

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: _____

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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)

Dear Parents,

It is our pleasure to welcome you and your child to Swartz Creek Community Schools where we are committed to providing a safe, positive, and nurturing learning environment for your child. Information about your child's background helps us determine his or her educational needs. Please respond to the following questions. This information will remain confidential.

Child/Family Questionnaire

Please check if your child has ever experienced this condition: **Yes** **No**

Low birth weight (If yes, exact weight _____lb _____oz)		
Long-term or chronic illness (If yes, _____)		
Diagnosed handicapping condition (mainstreamed) (If yes, _____)		
Lack of permanent place to live		
Atypical behavior		
Destructive or violent temperament		
Physical and/or sexual abuse and neglect		

Please check if your family has ever experienced this condition: **Yes** **No**

Non-English or limited English speaking household		
Family history of low school achievement or drop out		
Family history of delinquency		
Family history of substance abuse or addiction		
Single parent		
Teenage parent(s) at birth of first child		
Unemployed parent/parents (other than stay-at-home parent by choice)		
Parental/Sibling loss due to divorce/desertion		
Parental/Sibling loss due to death (please name _____)		
Chronically ill parent/sibling(physical, mental or emotional)		
Imprisonment of parent		
Other		

Has your child ever received Special Education Services or counseling?

_____ Yes

_____ No

If yes, please describe

Number of people living in your household: _____

Total income level: _____ \$0 - \$25,000
 _____ \$25,000 - \$50,000
 _____ \$50,000 - \$75,000
 _____ over \$75,000

	Mother				Father											
	School		College		School		College									
Last Grade Completed By Parent (Circle)	9	10	11	12	1	2	3	4	9	10	11	12	1	2	3	4

Check all structured child care/pre-school experiences and write the number of months in the space provided.

- MSRP _____
- Head Start _____
- PPI _____
- Pre-school class _____
- Pre-kindergarten class _____
- Structured daycare _____
- Other _____

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? _____

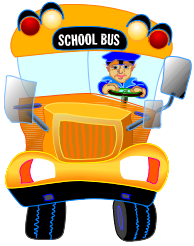
Signature of Parent of Guardian

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.



Transportation Information

Getting to and from school is a very important part of a kindergarten student's day. Bus transportation is available to all resident students with the exception of those within walking distance to their school. In an attempt to make this as smooth as possible, please fill out the following to the best of your ability. We are aware that you have not been told their placement yet, so for that reason please fill out completely to cover all possibilities.

My student's full name is _____, but likes to be called _____.

Home address: _____ Home/cell phone numbers: _____

- Bus Rider
- Will **NOT** be a bus rider
- Will not start out riding but might in the future

We encourage all parents that need childcare for your student to select a provider within your child's home school attendance area. Please note that transportation may not be provided outside the home school area.

Childcare provider is: _____ Phone numbers: _____

Address of Childcare: _____ Days they will attend: _____

*If your child is placed in an **AM** Kindergarten session, what will be the pickup and drop off locations*

AM Pickup: _____ Noonish Drop off: _____

*If your child is placed in a **PM** Kindergarten session, what will be the pickup and drop off locations*

Noonish Pickup: _____ Afterschool Drop off: _____

Siblings that will ride the bus are: _____ grade _____
 _____ grade _____
 _____ grade _____

Are there medical issues a driver would need to be aware of? (Seizures, Allergies etc) Yes ____ No ____
If yes, to ensure your privacy, someone from the transportation dept. will call you for this information before school begins.

Other information you'd like the transportation department to know: _____
