

Student ID _____ Teacher/Grade _____ Enrollment Date/Time _____
Family Number _____ Transportation _____



WYOMING PUBLIC SCHOOLS

West Early Childhood Center

School Year
2016 - 2017

Days Per Week T/TH _____ M/W/F _____ (mark one)

Legal Last Name of Student _____ First _____ Middle _____ Male/Female _____
Date of Birth _____ Twin/Triplet/Etc. _____ Grade _____ Place of Birth (City, State) _____
Home Phone Number _____ Unlisted? _____ Last School Attended _____ Last District Attended _____

(ELEMENTARY) TRANSPORTATION:

Before school my child will be: Walking _____ Riding the Bus _____ Driven _____ Name of Driver: _____
After school my child will be: Walking _____ Riding the Bus _____ Driven _____ Name of Driver: _____
My child attends Day Care: _____
Name Phone Address Schedule (Day(s) Time(s))

Language Survey

What is your child's first language spoken at home? _____
What other language, if any, is spoken in the home? _____
What language do you want information sent from school to home? _____
If parent/guardian does not speak English, who is your interpreter? _____ Phone _____
Did the student enter the US from another country? ___ Yes ___ No
Did he/she leave the country voluntarily? ___ Yes ___ No If no, reason: _____
If the child was not born in the U.S., when did he/she start attending school in the US? _____ month/year Michigan? _____ month/year
Is the student a refugee? ___ Yes ___ No Has your child received any Bilingual/ESL services? ___ Yes ___ No

Ethnicity

Is the student Hispanic/Latino? (Choose only one)
___ Yes, Hispanic/Latino – (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
___ No, not Hispanic/Latino

Race

The question to the left is about ethnicity, not race. No matter what you selected, **please continue to answer the following** by marking *one or more* to indicate what you consider your student's race to be.
___ American Indian/Alaska Native ___ Asian American
___ Native Hawaiian/Pacific Islander ___ Black/African American
___ Caucasian/White

Parent Educational Background: Please circle the number which would represent last grade/year of schooling if not listed correctly or not listed at all:

mother: 9 10 11 12(H.S. grad) 13 14 15 16(college grad) 16+
father: 9 10 11 12(H.S. grad) 13 14 15 16(college grad) 16+

What Family (1 or 2) does the child live with: _____

Family 1

Family 2 Does Family 2 request mailings home? _____

Parent Name Relationship Cell Phone
Spouse Name Relationship Cell Phone
Home Address City Zip
E-Mail Address Home Phone
Parent Place of Employment Occupation Work Phone
Spouse Place of Employment Occupation Work Phone

Parent Name Relationship Cell Phone
Spouse Name Relationship Cell Phone
Home Address City Zip
E-Mail Address Home Phone
Parent Place of Employment Occupation Work Phone
Spouse Place of Employment Occupation Work Phone

Is your current address a temporary living arrangement? ___ Yes ___ No If Yes, please explain _____

Emergency Information

Name and phone number of adult we can contact if parent/guardian cannot be reached. Please indicate the order of contact preference.

<input type="checkbox"/>	_____	_____	_____	_____
	Name	Relationship to Student	Phone Number	Cell/Work Phone
<input type="checkbox"/>	_____	_____	_____	_____
	Name	Relationship to Student	Phone Number	Cell/Work Phone
_____		_____		
	Family Physician	Phone Number		

Is your child covered by Health Insurance? ____ Yes ____ No

Has the student received any of the following special services in his/her previous school?

Special Education: Yes _____ No _____

_____ Bilingual/ESL	_____ Occupational Therapy	_____ Speech Therapy	Other _____
_____ Title I	_____ Physical Therapy	_____ Tutoring Support	
_____ Use of Outside Counseling/Psychologist	_____ Social Work		

Does your child wear any of the following?

_____ Eye Glasses – If so, full-time or reading only? (Please circle) _____ Hearing Device – 1 or 2 (Please circle)

Health Information: Please list any health concerns or conditions the school should be aware of: _____

(If your child takes medication, an “Administration of Medication” form must be filled out by your child’s doctor and returned to the school office.)

I give consent to Wyoming Public School’s Medical Plan Specialist to contact the health care provider listed above and discuss my child’s medical condition and treatment plan.

 **Signature:** _____ **Date:** _____

Is there any other information you would like to share with your child’s teacher; personality traits, special talents, family issues, etc.

Other Brothers or Sisters of all Ages:

Name: _____	Birthdate: _____	Male / Female	Are they Currently Attending Wyoming Public Schools? Yes No
Name: _____	Birthdate: _____	Male / Female	Are they Currently Attending Wyoming Public Schools? Yes No
Name: _____	Birthdate: _____	Male / Female	Are they Currently Attending Wyoming Public Schools? Yes No
Name: _____	Birthdate: _____	Male / Female	Are they Currently Attending Wyoming Public Schools? Yes No

PARENT/GUARDIAN AUTHORIZATION

 **Field Trips** - Throughout the school year, students of Wyoming Public Schools may have an opportunity to learn from outside sources. Such an opportunity will necessitate permission to travel away from school on a field trip. Parents/Guardians will be informed in advance of places, dates and times of each field trip your child will attend. Therefore, *please initial the following information:*

My child **has** permission to attend field trips My child **does not** have permission to attend field trips

 **Photo Release:** I grant permission allowing my child’s school district to publish my child’s photo on all media including the District website. Yes No

 **Automated Calling:** The district uses an automated calling system to periodically inform parents of important school issues, and sometimes to communicate information specific to your child. The law requires your express consent to make such calls to your phone number. *Please note that you will have the opportunity to opt out at any time.*

Please check for your consent to call your number. Yes No
Please check for your consent to text messages if you have availability for text messaging. Yes No

Court Orders - Is there any legal court action which the school should be made aware of? If you have a restraining order, guardianship papers, or name changes, please allow the school to make a copy of such papers for your child’s records. Please provide any relevant information. _____

In the event of a serious accident or illness, I request that a representative of the school system contact me. If I cannot be reached, I request that contact be made with the physician named and his/her instructions be followed in the treatment of my child. If the emergency is such that immediate medical care is necessary, I authorize the school system to transport my child to a hospital for emergency care. The hospital, their agents, or a licensed physician, may administer such emergency medical treatment, as they deem necessary under the circumstances.

 _____ **Parent/Guardian Signature** _____ **Date**