

Part A Is this student Hispanic/ Latino?

No, not Hispanic/Latino

Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

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

(Use 1 & 2 to rank primary and secondary ethnic groups)

__ American Indian/Alaskan Native

__ Asian or Oriental

__ Hawaiian/Pacific Islander

__ African American

__ White

Does your child attend Childcare?

Yes

No

Everyday? Yes

No, Which days? _____

Please note that transportation is not provided outside the school attendance area.

Childcare Provider Information:

Name/Business Name: _____

Address: _____

Phone: _____

Please list other siblings in the home:

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Address Confirmation

I, _____, state that I reside at

Street

City

State

Zip

And am the custodial mother, father, or legal guardian (circle one) of

Child's Name

I understand that falsification of an address for purposes of securing an education for the above named child will result in immediate removal from Swartz Creek Community Schools.

Signature of Parent/Guardian

Date

EMERGENCY CONTACT/MEDICAL INFORMATION

Student Name _____ **Date of Birth** _____

(Please Print)

Address: _____

Street

City

Zip

Please Prioritize Emergency Contact Information:

First Contact:

Relationship to Student: _____ Does the student live with you? YES NO

Name: _____

Address: _____

Street

City

Zip

Please circle the preferred number to reach you in case of an emergency during school hours.

Home Phone: _____ Work Phone: _____

Cell: _____ Email: _____

Place of Employment: _____

Name of Supervisor if applicable: _____

.....
Second Contact:

Relationship to Student: _____ Does the student live with you? YES NO

Name: _____

Address: _____

Street

City

Zip

Please circle the preferred number to reach you in case of an emergency during school hours.

Home Phone: _____ Work Phone: _____

Cell: _____ Email: _____

Place of Employment: _____

Name of Supervisor if applicable: _____

.....
Third Contact:

Relationship to Student: _____ Does the student live with you? YES NO

Name: _____

Address: _____

Street

City

Zip

Please circle the preferred number to reach you in case of an emergency during school hours.

Home Phone: _____ Cell: _____

Work Phone: _____ Place of Employment _____

Fourth Contact:

Relationship to Student: _____ Does the student live with you? YES NO

Name: _____

Address: _____
Street City Zip

Please circle the preferred number to reach you in case of an emergency during school hours.

Home Phone: _____ Cell: _____

Work Phone: _____ Place of Employment _____



Permission to publish/Use the Internet

YES NO, Does your child have permission to use the Internet at school.

YES NO, May we publish your child's name and photo in school newsletters, local newspaper, or TV news.



Medical Information:

Hospital Preference: _____

Physician Name: _____

Address: _____

Phone : _____

Dentist Name: _____

Address: _____

Phone: _____

Known Allergies (include the severity of reactions and medications used to counteract or control allergy)

Medications: _____

Frequency of Dosage: _____

Medical Conditions: _____

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present.

This authorization is valid for the current school year or until such time as I withdraw the authorization.

Authorized _____ Date _____
(Signature of Parent/Guardian)

STATE BOARD OF EDUCATION APPROVED HOME LANGUAGE SURVEY

The Michigan Department of Education is collecting information regarding the language background of each student. This information will be used by our District to determine the number of children who should be provided bilingual instruction according to Sections 380.1151 through 380.1158 of the School Code of 1976, Michigan's Bilingual Education Law. Please provide the following information.

Thank you very much for your cooperation.

Name of Student _____ Grade _____ Age _____

School Building _____ District _____

1. Is your child's native tongue a language other than English?

YES NO

If yes, what is that language? _____

2. Is the primary language¹ used in the child's home environment a language other than English?

YES NO

If yes, what is that language? _____

Signature of Parent of Guardian

Signature of School Administrator

Date

¹ Primary language means the dominant language used by a person for communication.

Translation of this survey form in Spanish, Arabic, French, Italian, and Ojibwa is available at the Office of Field Services, MDE.



