

Algonac Community Schools  
Student/Family Registration Information Form  
Grades K-5

**2011-2012**

FOR OFFICE USE ONLY:	
Enrollment date: <u>September 2011</u>	Student #: _____
Entering grade: _____	____ MCIR
School: <u>Millside Elementary</u>	____ Birth Certificate
Teacher: _____	____ Proof of Residency

Student's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(LAST) (FIRST) (M.I.)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Sex: \_\_\_\_\_

Priority Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email address where you can be reached during the day: \_\_\_\_\_

Parent/Guardian name(s): \_\_\_\_\_

**EMERGENCY INFORMATION:** In case of an emergency and parent(s) cannot be reached, please notify the people below in priority order:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please complete pertinent medical information on this child:**

Current medication or treatment: \_\_\_\_\_

Allergies: \_\_\_\_\_

Previous operations: \_\_\_\_\_ Hospital confinement: \_\_\_\_\_

Dentist name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Doctor name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred local hospital: \_\_\_\_\_

*Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization, I do hereby grant to the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses and treatment, including surgical interventions, if necessary on behalf of my minor child listed above and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present.  
This authorization is valid for the current school year or until such time as I withdraw the authorization.*

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

### Student Information

Student Name: \_\_\_\_\_ Birthplace: \_\_\_\_\_

1. Is your child Hispanic/Latino?     YES     NO
2. Which racial group(s) does your child belong?
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White
3. Is your child's native tongue a language other than English?  
 YES     NO    What is that language? \_\_\_\_\_
4. Is the primary language used in your child's home or environment a language other than English?  
 YES     NO    What is that language? \_\_\_\_\_
5. Is this child subject to any court order regarding custody?     YES     NO
6. Does your child receive Special Education Services?     YES     NO     Speech/Language     Special Education     504

### Family Information

Child lives with:     Mother & Father     Mother & Stepfather     Mother only     Father & Stepmother     Father only  
 Other: \_\_\_\_\_

	<i>Mother</i>	<i>Father</i>	<i>Stepmother</i>	<i>Stepfather</i>		
<b>Name</b>						
<b>Birthplace</b>						
<b>Last school grade completed</b>						
<b>Employer</b>						
<b>Work Phone #</b>						
	<b>Siblings</b>	<b>Sex</b>	<b>Birthdate</b>	<b>Age</b>	<b>School</b>	<b>Grade</b>

### Parental Permissions

*I give Algonac Community Schools permission to use my child's likeness and/or voice by way of:* (check all that apply)

- any school publication (yearbook, Reporter, school paper, building web page).
- digital imaging, video conferencing or videotaping (for educational use).

*I give my child permission to:* (check all that apply)

- attend any "in-district" field trips.
- use the Internet for research.
- ride his/her bike to school.
- walk to/from school.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date