

2021-2022

Portland Public Schools

Student Registration / Emergency Form

Student Name:

Student Information

Last: _____ First: _____ Middle: _____

Address (no PO Boxes): _____

City: _____ State: Michigan Zip: _____

Is your current address a temporary living arrangement? yes no

Is your temporary living arrangement due to loss of housing or economic hardship? yes no

Home Phone: _____ Birth City & State: _____

Male Female Birth date: ____ / ____ / ____ Grade Entering: _____

Ethnicity

Is this student Hispanic/Latino? (Choose only one)

- No, not Hispanic/Latino
- Yes, Hispanic/Latino-(A person of Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture or origin, regardless of race.)

Race

The question to the left is about ethnicity, not race. No matter what you selected, **please continue to answer the following** by marking one or more boxes indicated what you consider your student's race to be.

- American Indian/Alaska Native Asian American
- Native Hawaiian/Pacific Islander Black/African American
- White

Family Information

Student resides with: _____
Circle One Name(s) Relationship

Father / Step-Father Name: _____ Birth date: ____ / ____ / ____

Address if different than primary residence: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____

Employer & Occupation: _____

Circle One
Mother / Step-Mother Name: _____ Birth date: ____ / ____ / ____

Address (if different than primary residence): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____

Employer & Occupation: _____

Non-Custodial Parent Name: _____ Birth date: ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____

Other Guardian Name: _____ Birth date: ____ / ____ / ____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____

Employer & Occupation: _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Emergency Information: (These are individuals your child(ren) can be released to.)

Name: _____ Relationship: _____ Cell #: _____
Home #: _____

Name: _____ Relationship: _____ Cell #: _____
Home #: _____

Name: _____ Relationship: _____ Cell #: _____
Home #: _____

Please list all children in the family even if they are not in school.

Name:	Grade:	Birth date:
Name:	Grade:	Birth date:
Name:	Grade:	Birth date:
Name:	Grade:	Birth date:

School Last Attended: _____
 (Name of School) (City) (State) (Zip)

Is the student currently under suspension/expulsion from any public or private school? Yes _____ No _____
 Did the student receive any special services at the above school? Yes _____ No _____

If yes, please check all that apply.

Special Education / IEP		Title I (K-5 only)	Accommodations
<input type="checkbox"/> Language	<input type="checkbox"/> Vision	<input type="checkbox"/> Math	<input type="checkbox"/> 504 Plan
<input type="checkbox"/> Math	<input type="checkbox"/> Hearing	<input type="checkbox"/> Reading	<input type="checkbox"/> BIP (Behavior Plan)
<input type="checkbox"/> Speech	<input type="checkbox"/> Occupational Therapy		
<input type="checkbox"/> Reading	<input type="checkbox"/> Physical Therapy		

HEALTH / MEDICAL NEEDS

Allergies: _____
 Medications: _____
 Medical Conditions: _____
 Other: _____

EMERGENCY CARE:

In case of an emergency and 911 has been contacted, your child's information will be shared with the appropriate medical personnel.

Doctor: _____ **Phone:** () _____
Preferred Hospital: _____

Field Trip Release: During the course of the school year, teachers may plan field trips designed to add to our educational program. Some of the trips are walking trips and some are bus trips.

My child has my permission to go on any field trips within 20 miles of school. I understand that I will be informed in advance of any field trips and that a separate permission slip will be required for field trips which will take my more than 20 miles from school.

Student Handbook:

By signing below my student and I agree to follow and abide to all policies and procedures stated in the student handbook.

Parent & Student Signature:

 Date: _____

 Date: _____

By signing this form I also certify that all the information contained in this document is accurate.