



School of Choice Enrollment Form

2018 / 2019 School Year

- Please Print -

Student Information

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	GRADE
ETHNICITY			

Parent/Guardian Information

ADDRESS	CITY	ZIP
MOTHER/FEMALE GUARDIAN	RELATIONSHIP	
HOME PHONE () -	MOBILE PHONE () -	WORK PHONE () -
FATHER/MALE GUARDIAN	RELATIONSHIP	
HOME PHONE () -	MOBILE PHONE () -	WORK PHONE () -
NAME OF NON-CUSTODIAL PARENT (optional)	RELATIONSHIP	
ADDRESS	CITY	ZIP
HOME PHONE () -	MOBILE PHONE () -	WORK PHONE () -

SCHOOL DISTRICT LAST ATTENDED	NAME OF SCHOOL LAST ATTENDED
Has the student ever been retained in a grade?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child need to take medication during school hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did your child receive Special Education services during the past school year? <i>If YES, a current IEP must be provided by the parent.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a language other than English spoken in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student's first learned language English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DESCRIBE ANY CHRONIC HEALTH PROBLEMS	WHAT OTHER LANGUAGE?
Do you have custody paperwork? (Such as divorce or guardianship papers)	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF NO, WHAT IS STUDENT' FIRST LANGUAGE?	

Other SCHOOL AGE children in the family

LAST NAME	FIRST NAME	DATE OF BIRTH	GRADE	SCHOOL
LAST NAME	FIRST NAME	DATE OF BIRTH	GRADE	SCHOOL
LAST NAME	FIRST NAME	DATE OF BIRTH	GRADE	SCHOOL

Does a sibling attend a Romulus Community school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you requesting a specific school? <input type="checkbox"/> Yes <input type="checkbox"/> No	SCHOOL REQUESTED
REASON FOR REQUEST	<input type="checkbox"/> Barth Elementary <input type="checkbox"/> Wick Elementary <input type="checkbox"/> Halecreek Elementary <input type="checkbox"/> Romulus Middle School <input type="checkbox"/> Romulus Elementary <input type="checkbox"/> Romulus High School

**FAILURE TO ANSWER THESE QUESTIONS ACCURATELY
WILL RESULT IN IMMEDIATE REMOVAL FROM ROMULUS COMMUNITY SCHOOLS**

Has the student ever been suspended from school? Yes* No
If yes, why was the student suspended?

Has the student ever been expelled from school? Yes* No
If yes, when and why was the student expelled?

Did the student withdraw from his/her school when disciplinary charges were pending against them or after being accused of violating school policy or committing a disciplinary offense? Yes* No
If yes, please explain the circumstances

Has the student ever been charged with a crime? Yes* No
If yes, please explain

***A District may refuse to enroll a nonresident applicant if the applicant is, or has been within the preceding 2 years, suspended from another school or if the applicant has ever been expelled from another school.**
School of Choice privileges will not be renewed for the following violations:

- 1) Student consistently breaks the Student Code of Conduct rules
- 2) Consistent Truancy
- 3) Late arrivals and dismissals
- 4) Special Education: Failure to provide Resident District's Cooperative Agreement

PARENT/GUARDIAN SIGNATURE	DATE
<i>By signing, I verify that the information provided is true to the best of my knowledge and that I have read, understand and agree to terms and conditions.</i>	

- BELOW FOR SCHOOL OFFICE USE ONLY -

_____ Copy of Original Birth Certificate	_____ Custody Papers
_____ Immunization Record (Must be up to date)	_____ Current IEP (Special Ed. Requirement)
_____ Records Request	_____ Special Education: Resident District Cooperative Agreement
_____ Transcripts or last report card (high school students only)	

ENROLLED BY	DATE OF ENROLLMENT
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