

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: _____

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

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