



**A change in placement may occur within the first weeks of school based on enrollment.**

Does a sibling already attend a District No. 7 School?  Yes  No

If the above answer is yes, which building? \_\_\_\_\_

Do you have a specific elementary building request?  Yes  No

If yes:  Bedford\*  Madison\*  Pardee\*  Polk\*

**\* Although we will try to honor your request, we cannot guarantee building assignment.**

Does the elementary student require latchkey?  Yes  No

Has your **Kindergarten** student attended any of the programs listed below?

Preschool  Headstart  Michigan School Readiness Program (MSRP)

**Failure to answer the questions below accurately will result in removal from District No. 7 Schools**

Has the student **ever been suspended** from school?  Yes\*\*  No

Reason & Date of Suspension: \_\_\_\_\_

Has the student **ever been expelled** from school?  Yes\*\*  No

Reason & 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Has the student ever been **voluntarily withdrawn** from any school district prior to disciplinary action, a suspension or expulsion?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 & Date: \_\_\_\_\_

**\*\* A District may refuse to enroll a nonresident applicant if the applicant is, or has been within the preceding 2 years, suspended from another school; or if the applicant has ever been expelled from another school. Your signature below indicates that you have answered the above questions truthfully.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**OFFICE USE ONLY**

**Required Documentation:**

- Copy of Original Birth Certificate  Immunization Record
- Records Request  Home Language Survey
- Drivers License
- Most Current IEP (Special Education Requirement)
- Transcripts or last report card (High School Students Only)
- Custody Papers (Divorce or Adoption or Court Placed)

Enrolled By: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

# Dearborn Heights School District No. 7

## Home Language Survey

Date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_  
First Name Middle Initial Last Name

Parent/Guardian Name \_\_\_\_\_  
First Name Middle Initial Last Name

Address \_\_\_\_\_  
Street City State Zip Code

Phone Number \_\_\_\_\_  
Home Cell Work

Child's date of birth: \_\_\_\_\_  
Month/Date/Year

1. Was your child born in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, in which state: \_\_\_\_\_  
If no, in what country? \_\_\_\_\_ Date entered U.S.? \_\_\_\_\_

2. Has your child attended any school in the United States for any three years during their lifetime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide school name(s), state, and dates attended

Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_

Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_

Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_

3. What is the language most frequently spoken at home? \_\_\_\_\_

4. If available, in what language would you prefer to receive communication from the school? \_\_\_\_\_

5. Please check if your child is:

Native American Indian  Alaska Native  Native Pacific Islander  Native US Virgin Islander

6. Is your child's first-learned or home language English? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If you responded "NO" to question number 6, please answer the following questions:**

7. In what country did your child most recently reside? \_\_\_\_\_

8. Which language did your child learn when he/she first began to talk? \_\_\_\_\_

9. What language does your child most frequently speak to you? \_\_\_\_\_

10. What language do you most frequently speak to your child? \_\_\_\_\_

11. Please describe the language understood by your child. (Check only one)

- A.  Understands only the home language and no English.  
B.  Understands mostly the home language and some English.  
C.  Understands the home language and English equally.  
D.  Understands mostly English and some of the home language.  
E.  Understands only English.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

(continued on back of this page)

**REQUEST FOR STUDENT RECORDS**

DATE: \_\_\_\_\_

SCHOOL LAST ATTENDED: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

In compliance with Public Law 93-380, Section 438, of the Family Educational Rights and Privacy Act; please provide **all records** pertaining to:

\_\_\_\_\_  
Name of Student (please print)

\_\_\_\_\_  
Date of Birth

- Attention: If this box is checked, the above-named student has enrolled into our school district through "Schools of Choice".**

**The student's records should be forwarded to the school checked below:**

\_\_\_\_\_ Annapolis High School  
4650 Clippert  
Dearborn Hts., MI 48125  
(313) 278-9870  
(313) 278-1238 FAX #

\_\_\_\_\_ Pardee Elementary School  
4650 Pardee  
Dearborn Hts., MI 48125  
(313) 292-7300  
(313) 292-3606 FAX #

\_\_\_\_\_ O. W. Best Middle School  
22201 Powers  
Dearborn Hts., MI 48125  
(313) 278-6200  
(313) 278-2470 FAX #

\_\_\_\_\_ Polk Elementary School  
4651 Polk  
Dearborn Hts., MI 48125  
(313) 278-4455  
(313) 563-7189 FAX #

\_\_\_\_\_ Madison Elementary School  
4950 Madison  
Dearborn Hts., MI 48125  
(313) 292-2880  
(313) 292-3608 FAX #

\_\_\_\_\_ Bedford Elementary School  
4650 Croissant  
Dearborn Hts., MI 48125  
(313) 278-3544  
(313) 278-1980 FAX #

**date sent:** \_\_\_\_\_