

Stepanski ECC only: Enter building assignment from enrollment letter.



WATERFORD SCHOOL DISTRICT ENROLLMENT FORM

Today's Date:

Student Information

(Required fields are indicated by an '*')

Student Name: (Last Name) *

(First Name) *

(Middle Name)

Grade: *

Sex: *

 M F

Street Number: *

Street Name: *

Apt. #

City: *

Zip Code: *

Home Phone:

Listed

Unlisted

Birth Date: *

City of Birth: *

Birth State:

Birth order on Birth Certificate (Multiple Only):

Country of Birth:

If applicable, date entered USA

Visa #

State of Michigan Racial / Ethnic Coding : (NOTE: Both Part A and Part B of the question **must** be answered.)

Part A: Is this student Hispanic/Latino? Yes No

Part B: What is the student's race? (Choose one or many) American Indian or Alaskan Native _____ Asian American _____ Black or African American _____

Native Hawaiian or other Pacific Islander _____ White _____

Name of Last School Attended:

Phone:

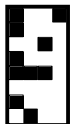
Street Number:

Street Name:

City

State

Zip Code:



36884

Medical Information:

Section I - Health History

Chronic Illnesses:

- ADD
- Asthma / Respiratory Problems
- Diabetes
- Epilepsy / Seizures
- Bladder Problems
- Cerebral Palsy
- Cystic Fibrosis
- Ear Tubes
- Epidermid Bullson
- Exczema
- Eye Problems
- Fainting Spells
- Hayfever
- Head Injuries
- Heart Murmur
- Hearing Loss
- Hemopillia
- Hernia
- Hives
- Hypoglycemia
- Immune Deficient
- Heart Problems
- Kidney Problems
- Leg Braces
- Leg Perthes
- Migraine
- Motion Sickness
- Neurogenic Bladder
- Nose Bleeds
- Osteogenesis Imperfection
- Prostethis
- Psoriasis
- Stomach Problems
- Urinary Problems
- Von Wellebrant Disease

- Cancer
- Leukemia
- Spina Bifida
- Legally Blind
- Muscular Dystrophy
- Bulimia
- ADHD
- Autistic
- Back Problems
- Lupus
- Visual Birth Defects
- Panic Attacks
- Depression
- Touretts

**Allergies to Medication:
(Considered life threatening)**

- Penicillin Allergy
- Amoxicillin Allergy
- Ceclor Allergy
- Codiene Allergy
- Demerol Allergy
- Duracef Allergy
- Polymox Allergy
- Sulfa Allergy

Taking Medication:

- Atarax
- Cylert
- Dexedrine
- Inhaler Ventalin
- Pediazole
- Ritalin
- Tegretol
- Tofranil
- Adderol

**Environmental Allergies:
(Considered life threatening)**

- Latex
- Stings

**Food Allergies:
(Considered life threatening)**

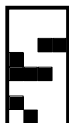
- Chocolate
- Dairy
- Eggs
- Soy
- Fish
- Shellfish
- Tree Nuts
- Peanuts
- Bananas
- Red dye #4
- Yellow dye #5
- Sulfites
- Nitrites
- MSG
- Aspartame
- Citrus
- Wheat

Religious Belief:

- No Blood Products
- No Blood Transfusions

OTHER:

PLEASE EXPLAIN ANY PROBLEM AREAS IDENTIFIED ABOVE:



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