



Ida Public Schools

Registration Form

OFFICE ONLY:
 STUDENT ID # _____
 ENROLLMENT DATE _____
 BUILDING: Elementary
 MCIR UIC
 CUSTODY PAPERS ON FILE: Y N

Child's Legal Name _____ Grade: _____
 (Please also include if your child is Jr., II, III, etc.)

Name child likes to be called in school: _____ Child's Gender (Check One): M F

Child's Date of Birth _____ Child's Place of Birth _____
 City State

If born outside the United States, when did this child enter the US (Month/Day/Year)? _____

Child's Address _____
 Number Road City State Zip

County of Residence _____ School District Child Resides in _____

Custody Arrangements? (Check One) Y N Legal Custodial Papers Given to School? (Check One) Y N

With whom does child reside? _____

List of other children in the family and ages: _____

Is there anything about this child which you feel the teacher should know?

Does your child have food allergies? _____

Has your child had the Chicken Pox? If so what date? _____

Is there a parent in the military? No Yes (If yes, complete line below)

Parent: _____ Military Branch: _____ Active Reserve

MOTHER'S INFORMATION

FATHER'S INFORMATION

Name _____

Name _____

Address _____

Address _____

Mailing Address _____

Mailing Address _____

Home Phone Number _____

Home Phone Number _____

Cell Phone Number _____

Cell Phone Number _____

Work Phone _____

Work Phone _____

Email Address _____

Email Address _____

Employer _____

Employer _____

Work Address _____

Work Address _____

Occupation _____

Occupation _____

CONTINUED ON REVERSE SIDE



Race & Ethnicity: (Information required by the State of Michigan)



***Note both questions listed below must be answered.** If either question is unanswered, the United States Department of Education **requires** the school district to supply an answer on your behalf.

1. Is this student Hispanic/Latino? **(check the correct box)**

Defined as: A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

No, not Hispanic/Latino

Yes, Hispanic/Latino

2. What is this student's race? *(Check the boxes which apply)*

American Indian or Alaska Native *(Defined as: A person having origins in any of the original peoples of North and South American, including Central America)*

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)*

Black or African American *(Defined as: A person having origins in any of the black racial groups of Africa)*

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)*

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:

Name of School _____

_____ School Address

_____ City

_____ State

_____ Zip

Does the child have an IEP on file at his/her previous school? (Check One) **YES** **NO**

What special services, if any, did your child receive at his/her previous school? _____

Home Language Information:

1. Is your child's native tongue a language other than English?

NO **YES** - If yes, what language? _____

2. Is the primary language used in your child's home or environment a language other than English?

NO **YES** - If yes, what language: _____

*Please note that when indicating a language other than English, please indicate the language, not the country or nationality.

*****Information needed for enrollment. Please note we cannot enroll students without this information:**

1. _____ Birth Certificate


2. _____ Copy of Health Records/Immunization Records/Health Appraisal (MUST BE UP TO DATE)

3. _____ Proof of Residency, i.e., legal copy of purchase agreement or rental agreement (lease), current tax bill or residential utility bill for a resident in the district.

4. _____ Guardianship/custody papers (if applicable)

5. _____ High School Transcripts (if applicable)

Authorization is granted to the school to follow necessary first aid procedures

Signed  _____ Date _____
Parent/Guardian Signature