

Additional Forms Necessary for Preschool Enrollment

In addition to preparing the Community Education & Recreation Preschool registration forms, all preschool parents are required to enroll their preschoolers as students entering the Ann Arbor Public School system. The remaining forms pertain to that enrollment.

In addition to the attached forms, parents must provide the following documentation:

- their child's **birth certificate**
- **proof of immunization** according to the attached chart
- **a completed health appraisal** dated during or after September of the year prior to enrollment, showing any health restrictions, and signed by a physician or a physician's authorized representative
- parent/legal guardian's **driver's license, passport or visa**
- **three proofs of residency** consisting of:
 - Purchase agreement/closing papers/deed, OR property tax statement, OR current lease/rental agreement
 - AND two (2) current utility bills from among the following:
 - Gas
 - Electric
 - Cable TV
 - Land line phone bill

STUDENT INFORMATION (PLEASE PRINT) Enter student's full name as it appears on his or her birth certificate.

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Student's Legal Last Name

First Name

Middle/Suffix (Jr, III)

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Address Number and Street Name

Apartment/Lot#

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City

Zip Code

Date of Birth

Grade at Enrollment

Age

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Home Phone Number

Unlisted Yes/No

Gender M/F

Birthplace (City, State, Country)

STUDENT'S ETHNIC GROUP (Circle all that apply)

PREVIOUS SCHOOL ATTENDED (Include Preschool through 12th Grade)

- | | |
|-------------------------------|---------------------------|
| 1. American Indian or Alaskan | 4. African American/Black |
| 2. Caucasian | 5. Asian |
| 3. Latino or Hispanic | 6. Middle Eastern |

School Name	City, State, Zip Code
School mailing address	Phone Number Fax Number

Were you ever enrolled in Ann Arbor Public Schools? Yes No

Are there any physical or personal problems for which the student might require special attention or help from school personnel (e.g. severe allergies, asthma etc.)?

Yes No

Has the student had the chickenpox?

Yes No

Has the student received any IEPC/IFSP/IEP/MET Special Education Services or a 504 Plan?

Yes No

If yes, please complete the Special Education Survey.

Is a language other than English spoken in the home?

Yes No If Yes, what language?

If yes, please complete the Home Language Survey.

Has the student had a long-term suspension or expulsion from another school and/or district?

Yes No

If yes, please complete the Affirmation of Prior Discipline Record. Expulsion does not automatically disqualify a student from enrollment but AAPS reserves the right to review the enrollment and determine the appropriateness of his/her enrollment

FOR OFFICE USE ONLY

Survey Given **Health**

Survey Given **Special Ed**

Survey Given **Home Language**

Survey Given **Affidavit of Prior Discipline Record**

FOR OFFICE USE ONLY

Student ID _____	Year of Grad _____	Counselor _____
Registration Date _____	Residency _____	Perm to Pub _____
School _____	Orig Birth Cert _____	ESL Form _____
Date of Entry _____	Immunization _____	Comp Use Form _____

PARENT/GUARDIAN INFORMATION

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(1) Parent/Guardian Last Name, First Name

Cell Phone/Pager

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Name of Employer/Occupation

Work Phone

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Relationship to Student

Email Address

Does student reside with the person?

Is this person the custodial parent?

Yes No

Yes No

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(2) Parent/Guardian Last Name, First Name

Cell Phone/Pager

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Name of Employer/Occupation

Work Phone

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Relationship to Student

Email Address

Does student reside with the person?

Is this person the custodial parent?

Yes No

Yes No

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(3) Parent/Guardian(living elsewhere) Last Name, First Name

Cell Phone/Pager

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Name of Employer/Occupation

Work Phone

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Relationship to Student

Email Address

Does student reside with the person?

Is contact allowed?

Yes No

Yes No

Not allowed per court order. Copy of court order must be provided.
Law entitles non-custodial parents the right to receive mailings upon request.

(4) Sibling Information

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Student Last name, First name

Grade

School

Date of Birth

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Student Last name, First name

Grade

School

Date of Birth

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Student Last name, First name

Grade

School

Date of Birth

I certify that the information provided herein is current and true, and by my signature below acknowledge Ann Arbor Public Schools' lawful right to disenroll my child and to charge prorated tuition to the family of any student who has been found to have misrepresented residency in the Ann Arbor Public School District.

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Parent/Guardian Signature

Date

Student Last Name

First Name

Gender M/F

Date of Birth

Grade

School Attending

Please note any physical or personal problems for which the student might require special attention or help from school personnel (e.g., severe allergies, asthma, etc.).

