PORTLAND PUBLIC SCHOOLS
Portland MI  48875

RELEASE OF INFORMATION

Entry Date: ___________________________  Date: ____________
New Student

Student Name: ___________________________
First  Middle  Last

Date: ___________________________
Grade Level: ______

Name and Address of Previous School:

Name of School ____________________________________________
Address ___________________________________________________

City ___________________________  State ______  Zip ____________

Phone ___________________________  Fax ___________________

This is to certify that the parent/guardian of the above student authorizes the release of the following information to Portland Public Schools:

CA60 (Complete School Record)
Standardized Test Scores
Health Records (Immunization Records)
Attendance Records
Withdrawal Grades (Prior to End of Marking Period)
Suspension or Expulsion Information
Discipline Records
Special Education Records
Discipline Records

Please, upon receipt of this request, fax any discipline records and transcripts, thank you.

Please send the above information to: (Circle One)

Portland High School  Portland Middle School  Westwood Elementary  Oakwood Elementary
1100 Ionia Road  745 Storz Avenue  883 Cross Street  500 Oak Street
Portland, MI  48875  Portland, MI  48875  Portland, MI  48875  Portland, MI  48875
517-647-2981  517-647-2820  517-647-2989  517-647-2991
Fax: 517-647-1791  Fax: 517-647-2820  Fax: 517-647-1790  Fax: 517-647-4479

__________________________________________
Signature of Parent/Guardian
# Portland Public Schools

## Student Registration / Emergency Form

### Student Information

<table>
<thead>
<tr>
<th>Last:</th>
<th>First:</th>
<th>Middle:</th>
</tr>
</thead>
</table>

Address (no PO Boxes):

City: | State: | 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:

Is the student's native tongue a language other than English (language other than English)?  
Is a language other than English spoken in the student's home or environment?

### 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:  

Name  
Relationship

Primary Contact:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Birth date: / /</th>
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</table>

Address:  

City:  
State:  
Zip:

Home Phone:  
Work Phone:

Cell Phone:  
E-Mail Address:

Employer & Occupation:

Secondary Contact:

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<tr>
<th>Name</th>
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<th>Birth date: / /</th>
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Address:  

City:  
State:  
Zip:

Home Phone:  
Work Phone:

Cell Phone:  
E-Mail Address:

Employer & Occupation:

Additional Contact:

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<tr>
<th>Name</th>
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<th>Birth date: / /</th>
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Address:  

City:  
State:  
Zip:

Home Phone:  
Work Phone:

Cell Phone:  
E-Mail Address:

Employer & Occupation:

Additional Contact:

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</table>

Address:  

City:  
State:  
Zip:

Home Phone:  
Work Phone:

Cell Phone:  
E-Mail Address:

Employer & Occupation:

PLEASE COMPLETE BOTH SIDES OF FORM
Emergency Information: (These are individuals your child(ren) can be released to.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Cell #</th>
<th>Home #</th>
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Daycare Provider: Phone: (    )

Address:

Days & Times There:

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Grade</th>
<th>Birth date</th>
<th>Grade</th>
<th>Birth date</th>
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School Last Attended:  (Name of School)  (City)  (State)  (Zip)

Is the student currently under suspension from any public or private school? Yes  No

Has the student ever received any special services at school? Yes  No

Is the student currently receiving any special services at school? Yes  No

If yes, please check all that apply:

<table>
<thead>
<tr>
<th>Special Education / IEP</th>
<th>Title I (K-5 only)</th>
<th>Accommodations</th>
</tr>
</thead>
<tbody>
<tr>
<td>_ Language</td>
<td>_ Vision</td>
<td>_ 504 Plan</td>
</tr>
<tr>
<td>_ Math</td>
<td>_ Hearing</td>
<td>_ BIP (Behavior Plan)</td>
</tr>
<tr>
<td>_ Speech</td>
<td>_ Occupational Therapy</td>
<td></td>
</tr>
<tr>
<td>_ Reading</td>
<td>_ Physical Therapy</td>
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</tbody>
</table>

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, your child’s teacher plans 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 child more than 20 miles from school.

Parent(s)/Guardian(s) Signature:  Date:  

Date:

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

6636 E. Grand River Ave. Phone: 517-647-2993
Portland, Mich. 48875 Fax: 517-647-2926

Student Name: ___________________________ Date of Birth: __________________

Home Address: ____________________________ City _________ Zip ____________

School: ___________________________ Grade: __________________

PARENT/GUARDIAN STUDENT RESIDES WITH: NAME RELATIONSHIP PHONE

1. ______________________________________

2. ______________________________________

WORK #: ____________________ CELL#: _________ HOME#: ____________

EMERGENCY CONTACT: __________________________ PHONE#: ____________

DISTINCTIVE NEEDS PLEASE LIST:
EXAMPLE: Allergies/Epi Pens....

OTHER STUDENTS:

1. ______________________________________ SCHOOL: ________

2. ______________________________________ SCHOOL: ________

3. ______________________________________ SCHOOL: ________

REQUESTED PICK-UP ADDRESS: __________________________
DROP OFF ADDRESS: __________________________

In order for the transportation dept. to provide a safe and orderly environment for your child parents/guardians are encouraged one(1)pick-up and one (1) drop—off location for the school year. The bus stop may or may not be located at the home address. Please note also parents need to be present at bus stop for all DK/K students.

______ My child does NOT need transportation provided by the school district.

______ I request transportation at the above address

Parent/Guardian
Signature: ___________________________ Date: ___________________
Student Services Questionnaire

This information will be used to help Portland Public Schools address the individual needs of all our students and families.

Student Name: ___________________________ Gender: _______ Grade: _______
Address: _________________________________ Birthdate: ____________
Parent/Guardian: __________________________ Phone #: ______________________

Does your student receive special education services (IEP or 504)?   _____yes   _____no

Do you currently receive or believe you may qualify for free or reduced lunch?   _____yes   _____no

Is the student’s parent/guardian, step-parent or sibling currently in the military?   _____yes   _____no

Is the language spoken by the student or in the home other than English?   _____yes   _____no
If yes, which language? __________________________

Was your student born outside of the U.S.?   _____yes   _____no
If yes, when did the child/student enter the country? ________________

Who does your student live with most (most days of the year)?
   _____ biological mother   _____ biological father   _____ aunt   _____ uncle
   _____ other family member   _____ grandparent   _____ step-parent   _____other

During the school year, where does your student live? (check one box)
The answers you give will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Section A                          Section B
   _____ In a shelter, a motel, car, camper, etc.   _____Choices in Section A do not apply
   _____ In transitional housing
   _____ Awaiting foster care placement or within first 6 months of placement
   _____ With another family or person due to loss of housing or economic hardship
   _____ With more than one family in a house or apartment
   _____ Other temporary living situation (please describe) __________________________

If you checked a box in Section A, complete Section C. If you checked Section B, no need to answer C.

Section C  My student lives with:
   _____ 1 parent  _____ 1 parent and another adult  _____ alone with no adults
   _____ 2 parents  _____ a relative, friend or other adult  _____ an adult that is not the parent/guardian

Signature of Parent/Guardian: ______________________________________  Date: ________