



NORTH STAR MONTESSORI ACADEMY

2021-2022 School Enrollment Form

For Office Use Only:

Date Received	Enrollment Date	UIC	District Code

PLEASE CHECK WHAT GRADE YOU ARE APPLYING FOR

Kindergarten
 1st – 5th Grade
 6th – 8th Grade
 9th -12th Grade

To enroll:

- 1) Complete registration form and corresponding pages.
- 2) Provide school with copies of:

a) Birth Certificate b) Immunization Record or Waiver c) Last Grade Report or Transcript

STUDENT INFORMATION

Legal First Name, NOT Nickname	Middle Initial	Last Name & Suffix (Jr., II, etal) if Applicable
Residential Address	Preferred Nickname, if Applicable	Date of Birth (MM-DD-YYYY)
Home Phone	Secondary Phone	Child Resides with: Parents Mom Dad Other:
City/State/Zip	Previous School Attended & State	Birth Place
Student Grade for 2021-2022	School District of Residence	Gender (Circle One) Male/Female

Check if Non-Resident or Foreign Exchange Student. If so Indicate Visa Type: F1/Other

Racial/Ethnic Information for Michigan Department of Education Statistics

Primary and/or Secondary Number 1, 2, 3 for the one or More that Apply

- American Indian or Alaska Native
- Asian American (Far East, SE Asia, Indian
- Native, Guam, Samoa, or Other Pacific Islander
- Black or African American
- White
- Hispanic or Latino (Cuba, Puerto Rico, South or Central America or other Spanish culture or origin

PARENT/GUARDIAN INFORMATION

First Contact Name/Relationship to Student	Second Contact Name/Relationship to Student
Address (If Different from Student) City, State, Zip Code	Address (If Different from Student) City, State, Zip Code
Email Address	Email Address
Occupation/Employer	Occupation/Employer
Phone-Work Mobile Home () () ()	Phone-Work Mobile Home () () ()

EMERGENCY CONTACT

FAMILY DOCTOR/MEDICAL

Emergency Contact Name/Relationship to student	Family Doctor Name
Address	Doctor's Office Phone
City/State/Zip Code	Special Medical Needs (E.G. Diabetes, Food Allergies):
Phone-Work Mobile Home () () ()	

Is Your Child Currently Taking Any Medications? Please Indicate Type and Dosage:

IMMUNIZATION CHECKLIST

Please attach a copy of your child's immunization record.
 Michigan law requires all children be immunized against vaccine-preventable diseases
 To enter kindergarten, 6th Grade, or a new school district in any grade.

Immunization	Required Doses
Diphtheria, Tetanus & Pertussis (DTap/DTP/DT/Td)	4 doses required. If a dose was not given in the last 10 years, a booster dose is required
Polio (OPV or IPV)	3 Doses are required
Measles/Mumps/Rubella (MMR)	2 Doses are required
Hepatitis B (HEPB)	3 Doses are required
Varicella (Chickenpox-required unless child has had Chickenpox) If your child has had Chickenpox disease, the Varicella vaccine is not required.	Has this student had Chickenpox? (circle one) Yes/No

SPECIAL SERVICES YOUR CHILD HAS RECEIVED AT PREVIOUS SCHOOL – CHECK ALL THAT APPLY

Special Education Services

<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Resource Room _____ hrs/week	<input type="checkbox"/> L.D.	<input type="checkbox"/> English as Second Language
<input type="checkbox"/> Social Work	<input type="checkbox"/> Self-contained classroom	<input type="checkbox"/> E.I.	What is primary language at home? <input style="width: 100%; height: 20px;" type="text"/>
<input type="checkbox"/> Other	<input type="checkbox"/> Date of last L.E.P.C.	<input type="checkbox"/> E.M.I.	
		<input type="checkbox"/> Other	<input type="checkbox"/> G.A.T.E.S.

