

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)

MARITAL STATUS: Single Married Separated Divorced Widowed

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)

MARITAL STATUS: Single Married Separated Divorced Widowed

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:** _____

NAME: _____ **DATE OF BIRTH:** _____

NAME: _____ **DATE OF BIRTH:** _____

NAME: _____ **DATE OF BIRTH:** _____

NAME: _____ **DATE OF BIRTH:** _____

SIGNATURE OF APPLICANT

GRADE LEVEL REQUESTED (example: 5th, 8th, 12th): _____

DATE: _____

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

Huron County
Student Enrollment Form

Directions for Applicants: Please complete all sections.

SCHOOL DISTRICT: UBLV COMMUNITY SCHOOLS

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): _____

Is your child's native tongue a language other than English? Yes No What is the language? _____
Is the primary language* used in your child's home or environment a language other than English? Yes No
What is the language? _____ *Primary language means the dominant language used by a person for communication.

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