

New Lothrop Area Public Schools
NEW LOTHROP ELEMENTARY SCHOOL
 Student Registration Form

- All Applications (copies of):
- Official Birth Certificate
 - Social Security Card
 - Immunization Records
 - 2 proofs of Residency
 - Transportation Form
- Out of District
- SOC Form

TODAY'S DATE: _____ ENTRY DATE: _____ GRADE ENTERING: _____

CHILD'S FULL NAME: _____ (CIRCLE ONE) MALE FEMALE

STREET ADDRESS: _____ CITY, STATE, ZIP: _____

HOME PHONE: _____ DATE OF BIRTH: _____ PLACE OF BIRTH: _____

LAST SCHOOL ATTENDED (Including Preschool): _____

RACE: (Choose one or more, use 1 & 2 to rank primary and secondary ethnic groups)

_____ White _____ American Indian/Alaskan Native _____ Asian or Oriental _____ Native Hawaiian/Pacific Islander
 _____ Black/African American _____ Hispanic/Latino _____ Other: _____

Is this student Hispanic/Latino?

_____ No, not Hispanic/Latino
 _____ Yes, Hispanic/Latino (A person from Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

RESIDENCY: New Lothrop School District Resident Non-Resident, District Residing In: _____

COUNTY: _____

PARENT/GUARDIAN INFORMATION

MOTHER:

FATHER:

NAME:		NAME:	
ADDRESS:		ADDRESS:	
CITY, STATE, ZIP:		CITY, STATE, ZIP:	
DAY PHONE (work):		DAY PHONE (work):	
EMPLOYER:		EMPLOYER:	
PHONE (cell):		PHONE (cell):	
EMAIL:		EMAIL:	
STATE OR COUNTRY OF BIRTH:		STATE OR COUNTRY OF BIRTH:	
HIGHEST EDUCATION LEVEL ATTAINED:		HIGHEST EDUCATION LEVEL ATTAINED:	
CHILD RESIDES WITH:	YES NO	CHILD RESIDES WITH:	YES NO
MARITAL STATUS:		MARITAL STATUS:	
GUARDIANSHIP:		GUARDIANSHIP:	

Is there a current Custody Order, Order of Protection or No Contact Order which concerns the school? YES NO
If yes, please provide a current, dated copy and explanation.

How did you hear about New Lothrop Schools? _____

OTHER CHILDREN IN THE FAMILY

NAME:	BIRTH DATE:	GRADE:	NAME:	BIRTH DATE:	GRADE:

SPECIAL EDUCATION SERVICES

Is your child receiving Special Education Services? YES NO

If yes, please explain and provide copies of any plan. _____

SCHOOL HISTORY

NAME AND ADDRESS OF SCHOOL:	DATE ENTERED/GRADE:	DATE LEFT/GRADE:	SCHOOL PHONE NUMBER:

EMERGENCY CONTACT INFORMATION

Emergency Contact & Release of Child: List all individuals in order of preference to be contacted in an emergency. Please do not include parents, as they are always contacted first.

- | | (Name) | (Relationship) | (Phone Number) |
|----|--------|----------------|----------------|
| 1. | _____ | _____ | (____)_____ |
| 2. | _____ | _____ | (____)_____ |
| 3. | _____ | _____ | (____)_____ |

Release of Child for Pick-up Only: List name and phone number of any individuals, other than parents/legal guardians, to whom the child may be released to.

MEDICAL INFORMATION

Does your child have any allergies that we need to be aware of?

Does your child have any medical conditions that we need to be aware of?

Does your child have/use any of the following?

- Glasses
- Contacts
- EpiPen
- Inhaler
- Medication: _____
- Other: _____

MEDICATION - A child may not take any form of prescription medication during school hours without a signed physician medication form on file in our office. *See form included in registration packet. All medications must come to school in the prescription bottle.

Non-prescription medication taken during school hours must be in the original package and be accompanied by a note from parent/guardian.

Indicate the month and year your child had the following illness:

ILLNESS	MONTH/YEAR	ILLNESS	MONTH/YEAR	ILLNESS	MONTH/YEAR
CHICKENPOX		MONONUCLEOSIS		PNEUMONIA	
HEPATITIS		MUMPS		OTHER:	
MEASLES (HARD)		SCARLET FEVER			
MEASLES (RUBELLA)		WHOOPING COUGH			
MENINGITIS		RHEUMATIC FEVER			

List all operations and injuries that your child has had:

FAMILY DOCTOR: _____
Name Phone Number

DENTIST: _____
Name Phone Number

PREFERRED HOSPITAL: _____
Name Phone Number

I will accept full responsibility for the information provided in this student registration form for New Lothrop Area Public Schools. This information is valid until rescinded in writing.

Signature of Parent/Guardian

Date

PUBLIC ACT 328

The Board of Education is continually concerned about the safety and welfare of District students and staff and, therefore, will not tolerate behavior that creates an unsafe environment, a threat to safety or undue disruption of the educational environment.

Public Act 328 (effective January 1, 1995) requires public school district to expel any student who possesses a dangerous weapon in a weapon-free school zone or commits either arson or criminal sexual conduct in a school building or on school property (including school buses and/or other school transportation).

A dangerous weapon is defined as “a firearm, dagger, dirk, stiletto, knife with a blade over three (3) inches in length, pocket knife opened by a mechanical device, iron bar, or brass knuckles or other devices designed to or likely to inflict bodily harm, including, but not limited to, air guns and explosive devices.”

Pursuant to 1995 Public Act 328 – _____ / _____ / _____
Student Name Date of Birth

Check One:

- 1. Has not been expelled from any other school district.
- 2. Has been expelled from another school district (or has expulsion charges pending).
- 3. Is currently under suspension from another school district.

If you checked box 2 or 3, please explain the circumstances below:

I understand that pursuant to 1995 Public Act 328 that:

- ✓ New Lothrop Area Public Schools will request records from the above named student’s previous school(s); and
- ✓ Enrollment is conditional until records are received and reviewed by the school; and
- ✓ If the student records received from the previous school(s) are not as represented above, the above named student may be excluded from New Lothrop Area Public Schools immediately without further recourse.

Signature of Legal Parent/Guardian Date

STATE BOARD OF EDUCATION APPROVED HOME LANGUAGE SURVEY

The Michigan Department of Education is collecting information regarding the language background of each student. This information will be used by our District to determine the number of children who should be provided bilingual instruction according to Sections 380.1151 through 380.1158 of the School Code of 1976, Michigan's Bilingual Education Law. Please provide the following information.

Thank you very much for your cooperation.

Name of Student: _____ Grade: _____ Age: _____

School Building: _____ District: _____

1. Is your child's native tongue a language other than English: _____

No _____ Yes _____ If yes, what is that language: _____

2. Is the (primary language) used in the child's home environment a language other than English?

No _____ Yes _____ If yes, what is that language: _____

Signature of Parent or Guardian

Signature of School Administrator

Date

(Primary Language) means the dominant language used by a person for communication.
Translation of this survey form in Spanish, Arabic, French, Italian, and Ojibwa is available at the Office of Field Services, MDE.

