

Huron County  
**Student Enrollment Form**

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: \_\_\_\_\_  
ADDRESS (street, city, and zip code, include P.O. Box, if applicable): \_\_\_\_\_  
SCHOOL STUDENT IS CURRENTLY ATTENDING (OR LAST ATTENDED): \_\_\_\_\_  
LANGUAGE SPOKEN IN THE HOME: \_\_\_\_\_

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

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

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

**OTHER CHILDREN IN FAMILY:**

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

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