



FERNDALE PUBLIC SCHOOLS

Enrollment & Student Records Office 248/586-8686

Enrollment Form for Shared Time Students

CA-60

Please PRINT

For Enrollment Office Use:					
1 st Day of Attendance	Year of Grad	Student #			
Code A=New R=Reenroll	Assigned to Grade	Building # (Admin Unit)			
Counselor	Ethnic Code				
Language Code					
Home Language					
Student Information – Use Student's Legal Name					
Last Name		School District of Residence and County:			
First Name					
Middle Initial	Jr. II III (circle)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Special Education Information	
Address		Has your child ever received Special Education Services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
City		Is your child receiving any Special Education Services now? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Home Phone		Ferndale Schools Information			
Cell Phone		Has your child ever been enrolled in a Ferndale School? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of Birth		When? (Month/Year)			
Multiple Birth <input type="checkbox"/> No <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> Quad <input type="checkbox"/> Quint		Ethnic Group (If more than one, please number in 1, 2, 3 order)			
City, State, Country of Birth		<input type="checkbox"/> American Indian or Alaska Native (01)	<input type="checkbox"/> Hispanic or Latino (03)	<input type="checkbox"/> Asian American (05)	
US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No, Citizenship		<input type="checkbox"/> White (02)	<input type="checkbox"/> Black/African American (04)	<input type="checkbox"/> Native Hawaiian or Pacific Islander (06)	
Family Data					
Mother		Father		<input type="checkbox"/> Step-Parent or <input type="checkbox"/> Guardian	
Name (first, last)		Name (first, last)		Name (first, last)	
State/Country of Birth		State/Country of Birth		State/Country of Birth	
Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation		Occupation		Occupation	
Work Phone		Work Phone		Work Phone	
Cell Phone		Cell Phone		Cell Phone	
Student lives with this parent <input type="checkbox"/> Yes <input type="checkbox"/> No If no, send mail to this parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Student lives with this parent <input type="checkbox"/> Yes <input type="checkbox"/> No If no, send mail to this parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Student lives with this person <input type="checkbox"/> Yes <input type="checkbox"/> No If no, send mail to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent/Guardian Signature			For Office Use		
I certify the information given here is true. _____ Parent/Guardian Signature			Enrolled by: _____		
			Date: _____		
_____ Date			UIC# _____		
			Scanned: <input type="checkbox"/> Yes <input type="checkbox"/> No MICRS: <input type="checkbox"/> Yes <input type="checkbox"/> No		
For Office Use Only: Schedule of Shared Time Classes					
Course Description	Times	Days	Minutes per Class	Total Minutes	FTE