

Student Registration Form

(Translation of this document will be available upon request)

OFFICE USE ONLY	
Birth Cert.	<input type="checkbox"/>
Immunization	<input type="checkbox"/>
Lang. Survey	<input type="checkbox"/>
Trans. Request	<input type="checkbox"/>
Proof of Res.	<input type="checkbox"/>
Custody Order	<input type="checkbox"/>
SOC	<input type="checkbox"/>
OE	<input type="checkbox"/>

School _____

Date _____

STUDENT INFORMATION (PLEASE PRINT)

Legal Last Name	First Name	Middle Name	DOB	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Grade
Preferred Name					
Street Address	Street Name	Apt#	P.O. Box	County	City / Zip
Do you need transportation from this address? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> AM <input type="checkbox"/> PM (primary address)				Home Phone	
Is this student Hispanic/Latino? <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino		What is this students' race? <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White			
Primary language spoken at home: * <input type="checkbox"/> English <input type="checkbox"/> Other _____		Is your family an active military family? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will your child also be enrolled in another school including a virtual school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this student ever attended a TCAPS program? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, where _____ Dates _____					
Is this child currently in a Foster Care Placement? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is there a current Order of Protection, No Contact Order or other safety factors which concerns this student? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy.					

PARENTS / GUARDIANS / ADULTS INFORMATION

1

Legal Name: Last Name	First Name	Middle Initial	Relationship	Do you reside with this student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally responsible for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone (if different from above)	Cell Phone	Email Address			
Address (if different than above) - Street Address / Street Name / Apt# / P.O. Box / City / Zip					
Place of Employment				Work Phone () ext.	

2

Legal Name: Last Name	First Name	Middle Initial	Relationship	Do you reside with this student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally responsible for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone (if different from above)	Cell Phone	Email Address			
Address (if different than above) - Street Address / Street Name / Apt# / P.O. Box / City / Zip					
Place of Employment				Work Phone () ext.	

3

Legal Name: Last Name	First Name	Middle Initial	Relationship	Do you reside with this student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally responsible for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone (if different from above)	Cell Phone	Email Address			
Address (if different than above) - Street Address / Street Name / Apt# / P.O. Box / City / Zip					
Place of Employment				Work Phone () ext.	

My eligible child WILL require transportation to/from a **SECOND ALTERNATE ADDRESS** listed below for the following times:
(ONLY if transportation is **NOT** required from primary physical address)

<input type="checkbox"/> AM <input type="checkbox"/> PM	
Contact Person at Alternate Address	Contact Person Phone Number
Alternate Address	Alternate City/Zip

*If the answer to this question is "Other", a Home Language Survey will be provided in your native language.

DESCRIPTION OF RESIDENCE

If your student is experiencing a loss of housing, foreclosure, eviction, or has had to move, he or she may be eligible for assistance through the free TCAPS Students in Transition Empowerment Program (STEP). This program requires school districts to remove any barriers to the immediate enrollment, attendance, full participation, and success of students, pre-K -12th grade, who lack a "fixed, regular, and adequate overnight residence." If eligible, students protected under the McKinney-Vento Act are entitled to immediate enrollment into school even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. The federal McKinney-Vento Homeless Assistance Act, Title IX Part A, of the Every Student Succeeds Act of 2015 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 current living situation below:

☐ I am a student not living with a parent or legal guardian.

☐ Shelter: Where: _____

☐ Doubled-up/Temporary due to loss of housing.

☐ Motel/hotel Where: _____

☐ Foster Care Placement

☐ Other: Where: _____

☐ Does not apply

HEALTH INFORMATION *Please note any pertinent medical information about this student.*

Does student have any chronic health problems? ☐ Yes ☐ No If yes, please describe _____
(Example: asthma, diabetes, seizures, vision, hearing)

Is this condition potentially life threatening? ☐ Yes ☐ No

Does student use Epi-Pen or other emergency medications? ☐ Yes ☐ No If yes, will it be at school? ☐ Yes ☐ No

If you have checked yes for any of these medical conditions, contact the District Nursing Department for assistance developing your child's emergency care plan - johnsoner@tcaps.net, szarapskLi@tcaps.net

List any allergies/sensitivities: _____ Reaction: _____

List ALL medications (including over-the-counter) that the student will take at school.

(Medication/Treatment Authorization form required)

☐ _____ ☐ _____ ☐ _____

A history of mental health concerns; worries, anxiety, fears, depression? ☐ Yes ☐ No If yes, please describe _____

What additional medical information do you want us to know about your child?

NOTIFICATION OF CONSENT

- *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. I understand I am responsible for any and all costs incurred.*
- *I understand, for the health, safety, and/or educational needs of my child, information may need to be shared with individuals working with my child. Typically, this would include the building administrator, secretary, teachers, aides, counselors, school social workers, noon duty staff, transportation staff, school nurse, and truancy program coordinator.*
- *The Board may establish online access for the parents or the eligible student to the student's confidential academic and attendance records. 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.*
- *The Board designates student "directory information" as 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 writing.*
- *There may be an occasion for enrollment in a virtual class. I hereby give permission to allow my child to enroll in a class that is taught in that format.*

Signature (Parent/Guardian/or student if 18 years of age or more)

SPECIAL EDUCATION - SECTION 504

Has this student ever received any special education services and supports through an Individualized Education Plan (IEP)? ☐ Yes ☐ No

Is this student currently receiving special education services and supports through an Individualized Education Plan (IEP)? ☐ Yes ☐ No

Does this student currently have a Section 504 plan? ☐ Yes ☐ No

Has the student ever had a mental health or behavioral residential placement? ☐ Yes ☐ No

If yes to the above, please provide a copy of the current document.

EMERGENCY CONTACTS *If we are unable to contact you, please list two LOCAL emergency contacts that TCAPS may notify and/or release this student to.*

Last Name	First Name	Middle Initial	Relationship
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Home Phone ()	Cell Phone ()
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Work Phone & Extension ()	ext.
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Last Name	First Name	Middle Name	Relationship
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Home Phone ()	Cell Phone ()
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Work Phone & Extension ()	ext.
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FAMILY INFORMATION *Please list all children in the family (by birth order, oldest first).*

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

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."

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:

Records Request*

Student Name: _____ Grade: _____ Date of Birth: _____

SCHOOL HISTORY

Last school this student attended					Date Left	
Street address of last school attended	City	State	Zip Code	Phone	Fax	

I understand that:

1. *Traverse City Area Public Schools will request records for this student from 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, this student may be excluded from Traverse City Area Public Schools immediately without further recourse.*

Schools may send a student's educational record to officials at schools in which the student seeks or intends to enroll, upon condition that the student's parents be notified of the transfer, receive a copy of the record if desired, and have the opportunity to challenge the content of the record. Please send to the school the items listed below for determination of enrollment opportunities.*

- ☐ IEP
☐ Transcript
☐ Educational records (CA60)

*The request of this information does not guarantee enrollment.

Signature (Parent/Guardian/or student if 18 years of age or more)

PLEASE SEND RECORDS TO:

TCAPS School

School Phone Number

School Fax Number

School Address, City, State, Zip Code