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1000	, .	Date:

## Mason County Eastern Schools

Student Registration Form

## **Required Upon Enrollment**

## O Immunizations O Certified Birth Certificate - DISTRICT MUST VIEW WITHIN 30 DAYS

O Proof of Residency(Drivers License, Rent Receipt, Mortgage Payment Receipt, Utility Bill, Property Tax Bill)

○ Current IEP if applicable

STUDENT INFORMATION (P	LEASE PRINT)			
Legal Last Name	First Name	Middle Name	Gender	Grade
			ОM	
			∫F	
Street Address Street Name	Apt# P.O. Box	City	Z	р
Home Phone	Birth Place	Date of Birth		
Is this student Hispanic/Latino?	What is this student's race?	O American Indian or Wi	hat Language did this stud	ent
No, not Hispanic or Latino	Alaska Native ()Asian (	Native Hawaiian or firs	st speak?	
Yes, Hispanic or Latino	other Pacific Islander	-	) English	
	⊖White		) Other	
Primary language spoken at Home:		What other languages are sp	noken in this student's ho	me or environment?
English Other				
Is there a current Order of Protection	n or No Contact Order which c	oncerns this student? () Yes ()	No (If ves, please send a co	(yc)
SPECIAL EDUCATION				
Has this student ever received any sp	pecial education services or att	ended special education classes	s? ∩ Yes ∩No	
If yes, please provide a copy of the c				
SCHOOL HISTORY				
Last School this student attended	City	State Da	te Left	
	ony			
If last school attended was out of sta	te please provide last Michiga	n school attended		
Has this student ever enrolled in Mas	son County Eastern Schools be	fore? Are you applying	for schools of choice from	n outside the M.C.E. District?
○ Yes When:				
	0			
PARENT/GUARDIAN INFORMA	ATION (Living in househo	ld)		
Last Name First Name		Relationship	e-m	ail address
Street Address Street Name	Apt# P.O. Box	City	Zip	
		City	Ξ·Ρ	
Home Phone Number	Cell Phone Nu	mhor	Doos this shile	I reside with you? ()Yes ()No
	Cell Flione Nu	IIIbei	Does this child	
Place of Employment		Work Phone & Ex	xtension	
Last Name First Name	Middle Initial	Relationship	e-m	ail address
		Relationship	C III	
Church Adducer Church Nove		City	-:-	
Street Address Street Name	Apt# P.O. Box	City	Zip	
Home Phone Number	Cell Phone Nu	mber	Does this child	l reside with you? ○Yes ○No
Place of Employment		Work Phone & Ex	xtension	