My child's health concerns include:

- Asthma
- Diabetes
- Medications
- Seizures
- Severe food or bee allergy
- Heart condition
- Other _____

Medications:

If your child does have a medical concern, the nurse will contact you to obtain more information to plan for the upcoming school year.

Parent/Guardian Name

Parent/Guardian Signature

Date

Daytime Phone

Evening Phone

Email Address

Name of Student: _____

School: _____

Grade: _____ Date of Birth: _____

Address: _____ Telephone #: _____

City and Country of Birth: _____

1. Is this the first time your child has enrolled in a school in the United States? ___Yes ___No

If NO, when did your child first enroll in a school in the United States?

Month _____ Year _____

2. I have ___ children at this school/any Ann Arbor School. (Grade/Age): _____

3. My child first started to speak English at _____ years old.

4. My child speaks _____ language most at home.

5. My child has gone to school:

Dates From/To	City/County of School	Grades	English Taught Yes/No	Home Language used at School?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION III -- PHYSICAL EXAMINATION, INSPECTION, TESTS, AND MEASUREMENTS

EXAMINATIONS AND/OR INSPECTIONS

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

TESTS AND MEASUREMENTS

	Normal	Under Care	Referred		Normal	Under Care	Referred
Vision Tested? <input type="checkbox"/> Visual Activity <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ocular Muscle Date _____ <input type="checkbox"/> Other _____				Urinalysis Done? <input type="checkbox"/> Sugar <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Albumin Date _____ <input type="checkbox"/> Microscopic			
Hearing Tested? <input type="checkbox"/> Audiometer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____ Date _____				Blood Pressure Measured? <input type="checkbox"/> Yes <input type="checkbox"/> No Reading _____			
Hemoglobin/Hemotocrit Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No				Height _____ Weight _____ Other:			
Blood Lead Level Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Reading _____				Blood Lead level recommended for all children age six and under			

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

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Tuberculin Test (if given) Date _____ Type _____ Negative Positive _____ mm.

SECTION IV -- RECOMMENDATIONS

Is there any defect of vision, hearing, or other condition for which the school could help by seating or other action? Yes No
 If yes, please explain:

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Should the student's activity be restricted because of any physical defect or illness? Yes No If yes, check below and explain degree of restriction:

Classroom Playground Gymnasium Swimming Pool Competitive Sports Camp Other

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Examiner's Signature _____ Date _____ Examiner's Name (print or type) _____ Degree or License _____

Number & Street _____ City _____ Zip _____ Telephone _____

SECTION V -- DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____ teeth and make the following recommendations as for treatment:

Child's Name _____

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Dentist's Signature Date

COMMENTS

I am not able to produce a certified birth certificate for

Name of Student

for the following reasons:

I am providing, as reliable proof of the student's identity and age, the following document(s):

- _____ Non-Certified Birth Certificate
- _____ Baptismal Certificate
- _____ Doctor or Hospital Records
- _____ Court Records
- _____ Passport or Immigration Records
- _____ Other (please specify) _____

Date

Parent/Guardian Signature

Required Childhood Immunization for Preschool / Childcare in Michigan

Age → Vaccine	Preschool / Childcare Entry Requirements							
	Birth through 1 Month	2 months through 3 months	4 months through 5 months	6 months through 14 months	15 months through 23 months	24 months through 4 years	5 years	
Diphtheria, Tetanus, Pertussis	None	1 dose DTaP or DTP	2 doses DTaP or DTP	3 doses DTaP or DTP	4 doses OR age appropriate complete series	4 doses DTaP or DTP		
Pneumococcal Conjugate (Required After January 1, 2007)	None	1 dose	2 doses	3 doses	4 doses OR age appropriate complete series	1 dose ≥ 24 months OR age appropriate complete series		
H. influenzae type b	None	1 dose	2 doses	2 doses	1 dose ≥ 15 months OR a completed series	None		
Polio	None	1 dose	2 doses	2 doses	3 doses			
Measles, * Mumps, * Rubella *	None	None	None	None	1 dose ≥ 12 months			
Hepatitis B *	None **	1 dose	2 doses	2 doses	3 doses			
Varicella * (Chickenpox)	None	None	None	None	OR current lab immunity OR reliable history of disease			

* Current laboratory evidence is acceptable instead of immunization with that antigen.

** Hepatitis B may be administered as early as birth. This table represents the **minimum required** immunizations for childcare centers

Rev. May 2006

Courtesy: Michigan Department of Community Health