



# ELKTON-PIGEON-BAY PORT LAKER SCHOOLS

## CA-60 REGISTRATION/ENROLLMENT

TODAY'S DATE \_\_\_\_\_ SCHOOL \_\_\_\_\_

STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_  
Last First Middle

BIRTHDATE \_\_\_\_\_  MALE  FEMALE

PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ PO BOX # \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_  
City Zipcode

Has your child ever attended Elkton-Pigeon-Bay Port Laker Schools?  Yes  No  
 Has this student ever received special education services or attended special education classes?  Yes  No

Student's Predominant Ethnic Background: New State and Federal regulations require the collection of racial/ethnic data. The following questions allow us to comply with these regulations.

ETHNICITY (choose one):  Hispanic or Latino  NOT Hispanic or Latino  
 RACE (choose one or more, regardless of Ethnicity):  
 American Indian or Alaskan Native  Black or African American  
 Asian  White  
 Native Hawaiian or Other Pacific Islander

Exact directions for location of your home from the school. Please include road, house number and nearest crossroads

\_\_\_\_\_  
 \_\_\_\_\_

**OTHER CHILDREN IN FAMILY**

Name _____	Date of Birth _____
Name _____	Date of Birth _____
Name _____	Date of Birth _____
Name _____	Date of Birth _____
Name _____	Date of Birth _____
Name _____	Date of Birth _____

**FAMILY DATA**

Name \_\_\_\_\_  
 Country/State of Birth \_\_\_\_\_  
 Language in Home \_\_\_\_\_  
 Educational Status \_\_\_\_\_ HS 9 10 11 12 College 1 2 3 4 +  
 Occupation \_\_\_\_\_  
 Marital Status \_\_\_\_\_  
 Step Parent \_\_\_\_\_  
 Guardian \_\_\_\_\_  
 Child Resides With \_\_\_\_\_

**MOTHER**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FATHER**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

GUARDIAN SIGNATURE \_\_\_\_\_ Requires Documentation

<b>OFFICE DOCUMENTATION</b>
FIRST DATE OF ATTENDANCE _____
BIRTHDATE <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> HOSPITAL RECORDS <input type="checkbox"/> OTHER DOCUMENTATION
IMMUNIZATION <input type="checkbox"/> COPY
SCHOOL OF CHOICE <input type="checkbox"/> YES <input type="checkbox"/> NO
DISTRICT OF RESIDENCE <small>Name of District</small>
RESIDENCY STATEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO
DUPLICATE MAIL PARENT: _____ ADDRESS: _____
BUS NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO BUS # _____
GUARDIAN <input type="checkbox"/> YES <input type="checkbox"/> NO
HOMEROOM/TEACHER
LOCKER #
MEALTIME ID:
STUDENT ID:
UIC #
VERIFIED BY:

# LAKER SECONDARY SCHOOLS EMERGENCY FORM

2013-14

STUDENT'S FULL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
PO BOX \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY, ZIP \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_  
STUDENT EMAIL ADDRESS \_\_\_\_\_ GRADE \_\_\_\_\_  
DO YOU HAVE INTERNET ACCESS AT HOME? \_\_\_\_\_

CHILD LIVES WITH: FATHER  MOTHER  GUARDIAN  STEPMOTHER  STEPFATHER  OTHER

PARENT NAME \_\_\_\_\_ PARENT NAME \_\_\_\_\_  
PLACE OF EMPLOYMENT \_\_\_\_\_ PLACE OF EMPLOYMENT \_\_\_\_\_  
WORK PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
CELLULAR PHONE # \_\_\_\_\_ CELLULAR PHONE # \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**IN CASE OF ILLNESS OR INJURY AND NONE OF THE ABOVE CAN BE REACHED AT HOME OR BUSINESS PLEASE CALL:**

RELATIVE/FRIEND \_\_\_\_\_ RELATIVE/FRIEND \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
PHONE \_\_\_\_\_ PHONE \_\_\_\_\_  
CELLULAR PHONE # \_\_\_\_\_ CELLULAR PHONE # \_\_\_\_\_

**IN CASE OF AN EMERGENCY, ACCIDENT, OR ILLNESS WHICH NEEDS A DOCTOR'S IMMEDIATE ATTENTION, I GIVE MY PERMISSION TO TRANSPORT MY CHILD FOR CARE AND FOR MY DOCTOR TO GIVE THE CARE NEEDED.**

DOCTOR \_\_\_\_\_ PHONE/CITY \_\_\_\_\_  
HOSPITAL \_\_\_\_\_ PHONE/CITY \_\_\_\_\_

Please list any medical concerns we should be aware of: \_\_\_\_\_

### SHADED AREA MUST BE FILLED IN!

In case of accident or serious illness, if the school is unable to contact me, I hereby authorize the school to take my child to the physician indicated on this card. If it is impossible to contact this physician, the school may take my child to another physician or hospital authorized by the Board of Health, or the friend, neighbor or relative listed on this card. I further authorize that school personnel may apply first aid as recommended by the County Department of Health and the County Medical Society.

I agree to pay all expenses incurred in the emergency care.

TO MY KNOWLEDGE:

- My child is able to fully participate in all school activities, including physical education.
- My child has a physical condition which may have a degree of restriction in school activities.

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_



## ELKTON-PIGEON-BAY PORT LAKER SCHOOLS STUDENT RESIDENCY

By completing this questionnaire, you help the district comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your truthful and accurate answers help the district identify services that the student may be eligible to receive.

School \_\_\_\_\_  
Student's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Date of Birth (month/day/year) \_\_\_\_\_ Age \_\_\_\_\_  
Parent(s)/ Legal Guardian(s) Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**1 Where is the student living now? (please check one box)**

- |  |   |
|--|---|
| <input type="checkbox"/> in a shelter      | <input type="checkbox"/> in a motel or hotel  |
| <input type="checkbox"/> in a car          | <input type="checkbox"/> in a trailer park or campsite                                  |
| <input type="checkbox"/> temporary housing | <input type="checkbox"/> with more than one family in a house or apartment              |
| <input type="checkbox"/> none of the above | <input type="checkbox"/> with friends or family members (other than parent or guardian) |

***If you checked the box "none of the above" the remainder of this form does not need to be completed.***

**2 Does the living arrangement checked in question 1 result from a loss of housing or economic hardship?**

\_\_\_\_ Yes      \_\_\_\_ No      \_\_\_\_ Unsure

**3 The student lives with:**

- |   |   |
|---|---|
| <input type="checkbox"/> 1 parent                 | <input type="checkbox"/> a relative, friend(s), or other adult(s)             |
| <input type="checkbox"/> 2 parents                | <input type="checkbox"/> alone with no adults                                 |
| <input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> an adult who is not the parent or the legal guardian |

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**FOR SCHOOL USE ONLY**

*All buildings must keep the original forms separately from the Student Permanent Record for audit purposes during the year.*

- Student not covered by McKinney-Vento Act  
 Student covered by McKinney-Vento Act  
 Follow-up required

School Contact Person: Jeff Etzel Phone: 989-453-4610

Contact Person Signature \_\_\_\_\_