

Does your child need to take medication during school hours? ____ Yes ____ No
If yes, what medication_____Describe any chronic health problems_____

Does the student currently receive Free/Reduced lunch? ____Yes ____No

Is the student's first learned language English? ____Yes ____No

If the above answer is no, what is the student's first learned language? _____

Has the student **ever been suspended** from school? ____Yes ____No

Reason and Date of Suspension: _____

Has the student **ever been expelled** from school? ____Yes ____No

Reason and Date of Expulsion: _____

Has the student ever been **voluntarily withdrawn** from any school district prior to disciplinary action, a suspension or expulsion? ____Yes ____No

Reason and Date: _____

Signature of Parent/Guardian:_____Date: _____

FOR OFFICE USE ONLY

DEARBORN HEIGHTS SCHOOL DISTRICT NO. 7 REQUIRED RESIDENCY DOCUMENTATION:

____Utility Bill
and
____Mortgage or Property Tax Bill or ____Lease Agreement ____Residency Affidavit
and
____Drivers License/State ID

REQUIRED STUDENT DOCUMENTATION:

____Birth Certificate ____Immunization Record ____Home Language Survey
____Transcript or Report Card (High School Students Only) ____Record Request
____Current IEP (Special Education Requirement) ____Custody Papers (If applicable)

Building Assignment:_____

Date of Enrollment:_____EnrolledBy:_____