

ELK RAPIDS SCHOOLS

STUDENT REGISTRATION FORM

(Confidential)

Building: _____ Start Date: _____

To enroll your student, please complete this registration form and provide the following documentation:

1. Certified Birth Certificate. State law requires that every student enrolled for the first time in a district must have a certified copy of his/her birth certificate on file. Other reliable proof, as determined by the Elk Rapids School District, of the student's identity and age, and an affidavit explaining the inability to produce a copy of birth certificate can be submitted.
2. Immunization Records. A child enrolling in a district for the first time must have an immunization statement signed by a physician. A nonmedical waiver indicating the religious, philosophical, or medical objections to the immunization(s) may be obtained from the county health department.
3. Legal documentation for custody, guardianship, court ward student status.
4. Is there a current Order of Protection or No Contact Order which concerns this student? Yes No
If yes, please provide a copy.

STUDENT INFORMATION (Please Print)					
Legal Last Name	First Name	Middle Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Grade	
Home Address	Mailing Address	City	Zip	County	
Primary Home Phone ()	Date of Birth: Month _____ Date _____ Year _____			Country of Birth: _____	
This is a two-part question required by the Federal Government:					
Is this student Hispanic/Latino? <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino	What is this student's race? <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	
Is your child's native language a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the language? _____	What language do you prefer to be contacted in? _____		Is the primary language used in your child's home or environment a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the language? _____		
PARENT/GUARDIAN INFORMATION (With Whom the Student Resides)					
Last Name	First Name	M.I.	Relationship to Student	E Mail Address	
Address	Apt. #	PO Box	City	Zip	County
Primary Home Phone ()	Cell Phone/Pager ()	Does this student reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally responsible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Place of Employment				Work Phone & Ext. ()	
Last Name	First Name	M.I.	Relationship to Student	E Mail Address	
Address	Apt. #	PO Box	City	Zip	County
Primary Home Phone ()	Cell Phone/Pager ()	Does this student reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally responsible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Place of Employment				Work Phone & Ext. ()	
Custody Restrictions? If yes, please provide documentation to District. Should this person receive mailings?					

EMERGENCY CONTACTS (IF PARENT/GUARDIAN NOT AVAILABLE)

Last Name	First Name	M.I.	Relationship	
Address	Apt. #	PO Box	City	Zip
Primary Home Phone ()	Cell Phone/Pager ()	Work Phone & Ext. ()		
Last Name	First Name	M.I.	Relationship	
Address	Apt. #	PO Box	City	Zip
Primary Home Phone ()	Cell Phone/Pager ()	Work Phone & Ext. ()		

FAMILY RESIDENCE

The McKinney-Vento Homeless Assistance Act, reauthorized by Title X, Part C, of the No Child Left Behind Act, requires school districts to remove any barriers to the attendance, full participation, and success of students, Pre-K through grade 12, who lack a "fixed, regular, and adequate nighttime residence."

CONFIDENTIAL INFORMATION

Based on the above definition, please indicate your child's living situation below if this describes your child's current living situation; or if the student enrolling is not living with a parent or legal guardian.

- In a shelter : ___ Goodwill Inn ___ Pete's Place ___ Host Home ___ Women's Resource Center
- With relatives or friends due to economic hardship or loss of housing
- Train or bus station, park, or car,
- Motel/hotel
- Campground
- Abandoned apartment or building
- Foster Care, if less than 6 months in the same placement
- Other _____

DIRECTORY INFORMATION / MEDIA RELEASE / FIELD TRIP RELEASE

The Board of Education designates as student "directory information": A student's name; address; telephone number; participation in officially recognized activities and sports; height and weight, if member of an athletic team; grade level; and school photographs or videos of students participating in school activities, events or programs.

Parents and eligible students may refuse to allow the District to disclose any or all of such "directory information" upon written notification to the District within ten (10) days after receipt of the District's public notice.

I understand that newspaper photographers may ask to take pictures of student activities; my student may be videotaped and photographed for educational purposes and/or media publications; my student's photo or school work may appear on the Elk Rapids website; and my student's class may be taking field trips during the school year.

