

**Hancock Public Schools—Student Enrollment Form Grades Young Fives - 5<sup>th</sup> Grade**

Child's Legal Name (as shown on birth certificate) \_\_\_\_\_

Grade Entering \_\_\_\_\_  Male  Female Is this child a court placed foster child?  Yes  No

Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_ Birth Status  Single  Twin  Triplet

Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Township \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Primary Language used in your child's home \_\_\_\_\_

Is your child's native tongue a language other than English? Yes No

Immigration Date, if not born in U.S. \_\_\_\_\_

Number of full school years student has attended any U.S. School \_\_\_\_\_

Has your child ever attended Hancock Public Schools? \_\_\_\_\_

**Resident School District:**

\_\_\_31010 Hancock \_\_\_31110 Houghton \_\_\_31140 Stanton \_\_\_31020 Adams \_\_\_07040 Lanse \_\_\_31130 Lake  
Linden \_\_\_31100 Osceola \_\_\_07020 Baraga \_\_\_31030 Calumet \_\_\_31050 Chassell \_\_\_Other \_\_\_\_\_

**Ethnicity**

Is this student Hispanic/Latino? (Choose only one)  
\_\_\_ No, not Hispanic/Latino  
\_\_\_ Yes, Hispanic/Latino—(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

**Race**

The question to the left is about ethnicity, not race. No matter what you selected, **please continue to answer the following** by marking one or more boxes to indicate what you consider your students race to be.  
\_\_\_ American Indian/Alaska Native  
\_\_\_ Asian American  
\_\_\_ Native Hawaiian/Pacific Islander  
\_\_\_ Black/African American  
\_\_\_ White

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

Please check: \_\_\_\_\_ Michigan Public School \_\_\_\_\_ Out of State Public School \_\_\_\_\_ Church/Private School \_\_\_\_\_ Preschool

Last Attended School Phone Number/FAX Number \_\_\_\_\_

Did your child receive any special education services at a previous school? Yes No N/A (if yes, please indicate the type of services received) Special Education Classes Speech OT/PT \_\_\_ Social Work \_\_\_ 504 Plan

Name of Primary Parent/Guardian Residing in the Home \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship: Father Mother Grandparent Guardian Self (Student Enrolling) Other \_\_\_\_\_

Email address \_\_\_\_\_

Name of Secondary Parent/Guardian Residing in the Home \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship: Father Mother Stepmother Stepfather \_\_\_ Grandparent Guardian \_\_\_ Other \_\_\_

Email address \_\_\_\_\_

Name of Parent Living Elsewhere \_\_\_\_\_ Residence Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Have custody papers been provided to the district? Yes No Should this person receive mailings? Yes No

Status of Home-Living With: \_\_\_ Mother and Father \_\_\_ Mother \_\_\_ Father  
\_\_\_ Mother and Stepfather \_\_\_ Father and Stepfather \_\_\_ Other

Custodial Parent (circle one) Father Mother Both Other \_\_\_\_\_

Custody Restrictions: \_\_\_\_\_

No residence available

\_\_\_ Homeless

Student Health Information

Asthma \_\_\_ Yes \_\_\_ No Has an inhaler \_\_\_ Yes \_\_\_ No Where is it kept? \_\_\_\_\_

EPI Pen \_\_\_ Yes \_\_\_ No Where is it kept? \_\_\_\_\_

Allergies \_\_\_\_\_

Other Health

Alerts/Issues: \_\_\_\_\_

**Emergency Contacts:**

Name	Relationship	Phone Numbers
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Other Children in the Family**

Name (First & Last)	Birth Date	School of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_ Yes \_\_\_\_ No Is this student the youngest or only child from this household attending Hancock Public Schools?

\_\_\_\_ Yes \_\_\_\_ No My child wears glasses/contacts.

\_\_\_\_ Yes \_\_\_\_ No My child wears hearing aids.

\_\_\_\_ Yes \_\_\_\_ No I give permission to administer first aid to my child. In case of an emergency, my child may be transported to the hospital. It is understood that all expenses incurred in such situations shall be my responsibility and not that of the Hancock Public School District nor any of the Board of Education members, administration, faculty, and other school personnel.

**Items needed before your child will be registered.**

\_\_\_\_\_ I have provided a birth certificate with the state seal.

\_\_\_\_\_ I have provided a proof of residency.

\_\_\_\_\_ I have provided and immunization record. (If immunizations were done in Michigan, the school will print them.)

It is understood that this information will be used in a confidential and professional manner in the best interest of the child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

G.G. Barkell Elementary School's Registration Date \_\_\_\_\_