



Previously collected Information appears in the gray boxes. To add or change any information please write in the blank boxes or directly on the larger gray boxes.

Grade: _____
Student ID #: _____

Student's Last Name

Legal First Name

Preferred First Name

Middle Name

Street Address

Mailing Address (P.O. Box)

City

Zip Code -

Phone Number -

Date of Birth - -

City Of Birth

Gender

Is the student Hispanic or Latino? Yes No Race/Ethnicity

- African-American
- American Indian
- Asian
- Caucasian
- Hispanic
- Other
- Pacific Islander

LANGUAGE INFORMATION

What is the first language the student learned to speak?

English Spanish Other: _____

What language is used regularly by the student?

English Spanish Other: _____

What language is used regularly in the student's home?

English Spanish Other: _____

What language do you prefer for school communications?

English Spanish Other: _____

Has the family moved in the past 3 years for agricultural purposes? Yes No

Does this student receive?

504 services Yes No

Social Work Yes No

Special Education Yes No

Speech Yes No

MEDICAL/ALLERGIES/MEDICATION INFORMATION - Student Medication Request Release Agreements are available at the school office. This form must be completed for any medication a student will need to take during school hours. Parents/guardians are responsible for providing full details on any medical condition to the Shelby Public Schools.

Parent/Guardian Signature: _____ Date: _____

Signing this document I certify the above information is accurate and authorize Shelby Public Schools to seek emergency medical for my student.

Continued on Page 2

-----For School Office Use Only-----

Birth Certificate:___ Immunization:___ SUN Agreement:___ Bus Contract:___ Proof of Residency:___ Lunch Form:___

NOTICE: It is the policy of the Shelby Public School District not to discriminate on the basis of race, religion, color, national origin, sex, age, disability, height, weight, or marital status in its programs, services, or activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Superintendent, 525 N. State Street, Shelby, MI 49455, (231) 861-5211.

