



GLEN LAKE COMMUNITY SCHOOL

Student Registration Form

Elementary School Middle School High School

Start Date: _____

STUDENT INFORMATION (Please Print)

Legal Last Name		First Name		Middle Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Grade
Street Address		Street Name	Apt#	P.O. Box	City	Zip Code
Township of Residence	County of Residence		Date of Birth Month Date Year		Primary Phone Number ()	
Does the student reside at this address during the school week? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please explain and provide additional address.</i>						
Is the student Hispanic/Latino? <input type="checkbox"/> No – NOT Hispanic /Latino <input type="checkbox"/> Yes – Hispanic /Latino		Student's Primary Race <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native American <input type="checkbox"/> Asian <input type="checkbox"/> Black or African <input type="checkbox"/> White			What language did the student first speak? <input type="checkbox"/> English <input type="checkbox"/> Other _____	
Primary Language Spoken at Home <input type="checkbox"/> English <input type="checkbox"/> Other			Other Languages Spoken at Home or In Child's Environment			
Is there a current <u>Order of Protection</u> or <u>No Contact Order</u> which concerns this student? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide a copy.</i>						

PARENT/GUARDIAN INFORMATION

<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Joint Custody						
Mother's Last Name		First Name		Middle Initial	Relationship	Email Address
Street Address		Street Name		Apt#	P.O. Box	City Zip Code
Home Phone ()		Cell Phone/Pager ()		Does this student reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		If separated/divorced, do you have joint legal custody? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Place of Employment					Work Phone & Extension () ext.	
Father's Last Name		First Name		Middle Initial	Relationship	Email Address
Street Address		Street Name		Apt#	P.O. Box	City Zip Code
Home Phone ()		Cell Phone/Pager ()		Does this student reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		If separated/divorced, do you have joint legal custody? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Place of Employment					Work Phone & Extension () ext.	

STEP PARENT

Last Name	First Name	Middle Initial	Relationship	Email Address	
Street Address	Street Name	Apt#	P.O. Box	City	Zip Code
Home Phone ()	Cell Phone/Pager ()	Does this student reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally responsible for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Place of Employment				Work Phone & Extension () ext.	

HEALTH INFORMATION

Please note any pertinent medical info about this student.

Student's Physician	Phone ()
Special medical (including allergies)/physical/emotional conditions or other pertinent information regarding this student: _____ _____	
List all medication(s)/treatment(s) this student is currently taking: _____ Dose: _____ Time: _____ _____ Dose: _____ Time: _____ _____ Dose: _____ Time: _____	

SPECIAL EDUCATION

Has this student ever received any special education services or attended special education classes?
 No Yes *If yes, please provide a copy of the current Individual Education Plan (IEP).*

If this student is not in special education do you have a 504 plan? Yes No

SCHOOL HISTORY

Last School Attended				Date Last Attended	
Previous School Address	City	State	Zip Code	Telephone ()	Fax ()
Has this student ever attended any of the following programs: Preschool <input type="checkbox"/> Yes <input type="checkbox"/> No Head Start <input type="checkbox"/> Yes <input type="checkbox"/> No Head Start 4-year old program <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has this student ever enrolled in Glen Lake Community Schools before? <input type="checkbox"/> No <input type="checkbox"/> Yes Grade: _____ Year: _____			Are you applying for Schools of Choice? <input type="checkbox"/> No <input type="checkbox"/> Yes District of Residence: _____		

EMERGENCY CONTACTS

If we are unable to contact you, please list two local emergency contacts:

Last Name		First Name		Middle Initial	Relationship
Street Address	Street Name	Apt#	P.O. Box	City	Zip Code
Home Phone ()			Cell Phone/Pager ()		
Place of Employment			Work Phone & Extension () ext.		

Last Name		First Name		Middle Initial	Relationship
Street Address	Street Name	Apt#	P.O. Box	City	Zip Code
Home Phone ()			Cell Phone/Pager ()		
Place of Employment			Work Phone & Extension () ext.		

In the event of illness, accident, or injury serious enough to warrant immediate medical attention, and you are unable to reach me or the above named emergency contacts, I hereby give permission to transport the above named child to the nearest hospital. I understand I am responsible for any and all costs incurred.

Signature of Parent or Guardian _____ **Date** _____

FAMILY INFORMATION

Please list all children in the family (by birth order, oldest first).

Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth

FAMILY RESIDENCE

The McKinney-Vento Homeless Assistance Act, reauthorized by Title IX, Part A of the Every Student Succeeds Act of 2015, requires school districts to remove any barriers to the attendance, full participation, and success of students, Pre-K through grade 12, who lack a "fixed, regular, and adequate overnight residence." **The federal law includes a definition of who is considered "homeless," or as more commonly referenced "in transition," for the purposes of the Act and, therefore, eligible for the rights and protections it provides.**

Student's Residence is:

- One Family in One Household
 One Family Living with Friends or Family Members
 Shelter (Name of Shelter) _____
 In a Motel, Car or Campsite
 More Than One Family Living in Same Home or Apartment
 Other

DIRECTORY INFORMATION

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations and individuals including, but not limited to, companies that manufacture class rings and graduation gowns, and recognized community groups like the Boy Scouts and others.

Student "directory information" may be listed as the following: a student's name, address, telephone number, date and place of birth, photograph, video and/or electronic images, major field of study, participation in officially recognized activities and sports, height and weight, if a member of an athletic team, dates of attendance, date of graduation, awards received, honor rolls, and scholarships. If you have any objections regarding the release of this information about your child, please notify the school your child will be attending in writing.

By signing below, you are authorizing Glen Lake School to release directory information as described above to outside non-profit organizations and to print/release information in school publications.

Signature of Parent or Guardian _____ Date _____

The Board may establish online access for the parents or the eligible students to the student's confidential academic and attendance records. Please be reminded that the account and confidential information about the student is only as secure as the parents or student keeps their information. The parent, eligible student, or unauthorized party will hold neither the District nor its employees responsible for any breach of this information.

I understand, for the health, safety, and/or educational needs of my child, information on the questionnaire, health appraisal (physical), and/or emergency card may need to be shared with individuals working with my child. Typically, this would include the building administrator, secretary, teachers, aides, counselors, noon duty staff, transportation staff, school nurse, and truancy program coordinator.

Signature of Parent or Guardian _____ Date _____

ENROLLMENT CHECKLIST (OFFICE ONLY)

- Student Registration Form
- Birth Certificate (certified copy)
- Immunizations
- Request for Records
- Current IEP/504 (if applicable)
- Proof of Residency
- School of Choice Form
- Responsible Use Agreement (Internet Use & Web Release)
- FERPA Form
- Free & Reduced Lunch Application – One Per Family (optional)
- Transportation Form
- Field Trip Form
- iPad/Laptop Use Agreement
- Concussion Form

Elementary Only

- Title One Form
- Age Waiver Form

High School Only

- Military Opt Out Form
- MHSAA Transfer Form