

## Student Enrollment Data

## Dollar Bay-Tamarack City Area Schools

Please note: According to Michigan Law, your child CANNOT begin school if immunization records for your child are not complete by the first day of school. A certified copy of your child's birth certificate is also required.

Student's Full Legal Name: \_\_\_\_\_  
Last First Middle (preferred name)

Family Name if Different from Child's Last Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Student's Birthday \_\_\_\_\_ Birth Place \_\_\_\_\_

911 (Physical) Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Parents Email Address \_\_\_\_\_

**Ethnicity:** Please Circle what applies: American Indian or Alaska Native, Asian American, African American, Native Hawaiian or other Pacific Islander, White/Caucasian, Hispanic or Latino

### Other Children in Family:

Name	Birthday	Name	Birthday
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Parent/Guardian/Family Data MOTHER

Name \_\_\_\_\_  
First MI (Maiden) Last

Place of Birth \_\_\_\_\_

Educational Status \_\_\_\_\_

Occupation \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Marital Status \_\_\_\_\_

With Whom Does Child Reside \_\_\_\_\_

### FATHER

Name \_\_\_\_\_  
First MI Last

Place of Birth \_\_\_\_\_

Educational Status \_\_\_\_\_

Occupation \_\_\_\_\_

Daytime phone Number \_\_\_\_\_

Marital Status \_\_\_\_\_

Step Parent's Names \_\_\_\_\_

### OFFICE USE ONLY

Birth Certificate ..... Y / N  
Immunization Record ..... Y / N  
Emergency Card ..... Y / N

Medical Authorization ..... Y / N  
Choice Papers In If Choice Student ..... Y / N

Kindergarten Readiness Screening ..... Y / N  
Social Security Number ..... Y / N

Proof of Residency: Homestead Property Form, Utility Bill, School of Choice or Driver's License with accurate address (Circle One)