

OFFICE USE ONLY!! Students 1 st day of School: _____		Student #: _____
<input type="checkbox"/> BC <input type="checkbox"/> O/F <input type="checkbox"/> IMZ <input type="checkbox"/> COM <input type="checkbox"/> INC <input type="checkbox"/> PROV <input type="checkbox"/> H.L.S. <input type="checkbox"/> O/F <input type="checkbox"/> Comp. Agr. <input type="checkbox"/> O/F		UIC # _____
<input type="checkbox"/> Hot Lunch <input type="checkbox"/> MIG <input type="checkbox"/> MCIR SOC: <input type="checkbox"/> App <input type="checkbox"/> Release District: _____		School Year: _____
<input type="checkbox"/> Race/Ethnicity <input type="checkbox"/> Address/Residency Verified		

STUDENT INFORMATION

Student Full Legal Name _____

Grade _____ M F Date of Birth _____ Place of Birth _____

Health Code: Asthma Vision Hearing Beesting Epileptic Diabetic Medication Other _____

Special Education Services: Yes No If yes, explain _____

Student Lives With: Father Mother Step-Parent Guardian Relative _____

FAMILY / HOUSEHOLD INFORMATION

Street Address (required) _____ City _____ Zip _____

Mailing Address (if different from above) _____ City _____ Zip _____

Home Phone _____ County of Residence _____

Father/Guardian _____	Mother/Guardian _____	Step-Parent _____
Cell Phone _____	Cell Phone _____	Cell Phone _____
Email Address _____	Email Address _____	Email Address _____
Employer _____	Employer _____	Employer _____
Work Phone # _____	Work Phone # _____	Work Phone # _____
In Household: Yes No	In Household: Yes No	
If No, Receive Mailings? Yes No	If No, Receive Mailings? Yes No	
If Yes, please list address _____	If Yes, please list address _____	

Circle one: Education: HS 9th 10th 11th 12th College 1 2 3 4 +

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Other children in family:

Name	Birth date	Grade	Name	Birth date	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

EMERGENCY CONTACTS – If parent/guardian cannot be reached:

Name: _____ Relationship to Student: _____ Phone: _____

Name: _____ Relationship to Student: _____ Phone: _____

Doctor Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Hospital Name: _____ Phone: _____

I verify the above information to be accurate and truthful to the best of my knowledge, including the address in which we reside.

Parent Signature: _____ Date: _____

WALKERVILLE PUBLIC SCHOOLS

High School / Middle School Grades 6-12
145 East Lathrop St. Walkerville, MI 49459
Phone (231) 873-3652 Fax (231) 873-5615

Elementary School Grades Pre K-5
145 East Lathrop St. Walkerville, MI 49459
Phone (231) 873-5727 Fax (231) 873-5642

PERMISSION TO RELEASE OFFICIAL RECORDS

Student Name _____ Birthdate _____ Grade _____

Previous School _____

School Address _____

School Phone _____ School Fax _____

Please send the above named student's complete school records including:

- Cumulative school record / file
- Achievement test, aptitude & intelligence test scores
- Attendance records
- Grades
- Special education records (IEPC, diagnostic reports, medical records, etc.)
- Immunization records
- UIC NUMBER: _____

This release is in accordance with the provisions of the Family Educational Rights and Privacy Act of 1976.

Parent / Guardian / Student (if 18 years of age)

Signature _____ Today's Date _____
(Not required)

Records are to be sent to:

_____ Walkerville High School / Middle School
145 E. Lathrop St
Walkerville, MI 49459

_____ Walkerville Elementary School
145 E. Lathrop St
Walkerville, MI 49459

Please return a copy of this release form with the student records.

THIS SPACE FOR OFFICE USE ONLY:

1st request
Date sent _____ Date received _____

2nd request
Date sent _____ Date received _____

**Walkerville Public Schools
Student Residency Questionnaire**

This questionnaire is intended to address the McKinney-Vento Homeless Assistance Act, U.S.C.A. 42 Section 11302(a). Your answers will help determine documents necessary for enrollment of this student.

Student's Name: _____ Today's Date: _____

Birth date: (month/day/year): _____ Age: _____

School enrolling in: _____ Grade: _____

1. Does the student currently live...

Section A	OR	Section B
<input type="checkbox"/> in a shelter? <input type="checkbox"/> with more than one family in a house or apartment because of economic hardship? <input type="checkbox"/> in a motel, car, or campsite? <input type="checkbox"/> in home of someone other than a parent or legal guardian? <input type="checkbox"/> other: _____		<input type="checkbox"/> Choices in Section A do not apply <i>Stop: If you checked section B, you do not need to complete the remainder of this form.</i>

2. The student lives with... Parent(s), relative, friend, guardian, alone, other (circle one)

Name: _____

Address: _____ City: _____ Zip: _____

Phone: (home, work, cell, pager, etc.): _____

Name(s) of Parent(s)/Legal Guardian(s): _____

Address: _____ City: _____ Zip: _____

Phone: (home, work, cell, pager, etc.): _____

Comments: _____

SCHOOL USE ONLY

If box in Section B is checked, completion of this form is not required.

For any choices in Section A, form must be completed and homeless status determined. Please involve the WPS Homeless Liaison as needed for assistance in determining homeless status.

The student is homeless according to the McKinney Homeless Assistance Act YES No

If YES, the following enrollment requirements are waived under the McKinney Homeless Assistance Act:

- proof of residency [Section 721(1)]
- supervision of parent/legal guardian [section 722(e)(4)]
- proof of immunizations (attendance may be delayed until proof is produced or first round of shots is administered)
- proof of birth record (must be obtained within 30 days of enrollment)
- student records and transcripts [Section 722(5)]

* Please send this completed form to the WPS Homeless Liaison. Original form will be returned for student's CA60.

WPS Homeless Liaison _____ Date _____

The above named student will receive the following services: <input type="checkbox"/> Continue in school, regardless of district <input type="checkbox"/> Transportation <input type="checkbox"/> Free lunch <input type="checkbox"/> Title I (K-12)	Additional Comments:
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