

**CONSTANTINE EASTSIDE ELEMENTARY—STUDENT ENROLLMENT FORM**

Student's Legal Name \_\_\_\_\_ Today's Date: \_\_\_\_\_

Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
House # Street

Home Phone: \_\_\_\_\_ Parent Email Address: \_\_\_\_\_ Is this child a court placed Foster Child?  Yes  No

**Required Race:**  American Indian or Alaskan Native  Asian  
 Native Hawaiian or Other Pacific Islander  Black or African American  White

**Required Ethnicity (choose one):**  Hispanic or Latino  Not Hispanic or Latino

**Required Language Information:** Is your child's native tongue a language other than English?  Yes  No  
What language is spoken in the home \_\_\_\_\_

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

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

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

Step Father: \_\_\_\_\_ Phone: \_\_\_\_\_

**Mother:** \_\_\_\_\_ Mother's Employer: \_\_\_\_\_

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

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

Step Mother: \_\_\_\_\_ Phone: \_\_\_\_\_

**With whom does the child reside?**  Both Parents  Father Only  Mother Only  Father/Stepmother  
 Mother/Stepfather  Legal Guardian  Other \_\_\_\_\_

**Last School Attended:** \_\_\_\_\_ City/State \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Code:  Public School Michigan  Public Out of State  Church/Private  Preschool

**Did your child receive special services there?**  Yes  No

If yes, please indicate the types of services he/she received (check all that apply)

Speech  Title I  Social Work  Special Education Classes  OT/PT  504 Plan

**OTHER CHILDREN IN THE FAMILY**

<u>Name (First &amp; Last)</u>	<u>Birth Date</u>	<u>School of Attendance</u>

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

**EMERGENCY CONTACT**

In an EMERGENCY situation when we cannot reach you at home or work, please list three people who have 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: \_\_\_\_\_

**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 and 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: \_\_\_\_\_

The above signature acknowledges that I have read and consent to the above, and that all student information is accurate.

**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: \_\_\_\_\_

The above signatures acknowledge that I have read and consent to the above.

**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 and must sign and return this form.

**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: \_\_\_\_\_

**OFFICE USE ONLY**

Entry date: \_\_\_\_\_ Student #: \_\_\_\_\_ Teacher: \_\_\_\_\_ Bus # \_\_\_\_\_

**Documents:**  Birth Certificate  Health Questionnaire  Vision Screening  Immunizations  Faxed  
 Kdgn. Questionnaire  Residency  Kdgn. Screened  IEP

**Young Fives** \_\_\_\_\_

**Kindergarten** \_\_\_\_\_

**1st Grade** \_\_\_\_\_

**2nd Grade** \_\_\_\_\_