

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.**