

NORTH STAR ACADEMY PUBLIC SCHOOL DISTRICT

2016-2017 Elementary Registration Form

To apply to enroll: 1. Complete registration form and corresponding pages.

2. Provide school with copies of (a) Birth Certificate, (b) All Immunization Records, (c) Last Grade Report

STUDENT INFORMATION			
LEGAL FIRST NAME, <u>NOT</u> NICKNAME	MID INIT	LAST NAME + GENERATION SUFFIX (JR, II,III) IF APPLICABLE	
RESIDENTIAL ADDRESS		PREFERRED NICKNAME, IF APPLICABLE	DATE OF BIRTH (MM-DD-YYYY)
CITY/ STATE/ ZIP		PREVIOUS SCHOOL ATTENDED (AND STATE)	BIRTH PLACE (CITY, STATE)
STUDENT GRADE FOR 2016-2017		SCHOOL DISTRICT OF RESIDENCE	GENDER (CIRCLE ONE) MALE / FEMALE
HOME PHONE () () ()	TWIN, TRIPLET, ETC. Y / N	COUNTY OF RESIDENCE	
<input type="checkbox"/> CHECK IF NON-RESIDENT OR FOREIGN EXCHANGE STUDENT. IF SO INDICATE VISA TYPE: F-1 /OTHER			
PARENT / GUARDIAN INFORMATION			
FIRST CONTACT NAME / RELATIONSHIP TO STUDENT		SECOND CONTACT NAME/ RELATIONSHIP TO STUDENT	
ADDRESS (IF DIFFERENT FROM STUDENT) CITY, STATE, ZIP		ADDRESS (IF DIFFERENT FROM STUDENT) CITY, STATE, ZIP	
EMAIL ADDRESS		EMAIL ADDRESS	
OCCUPATION / EMPLOYER		OCCUPATION / EMPLOYER	
PHONE - WORK () () ()	MOBILE () () ()	HOME () () ()	PHONE - WORK () () ()
		MOBILE () () ()	
		HOME () () ()	
EMERGENCY CONTACT (If 1st or 2nd Contact cannot be reached) FAMILY DOCTOR / MEDICAL			
EMERGENCY CONTACT NAME / RELATIONSHIP TO STUDENT		FAMILY DOCTOR NAME & OFFICE PHONE NUMBER () () ()	
ADDRESS		DENTIST & PHONE NUMBER () () ()	
CITY/ STATE / ZIP CODE		SPECIAL MEDICAL NEEDS (E.G. Diabetes, Food Allergies):	
PHONE - DAY () () ()		EVENING () () ()	
IS YOUR CHILD CURRENTLY TAKING ANY MEDICATION? PLEASE INDICATE TYPE AND DOSAGE:			
IMMUNIZATIONS CHECKLIST			
PLEASE ATTACH A COPY OF YOUR CHILDS IMMUNIZATION RECORD. MICHIGAN LAW REQUIRES ALL CHILDREN BE IMMUNIZED AGAINST VACCINE-PREVENTABLE DISEASES TO ENTER KINDERGARTEN, 7TH GRADE, OR A NEW SCHOOL DISTRICT IN ANY GRADE.			
IMMUNIZATIONS CHECKLIST		REQUIRE DOSES	
DIPHtheria, Tetanus & Pertussis (DTaP/ DTP/ DT/Td):		4 Doses Required. <i>If a dose was not given in the last 10 years, a booster dose is required</i>	
Polio (OPV or IPV):		3 Doses are required	
Measles/ Mumps/ Rubella (MMR):		2 Doses are required	
Hepatitis B (HEP B):		3 Doses are required	
Varicella (Chickenpox- <u>required</u> unless child has had Chickenpox)			Has this student had Chickenpox?
If your child has had Chickenpox disease, the Varicella vaccine is not required.			Yes / No
SPECIAL SERVICES YOUR CHILD HAS RECEIVED AT PREVIOUS SCHOOL -CHECK ALL THAT APPLY			
<input type="checkbox"/> Speech Therapy <input type="checkbox"/> Social Work <input type="checkbox"/> Other: _____		Special Education Services: L.D. <input type="checkbox"/> <input type="checkbox"/> Resource Room ___hrs/week E.I. <input type="checkbox"/> <input type="checkbox"/> Self-contained classroom E.M.I. <input type="checkbox"/> <input type="checkbox"/> Date of last I.E.P.C.: _____ Other <input type="checkbox"/>	
		<input type="checkbox"/> English as Second Language What is primary language at home? _____ <input type="checkbox"/> G.A.T.E.S.	
Does student have sibling(s) currently enrolled at NSA? No / YES		Siblings enrolled/ enrolling & next year grade	
Does this student have sibling(s) also applying to NSA? No / YES			
If yes to either, list those brothers and sisters at the space to the right			
I attest that the information provided is complete and accurate to the best of my knowledge.			Office use only-Date/Time Received
X _____			
Parent/ Guardian Signature		Today's Date	
			Enrollment Date:

EQUAL EDUCATIONAL OPPORTUNITY: North Star Academy Public School District does not charge tuition and does not discriminate in its pupil admissions policies or practices on the basis of intellectual or athletic ability, measures of achievement or aptitude, status as a handicapped person, or any other basis not permitted by Michigan's public schools.