NEW ENROLLMENT

WELCOME TO C.J. SULLIVAN ELEMENTARY!

2018-2019

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 it. 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.lanse schools.org
C.J. SULLIVAN ELEMENTARY
ENROLLMENT FORM 2018-2019
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__Stepfather: 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: ____________________________________________

<table>
<thead>
<tr>
<th>Full names of other children living at home</th>
<th>Age</th>
<th>Relationship to student</th>
<th>CJSS Student returning 2017-18 school year?</th>
<th>Grade in Fall 2018-2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Yes</td>
<td>No</td>
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</tbody>
</table>

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>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Home Ph:</td>
<td>Cell Ph:</td>
<td>Email:</td>
</tr>
<tr>
<td>Marital Status:</td>
<td>Name of Employer:</td>
<td>Work Ph:</td>
</tr>
<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>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother's Last name:</th>
<th>First Name:</th>
<th>M.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Home Ph:</td>
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<td>College: 1 2 3 4 other</td>
</tr>
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<tr>
<th>Step-parent's Last name:</th>
<th>First Name:</th>
<th>M.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
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<td>College: 1 2 3 4 other</td>
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<table>
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<tr>
<th>Guardian's Last name:</th>
<th>First Name:</th>
<th>M.I.</th>
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<tbody>
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<td>Address:</td>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Home Ph:</td>
<td>Cell Ph:</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 & or 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)324-6121.

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 know knowledge.

Parent/Guardian Signature for Enrollment:___________________________ Date:__________________________
HOME LANGUAGE SURVEY

DATE: ____________________________

SCHOOL DISTRICT: ____________________________________________________________

NAME OF STUDENT: ___________________________________________________________

Family Name       First Name       Middle Initial

DATE OF BIRTH: ______ / _____ / ______ PLACE OF BIRTH: ___________________________

Month  Day  Year  City  State  Country

NAME OF PARENT/GUARDIAN: ______________________________________________________

Family Name       First Name

HOME ADDRESS: ______________________________________________________________

CITY: ____________________________ STATE: __________________ ZIP CODE: __________

PRIMARY PHONE: Home/Work/Cell __________________________

SECONDARY PHONE: Home/Work/Cell __________________________

For Parents/Guardians:

Please answer the following questions:

What language did your son/daughter speak when s/he first learned to talk?

What language does your son/daughter use most frequently at home?

What language do you use most frequently when communicating with your son or daughter?

What language do the adults at home most often speak?

How long has your son/daughter attended school in the United States? ________________

For School District Personnel:

If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language and proceed to assess the student's English language proficiency.

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# INITIAL ENGLISH LANGUAGE ASSESSMENT

<table>
<thead>
<tr>
<th>Communication Skill</th>
<th>Proficiency Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listening:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>___ Pre-functional</td>
</tr>
<tr>
<td>Speaking:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>___ Pre-functional</td>
</tr>
<tr>
<td>Reading:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>___ Pre-functional</td>
</tr>
<tr>
<td>Writing:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>___ Pre-functional</td>
</tr>
<tr>
<td>Comprehension*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>___ Pre-functional</td>
</tr>
<tr>
<td>Composite**</td>
<td></td>
</tr>
<tr>
<td></td>
<td>___ Pre-functional</td>
</tr>
</tbody>
</table>

* The Comprehension level is derived from Listening and Reading.
** The Composite level is derived from Listening, Speaking, Reading, Writing and Comprehension.

Assessment instrument(s) used: ______________________________________________________

Student is LEP?      ____ Yes      ____ No

If student has been in U.S. schools for less than three (3) years, is the student eligible for extended accommodations for Statewide academic assessment?  ____ Yes  ____ No

Signature of District Personnel
Please send the following records for ___________________________ Grade: ___________

TO: Jessica Paquet, Elementary Secretary
    L'Anse Area Schools
    201 N. Fourth Street
    L'Anse, MI 49946

Phone # 906-524-6000 Ext. 200
Fax # 906-524-0277

Please include the following:

* Office Administrative Records-Name, address, birth date, and grade level
* Official transcript
* Grades at time of departure
* Standardized achievement test scores/intelligence and aptitude
* Discipline Records
* IEP (if applicable)
* Immunization/health records

Parent/Guardian Signature: ___________________________ Date: ___________

Student's Signature (over 18 years of age): ______________________ Date: ___________

School transferring from:

Name: _____________________________________________

Address: ___________________________________________

City: ___________________ State: ___ Zip: _________

Please fax the following for pending appointment: ___________________________