

# Ann Arbor Public Schools

Notice of Entry  
Form Last Revised Dec. 2007



## FOR OFFICE USE ONLY

Student ID \_\_\_\_\_  
 Building \_\_\_\_\_ Date \_\_\_\_\_  
 Residency \_\_\_\_\_ Advisor # \_\_\_\_\_  
 Birth Cert \_\_\_\_\_ Teacher # \_\_\_\_\_  
 Immunizations \_\_\_\_\_ Counselor # \_\_\_\_\_  
 Comp Use Form \_\_\_\_\_ Year of Grad \_\_\_\_\_  
 Perm to Pub Form \_\_\_\_\_ ESL on file \_\_\_\_\_

**PLEASE PRINT**

### STUDENT INFORMATION

Enter student's full name as it appears on their birth certificate

Student's Legal Last Name

First Name

Middle/Suffix (Jr III)

Address Number and Street Name

City

Home Phone Number

Zip Code

Unlisted Yes/No

Date of Birth

Gender M/F

Grade at Enrollment

Age

Apartment/Lot #

City of Birth

Student's Ethnic Group (Circle all that apply)

- 1 American Indian or Alaskan
- 2 Caucasian
- 3 Latino or Hispanic
- 4 African American
- 5 Asian
- 6 Middle Eastern

### PREVIOUS SCHOOL ATTENDED

(Include Preschool through 12th Grade)

School Name \_\_\_\_\_

School mailing address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Primary Language spoken in the home \_\_\_\_\_

Were you ever enrolled in Ann Arbor Public Schools? Yes  No

Are there any physical or personal problems for which the student might require special attention or help from school personnel (e.g. severe allergies, asthma etc.)

Yes  No

**If yes, please complete the health information survey.**

Has the student had the chickenpox? Yes  No

Has the student received any IEPC/IFSP/IEP/MET Special Education Services or a 504 Plan?

Yes  No

**If yes, please complete the special education survey.**

Is a language other than English spoken in the home?

Yes  No

**If yes, please complete the Home Language Survey.**

Has the student been expelled from another district during this school year?

Yes  No

Expulsion does not automatically disqualify a student from enrollment but AAPS reserves the right to review the enrollment and determine the appropriateness of his/her enrollment

Office Use Only

Survey Given

Health

Survey Given

Special Ed

Survey Given

Home Lang

Survey Given

**OVER**

**PARENT/GUARDIAN INFORMATION**

**(1) Parent/Guardian Last Name, First Name**

Cell Phone/Page



Name of Employer/Occupation

Work Phone



Relationship to Student

Email Address

Does student reside with this person?

Yes

No

Is this person custodial parent?

Yes

No

**(2) Parent/Guardian Last Name, First Name**

Cell Phone/Page



Name of Employer/Occupation

Work Phone



Relationship to Student

Email Address

Does student reside with this person?

Yes

No

Is this person custodial parent?

Yes

No

**(3) Parent/Guardian (living elsewhere) Last Name, First Name**

Phone



Address City/State/Zip

Work Phone



Relationship to Student

Email Address

Can this person receive mailing

Yes

No

Is contact allowed?

Yes

No

Not allowed per court order

Law entitles non-custodial parents the right to receive mailings upon request.

**SIBLING INFORMATION**

Last Name, First Name

Grade

School

Last Name, First Name

Grade

School

Last Name, First Name

Grade

School

I certify that the information provided herein is current and true, and by my signature below acknowledge Ann Arbor Public Schools' lawful right to disenroll my child and to charge prorated tuition to the family of any student who has been found to have misrepresented residency in the Ann Arbor Public School District.

Signature of parent/guardian

Date