



REGISTRATION FORM

To apply to enroll:

1. Complete registration form and corresponding pages.
2. Provide school with copies of (a) all immunization records, (b) last grade report and (c) transcript.
3. Application is not considered complete without above copies.

LEGAL FIRST NAME, <u>NOT</u> NICKNAME	MIDDLE NAME	LAST NAME + GENERATION SUFFIX (GR. II, III) IF APPLICABLE	
RESIDENTIAL ADDRESS		PREFERRED NICKNAME, IF APPLICABLE	DATE OF BIRTH (MM-DD-YYYY)
CITY / STATE / ZIP		PREVIOUS SCHOOL ATTENDED	BIRTH PLACE (CITY)
GRADE (CIRCLE ONE) 7 8 9 10 11 12		SCHOOL DISTRICT OF RESIDENCE	GENDER (CIRCLE ONE) Male Female
HOME PHONE	Twin, Triplet, etc. Y / N	COUNTY OF RESIDENCE	SOCIAL SECURITY NUMBER

CHECK IF NON-RESIDENT OR FOREIGN EXCHANGE STUDENT, IF SO INDICATE VISA TYPE: F-1 / OTHER

RACIAL/ETHNIC INFORMATION FOR MICHIGAN DEPT OF EDUCATION STATISTICS
 PRIMARY AND/OR SECONDARY, NUMBER 1, 2, 3 FOR THE ONE OR MORE THAT APPLY

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Asian American (Far East, SE Asia, India) | <input type="checkbox"/> White |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
(Hawaii, Guam, Samoa or Other Pacific Islands) | <input type="checkbox"/> Hispanic or Latino (Cuba, Puerto Rico, South or Central America or other Spanish culture or origin) |

PARENT / GUARDIAN INFORMATION

FIRST CONTACT NAME / RELATIONSHIP TO STUDENT	SECOND CONTACT NAME / RELATIONSHIP TO STUDENT
ADDRESS (IF DIFFERENT) CITY / STATE / ZIP	ADDRESS (IF DIFFERENT) CITY / STATE / ZIP
EMAIL ADDRESS	EMAIL ADDRESS
OCCUPATION / EMPLOYER	OCCUPATION / EMPLOYER
PHONE - WORK PHONE - MOBILE PHONE - HOME () () ()	PHONE - WORK PHONE - MOBILE PHONE - HOME () () ()

EMERGENCY CONTACT (if 1st or 2nd contact cannot be reached) / FAMILY DOCTOR / MEDICAL

EMERGENCY CONTACT NAME / RELATIONSHIP TO STUDENT	FAMILY DOCTOR NAME
ADDRESS	DOCTORS OFFICE ()
CITY / STATE / ZIP	SPECIAL MEDICAL NEEDS (e.g. Diabetes, Food Allergies):
PHONE - DAY PHONE - EVENING () ()	

IS YOUR CHILD CURRENTLY TAKING ANY MEDICATION? PLEASE INDICATE TYPE AND DOSAGE:

IMMUNIZATIONS CHECKLIST

Please attach copy of your child's Immunization Record.
 Michigan law requires all children be immunized against vaccine-preventable diseases
 To enter Kindergarten, 6th grade, or a new school district in any grade.

IMMUNIZATIONS Diphtheria, Tetanus & Pertussis (DtaP / DTP / DT / Td): Polio (OPV or IPV): Measles / Mumps / Rubella (MMR): Hepatitis B (HEP B): HAS THIS STUDENT HAD CHICKENPOX? Y / N	REQUIRED DOSES 4 doses are required. 3 doses are required. 2 doses are required. 3 doses are required. Varicella (<u>required</u> unless child has had chickenpox)
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SPECIAL SERVICES YOUR STUDENT HAS RECEIVED AT PREVIOUS SCHOOL Check all that apply.

<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Special Education Service	<input type="checkbox"/> L.D.	<input type="checkbox"/> English as Second Language
<input type="checkbox"/> Social Work	<input type="checkbox"/> Resource Room _____ hrs/week	<input type="checkbox"/> E.I.	What is primary language at home?
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Self-contained classroom	<input type="checkbox"/> E.M.I.	_____
	<input type="checkbox"/> Date of last I.E.P.C.: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> G.A.T.E.S

Does this student have sibling(s) currently enrolled at KWHS? No / Yes	Siblings enrolled / enrolling (& next year grade):
Does this student have sibling(s) also applying to KWHS for the 1st time? No / Yes	
If yes to either, list those brothers and sisters at the space to the right.	

I attest that the information provided is complete and accurate to the best of my knowledge.

X _____ Parent/Guardian Signature	_____ Today's Date	Office Use Only - Date / Time Received
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kwoods.org