

# New Student Registration Report with Medical Information

## Public Schools of Petoskey

*A separate form  
must be completed  
for each  
student.*

Student Legal Last Name:  Student Legal First Name:  Student Legal Middle Name:

Responsible Parent/Guardian:

SSN (optional)  Grade:  Gender:  Primary Language:

Address:  Home Phone:  Student Cell Phone:

City:  State:  Zip:

County:  Birthdate:  Birthplace:

Phone UNLISTED?: (Circle one:)  Yes  No

Race: (Optional)  
 Caucasian  
 Hispanic  
 American Indian  
 African American

**School Previously Attended:**

School Name:  Phone:

Address:  City:  State:  Zip:

**If you do not have a permanent address, where are you currently residing? Please check those that apply:**

in a shelter     in a motel/hotel     Other: \_\_\_\_\_  
 in a car     campsite     with friends or family members (other than parent/guardian)

**Legal Parent/Guardian Information:**

<p>Parent/Guardian 1:</p> <p>Relationship Type: <input type="text"/></p> <p>Last Name: <input type="text"/></p> <p>First Name: <input type="text"/></p> <p>Middle Name: <input type="text"/></p> <p>Home Address: <input type="text"/></p> <p>City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/></p>	<p>Parent/Guardian 2:</p> <p>Relationship Type: <input type="text"/></p> <p>Last Name: <input type="text"/></p> <p>First Name: <input type="text"/></p> <p>Middle Name: <input type="text"/></p> <p>Home Address: <input type="text"/></p> <p>City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/></p>
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Check if "Mailing Address" is the same as "Home Address"

Mailing Address (if different):

City:  State:  Zip:  Home Phone:  Phone UNLISTED?: Y / N

<p>Parent/Guardian 1:</p> <p>Cell phone: <input type="text"/></p> <p>Work Phone: <input type="text"/> Ext: <input type="text"/></p> <p>Pager: <input type="text"/></p> <p>Employer: <input type="text"/></p> <p>Email: <input type="text"/></p>	<p>Parent/Guardian 2:</p> <p>Cell Phone: <input type="text"/></p> <p>Work Phone: <input type="text"/> Ext: <input type="text"/></p> <p>Pager: <input type="text"/></p> <p>Employer: <input type="text"/></p> <p>Email: <input type="text"/></p>
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## Additional Parent Information:

Relationship Type:	<input type="text"/>	Relationship Type:	<input type="text"/>
Last Name:	<input type="text"/>	Last Name:	<input type="text"/>
First Name:	<input type="text"/>	First Name:	<input type="text"/>
Middle Name:	<input type="text"/>	Middle Name:	<input type="text"/>
Home Address:	<input type="text"/>		

City:	State:	Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Check if "Mailing Address" is the same as "Home Address"

Mailing Address:

City:	State:	Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Phone:

Phone UNLISTED?: (Circle one:)    **Yes**    **No**

Cell Phone:	<input type="text"/>	<input type="text"/>	Ext:	<input type="text"/>	<input type="text"/>	Ext:	<input type="text"/>
Work Phone:	<input type="text"/>	<input type="text"/>					
Pager:	<input type="text"/>	<input type="text"/>					
Employer:	<input type="text"/>		<input type="text"/>		<input type="text"/>		
Email:	<input type="text"/>		<input type="text"/>		<input type="text"/>		

*Student Lives With (Please Check):*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>Mother</b>            | <input type="checkbox"/> <b>Grandmother</b>          | <input type="checkbox"/> <b>One parent &amp; another adult</b>                   |
| <input type="checkbox"/> <b>Father</b>            | <input type="checkbox"/> <b>Grandfather</b>          | <input type="checkbox"/> <b>A relative, friend(s), or other adult</b>            |
| <input type="checkbox"/> <b>Both Parents</b>      | <input type="checkbox"/> <b>Guardian(s)</b>          | <input type="checkbox"/> <b>An adult who is not the parent or legal guardian</b> |
| <input type="checkbox"/> <b>Grandparents</b>      | <input type="checkbox"/> <b>Alone with no adults</b> |  |
| <input type="checkbox"/> <b>Mother/Stepfather</b> | <input type="checkbox"/> <b>Foster Parents</b>       | <input type="checkbox"/> <b>Other</b> _____                                      |
| <input type="checkbox"/> <b>Father/Stepmother</b> |  |  |

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## Special Services

Does the student qualify for or receive any help in the following areas? Check all that apply:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>Special Ed (IEP on file)</b> | <input type="checkbox"/> <b>Traumatic Brain Injury (TBI)</b>            | <input type="checkbox"/> <b>Behavior Plan</b>              |
| <input type="checkbox"/> <b>Resource Room</b>            | <input type="checkbox"/> <b>Physically or Otherwise Health Impaired</b> | <input type="checkbox"/> <b>Specialized Transportation</b> |
| <input type="checkbox"/> <b>Categorical Room</b>         | <input type="checkbox"/> <b>Autistic/Aspergers</b>                      | <input type="checkbox"/> <b>Section 504</b>                |
| <input type="checkbox"/> <b>ADD/ADHD</b>                 | <input type="checkbox"/> <b>Hearing Impaired</b>                        | <input type="checkbox"/> <b>Title 1</b>                    |
| <input type="checkbox"/> <b>Speech/Language</b>          | <input type="checkbox"/> <b>Visually Impaired</b>                       | <input type="checkbox"/> <b>Diabetes</b>                   |
| <input type="checkbox"/> <b>Learning Disability (LD)</b> | <input type="checkbox"/> <b>Emotionally Impaired (EI)</b>               | <input type="checkbox"/> <b>Asthma</b>                     |
| <input type="checkbox"/> <b>Cognitively Impaired</b>     |   | <input type="checkbox"/> <b>Epilepsy</b>                   |

**Medical Information:**

In case of emergency, if necessary, take student to the nearest medical facility?

(Circle one:)

Yes

No

Doctor Name:

Doctor Phone:

**Medications or Special Health Needs - Please Describe:**

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I have read and understand that the above information is correct.

Parent Signature

Date

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**\*\*A parent or legal guardian must accompany the student; complete school forms, and meet all requirements before enrollment can take place**

Enrollment Checklist

(To be completed by office staff)

\_\_\_ Birth Certificate Verified

\_\_\_ Free/Reduce Lunch Application

\_\_\_ Custody Papers

\_\_\_ Proof of Residency

\_\_\_ Spec Ed/IEP

\_\_\_ Transcripts

\_\_\_ Open Enrollment

\_\_\_ 30 Day Temp Spec Ed

\_\_\_ Office request for Records

\_\_\_ ADD/ADHD

\_\_\_ 504 Accomodation

Date Sent \_\_\_\_\_

Date Received \_\_\_\_\_

\_\_\_ Immunizations

\_\_\_ 4 doses DPT (dephtheria, Tean)

\_\_\_ 3 doses of Polio

\_\_\_ 3 doses Hepatitis B

\_\_\_ 2 doses MMR (Measles, Mumps, Rubella)

\_\_\_ 1 dose Chickenpox (only if student has not had the disease)

\*\*Students cannot begin classes until we have these documents.

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Open Enrollment

Date

**Emergency Contacts:**

Name:

Relation to Student:

Work Phone:

Home Phone:

Cell Phone/Pager:

Email:

Comments:

**Contact 2:**

Name:

Relation to Student:

Work Phone:

Home Phone:

Cell Phone/Pager:

Email:

Comments:

**Contact 3:**

Name:

Relation to Student:

Work Phone:

Home Phone:

Cell Phone/Pager:

Email:

Comments:

Daycare Provider Name:

Phone Number: