



OWOSSO PUBLIC SCHOOLS
Ready for the World

Student Enrollment / Emergency Information Form

Student Information

Student (Last, First, Middle):		Date of Birth:	
		Gender:	
Home Phone:		Grade:	
District of Residence:		Country of Birth:	
Student's Address:			
Mailing Address (if different):			
Student Resides with:			
Is your child's native tongue a language other than English ? <input type="checkbox"/> Yes <input type="checkbox"/> No What is that language?			
Is the primary language* used in your child's home or environment a language other than English ? * "Primary Language" means "the dominant language used by a person for communication." <input type="checkbox"/> Yes <input type="checkbox"/> No What is that language?			
Race and Ethnicity: (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.)			
Part A: Is this student Hispanic/Latino? (Choose only one)		Part B: What is the student's race? (Choose one or more)	
<input type="checkbox"/> No, not Hispanic/Latino		<input type="checkbox"/> American Indian or Alaskan Native	
<input type="checkbox"/> Yes, Hispanic/Latino		<input type="checkbox"/> Asian	
		<input type="checkbox"/> Black or African American	
		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
		<input type="checkbox"/> White	
The above part of the question is about ethnicity, not race. No matter which box you selected above, please continue to answer Part B by marking one or more boxes to indicate what you consider your student's race to be.			

Parent / Guardian Information

The individuals filled out in the areas below may be contacted when the automated alert system is activated for school messages.

	Guardian 1	Guardian 2
Name:		
Relationship to Student:		
Home Address:		
City, State, Zip:		
Home Phone:		
Cell Phone:		
Occupation:		
Employer:		
Work Phone:		
Work Phone Extension:		
E-Mail Address:		
Highest Level of Education:		
Marital Status:		
	Guardian 3	Guardian 4
Name:		
Relationship to Student:		
Home Address:		
City, State, Zip:		
Home Phone:		
Cell Phone:		
Work Phone:		
Work Phone Extension:		

Additional Emergency Information (Other than the Parents/Guardians on the previous page)

Medical Alerts: _____

	Emergency Contact 1	Emergency Contact 2	Emergency Contact 3
Name:			
Relationship:			
Phone Number:			
Phone Type:			

Siblings (Other children from oldest to youngest)

Name (Last, First)	Birthdate	School / District	Name (Last, First)	Birthdate	School / District
1)			2)		
3)			4)		
5)			6)		
7)			8)		

Has your child attended Owosso Public Schools previously? Yes No

If yes, when (year)? _____ School Building? _____

Did your child receive a pre-school program prior to entering kindergarten? Yes No

Name of last school attended (including preschool): _____

Check all that apply: Regular Education Special Education Speech & Language 504 Plan

Has your child been suspended or expelled by the Board of Education? Yes No

In case of an emergency, I authorize the school to seek medical attention for my child. Yes No

Do you currently find yourself in any of the situations below:

- In a shelter
- Living with friends or other family members due to loss of housing or economic hardship
- In a hotel/motel
- Other locations (e.g. in a car, park, bus, train, or campsite)
- Foster care placement
- Other (please describe): _____

Physician's Name: _____ Physician's Phone Number: _____

Permission for field trips: Yes No

In case of an emergency school closing and students are released early, my child has been instructed to:

- Ride the bus
- Walk home
- Wait to be picked up
- Walk to the following address: _____

Name: _____ Phone Number: _____

I authorize OPS to release the student's name. Yes No

I authorize OPS to release photos of the student. Yes No

I authorize OPS to release test information and/or transcripts to educational institutions. Yes No

I authorize OPS to release information to the armed forces. Yes No

Provide any other information you feel will assist the school, including health or other conditions.

If applicable, please provide a copy of court orders (custody, guardianship, restraining order, etc.)

Signature of Parent or Legal Guardian _____ Date _____

It is the policy of the Owosso Public School District that no person shall on the basis of sex, race, color, national origin, or handicap be excluded from participation in, be denied the benefits of, or be subjected to discrimination as a student in Owosso schools or any of its programs or activities.