

School Use Only		
Entrance Date	Grade/Teacher	Student Number
Residency Verified By	DOB Verified By	UIC

**PLEASE PRINT ALL INFORMATION ON THIS FORM**
**Student Information**

First Name		Middle Name		Last Name	
Gender	Date of Birth	Multiple Birth (Twins, Triplets, etc.)		Place of Birth	
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White/Non Hispanic <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian American			Country of Citizenship		
			Alien Registration Number		Date of entry into U.S. (if within 12 months)
Home Language Information					
1. Is your student's primary language other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify _____					
2. Is there a language other than English spoken regularly in the home? <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify _____					
3. Do you wish to have your student tested for potential tutoring in English as a second language? <input type="checkbox"/> Yes <input type="checkbox"/> No, we refuse ESL Services					
<b>Physical Address</b>			<b>Mailing Address</b>		
Apt Number	Street		Apt Number	P.O. Box	Street
City		County	Zip	City	
				County	State
Transportation <input type="checkbox"/> To School <input type="checkbox"/> From School <input type="checkbox"/> Special Needs			Primary Phone		Zip
Housing Arrangement <input type="checkbox"/> Permanent/Regular Housing <input type="checkbox"/> Living with Friend or Relative <input type="checkbox"/> Shelter <input type="checkbox"/> In Transition <input type="checkbox"/> Ward of Court					

**Last School Attended**

School Name		Street Address		City	
State	Zip	Withdraw Date		Type of School <input type="checkbox"/> Public <input type="checkbox"/> Private	
Enrolled in <input type="checkbox"/> Regular Education <input type="checkbox"/> Special Education/504 <input type="checkbox"/> Title 1				Has Student Previously Attended Montrose Community Schools	
Has Student Ever Been Expelled <input type="checkbox"/> Yes <input type="checkbox"/> No		Is Student on Probation <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is Student Enrolling into the <u>Alternative Education Program</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Enrollment in <u>Alternative Education Program</u> (check all that apply)			
If Enrolling in the <u>Alternative Education Program</u> , Does the Student Reside Within the Montrose School District (if no, please complete the next box) <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Dropped Out <input type="checkbox"/> Expelled <input type="checkbox"/> Pregnant and/or Parent <input type="checkbox"/> Suspended <input type="checkbox"/> Court Placed <input type="checkbox"/> Other  <u>Comments:</u>			

**Custodial Guardian**

First Name		Middle Name		Last Name	
Relationship to Student (father, mother, etc.)		Employer		Email Address	
Education Level Completed		Apt Number	Street		
P.O. Box	City		County	State	
Primary Phone		Work Phone		Cell Phone	Pager
Parent/Guardian Signature:					Date:

**Custodial Guardian**

First Name		Middle Name		Last Name	
Relationship to Student (father, mother, etc.)		Employer		Email Address	
Education Level Completed		Apt Number	Street		
P.O. Box	City		County	State	
Primary Phone		Work Phone		Cell Phone	Pager

**Non-Custodial Guardian (*individual to whom student can be released if necessary*)**

First Name		Middle Name		Last Name	
Relationship to Student (father, mother, etc.)		Employer		Email Address	
Education Level Completed		Apt Number	Street		
P.O. Box	City		County	State	
Primary Phone		Work Phone		Cell Phone	Pager

**Other Children in Household (please begin with oldest child)**

Full Name (First, Middle, Last)		Gender	Date of Birth	Age	Grade
Full Name (First, Middle, Last)		Gender	Date of Birth	Age	Grade
Full Name (First, Middle, Last)		Gender	Date of Birth	Age	Grade
Full Name (First, Middle, Last)		Gender	Date of Birth	Age	Grade
Full Name (First, Middle, Last)		Gender	Date of Birth	Age	Grade

**Emergency Contact (individual to whom student can be released if necessary)**

First Name		Middle Name		Last Name	
Relationship to Student (father, mother, etc.)		Employer		Email Address	
Education Level Completed		Apt Number	Street		
P.O. Box	City		County	State	Zip
Primary Phone		Work Phone		Cell Phone	Pager

**Emergency Contact (individual to whom student can be released if necessary)**

First Name		Middle Name		Last Name	
Relationship to Student (father, mother, etc.)		Employer		Email Address	
Education Level Completed		Apt Number	Street		
P.O. Box	City		County	State	Zip
Primary Phone		Work Phone		Cell Phone	Pager

**Emergency Contact (individual to whom student can be released if necessary)**

First Name		Middle Name		Last Name	
Relationship to Student (father, mother, etc.)		Employer		Email Address	
Education Level Completed		Apt Number	Street		
P.O. Box	City		County	State	Zip
Primary Phone		Work Phone		Cell Phone	Pager

**Emergency Contact (individual to whom student can be released if necessary)**

First Name		Middle Name		Last Name	
Relationship to Student (father, mother, etc.)		Employer		Email Address	
Education Level Completed		Apt Number	Street		
P.O. Box	City		County	State	Zip
Primary Phone		Work Phone		Cell Phone	Pager

**Please attach current immunization records. We must have current immunization information or a waiver to complete your student's registration.**

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**Consent for Disclosure of Immunization Information to Local and State Health Departments**

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the student's name, date of birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records. You may withdraw your consent to share this information in writing at any time.

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I authorize \_\_\_\_\_ to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent/Guardian

or Eligible Student: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Parent/Guardian Name: \_\_\_\_\_

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**Linden A. Moore, Ph.D.**  
**Superintendent**