



# NILES

COMMUNITY SCHOOLS  
Student Enrollment Form

**Student Records**  
One Tyler Street  
Niles, Michigan 49120

269.683.0732  
 269.684.9532

nilesschools.org

**Student Information: Please use student legal name as shown on their birth certificate**

Last:	First:	Middle:
Gender:	Date of Birth:	Entering Grade:
Primary Address:		Student Phone #:
Student preferred name (if applicable)		

Ethnicity/Race: If you check more than one box, please circle the primary ethnic/racial box.

- American Indian or Alaska Native (origins from any of the original peoples of N, S, or Central America)
- Asian (origins from any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent)
- Black or African American (origins from any of the black racial groups of Africa)
- Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin)
- Native Hawaiian / Other Pacific Islander (origins from any of the original peoples of any Pacific Island)
- White (origins from any of the original peoples of Europe, the Middle East or N Africa)

Immigrant of the United States? Country of birth \_\_\_\_\_ Immigration year of entry: \_\_\_\_\_

**School of Attendance**

<input type="checkbox"/> Northside Child Dev. Center	<input type="checkbox"/> Ring Lardner Middle School	<input type="checkbox"/> Way Niles
<input type="checkbox"/> Ballard Elementary	<input type="checkbox"/> Niles Virtual School	<input type="checkbox"/> Southside
<input type="checkbox"/> Eastside Connections	<input type="checkbox"/> Niles High School	<input type="checkbox"/> Re-enrolling in Niles Community Schools
<input type="checkbox"/> Howard-Ellis Elementary	<input type="checkbox"/> Niles Cedar Lane	Previous School District:

<b>Please complete</b>	<b>Mother</b>	<b>Father</b>
Name (Last, First)		
Place of Employment		
Work Phone		
Cell Phone		
Email Address		
Home Address		
Student Lives With	<input type="checkbox"/> Mother	<input type="checkbox"/> Father

<b>Please complete</b>	<b>Stepmother or Guardian</b>	<b>Stepfather or Guardian</b>
Name (Last, First)		
Place of Employment		
Work Phone		
Cell Phone		
Email Address		
Home Address		
Student Lives With	<input type="checkbox"/> Guardian	<input type="checkbox"/> Guardian

Parent or guardian is **active** military or a veteran, please indicate who: \_\_\_\_\_

