

Student ID _____ Teacher/Grade _____
 Family Number _____ Transportation _____

HS MS MAC SL EDG



Tri County Area Schools

School Year **OVER-->**
 2011 - 2012

****Please verify information and return****

LEGAL Last Name of Student _____ First _____ Middle _____ Male/Female _____

Date of Birth _____ Twin/Triplet/Etc. _____ Grade _____ Resident County _____ Place of Birth (City, State) _____

Home Phone Number _____ Unlisted? _____ Last School Attended _____ District Attended _____

Transportation:

Before school my child will be: Walking: _____ Riding the Bus _____ Driven _____ Name of Driver: _____
 After school my child will be: Walking: _____ Riding the Bus _____ Driven _____ Name of Driver: _____
 My Child Attends Day Care: Day Care Provider: _____
 Name _____ Phone _____ Address _____ Schedule(Day(s)Time(s)) _____

Language Survey

What is the student's native (1st) language? ___ English ___ Spanish ___ Other
 What is the student's 2nd language? ___ English ___ Spanish ___ Other
 What is the primary language spoken in the home? ___ English ___ Spanish ___ Other
 If parent/guardian does not speak English, who is your interpreter? _____ Phone _____
 Did the student enter the US from another country? ___ Yes ___ No
 Did he/she leave the country voluntarily? ___ Yes ___ No If no, reason: _____
 If the child is not born in the U.S., when did he/she start attending school in the U.S.? _____ month/year Michigan? _____ month/year
 Is the student a refugee? ___ Yes ___ No

Ethnicity

Is the student Hispanic/Latino? (Choose only one)
 ___ Yes, Hispanic/Latino - (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
 ___ No, not Hispanic/Latino

Race

The question to the left is about ethnicity, not race. No matter what you selected, please continue to answer the following by marking one or more to indicate what you consider your student's race to be.
 ___ American Indian/Alaska Native ___ Asian American
 ___ Native Hawaiian/Pacific Islander ___ Black/African American
 ___ Caucasian/White

Parent Educational Background

Please circle the number which would represent last grade/year of schooling parent attended.

If not listed below please write correct grade		Mother:		Father:					
Mother:	9	10	11	12(H.S. grad)	13	14	15	16(college grad)	16+
Father:	9	10	11	12(H.S. grad)	13	14	15	16(college grad)	16+

Does the student live with Family 1 or 2: _____

Family 1

Family 2 Does the Family 2 request mailings home? _____

Parent Name _____ Relationship _____ Cell Phone _____
 Spouse Name _____ Relationship _____ Cell Phone _____
 Home Address _____ City _____ Zip _____
 Mail Address (if not same) _____ City _____ Zip _____
 E-Mail Address _____ Home Phone _____
 Parent Place of Employment _____ Occupation _____ Work Phone _____
 Spouse Place of Employment _____ Occupation _____ Work Phone _____

Parent Name _____ Relationship _____ Cell Phone _____
 Spouse Name _____ Relationship _____ Cell Phone _____
 Home Address _____ City _____ Zip _____
 Home Address (if not same) _____ City _____ Zip _____
 E-Mail Address _____ Home Phone _____
 Parent Place of Employment _____ Occupation _____ Work Phone _____
 Spouse Place of Employment _____ Occupation _____ Work Phone _____

Name and phone number of adult we can contact if parent/guardian cannot be reached. Please indicate the order of contact preference.

<input type="checkbox"/>	Name _____	Relationship to Student _____	Phone Number _____	Cell/Work Phone _____
<input type="checkbox"/>	Name _____	Relationship to Student _____	Phone Number _____	Cell/Work Phone _____
	Family Physician _____	Phone Number(s) _____	Dentist/Orthodontist _____	Phone Number(s) _____

Health Information: Please list any health concerns or conditions the school should be aware of: (If your child takes medication, "Administration of Medication" form must be filled out.)

Is your child covered by Health Insurance? Yes No

Has the student received any of the following special services in his/her previous school year?

Special Education: Yes _____ No _____

<input type="checkbox"/> Bilingual/ESL	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Other _____
<input type="checkbox"/> Title I	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Tutoring Support	_____
<input type="checkbox"/> Use of Outside Counseling/Psychologist	<input type="checkbox"/> Social Work		

Does your child wear any of the following?

<input type="checkbox"/> Eye Glasses - If so, full-time or reading only? (Please circle)	<input type="checkbox"/> Hearing Device - 1 or 2 (Please circle)
<input type="checkbox"/> Physical Brace Location of brace: _____	<input type="checkbox"/> Other Please Describe: _____

Picture Note:

No, I do not want my child to be photographed or videotaped and used for school purposes (i.e. classrooms, hallways, web pages, district newsletter or area newspaper, etc.)

Early Dismissal:

In the event school is dismissed early (emergency or bad weather) my child should go home: _____ as normal
Other: _____

Other Brothers or Sisters of all Ages:

Name: _____	Birthdate: _____	Male/Female _____	Are they currently attending Tri County Area Schools? Yes No
Name: _____	Birthdate: _____	Male/Female _____	Are they currently attending Tri County Area Schools? Yes No
Name: _____	Birthdate: _____	Male/Female _____	Are they currently attending Tri County Area Schools? Yes No
Name: _____	Birthdate: _____	Male/Female _____	Are they currently attending Tri County Area Schools? Yes No

PARENT/GUARDIAN AUTHORIZATION

Field Trips - Throughout the school year, students of Tri County Area Schools may have an opportunity to learn from outside sources. Such an opportunity will necessitate permission to travel away from school on a field trip. Parents/Guardians will be informed in advance of places, dates, and times of each field trip your child will attend. Therefore, **please initial the following information:**

My child **has** permission to attend field trips. My child **does not** have permission to attend field trips.

Court Orders:

Is there any legal court action which the school should be aware of? If you have a restraining order, guardianship papers, or name changes, please allow the school to make a copy of such papers for your child's records. Please provide any relevant information.

In the event of a serious accident or illness, I request that a representative of the school system contact me. If I cannot be reached, I request that contact be made with the physician named and his/her instructions be followed in the treatment of my child. If the emergency is such that immediate medical care is necessary, I authorize the school system to transport my child to a hospital for emergency care. The hospital, their agents, or a licensed physician, may administer such emergency medical treatment, as they deem necessary under the circumstances.

X _____ Date _____
Parent/Guardian Signature