CONSTANTINE EASTSIDE ELEMENTARY—STUDENT ENROLLMENT FORM

Student's Legal Name_____ Today's Date:_____

Birth Date_____ Place of Birth_____ Gender: ☐ Male ☐ Female

Address:_____ City:_____ Zip:_____
House # Street

Home Phone:_____ Parent Email Address:_____ Is this child a court placed Foster Child? ☐ Yes ☐ No

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Required Race: ☐ American Indian or Alaskan Native ☐ Asian
☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ White

Required Ethnicity (choose one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Required Language Information: Is your child's native tongue a language other than English? ☐ Yes ☐ No
What language is spoken in the home _____

Father: _____ Father's Employer:_____

Father's Cell Phone:_____ Father's Work Phone:_____

Address if different than child:_____

Step Father:_____ Phone:_____

Mother:_____ Mother's Employer:_____

Mother's Cell Phone:_____ Mother's Work Phone:_____

Address if different than child:_____

Step Mother:_____Phone:_____

With whom does the child reside? ☐ Both Parents ☐ Father Only ☐ Mother Only ☐ Father/Stepmother
☐ Mother/Stepfather ☐ Legal Guardian ☐ Other_____

Last School Attended:_____ City/State_____

Phone:_____ Fax:_____
Code: ☐ Public School Michigan ☐ Public Out of State ☐ Church/Private ☐ Preschool

Did your child receive special services there? ☐ Yes ☐ No

If yes, please indicate the types of services he/she received (check all that apply)
☐ Speech ☐ Title I ☐ Social Work ☐ Special Education Classes ☐ OT/PT ☐ 504 Plan

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OTHER CHILDREN IN THE FAMILY

Name (First & Last)	Birth Date	School of Attendance

Is there anyone that the school should be aware of that should NOT pick up your child?_____

EMERGENCY CONTACT

In an EMERGENCY situation when we cannot reach you at home or work, please list three people who have agreed to take responsibility for your child in your absence:

Emergency Contact #1: _____Phone:_____ Relationship: _____

Emergency Contact #2: _____Phone:_____ Relationship: _____

Emergency Contact #3 _____ Phone: _____Relationship: _____

EMERGENCY MEDICAL AUTHORIZATION PERMIT

Whenever my child is involved in a school activity, and I am unavailable or otherwise unable to provide authorization directly, I grant to the school principal or his/her designee (person with immediate supervisory responsibility), the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed above and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present.

This authorization is valid for the current school year or until such time as I withdraw the authorization.

Parent/guardian signature: _____Date:_____

The above signature acknowledges that I have read and consent to the above, and that all student information is accurate.

FIELD TRIP RELEASE FORM

I hereby give my permission for _____to attend all authorized field trips during the current school year.

Parent/guardian signature: _____Date:_____

The above signatures acknowledge that I have read and consent to the above.

STUDENT NETWORK AND INTERNET ACCEPTABLE USE AND SAFETY AGREEMENT

To access the Internet at school, students under the age of eighteen (18) must obtain parent permission and must sign and return this form.

Use of the Internet is a privilege, not a right. The Constantine Public School Board's internet connection is provided for educational purposes only. Unauthorized and inappropriate use will result in a cancellation of this privilege.

I give permission for my child to use and access the Internet at school.
I will work on computers only with a teacher or an educational assistant present.
I will treat all computer equipment and the work of others with respect.
I give permission for my child's photograph to be used at school for special awards, year end slide shows, classroom projects, etc. (photographs will not be published on the Internet without parent permission).

Parent/Guardian's Signature: _____ Date:_____

OFFICE USE ONLY

Entry date:_____ Student #:_____ Teacher:_____ Bus #_____

Documents: ☐ Birth Certificate ☐ Health Questionnaire ☐Vision Screening ☐ Immunizations ☐ Faxed ☐ Kdgn. Questionnaire ☐ Residency ☐ Kdgn. Screened ☐ IEP

Young Fives____ Kindergarten____ 1st Grade____ 2nd Grade____