

Today's Date: _____

Mason County Eastern Schools

Student Registration Form

Required Upon Enrollment

- Immunizations Certified Birth Certificate - **DISTRICT MUST VIEW WITHIN 30 DAYS**
- Proof of Residency (Drivers License, Rent Receipt, Mortgage Payment Receipt, Utility Bill, Property Tax Bill)
- Current IEP if applicable

STUDENT INFORMATION (PLEASE PRINT)

Legal Last Name	First Name	Middle Name	Gender <input type="radio"/> M <input type="radio"/> F	Grade
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Street Address	Street Name	Apt#	P.O. Box	City	Zip
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Preferred Phone	Birth Place	Date of Birth
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Is this student Hispanic/Latino? <input type="radio"/> No, not Hispanic or Latino <input type="radio"/> Yes, Hispanic or Latino	What is this student's race? American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or other Pacific Islander <input type="radio"/> Black or African American <input type="radio"/> White	What Language did this student first speak? <input type="radio"/> English <input type="radio"/> Other _____
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Primary language spoken at Home: <input type="radio"/> English <input type="radio"/> Other _____	What other languages are spoken in this student's home or environment? _____
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Is there a current Order of Protection or No Contact Order which concerns this student? Yes No (If yes, please send a copy)

SPECIAL EDUCATION

Has this student ever received any special education services or attended special education classes? Yes No

If yes, please provide a copy of the current individual education plan (IEP)

SCHOOL HISTORY

Last School this student attended	City	State	Date Left
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If last school attended was out of state please provide last Michigan school attended

Has this student ever enrolled in Mason County Eastern Schools before? <input type="radio"/> Yes When: _____ <input type="radio"/> No	Are you applying for schools of choice from outside the M.C.E. District? <input type="radio"/> Yes District: _____ <input type="radio"/> No
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PARENT/GUARDIAN INFORMATION (Living in household)

Last Name	First Name	Middle Initial	Relationship	e-mail address
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Street Address	Street Name	Apt#	P.O. Box	City	Zip
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Preferred Phone Number	Secondary Phone Number	Does this child reside with you? <input type="radio"/> Yes <input type="radio"/> No
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Place of Employment	Work Phone & Extension
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Last Name	First Name	Middle Initial	Relationship	e-mail address
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Street Address	Street Name	Apt#	P.O. Box	City	Zip
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Preferred Phone Number	Secondary Phone Number	Does this child reside with you? <input type="radio"/> Yes <input type="radio"/> No
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Place of Employment	Work Phone & Extension
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LEGAL/JOINT CUSTODY (If different from front page)					
Last Name		First Name	Middle Initial	Relationship	e-mail address
Street Address	Street Name	Apt#	P.O. Box	City	Zip
Preferred Phone Number		Secondary Phone Number		Does this child reside with you?	<input type="radio"/> Yes <input type="radio"/> No
Place of Employment		Work Phone & Extension		Can student leave with this person? <input type="radio"/> Yes <input type="radio"/> No	
EMERGENCY CONTACTS (If we are unable to contact you, please list two local emergency contacts.)					
Last Name		First Name	Middle Initial	Relationship	
Preferred Phone Number					
Place of Employment		Work Phone & Extension		Can student leave with this person? <input type="radio"/> Yes <input type="radio"/> No	
Last Name		First Name	Middle Initial	Relationship	
Preferred Phone Number					
Place of Employment		Work Phone & Extension		Can student leave with this person? <input type="radio"/> Yes <input type="radio"/> No	
FAMILY INFORMATION (Please list all children in the family by birth order, oldest first)					
Name	Relationship	School	Grade	Gender <input type="radio"/> M <input type="radio"/> F	Date of Birth
Name	Relationship	School	Grade	Gender <input type="radio"/> M <input type="radio"/> F	Date of Birth
Name	Relationship	School	Grade	Gender <input type="radio"/> M <input type="radio"/> F	Date of Birth
MILITARY (Active)					
Parent/Guardian	<input type="radio"/> Yes <input type="radio"/> No	Service Branch			
TRANSPORTATION					
Will student need bus transportation provided? <input type="radio"/> Yes <input type="radio"/> No (If yes, please fill out the following information)					
When will transportation be needed? <input type="radio"/> A M <input type="radio"/> PM					
AM Pick Up					
Street Address	Street Name	Apt#	City	Zip	
PM Dropoff					
Street Address	Street Name	Apt#	City	Zip	

In case of illness, accident, or injury serious enough to warrant immediate medical attention, I hereby 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 breach 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 USE ONLY

- Date Enrolled 1st Day _____
- Health Appraisal-Green-Kdgr.
- UIC
- Internet Information
- Transportation & Food Service
- Record Request
- CA60 Received _____