Place of Employment Work Phone & Extension Can student leave with this person? (Yes ) No   EMERGENCY CONTACTS (If we are unable to contact you, please list two local emergency contacts.) Last Name Relationship   Last Name First Name Middle Initial Relationship   Street Address Street Name Apt# P.O. Box City Zip   Home Phone Number Place of Employment Work Phone & Extension Can student leave with this person? (Yes ) No   Last Name First Name Middle Initial Relationship   Street Address Street Name Apt# P.O. Box City Zip   Home Phone Number Vork Phone & Extension Can student leave with this person? (Yes ) No No   Last Name First Name Middle Initial Relationship   Street Address Street Name Apt# P.O. Box City Zip   Home Phone Number Vork Phone & Extension Can student leave with this person? (Yes ) No No   Place of Employment Work Phone & Extension Can student leave with this person? (Yes ) No No   FAMILY INFORMATION (Please list all children in the family by birth order, oldest first) Name <td< th=""><th>LEGAL/JOINT C</th><th>USTODY (If diffe</th><th>erent from f</th><th>ront page)</th><th></th><th></th><th></th><th></th></td<>	LEGAL/JOINT C	USTODY (If diffe	erent from f	ront page)				
Home Phone Number Cell Phone Number Does this child reside with you? \Yes \No   Place of Employment Work Phone & Extension Can student leave with this person? \Yes \No   EMERGENCY CONTACTS (If we are unable to contact you, please list two local emergency contacts.) Last Name   Last Name First Name Middle Initial   Street Address Street Name Apt#   Place of Employment Work Phone & Extension Can student leave with this person? \Yes \No   Home Phone Number Place of Employment Work Phone & Extension Can student leave with this person? \Yes \No   Last Name First Name Middle Initial Relationship   Street Address Street Name Apt# P.O. Box City Zip   Home Phone Number Work Phone & Extension Can student leave with this person? \Yes \No No   Last Name First Name Middle Initial Relationship   Street Address Street Name Apt# P.O. Box City Zip   Home Phone Number Vork Phone & Extension Can student leave with this person? \Yes \No No   Place of Employment Work Phone & Extension Can student leave with this person? \Yes \No	Last Name	First Name	Mid	dle Initial			e-mail address	
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Home Phone Number   Place of Employment Work Phone & Extension Can student leave with this person? (Yes ) No   Last Name First Name Middle Initial Relationship   Street Address Street Name Apt# P.O. Box City Zip   Home Phone Number Place of Employment Work Phone & Extension Can student leave with this person? (Yes ) No   FAMILY INFORMATION (Please list all children in the family by birth order, oldest first) Name Relationship								
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Home Phone Number   Place of Employment Work Phone & Extension   Can student leave with this person? (Yes ) No   FAMILY INFORMATION (Please list all children in the family by birth order, oldest first)   Name Relationship   School Grade   Gender Date of Birth	Last Name	Firs	st Name		Middle Initial			Relationship
Place of Employment Work Phone & Extension Can student leave with this person? \()Yes \() No   FAMILY INFORMATION (Please list all children in the family by birth order, oldest first) Name Relationship   Name Relationship School Grade Gender	Street Address	Street Name	Apt#	P.O. Box		Ci	ity	Zip
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Name Relationship School Grade Gender Date of Birth	Place of Employme	ent		Work Phone & E	Extension		Can student l	eave with this person? ()Yes () No
	FAMILY INFORM	MATION (Please	list all child	ren in the fam	nily by birth o	order, ol	ldest first)	
$\bigcirc$ M $\bigcirc$ F	Na	ame	Relationship	Schoo	bl	Grade		Date of Birth
Name   Relationship   School   Grade   Gender   Date of Birth     O M O F   O M O F   O M O F   O M O F   O M O F   O M O F	Na	ame	Relationship	Schoo	bl	Grade		Date of Birth
Name   Relationship   School   Grade   Gender   Date of Birth     O M O F   O M O F   O M O F   O M O F   O M O F   O M O F	Na	ame	Relationship	Schoo	bl	Grade		Date of Birth
MILITARY (Active)	MILITARY (Activ	ve)						
Parent/Guardian OYes No Service Branch								

In case of illness, accident, or injury serious enough to warrant immediate medical attention, I herby give permission to transport the above named child to the nearest hospital. In the event that you are unable to reach me or the above named emergency contacts, I understand I am responsible for any and all costs incurred.

The Board may establish online access for the parents or the eligible student to the student's confidential academic and attendance records. Please be reminded that the account and confidential information about the student is only as secure as the parents or student keeps their information. The parent, eligible student, or unauthorized party will hold neither the District nor its employees responsible for any breech of this information.

I understand, for the health, safety, and/or educational needs of my child, information on the questionnaire, health appraisal(physical), and/or emergency card may need to be shared with individuals working with my child. Typically, this would include the building administrator, secretary, teachers, aides, counselors, noon duty staff, transportation staff, and dean of students. Signature of Parent/Guardian \_\_\_\_\_\_ Date\_\_\_\_\_

	FOR OFFICE US	E ONLY
O Date Enrolled 1st Da	Internet Information	○ Record Request
⊖ Health Appraisal-Green-Kdgr.	O Transportation & Food Servi	ce OCA60 Received

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