



Port Huron Area School District Student Registration Form

Today's Date

School

Student Information								
Student's Full Legal Name (Last Name, First Name, Middle Name)		Gender <input type="checkbox"/> M <input type="checkbox"/> F						
Student's Date of Birth	Student Order of Birth (if multiple) Please circle 01 02 03 04	Birth City/State (if born in US)						
Home Street Address (with apt/suite)	Home City & Zip	Home Phone <input type="checkbox"/> One Call Number						
Mailing Address	Mailing City & Zip	Cell Phone <input type="checkbox"/> One Call Number						
Student lives with (circle one) Mother/Father Guardian Mother Father Joint Custody Mother/Stepfather Father/Stepmother								
Part A. Is this student (or are you) Hispanic/Latino? (Choose only one) <table style="width: 100%; border: none;"> <tr> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 70%;">No, not Hispanic/Latino</td> <td style="width: 20%; text-align: center;">Did Your Child Attend Preschool?</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)</td> <td style="text-align: center;">Yes No</td> </tr> </table>			<input type="checkbox"/>	No, not Hispanic/Latino	Did Your Child Attend Preschool?	<input type="checkbox"/>	Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)	Yes No
<input type="checkbox"/>	No, not Hispanic/Latino	Did Your Child Attend Preschool?						
<input type="checkbox"/>	Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)	Yes No						
<i>The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's (or your) race to be.</i>								
Part B. What is the student's (or your) race? (Choose one or more) <ul style="list-style-type: none"> <input type="checkbox"/> American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.) <input type="checkbox"/> Asian (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). <input type="checkbox"/> Black or African American (A person having origins in any of the black racial groups of Africa). <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands). <input type="checkbox"/> White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa). 								
Home Language Survey: Is your child's native tongue a language OTHER THAN English? _____ If your child's native tongue is a language OTHER THAN English, what is that language? _____ Is the primary language used in the child's home or environment a language OTHER THAN English? _____ If the primary language used in the child's home or environment is a language OTHER THAN English what is that language? _____ Was the student born outside of the US? _____ If born outside the US, when did the student enter US schools? _____ In what language would you prefer to receive school communications? _____								
Services Received at Former School								
<input type="checkbox"/> Special Ed	<input type="checkbox"/> ESL	<input type="checkbox"/> Speech/Language						
<input type="checkbox"/> Transportation	<input type="checkbox"/> Physical	<input type="checkbox"/> 504 Plan						
<input type="checkbox"/> Social Work		<input type="checkbox"/> Occupational Therapy						
<input type="checkbox"/> Other Services		<input type="checkbox"/> No Special Services						
Please List All Other Children in the Household:								
Last Name	First Name	DOB						
Last Name	First Name	DOB						
Last Name	First Name	DOB						
Last Name	First Name	DOB						
Contact 1 Parent/Guardian ONLY								
First & Last Name	Relationship to Student	Contact Emergency Priority						
Street Address	Home Phone	Cell Phone						
City, State & Zip	Email Address <input type="checkbox"/> Add to auto email	Resides with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Employer	Work Phone (with extension)	If No Would You Like To Receive Letter Mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Contact 2 Parent/Guardian ONLY								
First & Last Name	Relationship to Student	Contact Emergency Priority						
Street Address	Home Phone	Cell Phone						
City, State & Zip	Email Address <input type="checkbox"/> Add to auto email	Resides with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Employer	Work Phone (with extension)	If No Would You Like To Receive Letter Mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Previous School Information			
School District	School Name	Address	City, State, Zip Code
School Phone	School Fax	Last Grade Completed	Date Requested CA-60

NOTE: Under the provisions of the Family Educational Rights and Privacy Act (FERPA) of parents and students, Title 34: Education, Part 99, Subpart D, §99.31, it is not necessary to have the written request of the parent to release school records to officials of other schools or school system in which the student seeks or intends to enroll.

NOTICE OF NONDISCRIMINATION Port Huron Area School District does not discriminate on the basis of race, color, religion, national origin or ancestry, gender, age, disability, height, weight or marital status in its programs, services, activities, or employment. Inquiries related to nondiscrimination policies should be directed to Debra Barr, Director of Student Services and Behavior Services, Port Huron Area School District, 2720 Riverside Drive, Port Huron, MI 48060/ Nondiscrimination inquiries related to disability should be directed to: Department of Exceptional Children, Director (same as address above) 810-984-3101

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify my child for enrollment possibility and, if my child is enrolled, may be grounds for removal from Port Huron Area School District. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

Parent/Guardian Signature (Student if over 18)

Date

Office Use Only	
Proof of Birth (Initial next to document received) Birth Certificate ____ Birth Registration ____ Passport/VISA ____ Official Court Document ____	
Proof of Residence Recent bill sent to the home ____ Signed rental agreement ____ Property tax bill (current) ____ Driver's License ____ Rent receipt ____ Mortgage statement/bill ____ Deed (with owner's name and street address) ____	
Immunization Records: Proof of MCIRS ____ Clinic/Physician record ____	

School	Resident School District <input type="checkbox"/> Port Huron Area School District (74010) <input type="checkbox"/> Other	Date Starting
Student Number	UIC	SRM Date
Bus #	Counselor	Caseload Teacher
Fill in Section Below for Students That Are School-of-Choice ONLY		
Grade Started SOC	District of Residence	District Entry Date

Copies to: Transportation ____ Pupil Accounting Office ____ CA-60 ____

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