



OWOSSO PUBLIC SCHOOLS
Ready for the World

Student Enrollment / Emergency Information Form

Student Information

Student (Last, First, Middle):		Date of Birth:	
Student Cell Phone:		Gender:	
Home Phone:		Grade:	
District of Residence:		Country of Birth:	
Student's Address:			
Mailing Address (if different):			
Student Resides with:			

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	Guardian
Name:		
Relationship to Student:		
Home Address:		
City, State, Zip:		
Home Phone:		
Cell Phone:		
Employer:		
Work Phone:		
E-Mail Address:		

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 of any district? Yes No

Emergency Information (Other than the Parents/Guardians)

Please check and describe any medical condition, medication or disability that would be important for the school to know:

Asthma _____

Diabetes _____

Seizures _____

Seasonal Allergies _____

Allergic reactions to insect bites, bees, etc _____

Other _____ (If more space is needed, please attach information.)

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

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

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

Siblings (Other children from oldest to youngest)

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

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)

No, not Hispanic/Latino Yes, Hispanic/Latino

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.

Part B: What is the student's race? (Choose one or more)

American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Is your child's native tongue a language **other than English**? Yes 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."

Yes No What is that language?

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): _____

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: _____

Permission for field trips:

- 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

In the case of separated or divorced parents, are there any **legal restrictions** on the release of the child to either parent or step-parent? If yes, please explain and provide court documentation to the school office.

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.