

School: _____ Grade: _____ ID: _____ HRM: _____

Teacher/Counselor: _____ Pre-Reg: _____ Bus AM: _____ / Bus PM: _____

Instructions for Parents

Please fill out all information on both sides of this form. Completed and signed forms should be turned in during registration.

Forms can also be turned in to the main office.

Student/Contact Information:		
Student Name (Legal Name):		
Street Address:		City, State, Zip
Birthdate: ____/____/____	If born outside the U.S.: Date of entry: ____/____/____	Ethnicity: Both Part A and Part B must be answered:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of Birth: _____	
Mother/Guardian: Living With: <input type="checkbox"/> Yes <input type="checkbox"/> No	Father/Guardian: Living With: <input type="checkbox"/> Yes <input type="checkbox"/> No	Part A: Hispanic? Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Name:	Part B: Race (If Multi-Racial, check all that apply)
Street Address:	Street Address:	American Indian or Alaska Native <input type="checkbox"/>
City, State, Zip	City, State, Zip	Asian <input type="checkbox"/>
Primary Phone:	Primary Phone:	Black or African American <input type="checkbox"/>
Cell Phone:	Cell Phone:	Native Hawaiian or Other Pacific Islander <input type="checkbox"/>
Work Phone:	Work Phone:	White <input type="checkbox"/>
Other Phone:	Other Phone:	Parent/Guardian Military Connection
Mother Email:	Father Email:	Active Duty: Yes <input type="checkbox"/> No <input type="checkbox"/> Reserve/Guard: Yes <input type="checkbox"/> No <input type="checkbox"/>

Emergency Contact:		
Name:		
Address:		
Emergency Contact Phone:		
Student's Physician and Phone:		
Preferred Hospital:		

MEDICAL	Comments	Comments
Allergies (If yes, what?)		Asthma
Chronic Disease		Diabetes
Hearing Problems		Heart Trouble
Physical Handicap		Seizures
Vision Problems		Other:

All Students in Kalamazoo Public Schools

Please provide the following information in accordance with Sections 380.1152 – 380.1157 of the School Code of 1995, Michigan's Bilingual Education Law. The district is collecting information regarding the language background of each of its students to determine eligibility for bilingual or ESL instruction. New students may be screened to determine eligibility for ESL Services.

STUDENT'S NAME: _____ SCHOOL: _____ GRADE: _____

- Is your child's **native** tongue (the language he/she **first** learned to speak) a language other than English?
 Yes No If yes, what is the language? _____
- Is the **primary** language used in your child's home or environment (the language spoken the **majority** of the time) a language other than English?
 Yes No If yes, what is the language? _____

PARENT/GUARDIAN SIGNATURE

ADDRESS

DATE

Preschool Information:

Head Start KPS PEEP Pre-Kindergarten in another School District setting Private Preschool No Preschool

Previous School Information:

Attended KPS before? Yes No Attended school in Michigan in this school year? Yes No

Has your child attended a U.S. school for at least 3 full academic years? Yes No

Last School Attended: _____

Address: _____ City, State & Zip/Country _____

Special Services: Has your student ever received the following services?
504 Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No Additional Information: _____
Special Education: <input type="checkbox"/> Yes <input type="checkbox"/> No Additional Information: _____
English as a Second Language or Bilingual Services: <input type="checkbox"/> Yes <input type="checkbox"/> No Additional Information: _____
Other: _____

People Who Have Permission to Pick Up Student:

Other Children in Family Under 18:

Has student ever been expelled from a school? ____Yes ____ No

Has student ever been excluded from a school? ____Yes ____ No

Is student currently on suspension? ____Yes ____No

Where is the student currently living?

Permanent Housing Doubled-Up (living with another family) Shelter Motel/Hotel Transitional Housing
 Foster Care Other Location

Sign Off

Please check one of the following boxes:

The undersigned is the parent/guardian of the student being registered on this form. By signing this application form, the undersigned affirms that the above-named student **is a legal resident** of the Kalamazoo Public Schools.

The undersigned is the parent/guardian of the student being registered on this form. By signing this application form, the undersigned affirms that the above-named student **is not a legal resident** of the Kalamazoo Public Schools, but has provided a release from the district of residence to attend the Kalamazoo Public Schools.

SIGNED: _____ PRINTED NAME: _____ Date: _____

If signed by student: ____ 18 or older ____ Emancipated

**KALAMAZOO PUBLIC SCHOOLS
NONDISCRIMINATION POLICY STATEMENT**

Kalamazoo Public Schools welcomes all students and staff of any religion, race, color, national origin, age, sex, pregnancy, gender identification, height, weight, familial status, marital status, sexual orientation, and disability.

The District will not tolerate or condone any act of bias or discrimination toward any person on the basis of religion, race, color, national origin, age, sex, pregnancy, gender identification, height, weight, familial status, marital status, sexual orientation, and disability in any of its activities, hiring practices, programs or services.

Inquiries by students and/or their parents/guardians regarding this policy should be directed to the Director of Student Services, 1220 Howard Street, Kalamazoo, MI 49008, (269) 337-0161.