

SAND CREEK COMMUNITY SCHOOLS REGISTRATION FORM

LEGAL LAST NAME:		LEGAL FIRST NAME:	LEGAL MIDDLE NAME:	GENDER:
GRADE:	BIRTHDATE:	BIRTH CITY:	BIRTH STATE:	MULTIPLE BIRTH STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET

FIRST DAY OF ATTENDANCE:	LAST SCHOOL ATTENDED:
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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 of language: _____
 No

SPECIAL EDUCATION:
 Did your child receive any special education services at a previous school? Yes NO

Resource Room Classes: <input type="checkbox"/> Reading <input type="checkbox"/> Language Arts <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> Study Skills	Special Services: <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Social Work <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> 504 Plan <input type="checkbox"/>
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OTHER CHILDREN IN THE FAMILY:

First Name:	Last name:	Birthdate	Grade	School of Attendance:

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STUDENT MAILING ADDRESS:	STREET ADDRESS & APT. #	CITY:	STATE:	ZIP CODE:
STUDENT PHYSICAL ADDRESS:	STREET ADDRESS & APT. #	CITY:	STATE:	ZIP CODE:
HOME PHONE:		STUDENT'S CELL PHONE:		
RESIDENCY STATUS: _____ RESIDENT OF SAND CREEK SCHOOL DISTRICT _____ SCHOOL OF CHOICE SCHOOL DISTRICT YOU LIVE IN: _____		Do you have custody papers? ___ Yes ___ No If yes, please provide a copy. Custody restrictions:		

GUARDIAN INFORMATION: I voluntarily authorize and consent to receive automated, nom emergency voice and text message (if the box next to the number is selected) to the phone numbers provided on the space below from Sand Creek Community Schools, and agree to hold Sand Creek Schools harmless from any and all liability which may arise through their dissemination of automated calls and/or messages. I agree to notify Sand Creek Schools immediately should I no longer be authorized to make decisions regarding calls and messages to any listed number, and agree to indemnify Sand Creek Schools for any and all liability, damages, and penalties which arise as a result of my failure to provide notification of a change.								
GUARDIAN NAME:		RELATIONSHIP:	LIVING WITH:	ADDRESS:		CITY:	STATE:	ZIP:
Consent:	Priority:	Home Phone:	Celle Phone:	Mobile Phone:	Work Phone:	Email Address:		
					Place of Employment:			
GUARDIAN NAME:		RELATIONSHIP:	LIVING WITH:	ADDRESS:		CITY:	STATE:	ZIP:
Consent:	Priority:	Home Phone:	Celle Phone:	Mobile Phone:	Work Phone:	Email Address:		
					Place of Employment:			

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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.

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.

RESIDENCY STATEMENT

Students to be enrolled:

Name:

Grade:

_____	_____
_____	_____
_____	_____

1. We/I reside at _____
Address _____ City _____
2. We/I have resided at the address from _____ to _____
present.
3. My address in _____ School District.
If your address is in a district other than Sand Creek Community Schools a "School of Choice Application" must be on completed.
4. I certify below that I:
 - a. have legal custody of the student (s)
 - b. was appointed guardian of the student by the Probate Court
 - c. operate a licensed home
 - d. am a relative of the student providing a suitable home at the court's order/child placing agency directive. I will produce a copy of the court/agency directive upon request.
5. Declarative: I hereby declare that the information provided above is true and correct. I understand that enrollment may be terminated upon discovery that any of the residence information provided above was false. I agree to notify school officials within seven (7) days of any changes in residency or telephone numbers.

BIRTH CERTIFICATE

- I have provided a certified birth certificate.
- I will provide a copy within 30 days.

IMMUNIZATION

- I have provided a copy of my child's immunization records.
- I will provide a copy within 5 days.

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The undersigned hereby acknowledges that the information provided on this form is true and accurate. The undersigned understands that it 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 residency, and custody papers if applicable.

Print First and Last Name: _____

Signature of Parent or guardian: _____

Date: _____



Families in Transition Form

Parent(s): (Last Name) _____ (First Name) _____	Date: _____
1. _____	Phone: _____
2. _____	

Student(s):	(Last Name)	(First Name)	Living with Parent	School Attend	Grade
1.	_____	_____	<input type="checkbox"/>	_____	_____
2.	_____	_____	<input type="checkbox"/>	_____	_____
3.	_____	_____	<input type="checkbox"/>	_____	_____
4.	_____	_____	<input type="checkbox"/>	_____	_____

Check all that apply:

Living with friends or relatives temporarily

Living in a shelter

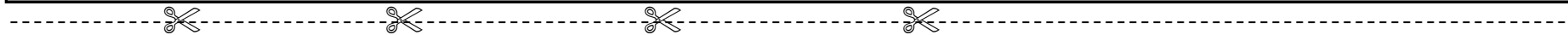
Living in a hotel or motel

Foster Care placement

Student living alone or without a parent or guardian

Address if available: _____

Office use only - copies to:	<input type="checkbox"/> Homeless Education Office	<input type="checkbox"/> CA 60
Date Received:	By Whom:	



Families in transition may qualify for additional services such as:

- ★ Immediate enrollment while receiving assistance retrieving birth certificates
- ★ Immediate enrollment without a permanent address
- ★ Student may continue to attend the same school they attended prior to the temporary move
- ★ Transportation assistance is provided to and from school and school related activities
- ★ School supplies, clothing assistance and personal care items

For more information please contact:

Karla Fisher, Families in Transition Liaison
 Sand Creek Community Schools
 6518 Sand Creek Hwy.
 Sand Creek, MI 49279
 (517) 436-3124 ext. 335 or karla.fisher@sc-aggies.us

