

HOPKINS PUBLIC SCHOOLS

Enrollment Checklist

Name of Student _____ Grade _____

DISCIPLINE HISTORY DECLARATION

(To be completed by parent or guardian of the student)

1. Has the student been expelled or suspended for more than 10 school days or recommended for expulsion or suspension for more than 10 days in any prior school district?

Yes _____ No _____ if no, go to Residency Verification Affidavit section.
(Please initial your answer)

2. If yes, provide details so that an assessment can be made with respect to enrollment.

3. I agree that verbal or written information regarding this student's discipline history may be obtained from the prior district.

Parent/Guardian Signature _____ Date _____

RESIDENCY VERIFICATION AFFIDAVIT

According to State Attorney General Opinion No. 5925, school districts have the right to verify a student's residency. By signing this affidavit you are affirming that the address given on all enrollment forms is the legal residence of the parent/guardian enrolling the student and is the residence of the student.

Should the district learn that this is not the student's residence and that the parent lives outside the boundaries of the Hopkins Public School District, a release from the district of residence must be provided (unless the student is an approved schools of choice student) or the student may be excluded from the district.

Legal name of student _____

Address _____

City

State

Zip Code

Parent/Guardian _____ Date _____

(over)

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TO BE COMPLETED BY OFFICE PERSONNEL WHO ENROLLED THE STUDENT:

Yes or No

_____ Birth Certificate (if no; what verification of age was provided)

_____ Immunization Records

_____ Proof of Residency/Documentation (i.e. drivers license)

_____ Enrollment Form/Student Information Sheet

_____ Has Request for Records been sent to prior school; if yes when _____
Date

_____ Authorization for Medication (if applicable)

_____ Free/Reduced Lunch Application

_____ Legal documentation if student is not to be seen or picked up by other parent (custody papers if needed).

_____ Has this student received special education services? If yes, what dates _____.

_____ Has the student received a 504 accommodation plan? If yes, when and for what?

_____ Is the student a schools of choice student? If yes, has an "AAESA Schools of Choice" form or an approved student release form from the resident district been provided? If yes, who is the resident district?

Employee Signature

Date

(over)