

Glenn Public School - Registration Form

STUDENT INFORMATION

Legal Name (shown on Birth Certificate) _____
Last First Middle

Physical Address _____
Number/Street City State Zip (5 digits only)

Mailing Address _____
(if different) Number/Street City State Zip (5 digits only)

Home Phone # _____ County of Residence _____

City of Birth _____ Birthdate _____ Age _____ Gender _____

Enrolling Grade _____ Home Language _____

Schools of Choice? Yes _____ If yes, which school district do you reside in? _____
No _____ Proof of residency _____

Prior schools name, address, phone # and fax# _____

Has this student received special education services? If yes, please describe and include dates _____

Does the student need special language considerations? If yes, please describe. _____

Ethnicity (check all that apply & list %):

American Indian or Alaskan Native _____
Asian American _____
Black or African American _____
Native Hawaiian or Other Pacific Islander _____
White _____
Hispanic or Latino _____

PARENT INFORMATION

Legal Father _____ Legal Mother _____
Married to child's legal mother Married to child's legal father
Single Single
Divorced Spouse _____ Divorced Spouse _____

With whom does the child live? Legal Father _____ Legal Mother _____ Both _____

Legal Guardian (if different from above) _____

Address (if different) _____ Address (if different) _____

Home Phone # _____ Home Phone # _____

Cell Phone # _____ Cell Phone # _____

E-Mail Address _____ E-Mail Address _____

Employer _____ Employer _____

Work Phone # _____ Work Phone # _____

Parent Signature: _____ Date: _____

SIBLING INFORMATION

Please list all siblings living in the home.

NAME	AGE	GENDER	DATE OF BIRTH	GRADE IN SCHOOL

MEDICAL AND EMERGENCY INFORMATION

Please list any chronic health problems, illnesses, accidents, operations, allergies, hospitalization or physical limitations

(List causes and dates) _____

Is your child taking any medications? Yes _____ No _____ If yes, please list all medications being taken below. If medications are to be taken at school, please request the "Administration of Medication in School" form from the office.

Name of Medication(s)	Dosage	Time to be taken
_____	_____	_____
_____	_____	_____
_____	_____	_____

List three neighbors or nearby relatives who will assume temporary care of your child if a parent/guardian cannot be reached.

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements deemed necessary.

Local Physician's Name _____ Phone # _____

Hospital of Choice _____

Signature of Parent/Guardian _____ Date: _____

Relationship to child (if not parent/guardian) _____

NOTICE OF NON DISCRIMINATION

The Glenn Public School District Board of Education complies with all federal and state laws prohibiting discrimination on the basis of race, color, religion, national origin or ancestry, age, sex, marital status, height, weight, or disability in its programs and activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Superintendent of Schools, Glenn Public School, PO Box 69 Glenn, Michigan 49416. Phone (269-227-3411)

For office use only:

Birth Certificate on file: _____

Immunizations record/waiver on file: _____

Date last attended previous school: _____

Date of registration: _____ Starting date: _____

GLENN PUBLIC SCHOOLS

Enrollment procedure for students new to Glenn Public School District

1. A principal, the student, and parent/guardian will discuss residency. Residency is law and a school district requirement. Residency occurs when the student and parent and/or legal guardian is actually residing in the Glenn Public School District.

2. The following information will be needed for enrollment:
 - i. A valid Michigan driver's license or state identification for parent showing Glenn Public School District residency.
 - ii. Student's birth certificate
 - iii. Proof of Immunization for student or appropriate abstention declaration. (Please see note Hepatitis B series must be started prior to enrollment in any Michigan school system).
 - iv. Official and/or unofficial school documents showing students' most recent enrollment. (Report cards or Transcripts will do). This will be used to determine appropriate grade level and schedule of classes.
 - v. Any legal documents will also be presented
 - vi. Student social security number.
 - vii. Health alert/medication information.
 - viii. Enrollment forms will be completed by both the parent/guardian and/or student.

Glenn Public School

ENROLLMENT CHECKLIST

Name of Student: _____ Grade: _____

DISCIPLINE HISTORY DECLARATION

(To be completed by parent or guardian of the student)

1. Has the student been expelled or suspended for more than 10 school days or recommended for expulsion or suspension for more than 10 school days in any prior school district?

Please initial your answer:

Yes _____ No _____ if no, go to Residency Verification Affidavit section.

2. If yes, provide details so that an assessment can be made with respect to enrollment.

3. I agree that verbal or written information regarding this student's discipline history may be obtained from the prior district.

Parent or Guardian Signature

Date

RESIDENCY VERIFICATION AFFIDAVIT

According to State Attorney General Opinion No. 5925, school districts have the right to verify a student's residency. By signing this affidavit, you are affirming that the address given on all enrollment forms is the legal residence of the parent/guardian enrolling the student and is the residence of the student.

Should the district learn that this is not the student's residence and that the parent lives outside the boundaries of the Glenn Public School District, a release form from the district of residence must be provided (unless the student is an approved schools of choice student) or the student may be excluded from the district.

Legal name of student _____

Address _____

_____ City

_____ State

_____ Zip Code

Parent/Guardian Signature

Date