

**ADDISON COMMUNITY SCHOOLS
STUDENT REGISTRATION FORM**

Date _____

Student Name _____ Grade _____
(Last) (First) (Middle)

Home Street Address _____ City _____ Zip _____
Mailing Address (if different from home address) _____

Date of Birth _____ City/State of Birth _____ Sex: M or F
County of Residence _____ Home Phone _____
Student Cell Phone (if applicable) _____

RACIAL/ETHNIC INFORMATION (Optional)

_____ White, Not of Hispanic Origin
_____ Asian or Pacific Islander
_____ Black, Not of Hispanic Origin
_____ Hispanic
_____ American Indian of Alaskan

PRIMARY LANGUAGE _____

WOULD YOU CONSIDER THIS STUDENT
MULTI-RACIAL? _____ Yes _____ No

IS THIS STUDENT A FOSTER CHILD? _____ Yes _____ No

HAS THIS STUDENT PREVIOUSLY RECEIVED ANY SPECIAL EDUCATIONAL SERVICES? _____ Yes _____ No
If yes, please explain _____

IS THIS STUDENT A _____ TWIN _____ TRIPLET _____ OTHER MULTIPLE BIRTH

TO BETTER PROVIDE RESOURCES AVAILABLE UNDER THE MCKINNEY-VENTO ACT, PLEASE INDICATE IF THIS STUDENT IS:

- 1) Living in a shelter, doubled up with friends/family, in foster care, or in a temporary housing situation _____ Yes _____ No
2) An unaccompanied youth not living with a legal guardian/parent _____ Yes _____ No

PARENT/GUARDIAN INFORMATION

Father's Name _____ Marital Status _____ Email _____
Street Address _____ City _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
Employer _____ Shift: _____ Days _____ Afternoons _____ Nights

Mother's Name _____ Marital Status _____ Email _____
Street Address _____ City _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
Employer _____ Shift _____ Days _____ Afternoons _____ Nights

Other Guardian _____ Relationship _____
Street Address _____ City _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
Employer _____ Shift: _____ Days _____ Afternoons _____ Nights

Student Resides With (Please check ALL that apply):

_____ Father _____ Step Father Name _____
_____ Mother _____ Step Mother Name _____
_____ Other (Name _____ Relationship _____)

****New Students Only****

PREVIOUS SCHOOL RECORDS

****New Students Only****

Previous School Attended

Street Address _____ City _____ State _____ Zip _____

****New Students Only****

WEAPONS/EXPULSION ACKNOWLEDGEMENT

****New Students Only****

Has your student ever been expelled from any school under provisions of the Michigan School Code

Weapons Free Act? _____ Yes _____ No

If yes, please provide information

****New Students Only****

BIRTH CERTIFICATE REQUIREMENT

****New Students Only****

The Michigan Missing Children's Act requires that school officials see a certified copy of the student's birth certificate. You are advised that you have thirty (30) calendar days to provide the birth certificate. If you fail to comply with this requirement, the school district must notify the local law enforcement agency.

Parent/Guardian Signature

LEGAL INFORMATION

Please list any legalities or special circumstances concerning this student that school officials should be aware of. Please provide the school with court documents referencing parental or other contact restrictions.

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STATEMENT OF RESIDENCY

I certify below that I reside in the Addison Community School District, and that I (please check all that apply):

- have legal custody of the student
- was appointed guardian of the student by the Probate Court
- operate a licensed home
- am a relative of the student providing a suitable home at the court's order or a Child placing agency's directive
- am a relative of the student providing a suitable home at the request of a parent or legal guardian

I will produce a copy of the court order or agency directive upon request.

I hereby declare that the residency information provided is true and correct. I understand that enrollment may be terminated upon discovery that any of the residency information provided above is false. I agree to notify school officials within seven days of any change in residency or telephone numbers.

Parent/Guardian Signature

Relationship to Student

PLEASE NOTE: Documentation must be provided by students new to the Addison District AND students who have moved during the past school year.

NON-RESIDENT STUDENT INFORMATION

We are residents of the _____ school district and apply for enrollment under:

SCHOOLS OF CHOICE

Student resides outside the Addison School District and has a parent living in the Addison School District.

