



GRAND RAPIDS PUBLIC SCHOOL'S REGISTRATION FORM 20__ - 20__

*Please print clearly and fill in all of the information.
Student Information to be completed by Parent or Guardian*

Has this student ever attended Grand Rapids Public School? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this student have a IEP? <input type="checkbox"/> Yes or <input type="checkbox"/> No?		Does this student have a 504 Plan? <input type="checkbox"/> Yes or <input type="checkbox"/> No		
Student Legal Name (as appears on the birth certificate) Last First Middle			Student's Previous Name (if any) Last First Middle			
Student Nickname	Date of Birth (mm/dd/yyyy)	Student Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Student Residential Address: Number Street Name		Apt No. City Zipcode	
					Are you living in temporary housing or shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do not list if cell phone.	Cell Phone Number: ()		Student's Cell Number ()		Mailing Address (Only if different than the residential address.)	
Home Phone Number <input type="checkbox"/> Unlisted	Phone Provider _____ Can we send text messages? <input type="checkbox"/> Yes, any text Text from <input type="checkbox"/> school <input type="checkbox"/> No <input type="checkbox"/> Yes, emergency only Text from <input type="checkbox"/> district					
Ethnic Group and Race Categories The federal government requires that both these questions be answered and provides only the following categories for ethnic group and race. If both questions are not answered, school personnel are required to make selections for both.						
1. Is this student Hispanic or Latino? (choose only one) <input type="checkbox"/> No <input type="checkbox"/> Yes						
2. What is the student's race? (Select all that apply)						
<input type="checkbox"/> American Indian or Alaska Native (Origins in any of the native peoples of North South, or Central America:or tribal affiliation.) <input type="checkbox"/> Asian (Origins in any of the native peoples of the Far East, Southeast Asia, or the Indian subcontinent.) <input type="checkbox"/> Black or African American (Origins in any of the Black racial groups of Africa.) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Origins in any of the native people of a Pacific Island.) <input type="checkbox"/> White (Origins in any of the native peoples of Europe, North Africa, Russia, or the Middle East.)						
What is the primary language you use when speaking to your child?	Do you need school related information in Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your child's native or first language?	Does your child speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of child's birth	If born outside the U.S.A date your child first enrolled in a school in the U.S?	If born in the U.S.A., list the state where your child was born.
Previous Address: (If changed in the last 5 years.) Number Street Name			Apt No. City State Zipcode		What was the last, grade this student completed?	
Student's Previous School's Name and Address Number Street Name				City State Zipcode		Student's previous School District
1. Parent/Legal Guardian (Primary Contact)						
Last Name		First Name		Middle	Relationship to Student?	Address (Only if different from students)
Native Language: _____		Marital Status _____		Custody: <input type="checkbox"/> Full <input type="checkbox"/> Joint <input type="checkbox"/> Non-Custodian <input type="checkbox"/> Temporary		Your Education Level <input type="checkbox"/> Non HS Grad <input type="checkbox"/> Vocational training <input type="checkbox"/> Grad School <input type="checkbox"/> HS Grad <input type="checkbox"/> 2 yr degree <input type="checkbox"/> 4 yr degree
Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a registered voter? <input type="checkbox"/> Yes <input type="checkbox"/> No		Only if different from above cell phone. Cell Phone Number: ()		
Employer Name: _____			Have you worked in seasonal agriculture work (migrant)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know			
			Can we send text messages? <input type="checkbox"/> No <input type="checkbox"/> Yes, emergency only <input type="checkbox"/> Yes, any text <input type="checkbox"/> Text from <input type="checkbox"/> school <input type="checkbox"/> district			
E-mail Address: Can the District/School send school related e-mails to you at this email address? <input type="checkbox"/> Yes <input type="checkbox"/> No:				Home Phone (If not Cell Phone) <input type="checkbox"/> Unlisted		Work Phone Emergency contact only

2. Parent/Legal Guardian						
Last Name		First Name	Middle	Relationship to Student?	Address (Only if different from students)	
Native Language: _____ Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No		Marital Status _____ Are you a registered voter? <input type="checkbox"/> Yes <input type="checkbox"/> No		Custody: <input type="checkbox"/> Full Custody <input type="checkbox"/> Joint Custody <input type="checkbox"/> Non-Custodian	Can child be released to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Education Level <input type="checkbox"/> Non high school grad <input type="checkbox"/> Graduate work <input type="checkbox"/> High school grad <input type="checkbox"/> 2 yr degree <input type="checkbox"/> Vocational training <input type="checkbox"/> 4 yr degree
Employer Name: _____			Have you worked in seasonal agriculture work (migrant)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		Cell Phone _____	
E-mail Address (Where student information should be sent): _____				Home Phone (If not cell phone) _____ <input type="checkbox"/> Unlisted	Work Phone (EM contact only) _____	

**EMERGENCY AND MEDICAL INFORMATION (A Medical Information Form must be completed and signed for each child.)
IF YOUR CHILD HAS A LIFE THREATENING CONDITION PLEASE CALL YOUR CHILD'S SCHOOL IMMEDIATELY**

Emergency Transportation Notice In an emergency, district staff will contact an e-unit/ambulance/other emergency vehicle and authorize medical treatment as needed.

Hospital Preference: _____	Student's Doctor's Name: _____	Doctor's Phone Number: _____
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EMERGENCY CONTACTS (MUST LIVE IN THE GREATER GRAND RAPIDS AREA AND WILL BE RELEASED TO THOSE LISTED BELOW)

	Emergency Contact 1	Emergency Contact 2	Emergency Contact 3
Last Name:	_____	_____	_____
First Name:	_____	_____	_____
Address:	_____	_____	_____
Relationship to student:	_____	_____	_____
Home Phone (not cell):	_____	_____	_____
Cell Phone:	_____	_____	_____
Work Phone :	_____	_____	_____

Please list all of the students living in this household. Be sure to include all preschool age children. Add another sheet of if you need additional space.

	Student 1	Student 2	Student 3
Last, First, Middle Name:	_____	_____	_____
Birthdate, Gender	_____	_____	_____

Family Educational Rights & Privacy Act (FERPA) Please read the description of the student information, which will be released without prior parental consent, provided in your school's student handbook or in the HIGHLIGHTS magazine sent directly to your home

Parental Consent These consents will be in effect for the entire school year. Please indicate your consent by checking the Yes or No box.			
the school media or website for my child to be	photographed <input type="checkbox"/> Yes <input type="checkbox"/> No	video recorded <input type="checkbox"/> Yes <input type="checkbox"/> No	interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No
the district media or website for my child to be	photographed <input type="checkbox"/> Yes <input type="checkbox"/> No	video recorded <input type="checkbox"/> Yes <input type="checkbox"/> No	interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No
outside media or other publications only for my child to be	photographed <input type="checkbox"/> Yes <input type="checkbox"/> No	video recorded <input type="checkbox"/> Yes <input type="checkbox"/> No	interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No
for the district's health care aide under the supervision of a school nurse to administer medications, have access to school registration/ health records.	<input type="checkbox"/> Yes <input type="checkbox"/> No	for district staff to transport my child (if necessary) to evaluations, screenings, health matters.	<input type="checkbox"/> Yes <input type="checkbox"/> No
for district staff to transport my child home or to the caregiver.	<input type="checkbox"/> Yes <input type="checkbox"/> No	for the district/school to send automated phone calls to the home phone indicated on this form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
		for my child's information to be released to the military. (High School students only)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent Name: (Please Print) _____ **Parent Signature:** _____