



REGISTRATION REQUIREMENTS

To enroll your child(ren) in Sand Creek Community Schools, the following information must be provided.

1. IMMUNIZATION RECORD

State Law (P.A. 386. sec. 92 or 1978. amended 1992) requires all new school entrants to be immunized against measles, mumps, rubella, polio, DTP, DT, T, Hep B, and Varicella. Upon entering 7th grade or higher students must have the Meningococcal vaccination (PA 386, Section 92 of 1978 as amended). Parents/guardians must provide the school with a record showing that their has received all of these required immunizations or a waiver must be signed. Children who have not completed the required immunizations will be excluded from school until such requirements are met.

The Lenawee County Health Department is located in the Human Services Building located at 1040 S. Winter Street, Adrian, MI. You may contact them at 264-5226 regarding immunizations.

2. BIRTH CERTIFICATES

A person enrolling a student for the first time must provide the school with a **certified** copy of the student's birth certificate (P.A. 84 of 1987). Failure to comply with the request, or the documents are inaccurate and/or suspicious in nature will result in the school sending notifications of compliance within 30 days or the case will be turned over to the local law enforcement agency.

3. RESIDENCY

Parent/guardian must provide proof of their legal residence. Change of guardianship is not permitted for the purpose of attending a specific school or school district. The courts have stated what constitutes residency.

"a child is entitled to the benefit of the public schools in the district in which they live if they have gone there in good faith for the purpose of acquiring a home and not for the purpose of taking advantage of school privileges." (Commonwealth V. School Directors of Upper Swatara Township 26 L.R.A. 581)."

Proof of legal residence will be required by the school district of a parent or guardian enrolling a student for the first time. Acceptable forms of proof of residency include:

- Mortgage documents that prove ownership
- Copy of property tax statement
- Copy of a lease agreement
- Utility bill that provides address and name match up
- DRIVER'S LICENSE IS NOT ACCEPTABLE

4. REGISTRATION PACKET

5. TRANSPORTATION INFORMATION SHEET

6. HEARING & VISION SCREENING (Young Fives & Kindergarten only)



CHILD'S LEGAL NAME (as shown on birth certificate):

Last Name: _____ First Name: _____ Middle: _____

Grade Entering: _____ Last grade attended: _____

Birthdate: _____ City of Birth: _____ State of Birth: _____

SPECIAL EDUCATION

Did your child receive any special education series at a previous school? Yes No

If yes, please indicate the types of services he/she received :

- Male
- Female

Multiple Birth Status:

- Single
- Twin
- Triplet
- Quad
- Birth order _____

STUDENT ADDRESS INFORMATION

Physical Address: _____
 House # Street Name Apt./Unit # City Zip

Mailing Address: _____
 House # Street Name Apt./Unit # City Zip

Primary HOME phone number: _____ Student Mobile Number: _____

Student E-mail: _____

RESIDENCY STATUS

- Resident
- School of Choice

School District you live in _____

LANGUAGE

Is your child's native tongue a language other than English?

- Yes, Name of language: _____
- No

Is the primary language used in your child's home or environment a language other than English?

- Yes, Name the language _____
- No

OTHER CHILDREN IN THE FAMILY			
Name (First & Last)	Birthdate	Grade	School of Attendance
	____/____/____		
	____/____/____		
	____/____/____		



PARENT/GUARDIAN INFORMATION – LIVING IN THE HOME

1st person residing in the home:		
Name:		Relationship:
Home Phone Number:	Cell Phone Number:	Work Phone Number:
Place of Employment:	Occupation:	E-mail Address:

2nd person residing in the home:		
Name:		Relationship:
Home Phone Number:	Cell Phone Number:	Work Phone Number:
Place of Employment:	Occupation:	E-mail Address:

PARENT/GUARDIAN INFORMATION – NOT LIVING IN THE HOME

1ST person NOT in the home		
Name:		Relationship:
Address:		
Primary Home Phone Number:	Cell Phone Number:	Work Phone Number:
Place of Employment:	Occupation:	E-mail Address:

2nd person NOT in the home		
Name:		Relationship:
Primary Home Phone Number:	Cell Phone Number:	Work Phone Number:
Place of Employment:	Occupation:	E-mail Address:

Should this person receive mailings?

Have custody papers been provided to the district? Please provide a copy.

Custody restrictions:



EMERGENCY CONTACT INFORMATION

Please list parent/guardian along with at least 3 additional people to contact in the event your child becomes ill.

Calling Order	Name	Relationship	Home Number	Cell Phone	Work Phone

RACE ETHNICITY QUESTIONNAIRE:

Please answer BOTH parts A and B.

PART A

Is this student Hispanic/Latino? (Choose only one)

- No, not Hispanic/Latino
- Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin, regardless of race.)

Part A of the question is about ethnicity, not race. Regardless of what you selected in Part A, **please answer Part B** by marking one or more boxes to indicate what you consider your student’s race to be.

PART B

What is the student’s race? (Choose one or more)

- White**
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- American Indian or Alaska Native**
A person having origins in any of the original peoples of North and South America, including Central America.
- Asian**
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African-American**
A person having origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander**
A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Sand Creek Community Schools



REGISTRATION FORM

NOTE: Both parts A and B MUST be completed. 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.