Swartz Creek High School

FACSIMILE TRANSMIT RELEASE OF RECORDS FROM PREVIOUS SCHOOL

To: _____
(Last School Attended)

(Address)

(Phone) (Fax)

_____, _____ has
(Student Name) (Date of Birth)

enrolled at Swartz Creek High School in grade _____. Please release the following information:

1. Complete transcript.
2. Explanation of your grading system.
3. ACT, SAT and Proficiency Test results.
4. Withdrawal grades.
5. Health records.
6. Special Education records.
7. Portfolio.

Upon request of the Swartz Creek School District. I/we consent to the release of all records, files, data and special Education records for the student listed above.

Signature of Parent/Guardian _____

Date: _____

Please send to: Swartz Creek High School
 Attn: Counseling Office
 One Dragon Drive
 Swartz Creek, Michigan 48473
 Phone: (810) 591-1866
 Fax: (810) 591-1898

IMPORTANT:

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law.

If you are not the intended recipient or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address via the United States Postal Service. Thank You.



Swartz Creek High School

FACSIMILE TRANSMIT RELEASE OF RECORDS FROM PREVIOUS SCHOOL

To: _____
(Last School Attended)

(Address)

(Phone) (Fax)

Student's Name: _____

I authorize the release of the information listed below to Swartz Creek High School:

(Parent/Guardian Signature) Date _____

To be completed by the last school attended.

1. Has the above named student been expelled from your school District? YES or NO

If yes, please explain _____

2. Is disciplinary action pending against this student? YES or NO

If yes, please explain _____

3. Was this student in a special education program in your school district? YES or NO

4. When was the student's last day of attendance? _____

Please fax this information to Swartz Creek High School, (810)591-1895. Thank you for your assistance.

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CAREER PREPARATION
NEW ENROLLEE FORM

(Forward to Mrs. Ortiz)

FIRST NAME: _____

LAST NAME: _____

Grade Entering: _____

District coming from: _____

Existing EDP at previous district? _____
(Educational Development Plan)

(Office Use Only)

EDP-ID:

PASSWORD:

EDP Unit Staff Name:

EDP Unit Class Period:

Staff EDP Unit already completed?

Student/Parent (Guardian) Signature Page

I have read the Technology Acceptable Use Policy for Swartz Creek Community Schools and understand its contents. My signature below designates that I agree to and will follow the guidelines and prohibitions as stated in the document. I am aware that Swartz Creek Community Schools reserves and will exercise the right to review, audit, intercept, access, and disclose all matters on the Swartz Creek Community Schools' network and email system at any time, with or without notice, and that such access may occur during or after the regular school/work day.

I further understand that although Swartz Creek Community Schools prohibits abuse of technology, it is impossible to restrict all access to inappropriate materials which may be on the Internet/network or through electronic communications. Accordingly, I will not hold Swartz Creek Community Schools, its employees, or agents responsible for materials which may be acquired through Swartz Creek Community Schools' network.

I understand that access to available technology is a privilege. I also understand that I will abide by all GenNet policies.

We have read the Technology Acceptable Use Policy for Swartz Creek Community Schools and understand its content.

Our signatures below designate that we agree to follow the guidelines and prohibitions as stated.

Please complete and return this page:

Student's Name (Printed) _____

Student's Signature _____

Name of School: _____

Grade: _____

Sponsoring Educator: _____

Parent/Guardian's Name (Printed): _____

Parent/Guardian's Names (Signature): _____

Date: _____

Phone Number(s): Day _____ Evening _____

Swartz Creek Community Schools agrees to and will abide by all GenNet policies and guidelines.

STUDENT NETWORK ID SERVICE FORM

BUILDING: HIGH SCHOOL

LAST NAME: _____

FIRST NAME: _____

MIDDLE INITIAL: _____

6-DIGIT STUDENT ID#: _____

GRADUATION YEAR: _____

PLEASE FILL IN COMPLETELY AND RETURN THIS FORM ALONG WITH
AUP FORM TO THE LIBRARY.