



Student Enrollment Form (Please Print)				
Legal Student Last Name		Legal Student First Name		Legal Student Middle Name
Physical Street Address		City		Zip Code
Mailing Address (if different)		City		Zip Code
If your family is in transition, please indicate which of the following applies (circle): Shelter      Temporary Housing      Living with Friends/Family      Motel/Hotel      Other _____				
Primary Phone Number	Alternate Phone Number	Gender	Birth Date	Grade
County of Residence	School District of Residence	Email Address		Student Cell Phone
Has your child ever been enrolled at CAPS?    Yes    No If yes, which school?		Did your child attend Pre-School?    Yes    No If yes, where?		
Will your child require CAPS transportation services?    Yes    No		What is your child's race? Please circle. Asian      Black/African American      Hispanic      White American Indian/Alaskan Native      Native Hawaiian/Pacific Islander		
Parent/Guardian Information				
Relationship to student:		Does the student reside with this person?    Yes    No		
Last Name		First Name		
Street Address/PO Box/Apt #		City, State, Zip		
Primary Phone Number		Alternate Phone Number		
Place of Employment		Work Phone Number		
Relationship to student:		Does the student reside with this person?    Yes    No		
Last Name		First Name		
Street Address/PO Box/Apt #		City, State, Zip		



Primary Phone Number		Alternate Phone Number	
Place of Employment		Work Phone Number	
<b>Other Children in the Family</b>			
Name	Relationship	School Attending	Grade
Name	Relationship	School Attending	Grade
Name	Relationship	School Attending	Grade
<b>Emergency Contacts Other Than Parent/Guardian</b>			
NOTE: Students can be released to any person listed below – Must be 18 years or older			
First and Last Name	Primary Phone	Alternate Phone	Relationship
First and Last Name	Primary Phone	Alternate Phone	Relationship
First and Last Name	Primary Phone	Alternate Phone	Relationship
<b>Health Information</b>			
Does your child have any medical conditions that we need to be aware of (physical disability, allergies, etc.)?    Yes    No			
Does our child have any food allergies?    Yes    No			
Does your child take medication during school hours?    Yes    No			
<b>Special Education and 504 Information</b>			
Does your child <b>currently</b> receive any special education services or attend special education classes?    Yes    No If yes, please provide a copy of the current Individualized Education Plan (IEP).			
Has your child ever received any special education services or attended special education classes?    Yes    No			
Does your child currently have a Section 504 plan?    Yes    No			
<b>Student Home Language</b>			
Does your child speak a language other than English?  Yes    No  If yes, what language(s) does he/she speak?		Is there a primary language other than English spoken at home?  Yes    No  If yes, what language(s) are spoken at home?	



**Military Family Information**

Is a parent/guardian currently serving in the military?      Yes      No

**Consent Information**

I give permission for my child's name and/or picture to be released for directory information.      Yes      No

I give my permission for my child to be photographed or videoed for use and/or broadcast for public media.      Yes      No

I give my child permission to attend school field trips.      Yes      No

In case of emergency, I authorize the school to seek medical attention for my child.      Yes      No

**Emergency School Closing Information**

In case of an EMERGENCY school closing, my child is to:

Follow their normal routine       Go to the following address: \_\_\_\_\_

**Concussion Awareness Acknowledgement**

I acknowledge that I have reviewed the Concussion Fact Sheet for Parents and/or Concussion Fact Sheet for Students in accordance with Public Acts 342 and 343 of 2012. <https://bit.ly/31YJfLm>

Initial \_\_\_\_\_

**Student Acceptable Use Policy Acknowledgement**

I acknowledge that I have received and reviewed the CAPS and Wexford-Missaukee ISD Acceptable Use Policy. These policies describe student responsibilities related to the use of computer hardware/software and the computer network. I understand that computer usage is a privilege, not a right, and my student and I agree to comply with these policies. <https://bit.ly/31YJfLm>

Initial \_\_\_\_\_

**Directory Information Acknowledgement**

I acknowledge that I have received and reviewed the CAPS Directory Information notice. <https://bit.ly/38IGLDp>

Initial \_\_\_\_\_

**Parent/Guardian Signature**

I acknowledge that the information submitted on this enrollment form is true to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Name (printed)

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

\_\_\_\_\_  
Date