HEALTH HISTORY

Is your child having any of the following problems?

	Yes	No
Allergies or reaction to food? If yes, list: _____	<input type="checkbox"/>	<input type="checkbox"/>
Allergic to any kind of medication? If yes, list: _____	<input type="checkbox"/>	<input type="checkbox"/>
Allergic to bees? If yes, does your child need an Epi Pen?	<input type="checkbox"/>	<input type="checkbox"/>
Hay Fever, Asthma, wheezing, shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Hearing problems	<input type="checkbox"/>	<input type="checkbox"/>
Vision problems	<input type="checkbox"/>	<input type="checkbox"/>
Other health issues/physical limitations/restrictions (Please explain) _____	<input type="checkbox"/>	<input type="checkbox"/>

MEDICATION

Is your child regularly taking any medications? Yes No

If yes, what medication? _____

Reason for medication? _____

Where is medication administered? Home School Both

If medication is administered at school, an "AUTHORIZATION TO ADMINISTER MEDICATION" form **must** be completed by parent and doctor. *Medication will not be dispensed without a completed form.*

Does this child have any problems that might influence his school judgment? Yes No

If yes, please describe:

If you or your spouse cannot be contacted in the case of an emergency, would you want the teacher and or principal to seek medical aid for your child on your behalf? Yes No

The undersigned hereby acknowledges that the information provided on this form is true and accurate. The undersigned understands that is his/her responsibility to inform the appropriate school office if and when any of the information set in this form changes. I will provide the following items before my child attends Sand Creek Community Schools: certified birth certificate, up-to-date immunization records, proof of resident, and custody papers if applicable.

Parent or Guardian Signature: _____ **Date:** _____



Relationship to student: _____

TRANSPORTATION FORM

First Name: _____ Last Name: _____

Grade: _____ Homeroom: _____

RESIDENCY STATUS

- Resident
- School of Choice – Transportation is not provided under School of Choice. However, you may be eligible to have your child picked up and dropped off at an established Sand Creek bus stop.
 - I will not need Sand Creek bus transportation
 - I would like more information on the Sand Creek Bus Stop.

OTHER FAMILIY MEMBERS AT SAME ADDRESS:

STUDENT NAME	GRADE	HOMEROOM TEACHER

TRANSPORTATION INFORMATION

AM PICKUP (check 1)	Days of the Week	Contact Person/ Relationship	Phone Number	ADDRESS, CITY, STATE, ZIP
<input type="checkbox"/> Home <input type="checkbox"/> Babysitter <input type="checkbox"/> S of C Bus Stop <input type="checkbox"/> Other, Specify _____	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday			
PM DROP OFF (check 1)	Days of the Week	Contact Person/ Relationship	Phone Number	ADDRESS, CITY, STATE, ZIP
<input type="checkbox"/> Home <input type="checkbox"/> Babysitter <input type="checkbox"/> S of C Bus Stop <input type="checkbox"/> Other, Specify _____	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday			

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY



Home bus #: _____
AM BUS # _____

Babysitter bus #: _____
PM BUS # _____

RELEASE OF STUDENT RECORDS

This form is provided by Sand Creek Community Schools for the purpose of obtaining or releasing a student’s school record from another district. By signing this release, a parent/legal guardian is giving permission for these records to be released from the school district indicated below.

Name of Student: _____ Birthdate: ____/____/____ Last Grade: _____

Name of Previous School: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

PLEASE SEND ALL GENERAL EDUCATION RECORDS TO THE FOLLOWING ADDRESS:

Ruth McGregor Elementary School (Y5-5th)

Attn: Andrea Wheeler
6850 Sand Creek Hwy.
Sand Creek, MI 49279
Phone: (517) 436-3121
Fax: (517) 436-3109

Sand Creek Jr./Sr. High School (6th-12th)

Attn: Darlene McMunn
6518 Sand Creek Hwy.
Sand Creek, MI 49279
Phone: (517) 436-3124
Fax: (517) 436-3193

Note: Additional confidential records should be requested for this student: (Please check one): Yes No

▪ If yes, please check all applicable records/reports that should be requested:

- | | |
|--|---|
| <input type="checkbox"/> IEP | <input type="checkbox"/> Medical Information |
| <input type="checkbox"/> Psychological | <input type="checkbox"/> Learning Consultant |
| <input type="checkbox"/> Social Work | <input type="checkbox"/> Educational Reports |
| <input type="checkbox"/> Speech & Language | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Sports Physical |
| <input type="checkbox"/> Discipline | <input type="checkbox"/> Other: Specify |

I hereby authorize the transfer of all school records as defined by PL-93-380 and any amendments thereto (including Immunization Records and tests scores (M.E.A.P. and ACT/MME in the State of Michigan) for the above named student



(s). By signing this request for transfer, I relieve the school that the above named student (s) attended of the responsibility for notifying me that the records are being transferred.

Signature of Parent/Legal Guardian: _____

Date: _____