

# FLUSHING COMMUNITY SCHOOLS - INITIAL REGISTRATION FORM

## THE FOLLOWING IS REQUIRED TO ENROLL YOUR CHILD IN SCHOOL:

Immunization Records \_\_\_\_\_  
Legal Birth Certificate \_\_\_\_\_  
Two Proofs of Residency \_\_\_\_\_

## FOR OFFICE USE ONLY:

Building \_\_\_\_\_  
Bus No. \_\_\_\_\_  
Teacher Assigned (Elem.) \_\_\_\_\_  
Synergy Enrollment Date \_\_\_\_\_

Has your child attended Flushing Schools in the past? \_\_\_ Yes \_\_\_ No Student #: \_\_\_\_\_  
(Office Use)

Student Name \_\_\_\_\_ Grade Enrolling Into:   
Last First Middle

Sex: Male \_\_\_ Female \_\_\_ Birth Date \_\_\_\_\_ Kdg. Waiver Needed: \_\_\_ Yes \_\_\_ No  
Month Day Year (Office Use)

Birth Place \_\_\_\_\_ Multiple Birth Order:   
City State Country

Ethnicity: Is this student Hispanic/Latino? \_\_\_ No, not Hispanic/Latino \_\_\_ Yes, Hispanic/Latino  
(A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture/origin, regardless of race.)

Race: (Choose one or more – use 1 & 2 to rank primary & secondary ethnic groups)  
\_\_\_ Amer Ind or Alaskan \_\_\_ African American/Black \_\_\_ White \_\_\_ Asian \_\_\_ Native Hawaiian/Pacific Islander

Student Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Address of Non-Custodial Parent \_\_\_\_\_

Primary Contact Phone # \_\_\_\_\_ With whom does the child live? Name: \_\_\_\_\_  
\_\_\_ Both Parents \_\_\_ Father Only \_\_\_ Mother Only \_\_\_ Legal Guardian \_\_\_ Physical Custody \_\_\_ Foster Care  
\_\_\_ Mother/Stepdad \_\_\_ Father/Stepmom \_\_\_ Blended Family \_\_\_ Living on Own \_\_\_ Joint Custody \_\_\_ Other

Mother's Name \_\_\_\_\_ Country of Birth \_\_\_\_\_ Place of Employment/Title \_\_\_\_\_

Education Completed \_\_\_\_\_ Date of Naturalization \_\_\_\_\_  Active Military

Father's Name \_\_\_\_\_ Country of Birth \_\_\_\_\_ Place of Employment/Title \_\_\_\_\_

Education Completed \_\_\_\_\_ Date of Naturalization \_\_\_\_\_  Active Military

Home Phone \_\_\_\_\_ Work (Mom) \_\_\_\_\_ Cell (Mom) \_\_\_\_\_ Work (Dad) \_\_\_\_\_ Cell (Dad) \_\_\_\_\_

Internet Access at Home? \_\_\_ Yes \_\_\_ No E-Mail Address: \_\_\_\_\_

If eligible, will you use school busing? \_\_\_ Yes \_\_\_ No From Home to School? \_\_\_ From School to Home? \_\_\_

From Day Care to School? \_\_\_ From School to Day Care? \_\_\_

Daycare Name: \_\_\_\_\_

Daycare Address \_\_\_\_\_ Daycare Phone \_\_\_\_\_

Family Data: (Other Children in the Family)

Name	Birthday	Boy	Girl

Name of Last School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Has your child participated in other Flushing School programs? \_\_\_ Yes \_\_\_ No

\_\_\_ Tuition based Pre-School \_\_\_ Head Start \_\_\_ GSRP

Student's First Language: \_\_\_\_\_ Language Spoken in Home: \_\_\_\_\_

ESL Screening? \_\_\_\_\_

(Office Use)

Are you and/or your spouse Michigan registered voters? Yes/No \_\_\_ Mom \_\_\_ Dad

**SPECIAL SERVICES INFORMATION**

Is student eligible to receive Special Education Programs/Services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please check:

\_\_\_\_\_ Speech/Language Therapy

\_\_\_\_\_ Social Work

\_\_\_\_\_ Resource Room

\_\_\_\_\_ Categorical (self-contained) Classroom (LD, EI, CI)

\_\_\_\_\_ Teacher Consultant

\_\_\_\_\_ Other, specify \_\_\_\_\_

In which school district was your child most recently evaluated and determined eligible for these services?

School District: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person \_\_\_\_\_

**Note:** Special Education Programs/Services will begin when eligibility/service is verified by previous district and previous enrollment form is received by Flushing Community School's Director of Special Education Services.

I hereby certify the above information is true to the best of my knowledge. I also confirm that my child has not been expelled by any former school district.

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE:**