

IDA PUBLIC SCHOOLS

IDA I OBLICS	CHOOLS	OFFICE ONLY:		
REGISTRATION FO	REGISTRATION FORM			
Child's Legal Name:				
Nick Name: Gender (check o				
Child's Place of Birth DOB:				
Child's Address:				
Number Road	City Sta	te Zip		
County of Residence:	School District Child Resides in:			
Custody Arrangements? (check one) Y N Lega	al Custodial Papers Given to	School? (check one) Y N		
With whom does the child reside?				
List of other children in the family and ages:				
Is there anything about this child which you feel like the teacher should know?				
Does your child have any food allergies or medical conditions?				
Is there a parent in the military? If yes, complete line bel	ow			
Parent: Branch	Ac	tive Reserve		
Mother's Information	<u>Father's</u>	<u>Information</u>		
Name:	Name:			
Address:	Address:			
Mailing Address:	Mailing Address:	Mailing Address:		

Address: _______ Mailing Address: _______ Home Number: _______ Cell Number ______ Work Number: _______ Email Address: _______ Employer: _______ Work Address: _______

Name:		
Address:		
Mailing Address: _		
	·	
Home Number:		
Cell Number		_
Work Number:		_
Email Address:		-
Employer:		_
Work Address:		-
Occupation:		-

Signed: Date:
3. Proof of residency, i.e., legal copy of purchase agreement, current tax bill, residential utility bill
2. Current copy of immunization report
1. Birth Certificate
Information REQUIRED for enrollment. Please note we cannot enroll students without this information.
2. Is the primary language used in your child's home or environment a language other than English? If yes, what language?
1. Is your child's native tongue a language other that English? If yes, what language?
Home Language Information:
What special services, if any, did your child receive at his/her previous school?
Does the child have an IEP on file at his/her previous school? Yes No
Address of School
Name of School
White/Caucasian (Defined as: A person having origins in any of the original peoples of Europe, the Middle East or North Africa) Previous School Information:
Native Hawaiian or Other Pacific Island (Defined as: A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands)
Black or African American (Defined as: A person having origins in any of the black racial groups of Africa)
Asian (Defined as: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)
American Indian (Defined as: A person having origins in any of the original peoples of North and South American, including Central America)
2. What is this student's race? (Check which boxes apply)
(Defined as: A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)
Yes, Hispanic/Latino
No, not Hispanic/Latino
1. Is this student Hispanic/Latino? (check the correct box)
behalf)

Race & Ethnicity: (Information required by the State of Michigan) (Both questions listed MUST be answered. If either is unanswered, the United States Department of Education requires the school district to supply an answer on your

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