<p>How did you hear about North Star Montessori Academy?</p> <p>Does student have sibling(s) currently enrolled at NSA? Yes/No</p> <p>Does this student have sibling(s) also applying to NSA? Yes/No</p> <p>If yes to either, list those siblings at the space to the right</p> <p>I attest that the information provided is complete and accurate to the best of my knowledge.</p> <p>X</p> <p>Parent/Guardian Signature _____ Date _____</p>	<p>Siblings enrolled/enrolling & next year grade</p>
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EQUAL EDUCATION OPPORTUNITY: North Star Montessori Academy does not charge tuition and does not discriminate in its pupil admissions policies or practices on basis of intellectual or athletic ability, measures of achievement or aptitude, status as a handicapped person, or any other basis not permitted by Michigan's public schools.

NORTH STAR ACADEMY PUBLIC SCHOOL DISTRICT

____ Middle School ____ High School
3030 Wright Street, Marquette, MI 49855
Phone: (906) 226-0156 ♦ Fax: (906) 226-0167



AFFIRMATION OF PRIOR DISCIPLINE RECORD

A willful false statement on this affirmation will result in a report to the appropriate authorities.

Directions: Check the applicable paragraph, provide all appropriate information, and sign this document.

Paragraph 1:

____ The undersigned affirms that _____ **has not been** suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person for any act of violence against persons and or property committed on school premises, at any school sponsored event, or on public or private conveyance providing transportation to and from a school or school sponsored activity.

Paragraph 2:

____ The undersigned affirms that _____ **has been** suspended or expelled from a public or private school in Michigan or another state for one or more offences involving weapons, alcohol or drugs, or for the willful inflection of injury to another person or for any act of violence against persons and or property committed on school premises, at any school sponsored event, or on public or private conveyance providing transportation to and from a school or school sponsored activity.

If you checked paragraph 2, explain the circumstances in detail. Include the school name, dates of suspension or expulsion, and a description of the incident-giving rise to the suspension or expulsion. Complete the attached "Request for Records" form and sign.

Date

Student Signature

Date

Parent Signature

FOR OFFICE USE ONLY

Name of former school district: _____

Please check one: _____ According to our records, we can verify that the information provided above by the parent/student is correct.

_____ According to our records, we can verify that the information provided above by the parent/student is **not** correct.

If the student has been involved in offences involving weapons, alcohol or drugs, or willful infliction of injury to persons or an act of violence against persons and/or property committed on school premises, at a school sponsored event, or on a public or private conveyance providing transportation to or from a school sponsored activities, please forward appropriate disciplinary documentation.

Date

School Official

NORTH STAR ACADEMY PUBLIC SCHOOL DISTRICT

___ Middle School ___ High School
3030 Wright Street, Marquette, MI 49855
Phone: (906) 226-0156 ♦ Fax: (906) 226-0167



STUDENT INFORMATION:

Last Name: _____ First Name: _____

Birth Date: _____

Last School Attended: _____

Last Grade Completed: _____ Last Year Attended: _____

School Address: _____

School Phone: _____ School Fax: _____

Parent Signature: _____ Date Requested: _____

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STUDENT RECORD REQUEST FOR: (Office use only)

___ CA-60 ___ Immunization Record ___ Transcript/Last Grade Report
___ IEP ___ Special Testing ___ Other

Within 14 days after enrolling a transfer student, the school shall request in writing directly from the student's previous school a copy of his or her record. Any school that compiles records for each student in the school and that is requested to forward a copy to transferring student's record shall comply within 30 days after receipt of the request.

The Federal Register Volume 41, No. 118, Section 99.31, June 17, 1976 states:

PRIOR CONSENT FOR DISCLOSURE IS NOT REQUIRED IF THE DISCLOSER IS TO OFFICIALS OF ANOTHER SCHOOL OR SCHOOL SYSTEM IN WHICH THE STUDENT INTENDS TO ENROLL.

SEND RECORDS TO:

**NORTH STAR ACADEMY SCHOOL DISTRICT
3030 WRIGHT STREET
MARQUETTE, MI 49855

PHONE: 906-226-0156
FAX: 906-226-0167**