

For Office Use only:
 Verified BD: _____;
 Document: _____
 Verified
 by: _____
 Date Registration Received

School: _____, Grade: _____, ID: _____, HRM: _____

Teacher/Counselor: _____, Pre-Reg: _____, Bus AM: _____/Bus PM: _____

Instructions for Parents

Please fill out all information on both sides of this form. Completed and signed forms should be turned in during registration. Forms can also be turned in to the main office.

Student/Contact Information:		
Student Name (Legal Name):		
Street Address:		City, State, Zip
Birthdate: ____/____/____	If born outside the U.S.: Date of entry: ____/____/____	Ethnicity: Both Part A and Part B must be answered:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of Birth: _____	
Mother/Guardian: Living With: <input type="checkbox"/> Yes <input type="checkbox"/> No	Father/Guardian: Living With: <input type="checkbox"/> Yes <input type="checkbox"/> No	Part A: Hispanic? Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Name:	Part B: Race (If Multi-Racial, check all that apply)
Street Address:	Street Address:	American Indian or Alaska Native <input type="checkbox"/>
City, State, Zip	City, State, Zip	Asian <input type="checkbox"/>
Primary Phone:	Primary Phone:	Black or African American <input type="checkbox"/>
Cell Phone:	Cell Phone:	Native Hawaiian or Other Pacific Islander <input type="checkbox"/>
Work Phone:	Work Phone:	White <input type="checkbox"/>
Other Phone:	Other Phone:	Parent/Guardian Military Connection Active Duty: Yes <input type="checkbox"/> No <input type="checkbox"/> Reserve/Guard: Yes <input type="checkbox"/> No <input type="checkbox"/>
Mother Email:	Father Email:	

Emergency Contact:		
Name:		
Address:		
Emergency Contact Phone:		
Student's Physician and Phone:		
Preferred Hospital:		

MEDICAL	Comments	Comments
Allergies (If yes, what?)		Asthma
Chronic Disease		Diabetes
Hearing Problems		Heart Trouble
Physical Handicap		Seizures
Vision Problems		Other:

All Students in Kalamazoo Public Schools

Please provide the following information in accordance with Sections 380.1152 – 380.1157 of the School Code of 1995, Michigan's Bilingual Education Law. The district is collecting information regarding the language background of each of its students to determine eligibility for bilingual or ESL instruction. New students may be screened to determine eligibility for ESL Services.

STUDENT'S NAME: _____ SCHOOL: _____ GRADE: _____

- Is your child's **native** tongue (the language he/she **first** learned to speak) a language other than English?
 Yes No If yes, what is the language? _____
- Is the **primary** language used in your child's home or environment (the language spoken the **majority** of the time) a language other than English?
 Yes No If yes, what is the language? _____

PARENT/GUARDIAN SIGNATURE

ADDRESS

DATE

Preschool Information:

Head Start KPS PEEP Pre-Kindergarten in another School District setting Private Preschool No Preschool

Previous School Information:

Attended KPS before? Yes No Attended school in Michigan in this school year? Yes No

Has your child attended a U.S. school for at least 3 full academic years? Yes No

Last School Attended: _____

Address: _____ City, State & Zip/Country _____

Special Services: Has your student ever received the following services?
504 Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No Additional Information: _____
Special Education: <input type="checkbox"/> Yes <input type="checkbox"/> No Additional Information: _____
English as a Second Language or Bilingual Services: <input type="checkbox"/> Yes <input type="checkbox"/> No Additional Information: _____
Other: _____

People Who Have Permission to Pick Up Student:	

Other Children in Family Under 18:	

Has student ever been expelled from a school? ___Yes ___ No

Has student ever been excluded from a school? ___Yes ___ No

Is student currently on suspension? ___Yes ___No

Where is the student currently living?

Permanent Housing Doubled-Up (living with another family) Shelter Motel/Hotel Transitional Housing
 Foster Care Other Location

Sign Off

Please check one of the following boxes:

The undersigned is the parent/guardian of the student being registered on this form. By signing this application form, the undersigned affirms that the above-named student is a legal resident of the Kalamazoo Public Schools.

The undersigned is the parent/guardian of the student being registered on this form. By signing this application form, the undersigned affirms that the above-named student is not a legal resident of the Kalamazoo Public Schools, but has provided a release from the district of residence to attend the Kalamazoo Public Schools.

SIGNED: _____ PRINTED NAME: _____ Date: _____

If signed by student: ___ 18 or older ___ Emancipated

**KALAMAZOO PUBLIC SCHOOLS
NONDISCRIMINATION POLICY STATEMENT**

The Kalamazoo Public School District does not discriminate in employment or educational programs or activities on the basis of race, color, religion, sex, national origin, age, height, weight, marital status, or disability in employment or any of its programs or activities. This policy complies with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Title II of the Americans With disability Act of 1990, and the Michigan Elliot-Larsen Civil Rights Act of 1977. Inquiries by students and/or their parents/guardians regarding this policy should be directed to the Assistant Superintendent of Student Services, 1220 Howard Street, Kalamazoo, MI 49008, (269) 337-0161.