NEW ENROLLMENT

WELCOME TO C.J. SULLIVAN ELEMENTARY!

2019-2020

PLEASE complete the following steps.

1. **ENROLLMENT FORM:** For each child seeking admission.

2. **MUST:** Include with your application the following:

   ➢ **Birth Certificate:** Official State Certified Document

   ➢ **Immunization Record:** Up-to-Date and signed by appropriate medical personnel (Immunization charts available in the school offices).

   ➢ **Special Needs Education:** Students with a current **IEP** (Individualized Education Program) or **MET** (Multidisciplinary Evaluation Team). Request the Immediate Placement form from the office staff on the student’s first day of school. **Please also include a copy of your child’s most recent IEP/MET.**

   ➢ **Proof of residency:** Bring in any item that indicates your address such as: copy of your utility bills, property tax receipt, magazine label, etc.

**NOTE:** Applications are considered complete when all above documents are turned in. Students completing enrollment at this time will receive class placement in August prior to the beginning of school.

C.J. Sullivan Elementary
201 N. 4th Street
L’Anse, MI 49946
Ph: 524-6000 ext.3  Fax: 524-0277
www.lanseschools.org
C.J. SULLIVAN ELEMENTARY
ENROLLMENT FORM 2019-2020
201 N. 4th Street, L'Anse, MI 49946
Ph. 906-524-6000 ext. 3 Fax: 906-524-0277

Date of Application: __________
New Student: _________
Returning Student: _________
Resident School District: _________

GRADE: ________________ TEACHER: ________________

STUDENT INFORMATION: Please print legibly. Bus Student: YES NO (Circle one)
Child's Full Name: __________________________
Male ___ Female ___ Date of Birth: ________________ Age: ______ City of Birth: ________________
Proof of Residency _________________________ Social Security # _________________________
Type of Birth Proof: Hospital Certificate ______ Birth Certificate ______ Initials ______

List Below: the main household where child sleeps at night. All others list on the back of this form
Parent/Guardian Name(s): ______________________ Relationship To Child: ________________
Address: __________________ City ______ Zip ______ County ______
Township (circle one) L'Anse Baraga Arvon Laird Duncan Covington Bohemia

PHONE NUMBERS: (of parent/s guardian that child lives with above- all other on back of form)
Mother _ Stepmother: Home(____) Work(____) Cell(____)
Father _ Stepmother: Home(____) Work(____) Cell(____)
Guardian: Home(____) Work(____) Cell(____)

RACIAL IDENTITY: (Required for State and Federal Reporting)
☐ White ☐ Black or African American ☐ American Indian or Alaska Native
☐ Asian American ☐ Hawaiian or Other Pacific Islander

ETHNIC IDENTITY:
☐ Hispanic or Latino ☐ Not Hispanic or Latino - Language Spoken in Home __________________

EDUCATIONAL INFORMATION & NEEDS:
Check all that apply: ☐ Regular Education ☐ RETAINED: Grade ________
☐ Special Education/Special Needs ☐ Current I.E.P. (Individualized Education Program)
Please describe Educational Special Needs: __________________________

Full names of other children living at home Age Relationship to student CJS Student returning from 2018-19 school year? Grade in Fall 2019-2020
Yes No
Yes No
Yes No
Yes No

Continued on back
Fill out the INFORMATION section(s) that apply to your student's family:

<table>
<thead>
<tr>
<th>Father's Last name:</th>
<th>First Name:</th>
<th>M.I.</th>
<th>Address:</th>
<th>City</th>
<th>State:</th>
<th>Zip:</th>
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<tbody>
<tr>
<td>Home Ph:</td>
<td>Cell Ph:</td>
<td>Email:</td>
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<tr>
<td>Marital Status:</td>
<td>Name of Employer:</td>
<td>Work Ph:</td>
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<tr>
<td>Education Completed (circle highest) School: 1 2 3 4 5</td>
<td>High School: 6 7 8 9 10 11 12</td>
<td>College: 1 2 3 4 other</td>
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L'Anse Area Schools Statement of Assurance of Compliance with Federal Law
L'Anse Area Schools complies with applicable federal & state laws prohibiting discrimination, including Title IX of Education Amendments of 1972 & Section 504 of the Rehabilitation Act of 1973. It is the policy of L'Anse Area Schools that no person, the basis of race, sex, color, religion, national origin or ancestry, age, height, weight, marital status or disability, shall be discriminated against in educational programs & admissions. Questions or concerns regarding Statement of Compliance with Federal Law should be directed to Superintendent, L'Anse Area Schools, 201 N 4th St., L'Anse, MI, 49946, (906)524-6121.

All parents will receive student information unless legal papers are presented stating otherwise!
Restrictions: Please indicate below if there is anyone who is not allowed to have contact with your child while s/he is at school. In order for the school to legally honor a restriction against someone we must have proper legal documentation on file. Name/Relationship: ____________________________

The information I have submitted on this form is true & accurate to the best of my knowledge.

Parent/Guardian Signature for Enrollment: ____________________________ Date: ____________