



# Student Registration Form

Today's Date \_\_\_\_\_

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Male Female

Address # and Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Ph. \_\_\_\_\_ E Mail \_\_\_\_\_

201%1&Grade \_\_\_\_\_ DOB (Month/Day/Year) \_\_\_\_\_

Has child ever attended the Utica Community Schools? \_\_\_\_\_ If yes, which one \_\_\_\_\_

Last School Attended \_\_\_\_\_ Last School Address \_\_\_\_\_

Father's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Bus. PH. \_\_\_\_\_ Cell PH. \_\_\_\_\_

Address if different from above \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Educational Background: High School College Graduate School Occupation \_\_\_\_\_

Mother's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Bus. PH. \_\_\_\_\_ Cell PH. \_\_\_\_\_

Address if different from above \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Educational Background: High School College Graduate School Occupation \_\_\_\_\_

Marital Status \_\_\_\_\_

\_\_\_\_\_ **If there is a custody restriction, court documents need to be on file in the office.** \_\_\_\_\_

Sibling Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ M  F  DOB \_\_\_\_\_

Sibling Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ M  F  DOB \_\_\_\_\_

Sibling Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ M  F  DOB \_\_\_\_\_

Medical Concerns (please list) \_\_\_\_\_

**(The above may require a Medical Authorization Form or Health Care Form)**

Has there ever been a Special Education Plan for your child? Y N

Is there a current Special Education Plan for your child? Y N If yes, please provide the office staff with a copy of the Special Education Plan.

Does your family have a place of evening residence? Y N

## EMERGENCY INFORMATION

First person listed will be called. If not available, the next person in line will be called.

#1 Adult Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone # \_\_\_\_\_

#2 Adult Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone # \_\_\_\_\_

#3 Adult Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone # \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**The following must be presented to the school staff in order to process the registration paperwork:**

Child's Birth Certificate in English

Child's Immunization Record

Parent Driver License/State ID/Work Photo ID

Proof of Residency (1 required)-Lease or rental Agreement-Closing Document-Purchase Agreement-Current Tax Bill

**Home Language Information** Section 380.1152-1157 School Code of 1995, Michigan's Bilingual Education Law

What language did your child first learn to speak? English Other Language \_\_\_\_\_

What is the primary language used by **adults** in your home? English Other Language \_\_\_\_\_

What language does your **child** most often use at home? English Other Language \_\_\_\_\_

What language does your child most often use when speaking with friends outside the home? English Other Language \_\_\_\_\_

Has your child attended any United States school in the last year? Y N

Date of Arrival in the United States (month/day/year) \_\_\_\_\_ Country of Birth \_\_\_\_\_ 1st Date in US School \_\_\_\_\_

If yes, Name of School \_\_\_\_\_ City, State \_\_\_\_\_ Dates Attended \_\_\_\_\_

Immigration Status: (check one) Refugee Immigrant Migrant U.S. Born Other Country of Immigration \_\_\_\_\_

**Ethnicity/Race**

Is the student's ethnicity Hispanic or Latino? Yes, child is Hispanic or Latino No, child is not Hispanic or Latino

Which of the following is the Student's Race: (If multi-racial, place a check mark for each that applies)

- American Indian or Alaska Native Black or African American White Asian American Native Hawaiian or other Pacific Islander Hispanic or Latino

I verify that the above information is true and factual.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Child's Birth Certificate in English Child's Immunization Record Parent Driver License/ID

Proof of Residency (1 required)-Lease or rental Agreement-Closing Document-Purchase Agreement

## Developmental and Social History (This form is for enrolling Kindergarten students only)

Child's Name: \_\_\_\_\_

At what age did your child begin to speak words? \_\_\_\_\_ To walk alone with support? \_\_\_\_\_

Does your child have opportunities to play with other children his/her own age? Y  N

Did your child have a nursery or preschool experience? Y  N  When? \_\_\_\_\_ Where? \_\_\_\_\_

How many brothers does your child have? \_\_\_\_\_ Ages? \_\_\_\_\_ How many sisters? \_\_\_\_\_ Ages? \_\_\_\_\_

Is your child right handed? Y  N

Is your child well acquainted with a number of stories and poems related to him/her during the day or at bedtime? Y  N

If yes, check next to the word which best describes the number of stories he/she knows:

Very Large  Large  Average  Small

Have you observed any special abilities that your child has? For example: leadership, inventiveness, imagination, creativeness.  
List them:

List your child's special interests? Examples: coloring, painting, reading, dramatization, pets, building

What major experiences has your child had? Examples: travel, loss of close companion, accident. List them:

Explain any troublesome characteristics:

After you print this document, circle all of the following terms which best describe the behavior of your child:

Shy, aggressive, tactful, happy, sad, or dejected, apprehensive and worrying type, boisterous, serene, nervous, temperamental, humorous, rough, gentle, destructive, constructive and creative, demonstrative, physically active, physically passive.

