



WHITMORE LAKE PUBLIC SCHOOLS Registration/Emergency Form

Please print in
BLACK ink

Today's Date _____

Student Number _____

Grade _____

STUDENT INFORMATION

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

Legal Last Name _____ First _____ Middle _____ Birth Date _____
Gender: ☐ Male ☐ Female ☐ check if twin, triplet, etc. County of Residence: _____

Student's Address:

Residence: _____ () _____ ☐ unlisted
Number and Street City ZIP Home Phone

Mailing Address: _____
(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: Father & Mother ☐ Father(s) ☐ Mother(s) ☐ Grandparent(s) ☐ Other (please specify) _____

() ()
Relationship to Student Last Name First Home Phone Cell Phone
Number and Street City ZIP

Employer: _____ Occupation: _____ Work Phone () _____

() ()
Relationship to Student Last Name First Home Phone Cell Phone
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Employer: _____ Occupation: _____ Work Phone () _____

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

() ()
Relationship to Student 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 1st, 2nd, etc.: (include parents if you wish to be contacted)

#	Name	Relationship	Home Phone	Work Phone	Other Number
#1			()	()	()
#2			()	()	()
#3			()	()	()
#4			()	()	()

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:

- | | | |
|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Speaks no English | <input type="checkbox"/> Speaks limited English | <input type="checkbox"/> Speaks English well |
| <input type="checkbox"/> Writes no English | <input type="checkbox"/> Writes limited English | <input type="checkbox"/> Writes English well |
| <input type="checkbox"/> Reads no English | <input type="checkbox"/> Reads limited English | <input type="checkbox"/> 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)

- | | | |
|---------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Physical Activity Restrictions | <input type="checkbox"/> Hearing Problem | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Cardiac | <input type="checkbox"/> Special Blood Condition | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Asthma | <input type="checkbox"/> Vision Problems [<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts] |

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 _____
