



Ida Public Schools

Registration Form

OFFICE ONLY:
STUDENT ID # _____
ENROLLMENT DATE: _____
BUILDING: _____
MCIR ☐ UIC ☐
CUSTODY PAPERS ON FILE: Y N

Child's Legal Name _____ Grade: _____
(Please also include if your child is Jr., II, III, etc.)

Name child likes to be called in school: _____ Child's Gender (Circle one): Male Female

Child's Date of Birth _____ Child's Place of Birth _____
City State

If born outside the United States, when did this child enter the US (Month/Day/Year)? _____

Child's Address _____
Number Road City State Zip

County of Residence _____ School District Child Resides in _____

Custody Arrangements? (Circle one) Y N Legal Custodial Papers Given to School? (Circle One) Y N

With whom does child reside? _____

List of other children in the family and ages: _____

Is there anything about this child which you feel the teacher should know?

Does your child have food allergies? _____

Has your child had the Chicken Pox? If so what date? _____

Is there a parent in the military? No Yes (If yes, complete line below)

Parent: _____ Military Branch: _____ ☐ Active ☐ Reserve

MOTHER'S INFORMATION

Name _____

Address _____

Mailing Address _____

Home Phone Number _____

Cell Phone Number _____

Work Phone _____

Email Address _____

Employer _____

Work Address _____

Occupation _____

FATHER'S INFORMATION

Name _____

Address _____

Mailing Address _____

Home Phone Number _____

Cell Phone Number _____

Work Phone _____

Email Address _____

Employer _____

Work Address _____

Occupation _____

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Race & Ethnicity: (Information required by the State of Michigan)



***Note - questions listed below must be answered.** If questions are unanswered, the United States Department of Education **requires** the school district to supply an answer on your behalf.

1. Is this student Hispanic/Latino? (check the correct box)

Defined as: A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

- ☐ **No**, not Hispanic/Latino
- ☐ **Yes**, Hispanic/Latino

2. What is this student's race? (Check the boxes which apply)

- ☐ **American Indian or Alaska Native** *(Defined as: A person having origins in any of the original peoples of North and South American, including Central America)*
- ☐ **Asian** *(Defined as: 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** *(Defined as: A person having origins in any of the black racial groups of Africa)*
- ☐ **Native Hawaiian or Other Pacific Island** *(Defined as: A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands)*
- ☐ **White/Caucasian** *Defined as: A person having origins in any of the original peoples of Europe, the Middle East or North Africa)*

3. What is this student's migrant status?

- ☐ **No**, not Migrant
- ☐ **Yes**, Migrant

4. Is this student tribally affiliated?

- ☐ **No**, not tribally affiliated
- ☐ **Yes**, tribally affiliated

If yes, what is their primary tribal affiliation? (Check only one box)

- ☐ Bay Mills Indian Community
- ☐ Grand Traverse Band of Ottawa and Chippewa Indians
- ☐ Hannahville Indian Community
- ☐ Keweenaw Bay Indian Community
- ☐ Lac Vieux Desert Band of Lake Superior Chippewa Indians of Michigan
- ☐ Little River Band of Ottawa Indians
- ☐ Little Traverse Bay Band of Odawa Indians
- ☐ Match-e-be-nash-she-wish Band of Potawatomi Indians of Michigan
- ☐ Nottawaseppi Huron Band of the Potawatomi Indians
- ☐ Pokagon Band of Potawatomi Indians
- ☐ Saginaw Chippewa Indian Tribe of Michigan
- ☐ Sault St Marie Tribe of Chippewa Indians
- ☐ Not Listed

Previous School Information:

Name of School _____

School Address

City

State

Zip

Does the child have an IEP on file at his/her previous school? (Circle One) YES or NO

What special services, if any, did your child receive at his/her previous school? _____

Authorization is granted to the school to follow necessary first aide procedures.

Signed _____ Date _____

Parent/Guardian Signature