

Huron County  
**Student Enrollment Application**

Directions for Applicants: Please complete all sections.

SCHOOL DISTRICT: \_\_\_\_\_

**STUDENT DEMOGRAPHIC INFORMATION**

STUDENT'S LEGAL NAME: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ GENDER: MALE ☐ FEMALE ☐

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ STUDENT'S CELL #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SCHOOL STUDENT IS CURRENTLY ATTENDING (OR LAST ATTENDED): \_\_\_\_\_

**Michigan's Revised Home Language Survey:** Michigan welcomes families of all language backgrounds. Speaking more than one language is a valuable asset! Please answer the two questions below. If your response to either question is a language other than English, the school district will give an assessment to see if your student may benefit from English language support.

What language is used most at home? \_\_\_\_\_ What language is used most by the student? \_\_\_\_\_

**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:** (use percentages to rank ethnic groups in order)

The question above 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

**RESIDENCY INFORMATION**

RESIDENT DISTRICT: \_\_\_\_\_ COUNTY OF RESIDENCE: \_\_\_\_\_

\*If student is not a resident of the district, please complete a Schools of Choice Application.

Where is the student living now? (Please check one)

- ☐ in a one-family dwelling ☐ with more than one family in a house or apartment  
☐ with friends/family members (other than parent/guardian)  
☐ in a car ☐ in a trailer park or campsite  
☐ in a shelter ☐ in a motel or hotel ☐ awaiting foster care placement  
☐ Other – please explain: \_\_\_\_\_

\*Please note: If you are living in any of the above situations, you may qualify for McKinney-Vento Services.

Does living arrangement checked above result from loss of housing or economic hardship? ☐ Yes ☐ No ☐ Unsure

The student lives with ☐ 1 parent ☐ 2 parents ☐ 1 parent & another adult  
☐ a relative, friend(s), or other adult(s) ☐ alone with no adults  
☐ an adult who is not the parent or the legal guardian

With whom does child reside (names and relationship): \_\_\_\_\_

**SPECIAL EDUCATION INFORMATION**

Is this student eligible for special education? ☐ Yes ☐ No

If yes, please check the programs/services this student has received:

- ☐ Special Education Classroom ☐ Occupational Therapy  
☐ Teacher Consultant Services ☐ Physical Therapy  
☐ Speech and Language Therapy ☐ School Social Work Services

**SECTION 504 INFORMATION**

Does student have a disability requiring a Section 504 Plan? ☐ Yes ☐ No

**SUSPENSION/EXPULSION INFORMATION**

**SUSPENSION:** Has this student been suspended from any school at any location for any reason at any time during the preceding two years? ☐ Yes ☐ No

**If yes, please complete the following information regarding the suspension of the student:**

Name of school district where student was suspended: \_\_\_\_\_

Grade and level (elementary/middle/high) of school building where suspension occurred: \_\_\_\_\_

Name of building administrator involved with the suspension: \_\_\_\_\_

Length and date(s) of suspension: \_\_\_\_\_

Specific conduct for which student was suspended: \_\_\_\_\_

**If the student had more than one suspension, please attach additional sheets to respond to the above questions for each incident.**

**EXPULSION:** Has this student ever been expelled from school? ☐ Yes ☐ No

**If yes, please complete the following information regarding the expulsion of the student:**

Name of school district where student was expelled: \_\_\_\_\_

Grade and level (elementary/middle/high) of school building where expulsion occurred: \_\_\_\_\_

Name of building administrator involved with the suspension: \_\_\_\_\_

Length and date(s) of expulsion: \_\_\_\_\_

Specific conduct for which student was expelled: \_\_\_\_\_

**If the student had more than one expulsion, please attach additional sheets to respond to the above questions for each incident.**

**PARENT/GUARDIAN INFORMATION**

**MOTHER/LEGAL GUARDIAN'S NAME:** \_\_\_\_\_

**RELATIONSHIP TO STUDENT:** ☐ Father ☐ Mother ☐ Step-parent ☐ Guardian ☐ Other (please describe; attach relevant documents)

**ADDRESS** (street, city, and zip code, include P.O. Box, if applicable): \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**FATHER/LEGAL GUARDIAN'S NAME:** \_\_\_\_\_

**RELATIONSHIP TO STUDENT:** ☐ Father ☐ Mother ☐ Step-parent ☐ Guardian ☐ Other (please describe; attach relevant documents)

**ADDRESS** (street, city, and zip code, include P.O. Box, if applicable): \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**OTHER CHILDREN IN FAMILY:**

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **GENDER: MALE** ☐ **FEMALE** ☐

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **GENDER: MALE** ☐ **FEMALE** ☐

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **GENDER: MALE** ☐ **FEMALE** ☐

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**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **GENDER: MALE** ☐ **FEMALE** ☐

**SIGNATURE OF APPLICANT**

**GRADE LEVEL REQUESTED** (example: 5<sup>th</sup>, 8<sup>th</sup>, 12<sup>th</sup>): \_\_\_\_\_

\_\_\_\_\_  
**APPLICANT'S SIGNATURE ( PARENT, GUARDIAN, OR STUDENT, IF OVER 18)**

**DATE:** \_\_\_\_\_