

OFFICE USE ONLY

Bus # AM:
 Bus # PM:
 Student ID #:
 Homeroom Teacher:
 School:



Forest Hills Public Schools
All learners achieving individual potential.
 website: www.fhps.net

GRADES K-12 ENROLLMENT FORM**STUDENT INFORMATION PLEASE PRINT**

Upon request, district documents can be translated into languages other than English.

Legal Name (Last, First, Middle)	Grade:	Gender:	Other Name Student Uses:
Primary Phone Number:	Date of Birth:	Birth City, State, Country:	
Address:	City, Zip	School district student lives in:	
Mailing Address (if different than above):	City, Zip	If moving into Forest Hills, date of move:	
Does your child have an Individualized Education Plan (IEP)? <input type="checkbox"/> YES <input type="checkbox"/> NO	Does your child have a 504 Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of previous school attended:	

Are you living in temporary housing or shelter? ☐ YES ☐ NO

FAMILY INFORMATION – RELATIONSHIP REQUIRED PLEASE PRINT

Last Name, First Name	Relationship	Email address for all school communications:
Workplace		Work Phone/Extension: Cell phone:
Last Name, First Name	Relationship	Email address:
Workplace		Work Phone/Extension: Cell phone:

IF SHARED CUSTODY ARRANGEMENTS EXIST – FAMILY INFORMATION PLEASE PRINT

If no shared custody, please leave the following section blank and continue to the Emergency Contact information.

If divorced, please mark custody.

Legal custody: ☐ Mother ☐ Father ☐ Joint ☐ Other

Physical custody: ☐ Mother ☐ Father ☐ Joint ☐ Other

Last Name, First Name	Relationship	Email address for all school communications:
Mailing address, City, State, Zip		
Workplace		Work Phone/Extension: Cell phone:
Last Name, First Name	Relationship	Email address:
Workplace:		Work Phone/Extension: Cell phone:

NON-PARENT/NON-GUARDIAN EMERGENCY CONTACT PLEASE PRINT

If I am unavailable, I authorize the following non-parent/non-guardian individuals as emergency contacts and/or to pick up my child from school.

Authorized person 1:	Primary Phone: Additional Phone:	Relationship:
Authorized person 2:	Primary Phone: Additional Phone:	Relationship:
Authorized person 3:	Primary Phone: Additional Phone:	Relationship:

If unable to reach me or any of the above named contacts in an emergency, school personnel have my permission to secure emergency medical treatment for my child.

LANGUAGE PLEASE PRINT

Are there any languages, other than English, spoken in your home?

☐ YES Please list language(s): _____

☐ NO

ETHNICITY**RACE****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.)

Choose only one:

☐ YES, Hispanic/Latino

☐ NO, not Hispanic/Latino

Per requirements from the U.S. Department of Education, we are required to collect, maintain, and report data on race and ethnicity. If you choose not to provide this information, school personnel are required to make a selection.

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.

- ☐ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian sub-continent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- ☐ **American Indian/Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- ☐ **Black/African American** (A person having origins in any of the black racial groups of Africa.)
- ☐ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)
- ☐ **Native Hawaiian/Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

MILITARY

Is either parent/guardian currently serving in any component of the Army, Navy, Air Force, Marines, Coast Guard, or as uniformed personnel serving with the Michigan National Guard, in any of the Reserve United States forces, or on Active Duty? ☐ YES ☐ NO

MEDIA RELEASE

Forest Hills Public Schools has a proud tradition of celebrating student accomplishments by sharing them with our community. I understand that pictures and interviews of my student may be used in the district's website, in school district publications, external publications, and electronic media.

As a parent/guardian of a student in FHPS, I permit my child to be photographed, videotaped, or interviewed by the school district or news media for informational and/or promotional purposes. ☐ YES ☐ NO

Failure to note will be treated as parent approval to release student information to media.

TELEPHONE CONSUMER PROTECTION ACT: (Automated calls, emails, texts)

Forest Hills Public Schools uses an automated messaging service to inform families when there are school delays or closures due to inclement weather, or when there is an emergency at your student's school or in the district. These automated messaging services may be used to deliver non-emergency informational calls, texts, or emails, to communicate such things as a negative food service account balance, or communicate school reminders, bus delays, after-school cancellations of activities, general news from the superintendent, and more. Under the FCC Telephone Consumer Protection Act, FHPS must obtain your consent to receive non-emergency autodialed, emailed, texted, and/or prerecorded messages and notifications from, or on behalf of, FHPS. (Please note, FHPS is not responsible for text message or phone charges you may incur with this service. Check your wireless provider, as rates may apply. To "opt in" to receive text messages from Forest Hills, you must text "YES" to 68453. Furthermore, FHPS does not sell or provide telephone numbers or emails to outside parties or vendors.) All parents and/or guardians with telephone numbers and emails on file will continue to receive emergency "Robo Calls" or emails regarding situations deemed an emergency by FHPS administration. The ability to "opt in" or "opt out" only applies to non-emergency calls, emails or texts. Parents/guardians may "opt out" of these services at any time by calling the administration office, (616) 493-8550.

I hereby consent and "opt in" to receive autodialed, emailed, texted, and/or prerecorded non-emergency notifications from or on behalf of Forest Hills Public Schools. ☐ YES ☐ NO

OTHER ACKNOWLEDGEMENTS

FIELD TRIPS: I hereby grant permission for field trip release.

☐ YES ☐ NO

YEARBOOK: I hereby grant permission for my child's photo(s) to be included in the school's yearbook.

☐ YES ☐ NO

PARENT/STUDENT HANDBOOK: I acknowledge that my child and I have reviewed a copy of the parent/student handbook found online at: www.fhps.net. ☐ YES ☐ NO

PARENT/GUARDIAN SIGNATURE

I certify the information on this form is true and correct.

Signature:

Date:

Notice of Non-Discrimination Policy: It is the policy of the Forest Hills Public School district that no person shall, on the basis of race, age, color, religion, national origin, genetic information, sex, or handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program of the district, including employment.

REMEMBER: PRINT COMPLETED FORM AND RETURN TO SCHOOL.