



Fowler Public Schools STUDENT REGISTRATION FORM

Notice: Certified Birth Certificate, Proof of Immunizations, and Proof of Residency are required at the time of enrollment.

STUDENT INFORMATION: (Please print)

Student's Name: _____ Grade Entering: _____

Date of Birth: _____ Gender: Female Male

Kindergarten ½ Day Option: Yes or No Name Child goes by (if different than above): _____

Where was your child/student born? _____
State _____ Country _____

Dónde nació su hijo/hija/estudiante? _____
Estado _____ País _____

If your child/student was born outside of the U.S., then when did he/she enter the country? _____

Si su hijo/hija/estudiante nació fuera de los Estados Unidos, ¿cuándo entró el niño/la niña/el o la estudiante al país? _____

ETHNICITY:

Race: American Indian/Alaskan Native Asian Black/African American White Hispanic or Latino

Language spoken in home other than English: _____

DEMOGRAPHICS:

Do you live in the Fowler Public School district? Yes No If No, what school district do you reside? _____

Are you Re-enrolling in Fowler Public Schools? Yes No If Yes, date last attended Fowler Schools? _____

Name and Address of last school attended: _____

Special Ed Services provided at previous school: Resource Room Speech Social Work Other: _____

Has your child ever been suspended from any school? Yes No If Yes, why? _____

Has your child ever been expelled from any school? Yes No If Yes, why? _____

STUDENT'S PRIMARY ADDRESS:

Address: _____ Household Phone: (_____) _____

City/State/Zip: _____ County: _____

Is this address a temporary living arrangement due to loss of housing or economic hardship? Yes No

Own/Rent home/Apt. Shared housing friends or Relatives Foster Care Shelter Hotel/Motel Campsite

Living separate from legal parent(s)/guardian(s)

	Female Head of Household	Male Head of Household
Full Name: (Please print)		
Relationship to Student: (Please circle)	Mother Step-Mother Aunt Grandmother Guardian Other: _____	Father Step-Father Uncle Grandfather Guardian Other: _____
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced
If Divorced:	Legal Custody of Student: <input type="checkbox"/> Yes <input type="checkbox"/> No Joint Custody of Student: <input type="checkbox"/> Yes <input type="checkbox"/> No Physical Custody of Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Custody of Student: <input type="checkbox"/> Yes <input type="checkbox"/> No Joint Custody of Student: <input type="checkbox"/> Yes <input type="checkbox"/> No Physical Custody of Student: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:		
Email Address:		

CONTINUED ON REVERSE SIDE

List other children at this household enrolled in Fowler Public Schools:

Last Name	First Name	Gender M / F	Birth date	Grade	Relationship to Student

As the parent/guardian, my signature affirms that the information provided within this form is true and accurate, and that my child and I reside at the stated address. I understand false information provided by me, may be subject to legal penalties for perjury.

Parent/Legal Guardian's signature _____ Date: _____

Does the student have a parent at a second residence? Yes No

SECOND HOUSEHOLD INFORMATION:

Parent's Name: _____

Address: _____

City/State/Zip: _____

Household Phone: (_____) _____

IF PARENT, GUARDIAN OR UNACCOMPANIED YOUTH HAS EVER SERVED IN THE MILITARY,
PLEASE CHECK THIS BOX

HEALTH INFORMATION:

Does the student have special health conditions? Check all that apply: ADD/ADHD Asthma Diabetes Seizures

Drug Allergy Food Allergy Bee Sting Allergy Other: _____

If Drug and/or Food allergy, please specify allergy and reaction: _____
 _____ Epi Pen? Yes No

List any prescription medication your child is currently taking: _____

PLEASE NOTE: All medication taken at school must follow Michigan law which requires schools to have a written physician's order and parent/guardian authorization. Medicine Authorization forms are available at the school office or by calling 989-593-2250.

EMERGENCY CONTACT INFORMATION:

In case of an emergency, please number the order of priority that each should be called:

____ Mother ____ Father ____ Step-Mother ____ Step-Father ____ Other Legal Guardian, Name: _____

When a parent/legal guardian cannot be reached, please provide contact information for a family member or friend who may be contacted:

1. Last Name: _____ First Name: _____
 Relationship to Student: _____ Phone: _____

2. Last Name: _____ First Name: _____
 Relationship to Student: _____ Phone: _____

In case of serious illness or injury, I hereby request that authorized school personnel transfer my child directly to the hospital, or send by ambulance if needed, and I will assume all financial obligations. I further authorize any licensed physician, dentist and/or hospital to provide necessary treatment. I understand this health information can be shared when it is educationally relevant for academic progress, necessary for providing health services including emergency care, or essential to ensure the protection of other students and school personnel.

 Parent/Legal Guardian signature Date