

Child's Legal Name (as shown on birth certificate) _____ Gender: Male Female

_____ Grade Entering _____
 Last First Middle

Birthdate _____ Birthplace (City & State) _____ Multiple Birth Status: Single Twin Triplet

Residential Address _____
 Street Address City Zip

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

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

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 _____

Has your child ever attended Houghton-Portage Township Schools? Yes No

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

Ethnicity

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)

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

Name of <u>Parent/Guardian</u> Residing in the home	Place of Employment	Work Phone	Other Phone	E-mail address
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Relationship: Father Mother Grandparent Guardian Other Explain:

Name of <u>Parent/Guardian</u> Residing in the home	Place of Employment	Work Phone	Other Phone	E-mail address
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Relationship: Father Mother Grandparent Guardian Other Explain:

COMPLETE INFORMATION BELOW IF APPLICABLE

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 (if applicable) _____

Last School Attended _____ City/State/Zip _____ Phone _____

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

OTHER CHILDREN IN THE FAMILY

Name (First and Last)

Birth Date

School of Attendance

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

If yes, please explain. _____

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

Court Records

County, military, or immigration records

Life insurance policy

Doctor or hospital records accompanied by sworn statements

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:

Yes No Is this student the youngest or only child from this household attending Houghton-Portage Township Schools?

Yes No Houghton Portage Township Schools 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 Daily Medication(s): _____

Yes No My Child may be given pain relief medication (supplied by the parent or guardian)

Yes No My Child wears glasses or contacts: (contacts: circle one: R L both)

Yes No My Child wears hearing aides

Yes No My Child had the chicken pox virus If yes, please provide the date: _____ (month/year)

Yes No My Child had a vision test within the last year; If yes, please provide the date _____ (month/year)

Houghton Elementary School provides 24 hour access to student records for all interested parents. Our student records program, PowerSchool, allows parents to view assignments, grades, attendance, lunch balances, and other items.

Do you have internet access? Yes No

I hereby acknowledge that the information provided on this form is true and accurate. I understand it is my responsibility to inform the school office if and when any of the information on this form changes.

Parent or Guardian Signature

Date

Office Information: Student Entry Date: _____

Staff Signature: _____