



Stephenson Area Public Schools

W526 Division Street – P.O. Box 509
Stephenson, Michigan 49887
Phone 906-753-2222 Fax 906-753-2326

NEW STUDENT REGISTRATION

Welcome to Stephenson Area Public Schools!

We are very excited to have your child attending Stephenson Area Public Schools! Please see below for a list of items that you will need to bring from home in order to complete your child's registration.

The following documents need to be turned in with this enrollment packet.

1. Signed registration forms
2. Certified copy of your child's birth certificate
3. Proof of residency – current utility bill, mortgage or rental agreement
4. Parent/Guardian photo ID
5. Up-to-date immunization record
6. Green Physical Form, including documentation of hearing and vision screening (Kindergarten only)
7. Custody Agreement/Delegation of Parental Authority documentation (if applicable)
8. School of Choice Forms (if applicable)

If you have any questions, please contact the office at 906-753-2222 ext. 100.

Thank you for your cooperation!

Sincerely,

Christian Londo
K-12 Principal



Stephenson Area Public Schools
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STUDENT REGISTRATION FORM

Legal Name _____ **Grade** _____
Last First Middle

Home Address _____
Street City, State, Zip

Mailing Address (if different) _____
Street City, State, Zip

Home Phone _____ **Gender** _____

Student's Date of Birth _____ **Place of Birth** (City, State, Country) _____

Race and Ethnicity:

Note: Both Parts A and B of the question **MUST** be completed. We encourage you to select an answer for **both** parts. If either part (A or B) is not answered, the U.S. Department of Education **requires** the school district to supply an answer on your behalf.

Past A: Is this Student Hispanic/Latino? (choose only one)
_____ No, Not Hispanic/Latino
_____ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Part B: What is the student's race? (choose one or more)
_____ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South American, including Central America.)
_____ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)
_____ Black or African American (A person having origins in any of the black racial groups of Africa)
_____ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands)
_____ White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa)

Part C: HOME LANGUAGE SURVEY

The Stephenson School District is collecting information regarding the language background of each of its students. Information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1152-380.1157 of the school Code of 1995, Michigan's bilingual Education Law. Would you please help by providing the following information?

Is your child's native tongue a language other than English? **YES** _____ **NO** _____
Is the primary language¹ used in your child's home or environment a language other than English? **YES** _____ **NO** _____

What is that Language? _____ ¹"Primary language" means the dominant language used by a person for communication.

Legal Parent(s)/Guardian(s) _____

Student Resides with (Please Circle) Parents / Both Parents (Joint Custody) / Father Only / Mother Only / Legal Guardian

Is your family an active military family: Yes _____ **No** _____

(Continued on next page)

Name and Address of Last School Attended

Has student been involved in Special Education (IEP or 504), Title I or any other Special Classes? Yes / NO If yes, please list:

Allergies of Medical Conditions? Yes / NO If yes, please explain _____

Family and Contact Information

Legal Father or Guardian

Legal Mother or Guardian

Name _____

Name _____

Address if different from student _____

Address if different from student _____

State of Birth _____

State of Birth _____

Highest Level of Education Completed _____

Highest Level of Education Completed _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

E-mail _____

E-mail _____

Work of Daytime Phone _____

Work of Daytime Phone _____

Place of Employment _____

Place of Employment _____

Occupation _____

Occupation _____

Stepparent's Name _____

Stepparent's Name _____

Please list all other people with whom the student resides (please include birth date for children and grade if applicable)

Emergency Contact Information: In case of an emergency, **we will attempt to contact parent/guardian first.** In event we cannot do this, please provides names of relatives or close friends (**other than parents**) that we may contact and that you give permission to pick up your child.

Name	Relationship	Phone Number(s)
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Name	Relationship	Phone Number(s)
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STUDENT RESIDENCY QUESTIONNAIRE

(Your child may be eligible for additional educational services through McKinney-Vento Assistance Act.)

- 1. Is the student's current address a temporary living arrangement? ____ YES ____ NO
- 2. Is this temporary living arrangement due to loss of housing or economic hardship? ____ YES ____ NO

If you answered YES to the above questions, please complete #3. If you answered NO, please continue to #4.

- 3. Where is the student presently living? (Check one box)
 - Temporarily with another family in a house or apartment due to loss of housing or economic hardship
 - With an adult that is not a parent or legal guardian, or alone without an adult
 - Moving from place to place
 - In a hotel/motel
 - Staying in a shelter (family shelter, domestic violence shelter, youth shelter)
 - Waiting foster care placement or in a new foster care placement (less than 6 months)
 - In a car, park, campground, abandoned building or any other inadequate accommodation
 - In an emergency/transitional shelter
 - Unknown nighttime residence
 - Other _____

4. Please check your relationship to the student:

- Parent
- Legal Guardian
- Power of Attorney
- Adult Caring for Student
- Youth living without being in the physical custody or a parent or legal guardian.

I attest that the information contained herein is correct to the best of my knowledge.

X _____
Legal Parent/Guardian Printed Name

X _____
Legal Parent/Guardian Signature

Date



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VERIFICATION OF PRIOR DISCIPLINE RECORD

Directions: Check the applicable paragraph, provide all appropriate information and sign this document. A willful false statement on this affirmation will result in a report to the appropriate authorities and possible removal from Stephenson Area Public Schools.

Paragraph 1:

_____ The undersigned affirms that _____ **has not been** suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school-sponsored activity or on a public or private conveyance providing transportation to and from a school or school-sponsored activity.

Paragraph 2:

_____ The undersigned affirms that _____ **has been** suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school-sponsored activity or on a public or private conveyance providing transportation to and from a school or school-sponsored activity.

If you checked paragraph 2, explain the circumstances in detail below. Include the school name, dates of suspensions or expulsion, and a description of the incident that gave rise to the suspension or expulsion.

Signature of Student _____ Date _____

Signature of Parent/Guardian _____ Date _____

FORMER SCHOOL DISTRICT PLEASE COMPLETE:

Name of School District: _____

Please check one _____ According to our records, we can verify that the information provided by the parent/student is correct.

_____ According to our records, the information provided by the parent/student is incorrect.

***If the student was involved in any of the offenses outlined above, please forward the appropriate disciplinary documentation.**



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BUS REGISTRATION

(One per family)

Current Bus # (if applicable): _____

Student Name	Grade	Parent Name
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Address: _____
Street

City, State, Zip

Home Telephone # _____ Cell Phone # _____

Is the drop off/pick up location different than address listed above? Yes No
If yes, please explain: _____

Parent Understanding:
I realize that bus service to and from school is a privilege. Should my child/children's behavior fail to comply with the rules stated in the Stephenson Area Public Schools Student/Teacher Handbook they will be subject to disciplinary action which could result in termination of bus service.

X _____
Signature of Parent/Guardian Date

(for office use only)

Bus Number: _____ Est. Pick-Up Time: _____ Est. Drop-Off Time: _____

Grade: _____ Registrar: _____

Stephenson Area Public Schools

Consent for Disclosure of Personally Identifiable Information and Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the student's name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information and immunization information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize Stephenson Area Public Schools to release my child's immunization record and personally identifiable information to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

Student's Name: _____

Date of Birth: __/__/__

Signature of Parent/Guardian
or Eligible Student: _____

Date: __/__/__

Printed Parent/Guardian Name: _____