When field trips require transportation, I understand my student will be transported by bus.

Unless I revoke these permissions in writing, Elk Rapids Schools has permission for all of the above activities. (If you are not agreeable to the above, please write a note indicating that revocation to the school office where your student attends.)

GRADES 9-12: As part of the No Child Left Behind Act, all public high schools are required to supply armed forces personnel with a list of students. If you do not wish your student's directory information to be included in the list sent to the armed services personnel, please advise the high school office in writing immediately.

PARENT/GUARDIAN LIVING ELSEWHERE (If Different Than Above)

Last Name	First Name	M.I.	Relationship to Student	E Mail Address	
Address	Apt. #	PO Box	City	Zip	County
Home Phone ()	Cell Phone/Pager ()	Does this student reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally responsible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Place of Employment				Work Phone & Ext.	
Is this address an additional residence for this student during the school week: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:			

HEALTH INFORMATION

Student's Physician	Phone ()	
Does this student have any chronic health problems? <input type="checkbox"/> Yes <input type="checkbox"/> No (i.e. asthma, diabetes, seizures, hearing, vision) If yes, please describe:		
Does student use an Epi-Pen or other emergency medications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, will it be at school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List any allergies and/or sensitivities:		
Food: _____	Reaction: _____	
Medicine: _____	Reaction: _____	
Environmental: _____	Reaction: _____	
Insect Bites: _____	Reaction: _____	
Please list all medication(s)/treatments this student is currently taking		
	Dose	Time
	Dose	Time
	Dose	Time

Before any prescribed medication or treatment may be administered to a student during school hours, the school shall require the written prescription from the student's physician accompanied by the written authorization of the parent. Medication must be in its prescribed bottled. (Reference Board Policy 5330)

SPECIAL EDUCATION – SECTION 504

Has this student ever received any special education services or attended special ed classes? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this student currently receiving special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide a copy of the current Individual Education Plan (IEP) or Section 504 Plan

SCHOOL HISTORY

Last school this student attended	Date student exited				
Street address of last school attended	City	State	Zip	Telephone ()	Fax ()
Has this student ever attended any of the following programs: Preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has this student ever enrolled in Elk Rapids School before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Building:	Year:		
Are you applying for Schools of Choice from <u>outside</u> the Elk Rapids district? <input type="checkbox"/> Yes <input type="checkbox"/> No		Resident District:			

PUBLIC ACT 328

Public Act 328 (effective January 1, 1995) requires public school districts to expel any student who possesses a dangerous weapon in a weapon-free school zone or commits either arson or rape in a school building or on school property (including school busses and/or other school transportation). A dangerous weapon is defined as a "firearm, dagger, dirk, stiletto, knife with a blade over three (3) inches in length, pocket knife opened by a mechanical device, iron bar, or brass knuckles or other devices designed to or likely to inflict bodily harm, including, but not limited to, air guns, and explosive devices."

Pursuant to 1995 Public Act 328 _____

(Student Name)

(Date of Birth)

- Check One: 1. Has not been expelled from another school.
 2. Has been expelled from another school (or has expulsion charges pending).
 3. Is currently under suspension from another school.

If you check box 2 or 3, please explain the circumstances below:

I understand that pursuant to 1995 Public Act 328 that:

1. Elk Rapids Schools will request records for the above named student's previous school(s);
2. Enrollment is conditional until records are received and reviewed by the school; and
3. If student records received from the previous school(s) are not as represented above, the above named student may be excluded from the Elk Rapids Schools immediately without further recourse.

PARENT/GUARDIAN SIGNATURE

Date: _____

My signature authorizes Elk Rapids Schools to request the release of all records, files and data from my child's previous school district.

FOR OFFICE STAFF USE – ENROLLMENT CHECKLIST

- _____ Copy of Birth Certificate _____ UIC
- _____ Copy of Restraining Order (if applicable)
- _____ Previous School Plans (Special Ed, 504 Plan, Other)
- _____ Transportation Form
- _____ Copy of Immunization Record
- _____ Copy of Custody Plan (if applicable)
- _____ Free & Reduced Lunch Form (if applicable)
- _____ School of Choice Form