

**Office Use Only** (File in CA60)

UIC#: \_\_\_\_\_

Student ID: \_\_\_\_\_ Teacher/Gr/Sec: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Family Number: \_\_\_\_\_ Transportation: \_\_\_\_\_ School: \_\_\_\_\_



## Tri County Area Schools

(Over)

**2022-2023**

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

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

Primary Phone Number / Ext / Ph Type      Unlisted?      Last School Attended      Last District Attended

**Ethnicity:** Is the student Hispanic/Latino? (Yes or No)

**Race:** Regardless of your ethnicity selection, please choose one or more to indicate student's race.

\_\_\_\_ Yes or No - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

\_\_\_\_ American Indian/Alaska Native      \_\_\_\_ Asian American  
\_\_\_\_ Native Hawaiian/Pacific Islander      \_\_\_\_ Black/African American  
\_\_\_\_ Caucasian/White

Has your child ever been expelled (not suspended): Yes/No \_\_\_\_\_ If yes, please explain:

**Special Services** Does student receive any of the following special services? (mark all that apply)      \_\_\_\_ 504 Plan      \_\_\_\_ Special Ed  
\_\_\_\_ Inclusion      \_\_\_\_ Resource Program      \_\_\_\_ OT/PT      \_\_\_\_ Reading      \_\_\_\_ Self-Contained Program      \_\_\_\_ Social Work      \_\_\_\_ Speech      \_\_\_\_ EL

**Is your child's living arrangement temporary?**

Yes/No \_\_\_\_\_

**Unaccompanied Youth:** Yes/No \_\_\_\_\_

**If Yes:**      \_\_\_\_ Foster Care      \_\_\_\_ Shelter      \_\_\_\_ Hotel/Motel  
\_\_\_\_ Doubled Up      \_\_\_\_ Transitional Housing Program      \_\_\_\_ Unsheltered

LEGAL PARENT OR GUARDIAN INFORMATION ONLY

☐ Lives With      Relationship      Parent/Guardian Name      Address      City      Zip      Primary Phone  
☐ Mailings      Employer      Job Title      Other Phone(s): \_\_\_\_\_  
\_\_\_\_ Email      Highest Education Level      Active Military/Reserves

☐ Lives With      Relationship      Parent/Guardian Name      Address      City      Zip      Primary Phone  
☐ Mailings      Employer      Job Title      Other Phone(s): \_\_\_\_\_  
\_\_\_\_ Email      Highest Education Level      Active Military/Reserves

☐ Lives With      Relationship      Parent/Guardian Name      Address      City      Zip      Primary Phone  
☐ Mailings      Employer      Job Title      Other Phone(s): \_\_\_\_\_  
\_\_\_\_ Email      Highest Education Level      Active Military/Reserves

☐ Lives With      Relationship      Parent/Guardian Name      Address      City      Zip      Primary Phone  
☐ Mailings      Employer      Job Title      Other Phone(s): \_\_\_\_\_  
\_\_\_\_ Email      Highest Education Level      Active Military/Reserves

Continued...

**Please list Emergency Contacts in the event that a parent or guardian cannot be reached:**

(Individuals listed below will also be authorized to pick your child up from school, unless indicated otherwise)

**1** \_\_\_\_\_  
Name Relationship to Student Phone Number Work Number

**2** \_\_\_\_\_  
Name Relationship to Student Phone Number Work Number

**3** \_\_\_\_\_  
Name Relationship to Student Phone Number Work Number

**Health Information:**

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

**Language Survey:**

What is your child's first language spoken at home? \_\_\_\_\_  
What other language, if any, is spoken in the home? \_\_\_\_\_  
What language do you want information sent from school to home? \_\_\_\_\_  
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 was 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? \_\_\_\_\_ Has your child received any Bilingual/ESL services? Yes/No \_\_\_\_\_

Have you or a family member worked in agriculture, poultry, or dairy in the past three years? \_\_\_\_\_ If yes, then where did you work? \_\_\_\_\_ and when \_\_\_\_\_

**Is there any other information you would like to share with your child's teacher: personality traits, special talents, family issues, eye glasses, hearing devices, physical braces, etc:**

**Other Brothers or Sisters of all Ages:**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Are they currently attending Tri County Area Schools? Yes No  
Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Are they currently attending Tri County Area Schools? Yes No  
Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Are they currently attending Tri County Area Schools? Yes No

**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)

**Early Dismissal:**

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

**Parent/Guardian Authorization:**

✓ **Field Trips:** I grant permission for my child to attend in-district functions, including field trips. (yes/no) \_\_\_\_\_ Initial: \_\_\_\_\_  
✓ **Photo Release:** I grant permission allowing my child's school district to publish my child's photo on all media including the District website. (yes/no) \_\_\_\_\_ Initial: \_\_\_\_\_  
✓ **Automated Calling:** The district uses an automated calling system to periodically inform parents of important school issues, and sometimes to communicate information specific to your child. The law requires your express consent to make such calls to your phone number. **Consent to call your number (yes/no)** \_\_\_\_\_  
**Consent to text message if applicable (yes/no)** \_\_\_\_\_  
*Please note that you will have the opportunity to opt out at any time.*

**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 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.



Parent/Guardian

Date