Other comments you care to make:

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

## Use of Student Work/Photograph

Dear Parents:

As part of the communication process, the Utica Community Schools maintain web pages on the Internet. These pages provide information about the activities of the Utica Community Schools, its employees and students, and can be viewed globally.

This form officially documents that you are willing to release your child's projects, photographs, video images and/or voice recordings into the public domain. They can be viewed by anyone with access to the Internet. Group photographs may be used on a web page, however, your child's name and/or individual photograph will not appear on the Internet. There is no monetary compensation for the use of these projects and/or images.

Release

I give my permission for my child's computer projects, photographs, images and/or voice recordings, to be used as described above and are willing to release this for use in the Utica Community Schools web pages on the internet. I understand no monetary compensation will be given for use of the materials.

\_\_\_\_\_  
Student Name (Signature)

\_\_\_\_\_  
Parent/Guardian (Signature)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Parent/Guardian name (Printed)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number with area code

**Please sign and return to the building principal**

**Must be filled out.  
If you do not agree, fill out and  
write "NO" across the top**

**Parent Request for Academic Progress  
Via Electronic Message**

Dear Parents:

To promote the (improvement of your child's academic achievement), or (your partnership in your child's learning) this form officially documents your request to receive an electronic message from the designated teacher for the time intervals and period indicated below. You acknowledge, by your signature, that you are the recipient of the information and that your child's privacy of information is not compromised by this electronic message. You also acknowledge that your student's full name, address or phone number will not be included in the message, that your student's academic progress information will be contained in the body of the message and not as an editable attachment, and that the message cannot contain behavior/discipline issues or information.

**Release**

I request that my child's academic progress be sent via electronic messaging from the teacher indicated below for the time period and intervals agreed upon.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Starting Date

\_\_\_\_\_  
Ending Date

\_\_\_\_\_  
Intervals (weekly, monthly, etc.)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Parent/Guarding Name (printed)

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
CURRENT Date

\_\_\_\_\_  
PARENT email

\_\_\_\_\_  
Teacher Name (PRINTED)

\_\_\_\_\_  
Teacher Signature

Please sign and return to the designated teacher who will retain this request on file.



## Notice to Parents

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Often, our students are involved in interviews by the local media, reporting on the positive instructional programs of the district. These interviews can include, but are not limited to, classroom activities, concerts and musical programs. The Utica Community Schools Board of Education has approved a policy regarding media relations, which affects students. The policy required that the new media report to the to the Office of School/Community Relations or the building principal for prior approval before interviewing students involved in instructional programs.

District employees may release student information to the media only in accordance with applicable provisions of the Family Education Rights and Privacy Act (FERPA) and Board of Education Policy 5124 - Release of Directory Information. (See reference in Student/Parent Handbook.)

By completing the form below, you will give the school district, including the Utica Community Schools cable access TV education station, and the new media permission to interview your child in connection with activities involving the Utica Community Schools for as long your child is a student of the district. Please complete the form and return it to your building principal. The completed form will be kept in the school office.

### Media Release Form

The person named below gives the Utica Community Schools (UCS) permission to allow the news media and/or the school district to photograph, video and/or audio tape his or her child in connection with news events and activities involving the Utica Community Schools. I also give permission to reproduce and record my child's voice. I consent to the use of his/her name and/or the recordation and reproduction of him/her in connection with the production, exhibition, distribution and promotion or other use of any photographs, photo play, audio plays or otherwise. I agree that his/her participation is voluntary and without consideration or compensation. If, at any time, I do not want my child to participate in media interviews, I will notify the building principal in writing

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### Please Print Information

I agree to the above release language as parent or legal guardian of:

\_\_\_\_\_  
(Child's Name)

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature

**Must be filled out.  
If you do not agree, fill out and  
write "NO" across the top**