



Student ID: _____

Grade: _____ Teacher: _____

Student Information

Name: _____ Prefers to be called: _____
Last First Middle

Gender: *male* *female* Former or Legal Name Changes: _____

Home Phone: _____ Date of Birth: _____ Place of Birth: _____
Month/Date/Year City, County, State

Address: _____
Street Name & Building Number City ZIP Code County (REQUIRED)

Race/Ethnicity: *White* *Hispanic or Latin* *Black or African American*
Asian *American Indian or Alaskan Native* *Native Hawaiian or other Pacific Islander*

Family/Custodial Information: With whom does the student reside? _____

1. *Parent* *Step-Parent* *Guardian* .

Full Name: _____

Street Address: _____

City, State, ZIP: _____

Best Phone: _____

Email Address: _____

Last District Attended:

School & Building (including preschool): _____

Address: _____ City: _____ State: _____ ZIP: _____

Telephone: _____ Teacher/Counselor: _____ Last Grade Completed: _____

Last Date Attended: _____

CA-60 RECORDS RELEASE: I hereby authorize the release of all records relating to this student, including special education records, to the Dexter Community Schools.

Parent/Guardian Signature

Date

Adult Student Signature

Date

PLEASE SEND RECORDS TO (all in Dexter, MI 48130):

- Cornerstone Elementary (734-424-4120), 7480 Dan Hoey Rd.
- Wylie Elementary (734-424-4140), 3060 Kensington Rd.
- Mill Creek Middle (734-424-4150), 7305 Dexter-Ann Arbor Rd.
- Dexter Special Ed. (734-424-4100 ext. 6053), 2615 Baker Rd.

- Bates Elementary (734-424-4130), 2704 Baker Rd
- Creekside Intermediate (734-424-4160), 2615 Baker Rd.
- Dexter High (734-424-4240), 2200 N. Parker Rd.

(form revised 8/2017)