



# Grand Rapids Public Schools Registration Form 20\_\_-20\_\_

*Information is to be completed by the Parent or Guardian*

Rev. 4/2016

<b>For Office Use Only:</b> Student ID # _____		Date Enrolled: _____	CA-60 <input type="checkbox"/>	IEP/504 <input type="checkbox"/>
Course: _____	Section: _____	Teacher's Name: _____	Resident District: _____	
Birth Certificate: <input type="checkbox"/> Immunizations: <input type="checkbox"/> Proof of Address: <input type="checkbox"/> Attendance Area: _____				

<b>STUDENT INFORMATION:</b> Name, Address, Date of Birth, Etc.	<b>PLEASE PRINT CLEARLY IN ALL SECTIONS</b>
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Legal Last Name _____	First Name _____	Middle Name _____
Student's Previous Legal Name _____	Date of Birth _____	Age: _____ Male OR Female
Residential Address _____	City _____	State _____ Zip _____
Mailing Address (if different) _____	City _____	State _____ Zip _____

Last grade the student completed? _____	Has the student attended GRPS before? YES or NO	Primary Phone _____
Last school attended? _____	Does the student have an IEP? YES or NO	Is this a cell phone? YES or NO
Last district attended? _____	Does the student receive 504 services? YES or NO	Is this phone unlisted? YES or NO
		Cell Phone _____

**ETHNICITY:** This is a two-part question required by the Federal Government.

1. Is this student Hispanic or Latino? YES or NO

2. What is the student's ethnicity/race? (You must choose at least one and select all that apply)

- American Indian or Alaska Native** (Origins in any of the native peoples of North, South or Central America, or have a tribal affiliation.)
- Asian** (Origins in any of the native peoples of the Far East, Southeast Asia, or the Indian subcontinent.)
- Black or African American** (Origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (Origins in any of the native peoples of a Pacific Polynesian island.)
- White** (Origins in any of the native peoples of Europe, North Africa, Russia, or the Middle East.)

Student's Country of Birth?	What was the date the student first enrolled in a US School?	What is the student's native (or first) language?	What is the primary language you (parent/guardian) use when speaking to your child?
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PARENT/GUARDIAN – 1 (with whom the student lives)	PARENT/GUARDIAN - 2																																																						
<p><b>Parent/Guardian Rights:</b> Please check all that apply</p> <p>Contact Allowed: <input type="checkbox"/> Ed. Rights: <input type="checkbox"/> Has Custody: <input type="checkbox"/></p> <p>Mailings Allowed: <input type="checkbox"/> Release To: <input type="checkbox"/> Financial Resp. <input type="checkbox"/></p>	<p><b>Parent/Guardian Rights:</b> Please check all that apply</p> <p>Contact Allowed: <input type="checkbox"/> Ed. Rights: <input type="checkbox"/> Has Custody: <input type="checkbox"/></p> <p>Mailings Allowed: <input type="checkbox"/> Release To: <input type="checkbox"/> Financial Resp. <input type="checkbox"/></p>																																																						
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Does this student have siblings living at this address attending GRPS? YES or NO (Please list **first & last names** below)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

**STUDENT RESIDENCY:***NOTE: Your answers will help school staff determine if the student is eligible for certain rights under federal law for supportive services.*Please check the following that best describe the student's living arrangement: (Check all that apply) 

- |  |   |
|--|---|
| <input type="checkbox"/> Permanent Housing   | <input type="checkbox"/> In an Emergency Shelter          |
| <input type="checkbox"/> Transition Housing  | <input type="checkbox"/> Foster Care                      |
| <input type="checkbox"/> In a Hotel/Motel  | <input type="checkbox"/> Other Temporary Living Situation |
| <input type="checkbox"/> With Another Person Due to Housing/Economic Hardship/Doubled Up |   |
| <input type="checkbox"/> Unsheltered   |   |

**EMERGENCY CONTACTS:** *NOTE: Student will be released to any person listed below ~ Must be 18 years of age or older.*

Last Name _____ First Name _____ Relationship to student? _____ Primary Phone _____ Work Phone _____ Other Phone _____	Last Name _____ First Name _____ Relationship to student? _____ Primary Phone _____ Work Phone _____ Other Phone _____
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*PHYSICIAN INFORMATION: A separate Medical Information Form must be completed and signed for each child.*

Doctor's Name:	Doctor's Phone Number:	Hospital Preference:
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**CONSENTS TO RELEASE INFORMATION***Please indicate your consent to the entire statement by circling the Yes or No box. These consents will be in effect for the current school year. Please read the description of the student directory information provided in the district student handbook. This directory information may be released without prior parental consent in compliance with FERPA (Family Educational Rights & Privacy Act).*

- A. My child may be photographed, video recorded, interviewed and/or televised for **school-related** communications including the school website and/or school social media. **(Circle one) YES or NO**
- B. My child may be photographed, video recorded, interviewed and/or televised for **district-related** communications including the district website and/or district social media. **(Circle one) YES or NO**
- C. My child may be photographed, video recorded, interviewed and/or televised by **Non-GRPS** media (such as a newspaper or television). **(Circle one) YES or NO**
- D. The district staff may transport my child home or to the caregiver. **(Circle one) YES or NO**
- E. The district staff may transport my child, if necessary, to health evaluations or screenings. **(Circle one) YES or NO**
- F. The school or district may send automated phone calls to the primary home phone indicated on this form. This includes any cell phone listed as a primary home phone (emergency calls or attendance calls cannot be excluded). **(Circle one) YES or NO**
- G. The school or district may send text messages to the parent's cell phone listed on this form. This includes any cell phone listed as a primary home phone (standard texting fees may apply). **(Circle one) YES or NO**
- H. My high school child's information can be released to the military. **(Circle one) YES or NO**

Parent/Guardian Signature	Parent name (Please print)	Date
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