

<b>OFFICE USE ONLY!!</b> Students 1 <sup>st</sup> day of School: _____		Student #: _____
<input type="checkbox"/> BC <input type="checkbox"/> O/F <input type="checkbox"/> IMZ <input type="checkbox"/> COM <input type="checkbox"/> INC <input type="checkbox"/> PROV <input type="checkbox"/> H.L.S. <input type="checkbox"/> O/F <input type="checkbox"/> Comp. Agr. <input type="checkbox"/> O/F		UIC # _____
<input type="checkbox"/> Hot Lunch <input type="checkbox"/> MIG <input type="checkbox"/> MCIR	SOC: <input type="checkbox"/> App <input type="checkbox"/> Release District: _____	School Year: _____
<input type="checkbox"/> Race/Ethnicity <input type="checkbox"/> Address/Residency Verified		

**STUDENT INFORMATION**

Student Full Legal Name \_\_\_\_\_

Grade \_\_\_\_\_  M  F Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Health Code:  Asthma  Vision  Hearing  Beesting  Epileptic  Diabetic  Medication  Other \_\_\_\_\_

Special Education Services:  Yes  No If yes, explain \_\_\_\_\_

Student Lives With:  Father  Mother  Step-Parent  Guardian  Relative \_\_\_\_\_

**FAMILY / HOUSEHOLD INFORMATION**

Street Address (required) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ County of Residence \_\_\_\_\_

<b>Father/Guardian</b> _____	<b>Mother/Guardian</b> _____	<b>Step-Parent</b> _____
Cell Phone _____	Cell Phone _____	Cell Phone _____
Email Address _____	Email Address _____	Email Address _____
Employer _____	Employer _____	Employer _____
Work Phone # _____	Work Phone # _____	Work Phone # _____
In Household: Yes No	In Household: Yes No	
If No, Receive Mailings? Yes No	If No, Receive Mailings? Yes No	
If Yes, please list address _____	If Yes, please list address _____	

Circle one: Education: HS 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup> College 1 2 3 4 +

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**Other children in family:**

Name	Birth date	Grade	Name	Birth date	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**EMERGENCY CONTACTS – If parent/guardian cannot be reached:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I verify the above information to be accurate and truthful to the best of my knowledge, including the address in which we reside.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# WALKERVILLE PUBLIC SCHOOLS

**High School / Middle School Grades 6-12**  
145 East Lathrop St. Walkerville, MI 49459  
Phone (231) 873-3652 Fax (231) 873-5615

**Elementary School Grades Pre K-5**  
145 East Lathrop St. Walkerville, MI 49459  
Phone (231) 873-5727 Fax (231) 873-5642

## PERMISSION TO RELEASE OFFICIAL RECORDS

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
Previous School \_\_\_\_\_  
School Address \_\_\_\_\_  
School Phone \_\_\_\_\_ School Fax \_\_\_\_\_

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Please send the above named student's complete school records including:

- Cumulative school record / file
- Achievement test, aptitude & intelligence test scores
- Attendance records
- Grades
- Special education records (IEPC, diagnostic reports, medical records, etc.)
- Immunization records
- UIC NUMBER: \_\_\_\_\_

This release is in accordance with the provisions of the Family Educational Rights and Privacy Act of 1976.

Parent / Guardian / Student (if 18 years of age)

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_  
(Not required)

Records are to be sent to:

\_\_\_\_\_ Walkerville High School / Middle School  
145 E. Lathrop St  
Walkerville, MI 49459

\_\_\_\_\_ Walkerville Elementary School  
145 E. Lathrop St  
Walkerville, MI 49459

Please return a copy of this release form with the student records.

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THIS SPACE FOR OFFICE USE ONLY:

1<sup>st</sup> request  
Date sent \_\_\_\_\_ Date received \_\_\_\_\_

2<sup>nd</sup> request  
Date sent \_\_\_\_\_ Date received \_\_\_\_\_

**Walkerville Public Schools  
Student Residency Questionnaire**

This questionnaire is intended to address the McKinney-Vento Homeless Assistance Act, U.S.C.A. 42 Section 11302(a). Your answers will help determine documents necessary for enrollment of this student.

Student's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Birth date: (month/day/year): \_\_\_\_\_ Age: \_\_\_\_\_

School enrolling in: \_\_\_\_\_ Grade: \_\_\_\_\_

1. Does the student currently live...

Section A	OR	Section B
<input type="checkbox"/> in a shelter? <input type="checkbox"/> with more than one family in a house or apartment because of economic hardship? <input type="checkbox"/> in a motel, car, or campsite? <input type="checkbox"/> in home of someone other than a parent or legal guardian? <input type="checkbox"/> other: _____	OR	<input type="checkbox"/> Choices in Section A do not apply   <i><b>Stop:</b> If you checked section B, you do not need to complete the remainder of this form.</i>

2. The student lives with... Parent(s), relative, friend, guardian, alone, other (circle one)

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

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

Phone: (home, work, cell, pager, etc.): \_\_\_\_\_

Name(s) of Parent(s)/Legal Guardian(s): \_\_\_\_\_

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

Phone: (home, work, cell, pager, etc.): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

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SCHOOL USE ONLY

If box in Section B is checked, completion of this form is not required.

***For any choices in Section A, form must be completed and homeless status determined. Please involve the WPS Homeless Liaison as needed for assistance in determining homeless status.***

The student is homeless according to the McKinney Homeless Assistance Act  YES  No

If YES, the following enrollment requirements are waived under the McKinney Homeless Assistance Act:

- proof of residency [Section 721(1)]
- supervision of parent/legal guardian [section 722(e)(4)]
- proof of immunizations (attendance may be delayed until proof is produced or first round of shots is administered)
- proof of birth record (must be obtained within 30 days of enrollment)
- student records and transcripts [Section 722(5)]

\* Please send this completed form to the WPS Homeless Liaison. Original form will be returned for student's CA60.

WPS Homeless Liaison \_\_\_\_\_ Date \_\_\_\_\_

The above named student will receive the following services: <input type="checkbox"/> Continue in school, regardless of district <input type="checkbox"/> Transportation <input type="checkbox"/> Free lunch <input type="checkbox"/> Title I (K-12)	Additional Comments:
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