

OFFICE USE ONLY

Student ID _____
Building _____
Teacher _____
Grade _____
Bus # _____
Date _____



STUDENT REGISTRATION FORM

CASSOPOLIS PUBLIC SCHOOLS
22721 Diamond Cove Street, Cassopolis, MI 49031



It is the policy of the Cassopolis Public Schools District that no person shall, on the basis of race, color, religion, national origin or ancestry, age*, sex, marital status*, height**, weight**, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination during any program or activity or in employment. In addition, accommodations will be made to ensure that the lack of English language skills is not a barrier to admission and participation in activities. Inquiries or complaints regarding nondiscrimination policies should be directed to: Karen, Coordinator for Title IX, Title VI, Title II, Section 504 and the Age Discrimination Act, Cassopolis Public Schools, 22721 Diamond Cove Street, Cassopolis, MI 49031; 269-445-0503. *under the education article, age and marital status are prohibited considerations for admissions only**in employment only

OFFICE USE ONLY

UIC _____
School of Choice _____
Date Entered _____
Date Left _____
Updated Info _____
Bus Garage _____

STUDENT INFORMATION

Name: _____ Gender: _____
Last First Middle

Home Address: _____
Street Apt. / Lot # / PO Box

Birth Date: _____ / _____ / _____
City State Zip

Has student been previously expelled from school: Yes No Explain? _____

Previous student in this district? Yes No If not, school last attended: _____

CONTACT INFORMATION

Student resides with:

- _____ both parents
- _____ mother only
- _____ father only
- _____ foster home
- _____ court placed
- _____ mother/step father
- _____ father/step mother
- _____ legal guardian
- _____ relative (_____)
- _____ other (_____)

According to legal documents DO NOT release my child to:*

Name: _____
Relationship: _____
Address if known: _____

***Provide school office with a copy of any court documents regarding custody / visitation rights**

Legal Parent(s) / Guardian(s) Living in the Home (student may be released to):

Parent/Guardian Name: _____ Relationship to Student: _____
Last First

Address: _____ Cell phone: _____ **E-mail:** _____

Employer Name: _____ Employer phone: _____

Parent/Guardian Name: _____ Relationship to Student: _____
Last First

Address: _____ Cell phone: _____ **E-mail:** _____

Employer Name: _____ Employer phone: _____

Parent Living Elsewhere: _____ Relationship to Student: _____
Last First

Address: _____ Cell phone: _____ **E-mail:** _____

Employer Name: _____ Employer phone: _____

Other Children Residing in the Home:

Name: _____ Date of Birth _____ Relationship _____

Name: _____ Date of Birth _____ Relationship _____

Name: _____ Date of Birth _____ Relationship _____

Name: _____ Date of Birth _____ Relationship _____

OTHER EMERGENCY CONTACTS (If Parent/Guardian cannot be reached, student may be released to)

Name: _____ Relationship _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Daycare Provider: Name: _____ Phone: _____

Address: _____

Street

City

State

Zip

PART A

Race and Ethnicity: (NOTE: Both Parts A and Part B of the question MUST BE answered)

Is this student Hispanic / Latino? (Choose only one)

No, not Hispanic / Latino

Yes, Hispanic / Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

PART A refers to ethnicity, not race. No matter which box you selected above, please continue to answer PART B by marking one or more boxes to indicate what you consider your student's race to be.

PART B

What is the student's race? (Choose one or more; when choosing more than one, enter % for each ethnicity)

% **American Indian or Alaska Native** (origins from any of the original peoples of North and South American, including Central America)

% **Asian** (origins from any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, i.e. Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)

% **Black or African American** (origins from any of the black racial groups of Africa)

% **Native Hawaiian or Other Pacific Island** (origins from any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands)

% **White** (origins from any of the original peoples of Europe, the Middle East or North Africa)

NOTE: **Both Parts A and B MUST BE completed.** We encourage you to select an answer for BOTH parts. If either Part (A or B) is not answered, the U.S. Department of Education requires the school district to supply an answer on your behalf.

Student Birth Place: City: _____ State: _____ Country: _____

If outside the U.S., when did student enter the U.S.? _____ How many years enrolled in U.S. public school? _____

Native language: _____ Primary language used at home: _____

Please ✓ Health / Medical Information:

NO KNOWN MEDICAL PROBLEMS

- | | | |
|--|--|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Hearing impaired | <input type="checkbox"/> Bronchitis or breathing problems |
| <input type="checkbox"/> Asthma* | <input type="checkbox"/> Seizures* | <input type="checkbox"/> Eczema or skin conditions |
| <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> Bee sting allergy* | <input type="checkbox"/> Frequent ear, throat, sinus infections |
| <input type="checkbox"/> Diabetes* | <input type="checkbox"/> Food allergy* | <input type="checkbox"/> Heart murmur |
| <input type="checkbox"/> Hay fever | <input type="checkbox"/> Medication allergy* | <input type="checkbox"/> Other heart problems* |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Other allergy* | <input type="checkbox"/> Other health concerns* |

*Additional Comments: _____

Physical Limitations: _____

Physician Name: _____ Physician Ph # _____

*If **FIELD TRIPS** are taken during this school year as part of the classroom instruction, do we have your permission for your child to go on fieldtrips that are planned for the class? Yes No

*Cassopolis Schools designates certain data as directory information which is released for publication in sports programs, honor rolls, and other school programs. **If you object to this information being released, please check here** _____

In compliance with the Federal Status Family Educational Rights and Privacy Act of 1974, Section 99.34 which reads as follows: "Schools may send a student's educational record to officials of other schools or school systems in which the student seeks or intends to enroll, upon condition that the student's parents be notified of the transfer, receive a copy of the record, if desired, and have an opportunity to challenge the content of the record. I affirm that as the parent/legal guardian, all information provided is true and accurate, and that my child and I reside at the above-listed address. I understand any false information provided by me might subject me to legal penalties for perjury."

I further authorize Cassopolis Public Schools to share any or all of the aforementioned information with appropriate school staff, for the purpose of providing a safe and healthy environment for my child.

In case of accident or serious illness, I request the school to contact me. If this is not possible, I authorize the school to secure emergency medical treatment or make whatever arrangements deemed necessary.

Date _____ Signature of Parent/Guardian _____

SPECIAL NEEDS INFORMATION

- Special Program Received at Prior School:
- Special Ed Plan 504 Speech & Language Title 1 Services
- Other _____

OFFICE USE ONLY

- | | |
|---|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Request for Records |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Temporary Placement |
| <input type="checkbox"/> Proof of Residency | <input type="checkbox"/> Legal Documents |