WESTWOOD HIGH SCHOOL
REGISTRATION FORM

1. *Provide school with copies of a) Birth Certificate, b) Proof of Residency*

Office use only- Date/Time Received

STUDENT INFORMATION

LEGAL FIRST NAME, NOT NICKNAME	**MIDDLE NAME**	**LAST NAME + GENERATION SUFFIX**
RESIDENTIAL ADDRESS	**PREFERRED NAME**	**DATE OF BIRTH (MM-DD-YYYY)**
CITY/STATE/ZIP	**PREVIOUS SCHOOL**	**BIRTH PLACE (CITY/COUNTRY)**
LAST GRADE COMPLETED	**SCHOOL DISTRICT OF RESIDENCE**	**GENDER (CHECK ONE)** ☐ **MALE** ☐ **FEMALE**

HOME PHONE ( )	**CELL PHONE** ( )	**COUNTY OF RESIDENCE**	**TWIN, TRIPLET, ETC** ☐ **YES** ☐ **NO**

☐ **CHECK IF NON-RESIDENT OR FOREIGN EXCHANGE STUDENT. IF SO INDICATE VISA TYPE:** ☐**F-1** ☐**OTHER**

RACIAL/ETHNIC INFORMATION FOR MICHIGAN DEPARTMENT OF EDUCATION STATISTICS

PART A: PRIMARY AND/OR SECONDARY NUMBER 1, 2, 3, FOR THE ONE OR MORE THAT APPLY

☐ American Indian or Alaska Native (A person having origins in any original peoples of North & South America, including Central America)
☐ Asian American (Far East. SE Asia, India) ☐ Native Hawaiian or other Pacific Islander ☐ Black or African American ☐ White

PART B: Is this student Hispanic/Latino? ☐ No ☐ Yes
PART C: Is this student tribally affiliated? ☐ No ☐ Yes
If yes, what is their primary tribal affiliation?

☐ Bay Mills Indian Community
☐ Grand Traverse Band of Ottawa and Chippewa Indians
☐ Hannahville Indian Community
☐ Keweenaw Bay Indian Community
☐ Lac Vieux Band of Lake Superior Chippewa Indians of Michigan
☐ Little River Band of Ottawa Indians
☐ Little Traverse Bay Band of Odawa Indians
☐ Match-e-be-nash-she-wish Band of Pottawatomi Indians of Michigan
☐ Nottawaseppi Huron Band of the Potawatomi
☐ Pokagon Band of Potawatomi Indians
☐ Saginaw Chippewa Indian Tribe of Michigan
☐ Sault Ste Marie Tribe of Chippewa Indians
☐ Not Listed

PARENT / GUARDIAN INFORMATION

FIRST CONTACT NAME / RELATIONSHIP TO STUDENT	**SECOND CONTACT NAME / RELATIONSHIP TO STUDENT**
ADDRESS (IF DIFFERENT FROM STUDENT)	**ADDRESS (IF DIFFERENT FROM STUDENT)**
E-MAIL ADDRESS	**E-MAIL ADDRESS**
OCCUPATION / EMPLOYER	**OCCUPATION / EMPLOYER**
PHONE- WORK MOBILE HOME ( ) ( ) ( )	**PHONE- WORK MOBILE HOME** ( ) ( ) ( )

EMERGENCY CONTACT (If 1st or 2nd Contact cannot be reached) FAMILY DOCTOR / MEDICAL

EMERGENCY CONTACT NAME / RELATIONSHIP TO STUDENT	**FAMILY DOCTOR NAME & PHONE NUMBER**
ADDRESS	**DENTIST NAME & PHONE NUMBER**
CITY/STATE/ZIP CODE	**SPECIAL MEDICAL INFORMATION (DIABETES, ALLERGIES, MEDICATION, ETC)**
HOME PHONE ( ) **CELL PHONE** ( )	

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

Special Education Services:
☐ **Speech Therapy**
☐ **Social Work**
☐ **Other:** _____
☐ **L.D.**
☐ **Resource Room** ____ **hrs/week**
☐ **Self-contained classroom**
☐ **Date of last I.E.P.C.**
☐ **E.I.**
☐ **E.M.I**
☐ **Other**
☐ **English as Second Language**
What is primary language at home? _____
☐ **G.A.T.E.S.**

Does student have sibling(s) currently enrolled at NICE? ☐ **No** ☐ **Yes** **If yes to either, list those brothers/sisters in the space on the right.**	**Siblings enrolled/enrolling & grade**

Has the student ever been suspended or expelled from school? ( ) No ( ) Yes
(If yes, please provide the approximate dates and reasons)

I attest that the information provided is complete and accurate to the best of my knowledge. **X**_____ **Parent/Guardian Signature** _____ **Today's Date**	**Office use only- Date of Enrollment** **UIC#**