



School: \_\_\_\_\_

Teacher/Counselor \_\_\_\_\_

Student ID: \_\_\_\_\_

### DISTRICT STUDENT REGISTRATION - EMERGENCY INFORMATION

Student Last Name      Student First Name      Student Middle Name      Gender      Date of Birth      Attending Grade Level

- A. Is student's ethnicity Hispanic or Latino?       Yes       No
- B. Race:       American Indian/Alaskan Native       Black/African American  
 Asian       White       Native Hawaiian/Other Pacific Islander

Both parts A & B must be completed. We encourage you to select an answer for both parts. If either part A or part B is not answered, the US Department of Education requires the school district supply an answer on your behalf. You may select more than one race designation.

Primary Language spoken At home - if not English      Student Country of Birth      Country of Immigration      Refugee Country      1<sup>st</sup> Date in US School

Student Street Address      Apt #      City      State      Zip      Area Code & Home Phone #

**\*\*If you are a Southgate Resident and do not own/rent your own home, you must complete the Shared Living Form that must be notarized.\*\***

- Current Living Situation:**
- |  |  |
|--|--|
| <input type="checkbox"/> Own/Rent/Lease: house/apartment/trailer, etc.       | <input type="checkbox"/> Temporarily sharing a house with another person due to loss of housing or economic hardship |
| <input type="checkbox"/> In an emergency or transitional shelter or hospital | <input type="checkbox"/> In a motel, hotel, or campground due to lack of alternative accommodations                  |
| <input type="checkbox"/> Awaiting foster care placement                      | <input type="checkbox"/> In a living arrangement not described above that is not fixed, regular and adequate         |
| <input type="checkbox"/> Unaccompanied youth and/or runaway                  | <input type="checkbox"/> None of the above   |

Father/Guardian Name      Complete Home Address (if different from above)

Parent/Guardian Information

Area Code & Home Phone #      Area Code & Cell Phone #      Area Code & Work Phone #

Employer      Email Address

Mother/Guardian Name      Complete Home Address (if different from above)

Area Code & Home Phone #      Area Code & Cell Phone #      Area Code & Work Phone #

Employer      Email Address

#### Emergency Contact Information

*Persons to call in the event of an emergency. Parents will be contacted first.*

*The procedures that will be followed in case of severe injury or life and death situations are as follows: The parent/guardian will be notified immediately and the principal, nurse or teacher will call Southgate's 911 emergency system with transport to Henry Ford Wyandotte Hospital.*

Emergency Contact Name      Area Code & Phone #      Phone Type      Relationship

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#### FERPA Directory Information

I give permission for the Superintendent to approve the use of classroom information pictures, audio, and/or video clips of my child on District Website, District Media Sites, Power Point Presentations and Newsletters. Full names and /or other personal identifiers will not be used.

- Yes       No

**Medical Considerations/List of Medications**

(to be answered by parent or guardian)

Has your child had any serious accidents, illnesses or operations that might limit activity?  No  Yes: \_\_\_\_\_

Vision Problems?  No  Yes: \_\_\_\_\_

Allergies:

Please list any Medications your child takes routinely:

- Medications \_\_\_\_\_
- Food \_\_\_\_\_
- Insects \_\_\_\_\_
- Other: \_\_\_\_\_

**School History**

Has your child ever attended a Southgate school before?  No  Yes: \_\_\_\_\_  
*Name of School/Last Year Attended/Last Grade Level*

<i>Previous School Name</i>	<i>City/State</i>	<i>Year Attended</i>	<i>Grade Level</i>

Was your child ever retained?  No  Yes: \_\_\_\_\_  
*Grade and Year*

Was your child expelled in the last year?  No  Yes: \_\_\_\_\_  
*Name of School*

Did or Does your child receive Special Education services?  Yes\*  No **If Yes:**  504  IEP (i.e., Speech or TOTE services)

*\*If yes, please complete the Special Education Release Authorization Form to release information from the previous school District. If possible, please bring in the latest copy of your child's IEP or 504 plan with you when you turn in your registration paperwork.*

**Required Information**

*FAMILY RELATIONSHIP- Must live with parent/guardian*

**Documentation**

**Group A**

**Group B**

**Group C -- Copy of Driver's License/Michigan ID**

**3 pieces required:**

**One from A, B & C**

<input type="checkbox"/> Mortgage Purchase	<input type="checkbox"/> Cell/Phone Payment	<input type="checkbox"/> Mother <input type="checkbox"/>
<input type="checkbox"/> Lease Agreement	<input type="checkbox"/> Insurance Payment	<input type="checkbox"/> Father <input type="checkbox"/>
<input type="checkbox"/> Deed/Title of Home	<input type="checkbox"/> Voter Registration	<input type="checkbox"/> Guardian _____ <input type="checkbox"/>
<input type="checkbox"/> Property Tax Assessment	<input type="checkbox"/> Utility Payment	<input type="checkbox"/> Relative _____ <input type="checkbox"/>
<input type="checkbox"/> Shared Living		<input type="checkbox"/> Court placed _____ <input type="checkbox"/>

My child attends before/after school care:  No  Yes: \_\_\_\_\_

Special custodial limitations:  No  Yes: \_\_\_\_\_

Military Family?  No  Yes: \_\_\_\_\_

*I have supplied the preceding information to the best of my knowledge. I understand that if the information on the preceding pages changes, it is my responsibility to inform the office of the school in which my son/daughter is attending.*

Parent/Guardian Signature

Date