



**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



## 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 language<sup>1</sup> 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

<sup>1</sup> 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.*

EMERGENCY MEDICAL AUTHORIZATION PERMIT

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 listed below 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

Child's Name \_\_\_\_\_  
(Last) (First) (Middle)

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Telephone \_\_\_\_\_

Parent or Guardian Names \_\_\_\_\_

Home Address \_\_\_\_\_

Mother's Employment \_\_\_\_\_ Telephone \_\_\_\_\_

Father's Employment \_\_\_\_\_ Telephone \_\_\_\_\_

Doctor Preferred \_\_\_\_\_ Telephone \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Dentist Preferred \_\_\_\_\_ Telephone \_\_\_\_\_

Dentist's Address \_\_\_\_\_

Insurance Company \_\_\_\_\_ I.D. No. \_\_\_\_\_

**Important Medical Information**

Allergies \_\_\_\_\_

Current Medications or Treatments \_\_\_\_\_

Previous Operations or Hospital Confinements \_\_\_\_\_

Other: \_\_\_\_\_

### 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)

STUDENT NETWORK ID SERVICE FORM

BUILDING: MIDDLE 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.

# 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.**