Welcome to L’Anse Jr./Sr. High School! In order for a successful transfer, we need to have the following items on file in the office before you start your first day of school:

- Proof of Residency
- Birth Certificate
- Immunization Record or Waiver Form
- Enrollment form (in enclosed packet)

You will also need to have the name and address of your former school so I can send for official transcripts/grades. Please read through the student code of conduct book and make sure that you understand all the procedures and policies set for our school. If you should have any questions, please feel free to stop by the office or call.

Once the proper paper work is filed, you will receive a lunch number. Please let us know if you will need to have a bus pick you up and drop you off.

Sincerely,

Nicole Frisk

Nicole Frisk
Secretary
Jr./Sr. High School
NEW STUDENT ENROLLMENT FORM
2020-2021
L’ANSE JR./SR. HIGH SCHOOL

GRADE: ___________

INTERNET ACCESS (circle please): YES OR NO

DATE ENROLLED (if new student): ________________

NAME: __________________________  __________________________  __________________________

Last  First  Middle

DATE OF BIRTH: __________________________

CITY OF BIRTH: __________________________

Month/Day/Year

SOCIAL SECURITY NUMBER: __________________________

FATHER’S NAME: __________________________

MOTHER’S NAME: __________________________

OCCUPATIONS: FATHER  __________________________

MOTHER  __________________________

GUARDIAN(s) (if other than father or mother): __________________________

LIVE WITH (name and phone number): __________________________

PHYSICAL ADDRESS: __________________________

MAILING ADDRESSS (if different from physical address): __________________________

TELEPHONE: __________________________  CELL PHONE: __________________________

WORK NUMBER: __________________________  EMERGENCY NUMBER: __________________________

TOWNSHIP (check one): ___L’Anse ___Baraga ___Arvon ___Laird ___Duncan ___Covington ___Bohemia

E-MAIL ADDRESS: __________________________

PERSON TO CONTACT IN CASE OF EMERGENCY (if parent cannot be reached):

NAME: __________________________  PHONE NUMBER: __________________________

NAME OF DOCTOR: __________________________

STUDENT RACIAL ETHNIC CATEGORY:

___American Indian or Alaskan Native  ___Asian  ___Black  ___Hispanic  ___White  ___Multi-Racial  ___Other

Language spoken in home: __________________________

SCHOOL ATTENDED LAST YEAR (if different from L’Anse): __________________________

Notice of Non Discrimination

It is the policy of The L’Anse Area School district that no person on the basis of race, sex, color, religion, national origin or ancestry, age, marital status, disability, weight or height, shall be discriminated against in employment, educational programs or admissions. Questions or concerns regarding the nondiscrimination policies should be directed to: Mrs. Susan Tollefson, Superintendent, L’Anse Area Schools, 201 N. Fourth Street, L’Anse, MI 49946. Telephone: (906) 524-6000. Facsimile: (906) 524-6001.
Please send the following records for ___________________________ Grade: __________

TO: Nicole Frisk
   Jr./Sr. High School Secretary
   L'Anse Area Schools
   201 N. 4th Street
   L'Anse, MI 49946

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

*Please notify our office if you will not be mailing the student's permanent file

Parent/Guardian Signature: ___________________________ Date: ______________

Student's Signature (over 18 years of age): ___________________________ Date: ______________

School transferring from:

Name: _______________________________________________

Address: _____________________________________________

City: _______________ State: _______ Zip: __________

Phone: ___________________ Fax: ___________________

Please fax the following information for a pending appointment: ________________________________