



Ravenna Public Schools Student Enrollment Form

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

Last	First	Middle

Male Female

Grade Entering _____

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.)

Tribal Affiliation
Native American Tribal Affiliation? No Yes Tribe _____
Alaskan Native Tribal Affiliation? No Yes Tribe _____

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)
Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Self (Student Enrolling) <input type="checkbox"/> Other _____				
Name of Secondary Parent/Guardian Residing in the Home	Place of Employment	Email	Work Phone (area code first)	Cell Phone (area code first)
Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____				
Name of Parent Living Elsewhere	Relationship to child	Residence Phone (area code first)	Work Phone (area code first)	Cell Phone (area code first)

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