



Forest Hills Public Schools
All learners achieving individual potential

K-12 ENROLLMENT FORM

OFFICE USE ONLY

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

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:
Home or 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 to FHPS, 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:	
Student's Cell Phone #:	Are you living in temporary housing or shelter? <input type="checkbox"/> YES <input type="checkbox"/> 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:

SECOND HOUSEHOLD FAMILY INFORMATION - IF SHARED CUSTODY ARRANGEMENTS EXIST 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

Authorized person 1:	Primary Phone: Additional Phone:	Relationship:
Authorized person 2:	Primary Phone: Additional Phone:	Relationship:
Authorized person 3:	Primary Phone: Additional Phone:	Relationship:
Authorized person 4:	Primary Phone: Additional Phone:	Relationship:

If I am unavailable, I authorize the above non-parent/non-guardian individuals as emergency contacts and/or to pick up my child from school. If unable to reach me, or those listed above, in an emergency, school personnel have my permission to secure emergency medical treatment for my child.

LANGUAGE PLEASE PRINT

Is your **child's** native tongue a language **other** than English? YES NO
 If yes, what is the language? _____

Is the primary language used in your child's home or environment a language other than English? YES NO
 If yes, what is the language? _____

Has your child previously received English Learners/English as a Second Language services? YES NO
 If yes, where? _____

Was your child born outside of the United States of America? YES NO
 If yes, when did he/she arrive in the USA? _____
 When did your child first attend school in the USA? _____

In what language do you prefer to receive student progress reports? _____

Part A: ETHNICITY

Part B: RACE

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

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

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** (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.)
- 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.)
- 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

PARENT/GUARDIAN CONSENT

Failure to note will be treated as parent/guardian approval and consent.

1. **SchoolMessenger:** I 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
Under the FCC Telephone consumer Protection Act, FHPS must obtain your consent to receive non-emergency autodialed, emailed, texted, and or prerecorded messages and notification 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. All parents and/or guardians with phone numbers and emails on file will continue to receive emergency emails or "robo calls" in situations deemed an emergency by the 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.
2. **Yearbook:** My child's photo(s) may be included in the school's yearbook. YES NO
3. **Media Release:** My child may be photographed, video recorded, and/or interviewed by school or news media for communication purposes. (This may include, but is not limited to, the district's bi-monthly printed "Focus" newsletter, additional print and/or online news sources, School News Network, the district's website and the district's social media channels.) YES NO
4. **Field Trips:** My child has permission to attend school-organized field trips. YES NO
5. **Military Info.:** If my child is in high school, the high school may release by child's information to the military. YES NO
6. **Handbook:** I acknowledge that my child and I have reviewed a copy of the student handbook found online at www.fhps.net. YES NO
7. **Release of parent/guardian contact info.:** I authorize the school/district to release parent/guardian contact information to entities such as the FHPS Foundation, FHPS Community Services, Fine Arts Center, and PTO and booster groups. YES NO

PARENT/GUARDIAN SIGNATURE

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

Signature:

Date: