

**Algonac Community Schools  
Elementary Registration Form  
Grades K-6**

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

Home Phone #: \_\_\_\_\_ Gender:    M    F Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ City of Birth: \_\_\_\_\_

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

- Is your child Hispanic/Latino?    YES    NO
- 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
- Is this child subject to any court order regarding custody?    YES    NO
- Does your child receive Special Education Services?    YES    NO    Speech/Language    Special Education    504

Allergies: \_\_\_\_\_ Current medications or treatment: \_\_\_\_\_  
*If your child will need to take medication at school, please ask for a District Medication Form, which must be completed by your child's doctor.*

**Parent Information**

Name of parent/guardians with whom student resides-include last name if different from student:

FEMALE

Name: \_\_\_\_\_  
 Relationship to student: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Court appointed guardian?    Yes    No

MALE

Name: \_\_\_\_\_  
 Relationship to student: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Court appointed guardian?    Yes    No

Name of parent living elsewhere:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Enrollment date: \_\_\_\_\_ Student #: \_\_\_\_\_  
 Entering grade: \_\_\_\_\_ M CIR \_\_\_\_\_  
 School: \_\_\_\_\_ Birth Certificate \_\_\_\_\_  
 Teacher: \_\_\_\_\_ Proof of Residency \_\_\_\_\_