

BAY CITY PUBLIC SCHOOLS

ELEMENTARY STUDENT REGISTRATION FORM

School _____ Registration Date _____

Is this your child's home school? Yes No (If no, S.O.C. or Building Choice form must be filled out)

STUDENT INFORMATION

_____ M F
Legal Last Name First Name Middle Other Gender
(Name as it appears on Birth Certificate--Birth certificate must be shown at time of registration)

_____ Grade
Birth date Birthplace (City/State) Home phone - unlisted yes no

_____ Zip
Student's street address Apt/Lot # or P.O. Box City

Is the address outside the boundaries of the Bay City Public Schools? Yes No

Ethnicity: Is this student Hispanic/Latino? Yes No (check only one)

Race: No matter what you selected above, please mark one or more boxes to indicate what you consider your student's race to be.

- 01 - American Indian or Alaska Native 02 - Asian 03 Black or African American
 05 - White 06 - Native Hawaiian or Other Pacific Islander

Language spoken at home, if other than English _____

SPECIAL EDUCATION

Has this student ever received any special education services or attended special education classes? Yes No

If yes, what type of services were provided? _____

(i.e., Speech, Occupational Therapy, Physical Therapy, Teacher Consultant, Learning Disabled, etc.)

SCHOOL HISTORY (For Grades other than new kindergarten)

_____ Grade
Last School Attended Address City/State

Has the student ever attended a Bay City Public School? Yes No

PARENT/GUARDIAN INFORMATION # 1

Parent/Guardian Last Name First Relationship to Child

Street Address *(If different from student)* City Zip

Home Phone Cell Phone/Pager e-mail address

Place of Employment Work Phone

PARENT/GUARDIAN INFORMATION # 2

Parent/Guardian Last Name First Relationship to Child

Street Address *(If different from student)* City Zip

Home Phone Cell Phone/Pager e-mail address

Place of Employment Work Phone

Who does the student live with? _____

Other parent/guardian information (i.e. step-parents)

Custody or Court Papers provided to the District? Yes No

OTHER CHILDREN RESIDING IN STUDENT'S HOME

Name Birth date School Attending Grade

EMERGENCY CONTACT -- if we are unable to contact parent(s)

Last Name First Name Relationship to **Child** (i.e., grandparent, aunt, neighbor, etc.)

Phone number(s) - indicate home, work, pager, cell phone, etc.

SPECIAL INSTRUCTIONS - i.e. custody issues, day care, etc.

HEALTH INFORMATION

Special medical conditions (i.e. allergies) or other pertinent medical information about this student:

Is this child on any long-term medication? Yes ____ No ____

If yes, name of medication? _____

Doctor's Name Phone number Hospital Choice

Is this child right handed? Left handed?

Kindergartners Only

Has the child attended any type of Preschool Program Yes ____ No _____

If yes, name of Preschool _____

Signature of parent/guardian who provided the registration information Date

*****SCHOOL OFFICE USE ONLY*****

Document used to verify residency: driver's license rent receipt utility bill Other_____

Signature of School Official verifying residency_____

If non-resident, explain (i.e. "Schools of Choice", etc.)_____

Immunization Complete?_____ Birth Certificate shown?_____

Home Room Teacher _____ Entry date_____

Bus #_____ Location of Bus Stop_____

Additional Information_____