

## Hancock Public School - Student Enrollment Form

Child's Legal Name (as shown on Birth Certificate) \_\_\_\_\_

Grade Entering \_\_\_\_\_  Male  Female

Address \_\_\_\_\_ Apt/Unit# \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Township \_\_\_\_\_ Home Phone \_\_\_\_\_

**Resident School District**

31010 Hancock  
  31110 Houghton  
  Stanton  
  31020 Adams  
  07040 L'Anse  
  31130 Lake Linden  
 31100 Osceola  
  07020 Baraga  
  31030 Calumet  
  31050 Chassell  
  Other \_\_\_\_\_

Last school Attended \_\_\_\_\_ City/State \_\_\_\_\_

\*\*Did your Child receive any special education services at a previous school?  Yes  No  N/A

\*\* IF Yes Please indicate type of services received  Special Education Classes  Speech  OT/P  Social Work  504 Plan

<p><b>Ethnicity</b></p> <p>Is this student Hispanic/Latino? (Choose only one)</p> <p><input type="checkbox"/> No, Not Hispanic/Latino</p> <p><input type="checkbox"/> Yes, Hispanic/Latino – (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)</p>	<p><b>Race</b> Please mark <u>one or more</u> boxes to indicate your student's race</p> <p><input type="checkbox"/> American Indian/Alaska Native</p> <p><input type="checkbox"/> Asian American</p> <p><input type="checkbox"/> Native Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> White</p>
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1) Child Resides with: \_\_\_\_\_ Relationship:  Father  Mother  Other \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Day Phone \_\_\_\_\_

2) Child Resides with: \_\_\_\_\_ Relationship:  Father  Mother  Stepfather  
 Stepmother  Other \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Day Phone \_\_\_\_\_

**Custodial Restrictions**

Yes  No (If yes, please provide documents to the office.)

Parent of Child Living Elsewhere \_\_\_\_\_ Relationship:  Father  Mother  Other \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Apt/Unit# \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Day Phone \_\_\_\_\_

**Emergency Contacts (other than parents) List in calling preference order:**

Name	Relationship	Phone Numbers
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

