

Beal City Public Schools Student Registration Form

Student Information			
Last Name:	First Name:	Middle Name:	
Birthdate (mm/dd/year):	Gender:	Grade:	
Ethnicity: (circle one) <u>Caucasian</u> <u>African American</u> <u>American Indian</u> <u>Pacific Islander</u> <u>Hispanic</u>			
District of Residency:		Home Phone Number:	
Home Street Address:			
City:	State:	Zip Code:	
Residency Status: (circle one)	Home owned by parent/guardian		Temporary Residency
	Home rented by parent/guardian		
	Living with relative/friend		
Parent/Guardian Information			
Mother's Name (last, first):			
Mother's Street Address:			
Mother's City	Mother's State:	Mother's Zip:	
Mother's Home Phone:		Mother's Work Phone:	
Mother's Employer:		Mother's Cell Phone:	
Mother's Email Address:			
Mother receives duplicate mailings? (circle one) Yes No			
Father's Name (last, first):			
Father's Street Address:			
Father's City	Father's State:	Father's Zip:	
Father's Home Phone:		Father's Work Phone:	
Father's Employer:		Father's Cell Phone:	
Father's Email Address:			
Father receives duplicate mailings? (circle one) Yes No			
If custody of this child has been awarded by the court, who is the custodial parent?			
Do we have your permission to use your child's photo on our website and publications? YES NO			

Please complete the information on both sides of this sheet

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Emergency Information

Emergency Contact 1	Phone #
Emergency Contact 2	Phone #
Emergency Contact 3	Phone #

Medical Alerts	Allergies
(circle all that apply) Seizures Bee Stings Asthma Migraines ADD/ADHD	Food Allergies: (please describe)
	Other Allergies: (please describe)

Ethnic Characteristics Information

Due to Federal requirements we must have the following information completed

It is necessary to answer parts A and B

Part A: Is your child Hispanic/Latino (choose only one)

_____ NO, he/she is not Hispanic/Latino

_____ YES, he/she is Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)

Part A of the question is about ethnicity, not race. Regardless of what you selected in Part A, answer Part B by marking one or more boxes to indicate what you consider your race to be

Part B: What is your race (choose one or more)

_____ American Indian or Alaska Native (A person having origins in any of the original Peoples of North and South America, including Central America)

_____ Asian (A person having origins in any of the original Peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand and Vietnam)

_____ Black or African American (A person having origins in any of the black racial groups of Africa)

_____ Native Hawaiian or Pacific Islander (A person having origins in any of the original Peoples of Hawaii, Guam, Samoa or other Pacific Islands)

_____ White (A person having origins in any of the original Peoples of Europe, the Middle East, or North Africa)

NOTE: Both parts A and B MUST be completed. WE encourage you to select an answer for both parts. If either part (A or B) is not answered, the U.S. Department of Education requires the school district to supply an answer on your behalf.

_____ Parent/Guardian Signature

_____ Date