Riverside Hagar #6 School

Riverside Student Enrollment Form

3422 Riverside Road Benton Harbor, MI 49022
Phone: 269-849-1343 Fax: 269-849-0735

Student Information:

*As shown on Birth Certificate:

Student Full Name: _____

DOB: _____ Age: _____ Gender: ___ M / ___ F

Current Address: _____

Current Resident School District: _____

Home Phone Number: _____

City & State of Birth: _____

If born outside of the U.S., number of years the student resided in the U.S.: ____

School Last Attended: _____

School Address: _____

Grade Last Completed: _____ Grade to be Enrolled In: _____

Has the student been expelled from another school? ___ Yes / ___ No
Does the student have an expulsion in process or pending? ___ Yes / ___ No
Is the student currently suspended from another school? ___ Yes / ___ No
*If yes for any forms of discipline, which district? _____

Please explain: _____
_____
_____

Re-enrolling in Riverside? ___ Yes / ___ No Today's Date: _____

Additional Pre-School Age Student Information

My child attended a pre-kindergarten program. ___ Yes ___ No
*If yes, please specify below:
___ Head Start ___ Public Preschool ___ Private Preschool
___ Childcare in a Public Setting ___ Childcare in a Home Setting
___ Childcare under a family members watch ___ GSRP
___ Other: _____

Student Special Needs Information

Please indicate any services your child received at a previous school:

___ Qualifies for Migrant Services ___ Has a Parent/Guardian in the MIlitary
___ Special Education/IEP for _____
___ Speech and Language Services ___ Title 1 Services ___ 504 Plan
___ Other: _____

Student Ethnicity and Race

Is the student Hispanic? ___ Yes ___ No
*(Meaning a person of Cuban, Mexican, Puerto Rican, South American, Central American, or other Spanish culture or origin, regardless of race)

Choose one or more, and underline primary:
___ American Indian or Alaska Native
*(Origins from any of the original peoples of North, South, or Central America)
___ Asian
*(Origins from any of the original peoples from the Far East, Southeast Asia, or the Indian subcontinent)

___ Black or African American
*(Origins from any of the black racial groups of Africa)
___ Hispanic/Latino
*(Origins from any of the original peoples of Spanish culture or origin)
___ Native Hawaiian or other Pacific Islander
*(Origins from any of the original peoples of any Pacific Island)
___ White
*(Origins from any of the original peoples of Europe, the Middle East, or North America)

Student Health and Medical Information

In a medical emergency, Riverside is authorized to take whatever reasonable and appropriate steps are necessary to care for my child. I accept all responsibility, financial and otherwise for this care. ___ Yes ___ No

I give permission for the school personnel to discuss the medical information of my child with other school staff if necessary for the safety of the child.
___ Yes ___ No

I understand that if my child needs to take medication at school, that I will fill out a medication form with the principal and leave the medication in their care. ___ Yes ___ No

List and medications taken daily or weekly here: _____
_____

Student has the following medical conditions (please check all that apply):
___ Nothing Known ___ Epileptic/Seizures ___ Rheumatic
___ Heart ___ Muscle Weakness ___ Hemophiliac
___ Asthma - Uses Inhaler ___ Yes ___ No ___ Diabetic
___ Wears Glasses or Contacts ___ Severe Nose Bleeds
___ Hearing Issues - Wears a Hearing Aid ___ Yes ___ No

Allergies ___ Yes ___ No
*If yes, please list next to the allergy

___ Medication: _____
___ Food: _____
___ Environmental: _____
___ Insect/Bee - Has an EpiPen ___ Yes ___ No

If any health conditions are marked above that need explanation, please explain: _____
_____

If any health conditions are present that are not listed above, please explain:
_____
_____

Home Language Information

Is your child's first language learned from their parent/native tongue other than English? ___ Yes ___ No
*If yes, what language? _____

Is the primary language used in your child's home or environment a language other than English? ___ Yes ___ No
*If yes, what language? _____

Was your child born outside of the United States? ___ Yes ___ No
*If yes, how many years has the student attended school in the U.S.? _____

Student Primary Household Guardian Information

Please explain the students current living situation if need be: _____
_____
_____
_____

Student lives in:

___ A Home you Own ___ Family Shares with Relatives or Friends
___ A Rental/Lease ___ Shelter ___ Hotel
___ Other: _____

Who does the child live with? Check all that apply:
___ Birth Parents ___ Adoptive Parents ___ Emancipated Minor
___ Father Only ___ Mother Only ___ Mother and Stepfather
___ Legal Guardian that is not a Birth Parent ___ Father and Stepmother
___ Relative - (Please specify: _____)
___ Grandparents ___ Foster Home - (for less than 6 months? ___ Yes ___ No)
___ Other: _____

Student Primary Household Information:
Who will mainly pick up the student from school? ___ Yes ___ No
*If no, please state who will be: _____

Name of Parent/Guardian: _____

Relationship: _____ Employed By: _____

Work Phone: _____ Cell Phone: _____

Address: _____

Email Address: _____

Notes: _____
_____
_____

Are there other children who reside in this home? ___ Yes ___ No
*If yes, list below:

Name	Gender	Birthdate	School	Grade

Student Secondary Household Guardian Information:

Does the student have a second parent/second residence? ___ Yes ___ No
*If no, do not fill out the rest of this section

Does this guardian share joint custody? ___ Yes ___ No

Should this household also be included in all mailings, school wide phone calls/alerts, and contacted by the teacher for updates? ___ Yes ___ No

Secondary Student Household Information:
Can pick up the student from school? ___ Yes ___ No
*If no, attach legal documentation stating so

Name of Parent/Guardian: _____

Relationship: _____ Employed By: _____

Work Phone: _____ Cell Phone: _____

Address: _____

Email Address: _____

Notes: _____
_____

Are there other children who reside in this home? ___ Yes ___ No
*If yes, list below:

Name	Gender	Birthdate	School	Grade

Emergency Contact Information

Please list all contacts other than parents and guardians listed above that may pick your child up from school either regularly, on days they are sick, or in case of emergencies:

Full Name	Relationship to Student	Phone Number

Permission for Education Travel

___ Yes ___ No I give permission for my child to take part in all school sponsored field trips. I assume responsibility for my child on this trip both financially and otherwise.

***Note, the information provided on this form is true and accurate. The guardian who filled this out will let the school know of any changes immediately in risk of termination from Riverside School.**