Parent/Guardian Signature

EMERGENCY CONTACT INFORMATION

In the event of an emergency with your student, we will attempt to contact parents/guardians first. Please list persons **WHO LIVE CLOSE BY** and would be willing to stand in for you when you are not available.

1. _____ Relationship to Student _____
Home Phone _____ Cell Phone _____ Work Phone _____
2. _____ Relationship to Student _____
Home Phone _____ Cell Phone _____ Work Phone _____
3. _____ Relationship to Student _____
Home Phone _____ Cell Phone _____ Work Phone _____
4. _____ Relationship to Student _____
Home Phone _____ Cell Phone _____ Work Phone _____

Please indicate **MEDICAL CONDITIONS** your student may have that the school should be aware of.

MISCELLANEOUS INFORMATION

Please list other children who are living in the household.

Name _____	Age _____	Grade _____
Relationship to Student _____		
Name _____	Age _____	Grade _____
Relationship to Student _____		
Name _____	Age _____	Grade _____
Relationship to Student _____		
Name _____	Age _____	Grade _____
Relationship to Student _____		
Name _____	Age _____	Grade _____
Relationship to Student _____		

PARENT/STUDENT ACKNOWLEDGEMENTS

Handbook

The undersigned have received and read the Addison Community Schools Handbook (This handbook is available online – if you would like a printed copy, please call the office and one will be provided). We understand the rights and responsibilities pertaining to students and agree to support and abide by the rules, guidelines, procedures, and policies of the School District. We also understand that this handbook supersedes prior handbooks and other written material on the same subjects.

Concussion

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by Addison Community Schools.

Field Trips

By my name and signature below, I approve my child to attend Field Trips during the 2017-18 school year.

Network/Internet

Parent/Guardian

As the parent/guardian of this student, I have read the Student Network and Internet Acceptable Use and Safety Policy and Guidelines, and have discussed them with my child. I understand that student access to the Internet is designed for educational purposes and that the Board has taken available precautions to restrict and/or control student access to material on the Internet that is obscene, objectionable, inappropriate and/or harmful to minors. However, I recognize that it is impossible for the Board to restrict access to all objectionable and/or controversial materials that may be found on the Internet. I will not hold the Board (or any of its employees, administrators or officers) responsible for materials my child may acquire or come in contact with while on the Internet. Additionally, I accept responsibility for communicating to my child guidance concerning his/her acceptable use of the Internet – i.e., setting and conveying standards for my child to follow when selecting, sharing and exploring information and resources on the Internet. I further understand that individuals and families may be liable for violations.

Student

I have read and agree to abide by the Student Network and Internet Acceptable Use and Safety Policy and Guidelines. I understand that any violation of the terms and conditions set forth in the Policy and Guidelines is inappropriate and may constitute a criminal offense. As a user of the Board's computers/network and the Internet, I agree to communicate over the Internet and the Network in an appropriate manner, honoring all relevant laws, restrictions and guidelines.

Teachers and building principals are responsible for determining what is considered unauthorized or inappropriate use. The principal may deny, revoke or suspend access to the Network/Internet to individuals who violate the Board's Student Network and Internet Acceptable Use and Safety Policy and related Guidelines, and take such other disciplinary action as is appropriate pursuant to the Student Code of Conduct.

Automated Alert Messages

Automated alert messages will be sent to the phone numbers for guardians listed on the front of this form. I acknowledge that I am authorized to make decisions regarding automated calls and text messaging made to the phone numbers provided on this form. I agree to receive automated phone messages from Addison Community Schools either by text or voice.

I give permission for my child use and access the Internet at school and for the Board to issue an Internet/email account for my child.

I give permission for my child's image (photograph) to be published online or in print provided only his/her first name is used.

I give permission for the board to transmit "live" images of my child (as part of a group) over the Internet via a web cam.

I authorize and license the Board to post my child's class work on the Internet without infringing upon any copyright my child may own with respect to such class work. I understand only my child's first name will accompany such class work.

Parent Signature

Student Signature

Date

