

REGISTRATION FORM

Kalkaska Public Schools

Today's Date _____

Has your child ever attended a Kalkaska Public School? Yes No

Student Social Security Number: _____

Student Name _____
Last First Middle

Entering Grade: _____

Gender: Male Female

Ethnic Code: Use 1, 2, 3 to rank primary and secondary ethnic groups
 Native American (1) Caucasian (2)
 Hispanic (3) African-American (4)
 Asian American (5) Middle Eastern (6)
 Multi-Ethnic/Other (7)

For Kindergarten Students Only: Check Appropriate Box

- | | |
|---|--|
| <input type="checkbox"/> No previous social group (0) | <input type="checkbox"/> Church Activity (1) |
| <input type="checkbox"/> Headstart (2) | <input type="checkbox"/> Preschool Experience (3) |
| <input type="checkbox"/> Day Care Setting (4) | <input type="checkbox"/> Kalkaska 4's (5) |
| <input type="checkbox"/> Half-Day Kindergarten (6) | <input type="checkbox"/> Full-Day Kindergarten (7) |

Birthdate: _____ Birth Place: _____
Month/Day/Year City/State

Phone Number: _____ Listed: Yes No

Address: _____
Number/Street/Name City Zip Code

Adult MALE Residing in the Home: _____

Work Phone Number: _____

Adult FEMALE Residing in the Home: _____

Work Phone Number: _____

Parent Living Elsewhere: _____

Address: _____
Number/Street Apt/Lot City/State Zip Code

Would you want them to receive mailings? Yes No

Previous School Attended: _____

Address: _____

DO NOT FILL OUT OR MARK OFFICE USE ONLY

Student Number _____

Entry Date _____

Entry Code _____ Prev LEA _____

Birth Cert Y N YOG _____

Street Code # _____

Teacher Name _____

Room # _____ Next School # _____

Home School # _____

Bus # _____

Immunization Records Yes No

Lunch App Yes No

Student Records:
Requested _____

Received _____
 Speech LD Social Worker
 Title I

NON-RESIDENT STATUS:

- Dual Residency
- School of Choice
- District Release _____

Relationship to Child:

Check One

- B – both parents
- C – father/stepmother
- D – mother/stepfather
- E – Father only
- F – Mother Only
- G – legal guardian
- H – court-placed—
- I – relative—
- J – foster home—
- K – divorced, joint custody

Special services your student received at previous school, if any: (check all that apply)

- Speech
- Learning Disabled
- Social Worker
- Title I
- Reading Recovery

Emergency Contact Person: _____ Relationship: _____

Phone Number: _____

Emergency Contact Person: _____ Relationship: _____

Phone Number: _____

Emergency Medical Conditions/Problems: check ALL that apply

- | | | |
|--|---|--|
| <input type="checkbox"/> nothing known (1) | <input type="checkbox"/> iodine allergy (9) | <input type="checkbox"/> wears glasses (17) |
| <input type="checkbox"/> medical waiver (2) | <input type="checkbox"/> multiple allergies (10) | <input type="checkbox"/> bee sting (18) |
| <input type="checkbox"/> rheumatic (3) | <input type="checkbox"/> epileptic (11) | <input type="checkbox"/> asthma (19) |
| <input type="checkbox"/> cardiac (4) | <input type="checkbox"/> contact lenses (12) | <input type="checkbox"/> nose bleeds (20) |
| <input type="checkbox"/> hemophiliac (5) | <input type="checkbox"/> special blood condition (13) | <input type="checkbox"/> no medication, religious (21) |
| <input type="checkbox"/> diabetic (6) | <input type="checkbox"/> sulpha allergy (14) | <input type="checkbox"/> check health card (22) |
| <input type="checkbox"/> aspirin allergy (7) | <input type="checkbox"/> muscle weakness (15) | <input type="checkbox"/> attention deficit disorder (23) |
| <input type="checkbox"/> penicillin allergy (8) | <input type="checkbox"/> headaches (16) | <input type="checkbox"/> hearing problems (24) |
| <input type="checkbox"/> takes medication regularly (please indicate which medicine and how often) | | |

Other children who reside in the home:

Name	Birthdate	Grade	
_____	_____	_____	<input type="checkbox"/> natural sibling <input type="checkbox"/> step sibling
_____	_____	_____	<input type="checkbox"/> natural sibling <input type="checkbox"/> step sibling
_____	_____	_____	<input type="checkbox"/> natural sibling <input type="checkbox"/> step sibling
_____	_____	_____	<input type="checkbox"/> natural sibling <input type="checkbox"/> step sibling
_____	_____	_____	<input type="checkbox"/> natural sibling <input type="checkbox"/> step sibling

Does your child attend a day care center or go to a sitter after school: Yes No

If yes, name: _____

Address: _____ Phone Number: _____

I affirm, that as the parent/legal guardian, all information provided above is true and accurate, and that my child and I reside at the listed address. I understand any false information provided by me, may subject me to legal penalties for perjury.

Parent/Guardian Signature _____

Date _____