

# MACOMB ACADEMY OF ARTS AND SCIENCES

## STUDENT REGISTRATION / EMERGENCY FORM (2012-2013)

**9<sup>th</sup> grade students must attach a copy of their birth certificate**

### Student Information (Please print)

Grade in 2012/2013: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ PO Box #: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Birthdate: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_

**School of Choice** \_\_\_\_\_ **District** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

### Parent/ Guardian Information

Mother/Guardian – Name \_\_\_\_\_ Father/Guardian – Name \_\_\_\_\_ Step Parent/Guardian – Name \_\_\_\_\_

Home Address – (If different than student) \_\_\_\_\_ Home Address – (If different than student) \_\_\_\_\_ Home Address – (If different than student) \_\_\_\_\_

Marital Status \_\_\_\_\_ Pager: \_\_\_\_\_ Marital Status \_\_\_\_\_ Pager: \_\_\_\_\_ Marital Status \_\_\_\_\_ Pager: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Resides with student: Yes No Resides with student: Yes No Resides with student: Yes No

E-mail Address \_\_\_\_\_ E-mail Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

### Other Children in Armada Schools – 2012/2013

Name: (Last Name/First Name) \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### Emergency Contact Information (other than parent)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### Student Contingency Plan

My child has been instructed where to go if there is an unscheduled dismissal (i.e. tornado, snow storm).

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

My Child May Not Leave With: \_\_\_\_\_

## Student Health Information

Please check if your child has:

Asthma\_\_\_\_\_ Orthopedic Handicap\_\_\_\_\_ Physical Handicap\_\_\_\_\_ Insect Bite Reaction\_\_\_\_\_ Diabetes\_\_\_\_\_  
Epilepsy\_\_\_\_\_ Vision Problems\_\_\_\_\_ Hearing Problems\_\_\_\_\_ Heart Condition\_\_\_\_\_ Kidney Disease\_\_\_\_\_

Allergies\_\_\_\_\_ Other\_\_\_\_\_

YES  NO \*Is your child to take medication during school hours?

List name(s) of medication:\_\_\_\_\_

**\*No medications (prescription or over the counter) can be administered without an accompanying medication authorization form. Forms are available in the School Office.**

In case of accident or serious illness, I request the school to contact me. If the school is unable to contact me, I hereby authorize the school to contact the physician; the school may make whatever arrangements that seem necessary. I agree to assume financial responsibility for these emergency referrals (this includes hospital, medical and ambulance services).

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Health Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

### **TO BE COMPLETED BY PARENT/GUARDIAN IF THIS IS A *NEW ENROLLMENT*:**

**WAS YOUR CHILD RECEIVING SPECIAL HELP? (CHECK ALL THAT APPLY):**

Title I  Speech & Language  Special Education  Other \_\_\_\_\_

Language spoken in Home: \_\_\_\_\_

**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.

**The above question is about ethnicity, not race.**

**Please continue to indicate what you consider your students race to be:**

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White

Former School: \_\_\_\_\_ District: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

I have read the McKinney-Vento Homeless Assistance Act poster located in the office:

I am not eligible  
 I am eligible

I CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**ARMADA AREA SCHOOL DISTRICT  
HOME LANGUAGE SURVEY**

The Armada Area Schools is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1152-380-1157 of the School Code of 1995, Michigan's Bilingual Education law. Would you please help by providing the following information?

Thank you very much for your cooperation.

**Name of Student** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Age** \_\_\_\_\_

**Name of School Building** \_\_\_\_\_

**1. Is your child's native tongue a language other than English?**

Yes or No. If yes, what is that language? \_\_\_\_\_

**2. Is the primary language used in your child's home environment a language other than English?**

Yes or No. If yes, what is that language? \_\_\_\_\_

**3. \*What country was your child born in ?** \_\_\_\_\_

**4. \*When did your child enter the United States?** \_\_\_\_\_

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"Primary language" means the dominant language used by a person for communication.

\*Optional