

Houghton Middle School

Student Enrollment Form

Child's Legal Name (as shown on birth certificate) _____ Male Female
 Last First Middle Grade Entering _____

Birth Date _____ Place of Birth _____ Multiple Birth Status: Single Twin Triplet

Residential Address _____
 Street Address City Zip

Mailing Address (if different from residential address) _____
 Street Address City Zip

Resident School District: Houghton—31110 Hancock — 31010 Stanton — 31140 Adams — 31020 L'Anse — 07040 Lake Linden — 31130
 Osceola — 31100 Baraga — 07020 Calumet — 31030 Chassell — 31050 If other, spell out district name _____

Home Phone Number _____ Township _____ Is this child a court-placed foster child? Yes No

Is your child's native tongue a language other than English? If yes, name of language _____
 Yes No

Is the primary language used in your child's home or environment a language other than English? If yes, name of language _____
 Yes No

Immigration Date, if not born in U.S. _____ Number of full school years child has attended any U.S. school _____

Ethnicity

Race

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 American, or other Spanish culture or origin, regardless of race)

The question to the left is about ethnicity, not race. No matter what you selected, **please continue to answer the following** by marking one or more boxes to indicate what you consider your child's race to be.
 American Indian/Alaska Native Asian American
 Native Hawaiian/Pacific Islander Black/African American
 White

Last School Attended _____ City/State/Zip _____
 Please Check: Michigan Public School Out of State Public School Church/Private School Preschool

Did your child receive any special education services at a previous school? Yes No (If yes, please indicate the types of services he/she received)
 Check all that apply Special Education Classes Speech OT/PT Social Work 504 Plan

Name of Primary Parent/Guardian Residing in the Home	Place of Employment	Work Phone	Cell Phone	E-mail address
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Relationship: Father Mother Grandparent Guardian Self (student enrolling) Other

Name of Secondary Parent/Guardian Residing in the Home	Place of Employment	Work Phone	Cell Phone	E-mail address
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Relationship: Father Mother Grandparent Guardian Self (student enrolling) Other

Name of Parent Living Elsewhere	Relationship to Child	Home Phone	Work Phone	Cell Phone
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Address _____ Have custody papers been provided to district? Yes No
 Should this person receive mailings? Yes No

Custody Restrictions _____

OTHER CHILDREN IN THE FAMILY

Name (First and Last)

Birth Date

School of Attendance

Will your child drive to school? Yes No

If yes, please complete: Vehicle Make _____ Model _____ Color _____ License Plate Number _____

Are there any medical alerts or related concerns we should be aware of? Yes No

If yes, please explain. _____

- Yes No Is this student the youngest or only child from this household attending Houghton Middle School?
- Yes No Is this student the youngest or only child from this household attending Houghton-Portage Township Schools?
- Yes No Houghton Middle School has permission to publish my child's photograph.
- Yes No I give permission for my child to participate in school-sponsored field trips.
- Yes No We have adequate insurance to protect my child in case of an accident.
- Yes No I give permission to administer first aid to my child. In case of an emergency, my child may be transported to the hospital. It is understood that all expenses incurred in such situations shall be my responsibility and not that of the Houghton-Portage Township School District, nor any of its Board of Education members, administration, faculty, and other school personnel.
- Yes No We have read and understand the student handbook.

The Michigan Missing Children's Act, MCL 380.1135 of the Revised School Code, requires that a person enrolling a pupil in a public school provide the local or intermediate school district with a certified copy of the pupil's birth certificate or other reliable proof of the pupils identity.

Please check:

I have brought a certified copy of my child's birth certificate to provide to the school.

OR

I am unable to provide a certified copy of my child's birth certificate for the reason below. Instead I am providing:

- Baptismal certificate including date and place of birth
- County, military, or immigration records
- Doctor or hospital records accompanied by sworn statements
- Court Records
- Life insurance policy
- A sworn statement from a parent or guardian (notarized)

In accordance with MCL 380.1135(1)(b), please explain the reason for your inability to provide a certified copy of the child's birth certificate:

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 on this form changes.

Parent or Guardian Signature

Date