

Office Use Only ID # _____

Required Documents:

Birth Certificate _____ Yes _____ No

Proof of Residency _____ Yes _____ No

Immunization Record _____ Yes _____ No

Signature _____

ADAMS TOWNSHIP SCHOOL DISTRICT
43084 GOODELL STREET
PAINESDALE, MI 49955
Student Registration Form

Has this student ever received Special Education Services? ____ YES ____ NO

Check Program: ____ Speech ____ LD ____ EI
 ____ VI ____ POHI ____ EMI ____ HI

STUDENT INFORMATION:

<i>Race:</i> American Indian ____ Asian ____ Black ____ Hispanic ____ Caucasian ____	MEDICAL ALERT: MED ALERT _____ (inc. allergies to medication, bee stings, MED ALERT _____ food, diabetes, epilepsy, seizures, asthma, vision or hearing problems, physical handicaps, etc.)
Full Name Of Student _____ Male ____ Female ____ <div style="display: flex; justify-content: space-between; width: 100%;"> Last First Middle </div>	
Resident Address _____ MI _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Street City Zip </div>	
Mailing Address _____ MI _____ <div style="display: flex; justify-content: space-between; width: 100%;"> PO Box City Zip </div>	
Home Phone # _____ Date of Birth _____ County & State of Birth _____	

FAMILY INFORMATION:

	Mother	Father	Other children living with student																						
Name (First & Last)	_____	_____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Name</th> <th style="width: 50%; text-align: center;">Birth Date</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Name	Birth Date																				
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County or State of Birth	_____	_____																							
Language In Home	_____	_____																							
Educational Status	_____	_____																							
Employer/Occupation	_____	_____																							
Marital Status	_____	_____																							
Step Parents	_____	_____																							
Guardian	_____	_____																							
With whom does the child reside	_____	_____																							
Legal Custody	_____	_____																							
Email Address	_____	_____																							

Your child may be eligible for additional educational services through McKinney-Vento Assistance Act. To determine your child's eligibility, please complete the following:

Is the student's current address a temporary living arrangement? ____ Yes ____ No

Is this temporary living arrangement due to loss of housing or economic hardship? ____ Yes ____ No

IF you answered YES to the above questions, please complete the remainder of this form on the reverse side.

Parent/Guardian Signature _____ **Date** _____

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Complete only if you answered YES to the questions on the reverse side of this form

Where is the student presently living? (Check one box)

- ☐ Temporarily with another family in a house or apartment due to loss of housing or economic hardship
- ☐ With an adult that is not a parent or legal guardian, or alone without an adult
- ☐ Moving from place to place
- ☐ In a hotel/motel
- ☐ Staying in a shelter (family shelter, domestic violence shelter, youth shelter)
- ☐ Waiting foster care replacement or in a new foster care placement (less than 6 months)
- ☐ In a car, park, campground, abandoned building or any other inadequate accommodation
- ☐ In an emergency/transitional shelter
- ☐ Unknown nighttime residence
- ☐ Other _____

Please check your relationship to the student:

- ☐ Parent
- ☐ Legal Guardian
- ☐ Power of Attorney
- ☐ Adult Caring for Student
- ☐ Youth living without being in the physical custody of a parent or legal guardian

Signature: _____

The undersigned certifies that the information provided is accurate.

Date: _____

SCHOOL USE ONLY

COPIES TO:

1. District Liaison
2. MSDS Date Person
3. Building Administrator
4. School Counselor

5. Food Services
6. CA 60
7. Classroom Teacher