



# Tri County Area Schools

School Year **OVER-->**  
**2009 - 2010**

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

LEGAL Last Name of Student		First	Middle	Male/Female
Date of Birth	Twin/Triplet/Etc.	Grade	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 1st language? Reading: \_\_\_\_\_ Spoken: \_\_\_\_\_

What is the student's 2nd language? Reading: \_\_\_\_\_ Spoken: \_\_\_\_\_

What is the Parent/Guardian's 1st language? Reading: \_\_\_\_\_ Spoken: \_\_\_\_\_

What is the Parent/Guardian's 2nd language? Reading: \_\_\_\_\_ Spoken: \_\_\_\_\_

If parent/guardian do not speak English, who is your interpreter? \_\_\_\_\_ Phone: \_\_\_\_\_

When did the child enter U.S.? \_\_\_\_\_ Did he/she leave your 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

**Ethnic Background: (If multi-racial, please mark order of ethnicity)**

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian American	<input type="checkbox"/> African American
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic/Latino

**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:	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: \_\_\_\_\_

<p><b>Family 1</b></p> <table style="width:100%;"> <tr> <td>Parent Name</td> <td>Relationship</td> <td>Cell Phone</td> </tr> <tr> <td>Spouse Name</td> <td>Relationship</td> <td>Cell Phone</td> </tr> <tr> <td>Home Address</td> <td>City</td> <td>Zip</td> </tr> <tr> <td>E-Mail Address</td> <td colspan="2">Home Phone</td> </tr> <tr> <td>Parent Place of Employment</td> <td>Occupation</td> <td>Work Phone</td> </tr> <tr> <td>Spouse Place of Employment</td> <td>Occupation</td> <td>Work Phone</td> </tr> </table>	Parent Name	Relationship	Cell Phone	Spouse Name	Relationship	Cell Phone	Home Address	City	Zip	E-Mail Address	Home Phone		Parent Place of Employment	Occupation	Work Phone	Spouse Place of Employment	Occupation	Work Phone	<p><b>Family 2 Does the Family 2 request mailings home? _____</b></p> <table style="width:100%;"> <tr> <td>Parent Name</td> <td>Relationship</td> <td>Cell Phone</td> </tr> <tr> <td>Spouse Name</td> <td>Relationship</td> <td>Cell Phone</td> </tr> <tr> <td>Home Address</td> <td>City</td> <td>Zip</td> </tr> <tr> <td>E-Mail Address</td> <td colspan="2">Home Phone</td> </tr> <tr> <td>Parent Place of Employment</td> <td>Occupation</td> <td>Work Phone</td> </tr> <tr> <td>Spouse Place of Employment</td> <td>Occupation</td> <td>Work Phone</td> </tr> </table>	Parent Name	Relationship	Cell Phone	Spouse Name	Relationship	Cell Phone	Home Address	City	Zip	E-Mail Address	Home Phone		Parent Place of Employment	Occupation	Work Phone	Spouse Place of Employment	Occupation	Work Phone
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**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