

PLEASE PRINT!! Use BLACK ink

WHITMORE LAKE PUBLIC SCHOOLS  
Registration/Emergency Form

Student Number \_\_\_\_\_

Today's Date \_\_\_\_\_

Grade \_\_\_\_\_

**STUDENT INFORMATION**

*A copy of your student's birth certificate is required for our files.*

Legal Last Name	First	Middle	Birth Date
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> check if twin, triplet, etc.	County of Residence: _____		
<b>Student's Address:</b>			
Residence: _____ ( ) _____ <input type="checkbox"/> <i>unlisted</i>			
Number and Street		City	ZIP
Home Phone _____			
<b>Mailing Address:</b>			
(If different than residence) Number and Street (or P.O. Box) City ZIP			

**Parent E-Mail address:** \_\_\_\_\_

**Race & Ethnicity:** Both **Part A** and **B** of the question **must be answered**.

**A. Is this student Hispanic/Latino?** (check only one)

☐ **No**, not Hispanic/Latino

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

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by checking one or more below to indicate what you consider your student's race to be.

**B. What is the student's race?** (check one or more)

☐ **American Indian or Alaska Native** (person of origins of the original peoples of North & South America, including Central America)

☐ **Asian**

☐ **Black or African American**

☐ **Native Hawaiian or Other Pacific Islander**

☐ **White**

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.

**PARENT/GUARDIAN INFORMATION**

Student resides with: ☐ Both Father & Mother ☐ Father ☐ Mother ☐ Other (please specify) \_\_\_\_\_

☐ **Father** ☐ **Step-Father** \_\_\_\_\_ ( ) \_\_\_\_\_ ( )

\_\_\_\_\_ Last Name First Home Phone Cell Phone

\_\_\_\_\_ Number and Street City ZIP

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

☐ **Mother** ☐ **Step-Mother** \_\_\_\_\_ ( ) \_\_\_\_\_ ( )

\_\_\_\_\_ Last Name First Home Phone Cell Phone

\_\_\_\_\_ Number and Street City ZIP

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

If parents are divorced, please describe custody: must provide court documentation for our records. ☐ **Joint** ☐ **Father** ☐ **Mother**

**Parent Living Elsewhere:**

\_\_\_\_\_ ( ) \_\_\_\_\_ ( )

\_\_\_\_\_ Last Name First Home Phone Cell Phone

\_\_\_\_\_ Number and Street City ZIP Work Phone

**EMERGENCY INFORMATION**

In case of emergency OR if student needs to leave school, please contact the following people:

List in order the person to be called 1<sup>st</sup>, 2<sup>nd</sup>, etc.: (include parents if you wish to be contacted)

#1 \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( )

Name Relationship Home Phone Work Phone Other Number

#2 \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( )

Name Relationship Home Phone Work Phone Other Number

#3 \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( )

Name Relationship Home Phone Work Phone Other Number

#4 \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( )

Name Relationship Home Phone Work Phone Other Number

**HOME LANGUAGE SURVEY**

Is English the first language that the student learned to speak?

☐ Yes☐ No

Is English spoken regularly (most of the time) in the home?

☐ Yes☐ No

If the response to either or both of the above questions is NO, please answer the following questions:

How many years has the student gone to school in the United States? \_\_\_\_\_

Please assess the student's English language proficiency (in your opinion). Check all that apply:

☐ Speaks no English☐ Speaks limited English☐ Speaks English well☐ Writes no English☐ Writes limited English☐ Writes English well☐ Reads no English☐ Reads limited English☐ Reads English well**EDUCATIONAL INFORMATION**Has your student ever attended Whitmore Lake Schools before? ☐ Yes ☐ No

Please list the school district in which you reside, if other than Whitmore Lake: \_\_\_\_\_

Name of Last School: \_\_\_\_\_ District: \_\_\_\_\_

Has an IEP or Sec. 504 Plan been in effect for the student? ☐ Yes ☐ No*(If YES, please provide a copy of the most recent.)*Has your child ever been suspended or expelled by a Principal, Superintendent, Hearing Officer, or Board of Education for a semester or more? ☐ Yes ☐ No If yes: Reason \_\_\_\_\_**MEDICAL INFORMATION***Please Note: Whitmore Lake Schools require a copy of your student's immunization record in their file.*

Does your child have? (Check all that apply)

☐ Physical Activity Restrictions☐ Cardiac☐ Diabetic☐ Vision Problems☐ Glasses☐ Contacts☐ Hearing Problem☐ Special blood Condition☐ Asthma☐ Kidney Disease☐ Seizure Disorder

If you have checked any of the above boxes, please explain: \_\_\_\_\_

☐ Allergies (list, including drug allergy) \_\_\_\_\_☐ Does your child have any injury or condition not listed above? If yes, please describe: \_\_\_\_\_☐ Special Needs: \_\_\_\_\_☐ Long Term Meds (please list): \_\_\_\_\_

Preferred Hospital

Physician's Name/Clinic

Physician's Phone Number

Insurance Carrier

In case the above child becomes seriously ill or injured at school and I cannot be reached, I grant permission for my child to be transported to an emergency facility. I hereby authorize medical care and agree to pay all expenses incurred by the handling of this emergency care. I further acknowledge by my signature that I am aware that the information on the card may be shared with those persons identified by the school district who require the information to care for the health, safety, and/or education of my child.

Parent/Guardian Signature

Date

**SIBLING INFORMATION**

Other children who reside in the home:

Name

Birth date

Grade