

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

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

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

DISTRICT STUDENT REGISTRATION - EMERGENCY INFORMATION

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date of Birth*

*Gender*

*Attending Grade Level*

*Student Middle Name*

*Student First Name*

*Student Last Name*

A. Is student’s ethnicity Hispanic or Latino? ❑ Yes ❑ No

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.

B. Race: ❑ American Indian/Alaskan Native ❑ Black/African American

❑ Asian ❑ White ❑ Native Hawaiian/Other

Pacific Islander

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*Primary Language spoken*

*At home - i f not English*

*Refugee Country*

*1st Date in US School*

*Country of Immigration*

*Student Country of Birth*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Area Code & Home Phone #*

*Zip*

*State*

*City*

*Apt #*

*Student Street Address*

**\*\*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**.\*\*

❑ Own/Rent/Lease: house/apartment/trailer, etc. ❑ Temporarily sharing a house with another person due to loss of housing or economic hardship

❑ In an emergency or transitional shelter or hospital ❑ In a motel, hotel, or campground due to lack of alternative accommodations

***Current***

***Living***

***Situation:***

❑ Awaiting foster care placement ❑ In a living arrangement not described above that is not fixed, regular and adequate

❑ Unaccompanied youth and/or runaway ❑ None of the above

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***Father****/Guardian Name*

*Complete Home Address (if different from above) Immigration*

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*Area Code &* ***Home*** *Phone #*

*Area Code &* ***Work*** *Phone #*

*Area Code &* ***Cell*** *Phone # (1)*

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*Email Address*

*Employer*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Complete Home Address (if different from above) Immigration*

***Mother****/Guardian Name*

**Parent/Guardian Information**

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*Area Code &* ***Cell*** *Phone#*

*Area Code &* ***Work*** *Phone #*

*Area Code &* ***Home*** *Phone #*

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*Email Address*

*Employer*

**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.*

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*Phone Type*

*Area Code & Phone #*

*Relationship*

*Emergency Contact Name*

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*Phone Type*

*Phone Type*

*Area Code & Phone #*

*Relationship*

*Emergency Contact Name*

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*Area Code &**Phone #*

*Relationship*

*Emergency Contact Name*

**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

Over –Please complete other side

SOUTHGATE COMMUNITY SCHOOLS - DISTRICT STUDENT REGISTRATION / EMERGENCY INFORMATION

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any Medications your child takes routinely:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Allergies:

❑ Medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Food\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Insects\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*Shared Living Form and required documentation from Groups A, B & C***

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.*

❑ Mortgage Purchase ❑ Cell/Phone Payment

❑ Lease Agreement ❑ Insurance Payment

❑ Deed/Title of Home ❑ Voter Registration

❑ Property Tax Assessment ❑ Utility Payment

❑ \*Shared Living

❑ Mother ❑

❑ Father ❑

❑ Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_❑

❑ Relative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_❑

❑ Court placed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_❑

**Documentation Group A Group B Group C – Copy of Driver’s License/Michigan ID**

**3 pieces required:**

**One from A, B & C**

***FAMILY RELATIONSHIP- Must live with parent/guardian***

Date

Revised 11/2/2017

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.*

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Parent/Guardian Signature

*Name of School/Last Year Attended/Last Grade Level*

**Required Information**

**School History**

*Name of School*

*Grade and Year*

Was your child ever retained? ❑ No ❑ Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was your child expelled in the last year? ❑ No ❑ Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Grade Level*

*Year Attended*

*City/State*

*Previous School Name*

Has your child ever attended a Southgate school before? ❑ No ❑ Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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