

# Fruitport Community Schools

## Enrollment/CA60 Form

**DO NOT FILL OUT OR MARK  
Office Use Only: Copy in File**

Student number: \_\_\_\_\_

Entry date: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

Room: \_\_\_\_\_

Birth certificate  Yes  No

Proof of residency  Yes  No

Immunization records  Yes  No

Second Language form  Yes  No

Residency Questionnaire  Yes  No

Drivers License  Yes  No

Today's date \_\_\_\_\_

Student name \_\_\_\_\_  
Last First Middle

Other last name student may use \_\_\_\_\_

Entering grade \_\_\_\_\_ Sex:  Male  Female

Birthdate \_\_\_\_\_  
Month/Day/Year

School of Choice:  New  Renewal

If School of Choice, Resident District: \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
Number/Street name City/State/Zip

|                | Father | Mother | Father | Mother | Step Parent | Guardian |
|----------------|--------|--------|--------|--------|-------------|----------|
| Name:          | _____  | _____  | _____  | _____  | _____       | _____    |
| Address        | _____  | _____  | _____  | _____  | _____       | _____    |
| Home PH:       | _____  | _____  | _____  | _____  | _____       | _____    |
| Cell/Page:     | _____  | _____  | _____  | _____  | _____       | _____    |
| E-Mail         | _____  | _____  | _____  | _____  | _____       | _____    |
| Marital Status | _____  | _____  | _____  | _____  | _____       | _____    |
| Employer       | _____  | _____  | _____  | _____  | _____       | _____    |

Parent/  
**Guardian education level:** 1-No high school diploma    2-High school diploma    3-Anything beyond high school

**Student lives with (check all that apply)**     Both Parents     Father/Step Parent     Mother/Step Parent     Guardian  
 Other \_\_\_\_\_

**Special services your child received at previous school (check all that apply):**  
 None     Speech     Special Education     Social Worker     Title I  
 Other \_\_\_\_\_

For kindergarten students only:  Preschool experience     Church activity     Daycare setting  
 Head Start     GSRP     None     Other

Additional information / past educational problems school should be aware of (e.g. truancy, suspensions, expulsions, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

**Medical/Health Alert:** (please list any health conditions your child has such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, bee sting reactions, etc. Please list medications taken regularly and the reason for the medications.)  
 \_\_\_\_\_

Previous school attended \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_  
Number/Street name \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Grades \_\_\_\_\_ Dates entered/withdrawn \_\_\_\_\_

Other children who reside in the home:

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  natural sibling  step sibling  
Name \_\_\_\_\_ Birthdate \_\_\_\_\_  natural sibling  step sibling

**Race and Ethnicity: Both Part A and part B of the question must be answered.**

**Part A 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 America or other Spanish Culture or origin, regardless of race)

The above part of the question is about ethnicity, not race. No matter which box you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.

**Part B What is the student's race?** (Choose one or more)

**American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America)

**Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand and Vietnam)

**Black or African American** (A person having origins in any of the black racial groups of Africa.)

**Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish Culture or origin, regardless of race)

**Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands)

**White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa)

**\*\*NOTE: Both parts A and B MUST be completed.** If either part (A or B) is not answered, the U.S. Department of Education requires the school district to supply an answer on your behalf.

**Military Connected Student:**

Check the box below if at least one parent is a member of the Armed Forces on active duty.

Armed Forces means an active member of the Army, Navy, Air Force, Marine Corps or Coast Guard  
Active duty means full-time duty in the active military service of the United States. Such term does not include full time National Guard duty.

Military Branch:  Army  Navy  Air Force  Marine Corps  Coast Guard

I affirm, that as the parent/legal guardian, all information provided above is true and accurate, and that my child and I reside at the listed address. I understand any false information provided by me, might subject me to legal penalties for perjury. I will promptly notify the school office of any changes made in any information required on this form.

Parent(s)/Guardian(s) Signature \_\_\_\_\_

Date \_\_\_\_\_