OFFICE USE ONLY



STUDENT REGISTRATION FORM

OLS s, MI 49031



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Student ID Building	CASSOPOLIS PUBLIC SCHOOLS 22721 Diamond Cove Street, Cassopolis, MI 49031	2				
bullairig	_ RANGERS 22/21 Diamona Cove Street, Cassopolis, MI 49031	ers				
Teacher	It is the policy of the Cassopolis Public Schools District that no person shall, on the basis of rac religion, national origin or ancestry, age*, sex, marital status*, height**, weight**, or disability be e					
Grade	from participation in, be denied the benefits of, or be subjected to discrimination during any progra activity or in employment. In addition, accommodations will be made to ensure that the lack of Er					
Bus #	language skills is not a barrier to admission and participation in activities. Inquiries or complaints rega nondiscrimination policies should be directed to: Karen McCarthey, Coordinator for Title IX, Title VI, T	arding				
Deta	Section 504 and the Age Discrimination Act, Cassopolis Public Schools, 22721 Diamond Cove St	,				

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

Date	Cassopolis, MI 49031; 269-445-0503. *under the education article, age and marital status are prohibited considerations for admissions only**in employment only. Bus Garage				
		<u>STUDEN</u>	T INFORMATIC	<u>'N</u>	
Name:	Last	First	Δ.	1iddle	Gender: Male/Female
Home Address:		LIISI	10	liddle	(please circle)
	Street	Apt. / Lot # / PO Box			' PO Box
Cit	ty	S	tate	Zip	
Birth Date:/_			•	expelled from sch	
Previous student in th	is district? 🗖 Ye	s 🗆 No If not, sc	hool last attend	ded:	
		CONTAC	CT INFORMATIO	N	
Student resides with:				_	s DO NOT release my child to:*
both parentsmother/step father					
mother only	father/step motherlegal guardian		Relationsh	ip:	
father onlyfoster home)	Address ii	KIIOWII.	
court placed	other (,	-		
*Provid	de school office wit	h a copy of any c	ourt documents r	egarding custody /	visitation rights
<u>Le</u>	_	-		tudent may be rel	
Parent/Guardian Name	e:		R	elationship to Stude	ent:
Address:	Last	First C	ell phone:	E-mo	ail:
			Employer	phone:	
Parent/Guardian Name	lian Name: Relationship to Student:			ent:	
Address:	Last	First C	ell phone:	E-mo	ail:
]
Parent Living Elsewhere	e:		R	elationship to Stude	ent:
Address:	Last	First C	ell phone:	E-mc	ail:
Employer Name:			Employer	phone:	
		Other Children	n Residing in the	Home:	
Name:			Date of Birth	Rela	tionship
Name:			Date of Birth	Rela	tionship
Name:			Date of Birth	Rela	tionship
Name:		Г	Date of Birth		tionship

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

		Relationship	
Home Phor	ıe:	Work Phone:	Cell Phone:
Name:		Relationship	Cell Phone:
Address:			_Phone:
, (ddi 033	Street	City	State Zip
	Race and Ethnicity: (N	NOTE: Both Parts A and Part B of the qu	<u>uestion MUST BE answered)</u>
PART A	le this student Hispanie	(Latina? (Chaosa anly ana)	
	□ No, not Hispanic / Lat	/ Latino? (Choose only one) tino	
		(A person of Cuban, Mexican, Puerto Rican, Sou	uth or Central American, or other Spanish
C	culture or origin, regardless of rac	ee.)	
	to ethnicity, not race. No matter t you consider your student's race		e to answer PART B by marking one or more boxes to
PART B	What is the student's rac	ee? (Choose one or more; when choosing r	more than one enter 7 for each ethnicity)
IAKIB		•	nal peoples of North and South American, including Central
	America)		
		m any of the original peoples of the Far East, Southeast an, Korea, Malaysia, Pakistan, the Philippine Islands, Tho	Asia, or the Indian subcontinent including, i.e. Cambodia, giland and Vietnam)
	$\%$ \square Black or Africa	In American (origins from any of the black racial ground	ups of Africa)
		an or Other Pacific Island (origins from any of the	e original peoples of Hawaii, Guam, Samoa or other Pacific
'	Islands) % White (origins fro	m any of the original peoples of Europe, the Middle Ea	ast or North Africa)
		ed. We encourage you to select an answer for BC ool district to supply an answer on your behalf.	OTH parts. If either Part (A or B) is not answered, the
Student Birt	h Place: City:	State:	Country:
			ars enrolled in U.S. public school?
	juage:	Primary language used at home:	
	ealth / Medical Information: OWN MEDICAL PROBLEMS		
ADD/A[DHDHearing imp		Indicate below any medication that
Asthma	*	Eczema or skin conditions lergy*Frequent ear, throat, sinus infec	your child takes and dosage/how often it is to be taken:
Diabete		* Heart murmur	.110113
Hay fev	erMedication o	allergy*Other heart problems*	
*Additional	<u>—</u>	y*Other health concerns*	
/ (ddilloridi			If medication is to be taken at school,
Physical Lim	nitations:		please request an authorization form.
Diam'r N	Di	The Physics	ABSOLUTELY NO MEDICATION WILL BE SIDPENSED AT SCHOOL
Physician N	ame: Phys	ician Ph #	WITHOUT A DOCTOR'S ORDER ON
	· ·	ar as part of the classroom instruction, do we have	ve your FILE IN THE OFFICE.
permission fo	r your child to go on fieldtrips tha	at are planned for the class? Yes No	
			ublication in sports programs, honor rolls, and other
school progi	rams. If you object to this inform	mation being released, please check here _	
In complian	ice with the Federal Status Family Ed	ducational Rights and Privacy Act of 1974, Section 99	9.34 which reads as follows: "Schools may send a student
			nroll, upon condition that the student's parents be notified of the of the record. I affirm that as the parent/legal guardian, of
			derstand any false information provided by me might subjections.
	nalties for perjury." horize Cassopolis Public Schools to sh	are any or all of the aforementioned information with a	appropriate school staff, for the purpose of providing a saf-
i iumei aun	nvironment for my child.	,	
and healthy er		school to contact me. It this is not possible. I authorize t	the school to secure emergency medical treatment or mak
and healthy er In case of a	ccident or serious illness, I request the ngements deemed necessary.		
and healthy er In case of a whatever arrar	ngements deemed necessary.	nt/Guardian	
and healthy er In case of a whatever arrar	ngements deemed necessary.		
and healthy er In case of a whatever arrar Date	ngements deemed necessary.	nt/Guardian	OFFICE USE ONLY

___Proof of Residency

__Legal Documents

Rev. 3/24 JA

□ Other_