## **Hancock Public School - Student Enrollment Form**

Child's Legal Name (as shown on Birth				
Grade Entering	_	First Middle Suffix (Jr. III) ——————————————————————————————————		
Address	Apt/Unit#_	City/State Zip		
Mailing Address	City/State	Zip		
County Township Resident School District	Home P	hone		
31010 Hancock 31110 Houghton Stanton 31020 Adams 07040 L'Anse 31130 Lake Linden 31100 Osceola 07020 Baraga 31030 Calumet 31050 Chassell Other				
Last school AttendedCity/State				
**Did your Child receive any special education services at a previous school?  Yes No N/A  ** IF Yes Please indicate type of services received  Special Education Classes  Speech OT/P  Social Work  504 Plan				
Ethnicity Is this student Hispanic/Latino? (Choose No, Not Hispanic/Latino Yes, Hispanic/Latino — (A person of Puerto Rican, South or Central America Spanish culture or origin, regardless of	se only one) studen America Cuban, Mexican, Asian Ar an, or other Native H	mark <u>one or more</u> boxes to indicate your it's race n Indian/Alaska Native merican lawaiian/Pacific Islander rican American		
1) Child Resides with:	Relations	nip: $\square$ Father $\square$ Mother $\square$ Other		
Email Cell Phone				
Place of Employment		Day Phone		
2) Child Resides with: Relationship: ☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Other				
Email Cell Phone				
Place of Employment	ce of Employment Day Phone			
Custodial Restrictions  Yes No (If yes, please provide documents to the office.)				
		nship: 🗆 Father 🗆 Mother 🗀 Other		
		Cell Phone		
		/State Zip		
Place of Employment		Day Phone		
Emergency Contacts (other than parents) List in calling preference order:				
Name	Relationship	Phone Numbers		
1)				
2)				

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Student He	<del></del>		
Asthma $\square$	Yes ☐ No Inhaler ☐ Yes ☐ No *	* If YES where is it kept? _	
EPI Pen 🗆	Yes $\square$ No ** If YES where is it kept	t?	
□ Yes □	No My Child wears glasses/contacts	in class	Yes No My child has hearing aids
Allergies _			
Other Heal	th Alerts/Issues/Actions needed		
□Yes□r		that all expenses incurred in In District nor any of the Boa	of an emergency, my child may be transported n such situations shall be my responsibility and ard of Education members,
<u>List Childre</u> Name:	en in Family (school Aged or Younge	<b>r):</b> Birth Date	School of Attendance
			<del></del>
Transporta	ation Plan:		
Will your c		Yes No	
•		Yes No	
Will your c	hild need busing transportation? $\Box$	Yes □No AM	_ PM Occasionally
Items need	ded when your child registers:		
Office use	only:		
☐ Bir	th Certificate w/State Seal  Im	nmunization Records	Proof of Residency
			sit Other
			Received
Date N	ecorus ricquesteu	Bate Necords I	······································
It is unders	stood that this information will be use	ed in a confidential and pro	ofessional manner in the best interest of the
Pai	rent/Guardian Signature		Date
	ncock Public School's Registration Da		