

TRAVERSE CITY AREA PUBLIC SCHOOLS

Student Registration Form

School _____ Start Date _____

Open Enroll (Within District) _____ Schools of Choice (Out of District) _____

STUDENT INFORMATION (PLEASE PRINT)

Legal Last Name	First Name	Middle Name	Social Security <i>(optional)</i> — —	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Grade
Street Address	Street Name	Apt#	P.O. Box	City	Zip
Home Phone ()	Unlisted <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity	Language Spoken at Home <input type="checkbox"/> English <input type="checkbox"/> Other _____	MONTH	Date of Birth DATE YEAR

Is there a current Order of Protection or No Contact Order which concerns this student? Yes No If yes, please provide a copy.

PARENT/GUARDIAN INFORMATION

Last Name	First Name	Middle Name	Relationship	Email Address
Street Address	Street Name	Apt#	P.O. Box	City Zip
Home Phone ()	Cell Phone/Pager ()	Does this child reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally responsible for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Place of Employment	Work Phone & Ext. () ext.			
Last Name	First Name	Middle Name	Relationship	Email Contact
Street Address	Street Name	Apt#	P.O. Box	City Zip
Home Phone ()	Cell Phone/Pager ()	Does this child reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally responsible for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Place of Employment	Work Phone & Extension () ext.			

LEGAL/JOINT CUSTODY

Last Name	First Name	Middle Name	Relationship	Email Contact
Street Address	Street Name	Apt#	P.O. Box	City Zip
Home Phone ()	Cell Phone/Pager ()	Does this child reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally responsible for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Place of Employment	Work Phone & Extension () ext.			
Is this address an additional residence for this student during the school week? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain			

HEALTH INFORMATION

Please note any pertinent medical information about this student.

Child's Physician	()	Phone
Special medical conditions or other pertinent information regarding the student		
Medication(s)/Treatment(s)	Dose	Time
	Dose	Time
	Dose	Time

SPECIAL EDUCATION

Has your child ever received any special education services or attended special education classes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide a copy of current individual education plan (IEP).	

SCHOOL HISTORY

Last School Your Child Attended	Date Left
Address of Last School Attended	
Has your child attended: Preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No Head Start 4-year old Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you applying for open enrollment in a TCAPS school outside your home school boundary? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child attended a TCAPS program before? <input type="checkbox"/> Yes <input type="checkbox"/> No Where _____ Year _____	Are you applying for schools of choice from outside the TCAPS District? <input type="checkbox"/> Yes <input type="checkbox"/> No

CHILD CARE

Child Care Name	()	Phone	Child Care Name	()	Phone						
Street Address	Street Name	Apt#	P.O. Box	City	Zip	Street Address	Street Name	Apt#	P.O. Box	City	Zip
Days of the week for child care <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday						Days of the week for child care <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday					

EMERGENCY CONTACTS

If we are unable to contact you, please list two emergency contacts.

Last Name	First Name	Middle Name	Relationship		
Street Address	Street Name	Apt#	P.O. Box	City	Zip
Home Phone ()	Cell Phone/Pager ()				
Place of Employment	Work Phone & Extension () ext.				
Last Name	First Name	Middle Name	Relationship		
Street Address	Street Name	Apt#	P.O. Box	City	Zip
Home Phone ()	Cell Phone/Pager ()				
Place of Employment	Work Phone & Extension () ext.				

FAMILY INFORMATION

Please list all children in the family (by birth order, oldest first).

Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth

FAMILY RESIDENCE

If your enrolled student is experiencing a loss of housing, he or she may be eligible of assistance through TCAPS' Students in Transition Empowerment Program (STEP).

The McKinney-Vento Homeless Assistance Act, reauthorized by Title X, Part C, of the No Child Left Behind Act, requires school districts to remove any barriers to the attendance, full participation, and success of students, Pre-K through grade 12, who lack a "fixed, regular, and adequate overnight residence." **The federal law includes a definition of who is considered "homeless," or as more commonly referenced "in transition," for the purposes of the Act and, therefore, eligible for the rights and protections it provides.**

CONFIDENTIAL INFORMATION

Based on the above definition, please indicate your child's living situation below if: (1) this describes your child's current living situation; OR (2) the student enrolling is not living with a parent or legal guardian.

- Goodwill Inn Pete's Place Host Home Women's Resource Center
 With relatives or friends due to economic hardship or loss of housing
 Train or bus station, park, or car
 Motel/hotel
 Campground
 Abandoned apartment or building
 Other Describe _____

DIRECTORY INFORMATION

The Board designates as student "directory information" a student's name, address, telephone number, date and place of birth, photograph, video and/or electronic images, major field of study, participation in officially recognized activities and sports, height and weight, if a member of an athletic team, dates of attendance, date of graduation, awards received, honor rolls, and scholarships. If you have any objections regarding the release of this information about your child please notify the school your child will be attending.

In case of illness, accident, or injury serious enough to warrant immediate medical attention, I hereby give permission to transport the above named child to the nearest hospital in the event that you are unable to reach me or the above named emergency contacts. I understand I am responsible for any and all costs incurred.

The Board may establish online access for the parents or the eligible student to the student's confidential academic and attendance record. Please be reminded that the account and confidential information about the student is only as secure as the parents or student keeps their information. The parent, eligible student, or unauthorized party will hold neither the District nor its employees responsible for any breach of this information.

I understand, for the health, safety, and/or educational needs of my child, information on the questionnaire, health appraisal (physical), and/or emergency card may need to be shared with individuals working with my child. Typically, this would include the building administrator, secretary, teachers, aides, counselors, noon duty staff, transportation staff, school nurse, and truancy program coordinator.

Signature of Parent or Guardian _____ Date _____

Public Act 328

Public Act 328 (effective January 1, 1995) requires public school districts to expel any student who possesses a dangerous weapon in a weapon-free school zone or commits either arson or rape in a school building or on school property (including school buses and/or other school transportation).

A dangerous weapon is defined as "a firearm, dagger, dirk, stiletto, knife with blade over three (3) inches in length, pocket knife opened by a mechanical device, iron bar, or brass knuckles or other devices designed to or likely to inflict bodily harm, including, but not limited to, air guns, and explosive devices."

Pursuant to 1995 Public Act 328 _____
(student name) (date of birth)

Check One:

- 1. Has not been expelled from another school.
- 2. Has been expelled from another school (or has expulsion charges pending).
- 3. Is currently under suspension from another school.

If you checked box 2 or 3, please explain the circumstances below:

I understand that pursuant to 1995 Public Act 328 that:

- 1. *Traverse City Area Public Schools will request records for the above named student's previous school(s); and*
- 2. *enrollment is conditional until records are received and reviewed by the school; and*
- 3. *if student records received from the previous school(s) are not as represented above, the above named student may be excluded from Traverse City Area Public Schools immediately without further recourse.*

Signature of parent/guardian (or student if 18 years of age or more)

Date

Traverse City Area Public Schools Mission Statement

"The mission of Traverse City Area Public Schools is to ensure successful academic achievement for all students."

