



# Student Registration Form

Lakeshore Public Schools, 5771 Cleveland Avenue, Stevensville, MI 49127 Phone: 269.428.1400 Fax: 269.428.1574 Website: <http://www.lakeshoreschools.k12.mi.us>

**Student Name:** (Last, First, Middle) \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Birthplace of Student:** City \_\_\_\_\_ State \_\_\_\_\_

**Gender:**  Male  Female **Grade**(last completed): \_\_\_\_\_ **Language spoken at home:**  English  Other: \_\_\_\_\_

**Home Address:**  Permanent  Temporary

(House#, Street, Apt./Bldg./Lot/Box#): \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Parent Email Addresses:** (1) \_\_\_\_\_ (2) \_\_\_\_\_

**Emergency Contact Name & Phone:** \_\_\_\_\_

**Does your child have any medical problems of which we should be aware?**  Yes  No *If yes, please inform the building secretary or principal.*

**Last School Attended:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Previous Home Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Has your child ever been expelled from school?**  Yes  No  
*(If this statement is falsified, Lakeshore Public Schools has the right to un-enroll your child.)*

### Special Programs received at prior school:

- Special Education
- Emotionally Impaired
- Speech/Language
- Learning Disabled
- Other: \_\_\_\_\_
- Title I
- Counseling
- 504 Plan
- English as Second Language
- Other: \_\_\_\_\_
- IEP Attached
- Temporary Placement form if applicable

### Ethnic Category: (check all that apply)

- American Indian or Alaskan Native
- Asian American
- Black
- Hispanic
- Native Hawaiian/Pacific Islander
- White

**With whom does the student live?** (check all that apply)

Mother Father Foster Parent Stepmother Stepfather Guardian Grandparent Independent Student Other

**Family Data: Father**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone#: \_\_\_\_\_ Occupation: \_\_\_\_\_

Status: Single Married Divorced Deceased

Joint legal custody with mother Sole legal custody - must provide court order to school office

**Family Data: Mother**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone#: \_\_\_\_\_ Occupation: \_\_\_\_\_

Status: Single Married Divorced Deceased

Joint legal custody with father Sole legal custody - must provide court order to school office

**Family Data: Complete if appropriate**

Stepfather Male Guardian Stepmother Female Guardian Foster Parent

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone#: \_\_\_\_\_ Occupation: \_\_\_\_\_

Status: Single Married Divorced Deceased

Legal Custody of Student: Yes No

**Other Children Living in the Home: (first and last names)**

1. \_\_\_\_\_ gender \_\_\_\_\_ age \_\_\_\_\_

2. \_\_\_\_\_ gender \_\_\_\_\_ age \_\_\_\_\_

3. \_\_\_\_\_ gender \_\_\_\_\_ age \_\_\_\_\_

4. \_\_\_\_\_ gender \_\_\_\_\_ age \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

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

<b>For Office Use Only:</b>	
Student Name: _____	<input type="checkbox"/> Custody Papers <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Health Records <input type="checkbox"/> Immunizations Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No
Enrollment Date: _____	Medical Alert _____ Building Name _____ Proof of Residency (attached) _____
<b>Resident:</b> <input type="checkbox"/> Court Ordered Guardianship or Foster Care <input type="checkbox"/> B1-B2 Suitable Home with Relative (Adm. Approval) <input type="checkbox"/> Non-public for special education or non-core curriculum <input type="checkbox"/> Homeless <input type="checkbox"/> Homeschooled (non-core curriculum) <input type="checkbox"/> 24B Student lives outside of district with parent, other parent lives in Lakeshore (proof of Lakeshore parent's address required)	
<b>Non-Resident:</b> <input type="checkbox"/> School of Choice <input type="checkbox"/> Tuition Student <input type="checkbox"/> Special Education County Program <input type="checkbox"/> Lakeshore Employee's Child	