

# Grass Lake Community Schools Registration Form

Please check the building this child is planning to attend:    Elementary (K-5)     Middle School (6-8)     High School (9-12)

**Office Use Only**

Date of Entry: \_\_\_\_\_ UIC #: \_\_\_\_\_ Student ID # \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Date CA-60 Requested \_\_\_\_\_

District of Residence \_\_\_\_\_ School of Choice? \_\_\_\_\_ Yes \_\_\_\_\_ No

## PART A: STUDENT INFORMATION

Last Name	First Name	Middle	
Street Address including P.O. Box #		City	Zip Code
Home Phone # (including area code)	Birth date ____/____/____	City/State of Birth	Gender Male _____ Female _____
Race/Ethnicity (Please check) _____ Caucasian/White    _____ Hispanic    _____ Asian    _____ Native Amer.    _____ Multi-Racial _____ African-American    Other (Specify) _____			
US Citizen? Yes _____ No _____		<b>PUPIL BUSING REQUESTED</b> Yes: _____ Start Date: _____ No: _____	
Last School Attended (include preschool)	Address	Telephone	
Special Services your student received at previous school: Speech _____ Special Ed _____ Social Worker _____ Title 1 _____ 504 _____ Other _____			
If Special Services received, what subject(s)?		Does your child have a formal IEP Plan in place? Yes _____ No _____	

## PART B: FAMILY INFORMATION

MALE HEAD OF HOUSEHOLD	
Last Name	First Name
Employer	Work Phone # _____ Cell # _____
Relationship to student: _____ Father    _____ Grandfather _____ Step-Father    _____ Court Appointed Guardian Other (please specify) _____	

FEMALE HEAD OF HOUSEHOLD	
Last Name	First Name
Employer	Work Phone # _____ Cell # _____
Relationship to student: _____ Mother    _____ Grandmother _____ Step-Mother    _____ Court Appointed Guardian Other (please specify) _____	

PARENTS LIVING ELSEWHERE INFORMATION		
Last Name	First Name	Address (Street # including P.O. Box, City, State, Zip)
Home Phone	Cell #	Do we send information to other parent? Yes _____ No _____ Custodial? _____ Yes _____ No

**PART C: OTHER CHILDREN IN HOUSEHOLD-Include Non-School Age**

NAME	AGE	SCHOOL ATTENDING

**PART D: HEALTH INFORMATION**

Please check any special health problems:  
 \_\_\_\_\_ Diabetes    \_\_\_\_\_ Heart    \_\_\_\_\_ Asthma    \_\_\_\_\_ Seizures    \_\_\_\_\_ Hemophiliac    Other \_\_\_\_\_

Please list any Allergies: \_\_\_\_\_  
 \_\_\_\_\_

Other concerns: \_\_\_\_\_  
 \_\_\_\_\_

**I certify that all information on this student registration form is true and correct.**

\_\_\_\_\_  
**Signature of Parent/Guardian enrolling student** \_\_\_\_\_  
**Date**

Once you have completed the registration form and the request for release of information, please take them to our Central Office at the east end of the elementary building, along with copies of the following documents pertaining to the child(ren) you are enrolling:

- Birth Certificate (Must have original version at time of registration)
- Proof of Residence (Which can be a Utility Bill, a Magazine Subscription, a Tax Receipt, a Rent Receipt, or similar document, not including a driver's license.)
  - Immunization Records

**We are happy that you have enrolled your child in Grass Lake Community Schools. We would like to make your child's transition as easy as possible.**

**We would be glad to take you on a tour of our buildings. Arrangements for a tour can be made at the Central Office location, 899 S. Union St., Grass Lake, MI 49240. If you have any questions, please call 517-522-5541 or 517-522-5544.**