

BALDWIN COMMUNITY SCHOOLS
INITIAL ENROLLMENT

Date: _____ Grade: _____ Student Social Security #: _____

Has your child ever attended Baldwin Community Schools before? Yes No

Name: _____
Last First Middle

Mailing Address: _____ CITY: _____ ZIP: _____

Street Address: _____

Exact Location of child's home: _____

DO NOT FILL OUT OR MARK OFFICE USE ONLY

Student #: _____
Entry Date: _____
Previous LEA: _____
Birth Certificate: Y N
Other Documentation: Y N
Type: _____
Immunization Record: Y N
Teacher name: _____
Room #: _____

NON RESIDENT STATUS

School of Choice
 District Release form

Township: _____ Name Previous School Attended: _____

Phone: _____ Date of Birth: _____
Month Day Year

Place of Birth: _____
State County Township or City Country

Gender

Male Female

Ethnic Code: Use 1, 2, 3. etc. to rank ethnic identity of student

_____ Native American	_____ Native Pacific Islander
_____ Asian American	_____ Caucasian
_____ African American	_____ Hispanic
_____ Other: _____	_____ Other: _____

Name of Adult MALE residing in the Home: _____

Place of Work: _____ Work Phone#: _____

Cell Phone #: _____ Email Address: _____

Name of Adult FEMALE residing in the Home: _____

Place of Work: _____ Work Phone#: _____

Cell Phone #: _____ Email Address: _____

Name of Parent living elsewhere: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Relationship to Child
(Check one)

Both Parents
 Father/Stepmother
 Mother/Stepfather
 Father only
 Mother only
 Legal Guardian
 Foster Home
 Relative
 Court placed
 Divorced. Joint custody
 Other _____

Additional mailings will require a written request submitted to the office.

BALDWIN COMMUNITY SCHOOLS
INITIAL ENROLLMENT

Enrollment Form - Page 2

Student Name: _____

Special Services your student received at previous school: (check all that apply)

- Speech Special Education – Do you have IEP and MET Copies? Yes No
 Social Worker Title 1
 Reading Recovery Other _____

Emergency Contact Person #1: _____ Relationship to child: _____

Street Address: _____ Phone: _____

Emergency Contact Person #2: _____ Relationship to child: _____

Street Address: _____ Phone #: _____

Call Family Physician: NO YES

Family Doctor: _____ Phone #: _____

Take to Physician or Hospital if Parents cannot be reached? NO YES

Where: _____

Other Children who reside in the home:

Name	Birth date	Grade	
_____	_____	_____	<input type="radio"/> natural sibling <input type="radio"/> step sibling
_____	_____	_____	<input type="radio"/> natural sibling <input type="radio"/> stepsibling
_____	_____	_____	<input type="radio"/> natural sibling <input type="radio"/> stepsibling
_____	_____	_____	<input type="radio"/> natural sibling <input type="radio"/> stepsibling
_____	_____	_____	<input type="radio"/> natural sibling <input type="radio"/> stepsibling
_____	_____	_____	<input type="radio"/> natural sibling <input type="radio"/> stepsibling

What is the primary language spoken in the home? _____

- I have received a Baldwin Elementary School Handbook. Yes No
I have received a Baldwin Middle School Handbook. Yes No
I have received a Baldwin High School Handbook. Yes No

PLEASE BE ADVISED THAT THE LAWS OF MICHIGAN ARE SUCH THAT UNLESS THE SCHOOL HAS IN ITS POSSESSION A LEGAL DOCUMENT WHICH ESTABLISHES CUSTODY OR GUARDIANSHIP, WE MUST RELEASE CHILDREN TO EITHER PARENT.

I affirm, that as the parent/legal guardian, all information provided above is true and accurate, and that my child and I reside at the listed address. I understand any false information provided by me, might subject me to legal penalties for perjury.

Parent/Guardian signature

Date