

# CONSTANTINE RIVERSIDE ELEMENTARY – STUDENT INFORMATION

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

**Gender:**  Male  Female **Ethnicity:**  Hispanic or Latino  Not Hispanic or Latino

**Race:**  Caucasian  American Indian or Alaskan Native  Black or African American  Asian  Hispanic  
 Native Hawaiian or other Pacific Islander  Other \_\_\_\_\_

**Language** spoken in the home \_\_\_\_\_  **Native Language** \_\_\_\_\_

**Father:** \_\_\_\_\_ **Father's Employer:** \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Father Work Phone: \_\_\_\_\_

Address if different than child: \_\_\_\_\_

Father's spouse-Step Parent: \_\_\_\_\_ Step Parent day/cell phone: \_\_\_\_\_

**Mother:** \_\_\_\_\_ **Mother Employer:** \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Address if different than child: \_\_\_\_\_

Mother's spouse Step Parent: \_\_\_\_\_ Step Parent day/cell phone: \_\_\_\_\_

**With whom does the child reside?**  Both Parents  Father/Stepmother  Father Only

Mother/Stepfather  Mother Only  Legal Guardian  Foster Care  Other \_\_\_\_\_

**Non-Custodial Parents** – Please list any parent /guardian and their address that would like to receive school mailings:

\_\_\_\_\_

## SCHOOL HISTORY

**Previous School Attended:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Address/City & State \_\_\_\_\_ Fax: \_\_\_\_\_

**Did your child receive special services or IEP at previous school?**  Yes  No

Speech  Reading Recovery (Title One)  Social Worker  Learning Disabled  Hearing  Vision

Other \_\_\_\_\_

## STUDENT'S HEALTH INFORMATION

**Does your child have any special medical conditions/problems that the school should be aware of?**

Yes  No Please list condition: \_\_\_\_\_

List any allergies your student has: \_\_\_\_\_

**Any Medications that need to be taken at school?**  Yes  No Please list: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please list any brothers or sisters living at home include their date of birth:**

---

---

**EMERGENCY CONTACT**

In an EMERGENCY when we cannot reach you at home or work, please list someone who has agreed to take responsibility for your child in your absence:

**Emergency Contact #1:** \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Emergency Contact #2:** \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Emergency Contact #3:** \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Is there anyone that the school should be aware of that should NOT pick up your child?** \_\_\_\_\_

**\*\*Please provide the office with documentation. (ex. Court order)**

**EMERGENCY MEDICAL AUTHORIZATION PERMIT**

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to the school principal or his/her designee (person with immediate supervisory responsibility) the authority to act for me. To provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment including surgical intervention, if necessary on behalf of my minor child listed above and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present.

This authorization is valid for the current school year or until such time as I withdraw the authorization.

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FIELD TRIP RELEASE FORM**

I hereby give my permission for \_\_\_\_\_ to attend **all authorized** field trips during the current school year.

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**STUDENT NETWORK AND INTERNET ACCEPTABLE USE AND SAFETY AGREEMENT**

To access the Internet at school, students under the age of eighteen (18) must obtain parent permission please

**Use of the Internet is a privilege, not a right. The Constantine Public School Board's internet connection is provided for educational purposes only. Unauthorized and inappropriate use will result in a cancellation of this privilege.**

- I give permission for my child to use and access the Internet at school.
- I will work on computers only with a teacher or an educational assistant present.
- I will treat all computer equipment and the work of others with respect.
- I give permission for my child's photograph to be used at school for special awards, year end slide shows, classroom projects, etc. (photographs will not be published on the Internet without parent permission).

**Parent/Guardian's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PERMISSION TO PHOTOGRAPH**

I hereby grant permission for our child and/or his/her schoolwork products to be photographed or videotaped as part of an educational program produced by Constantine Public Schools.

We understand that our child's image, name, work product, school, and grade may be revealed in the presentation(s) but that no other information about our child or his/her schoolwork will be revealed without our prior consent.

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

---

**For office use only:** SOC \_\_\_\_ IMM \_\_\_\_ BC \_\_\_\_ RES \_\_\_\_ IEP \_\_\_\_ Student # \_\_\_\_ Teacher \_\_\_\_



## Student Residency Form

This form is intended to address the requirement of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act) The question below is to assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act. In the event that the child is not staying with his/her parent(s) or Guardian(s), use the caregiver authorization form to address guardianship issues.

### Where does the student stay at night?

- Stays at an apartment or home we own or rent. **(if you check this SKIP to the bottom of the page)**
- Temporarily staying with relatives or friends because we do not currently have a place of our own.
- In a motel/hotel
- In a campsite
- We are currently unsheltered and do not have a regular place to stay at night
- In a car
- In a shelter
- Other (specify)

### What are the current living arrangements with family?

- Student currently lives with parent or parents
- Student is currently separated from family
- Student is pending foster care placement, or has been placed in foster care
- Student is an 'Unaccompanied Youth' (Kicked out of home, or run away from home, no adult available to enroll them in school)
- Student is staying with someone who is not a family member or legal guardian

Name of Student: \_\_\_\_\_

### \*\*\*If family is currently without a permanent residence, please fill out:

I, \_\_\_\_\_ declare as follows:  
(name)

I am the parent or guardian of \_\_\_\_\_ who is of school age and is  
(student)  
seeking enrollment in Constantine Public Schools. Since \_\_\_\_\_ our family has not had a  
(date)  
permanent residence.

---

Upon penalty of perjury under the laws of the State of Michigan, I declare that the information provided here is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to do so.

Name of person completing the form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_