone (area code first)
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Address _____ Have custody papers been provided to the district? Yes No
Should this person receive report cards/mailings? Yes No

Custody Restrictions: _____

OTHER CHILDREN IN THE FAMILY

Name (First & Last)	Birth Date	School of Attendance

The undersigned hereby acknowledges that the information provided on this form is true and accurate. The undersigned understands that it is his/her responsibility to inform the appropriate school office if and when any of the information set in this form changes.

Parent/Guardian/Student (if over 18) Signature

Date