

Almont Community Schools Student Registration Form

Date \_\_\_\_\_

Grade \_\_\_\_\_  
(Students Last Name) (First Name) (Middle Name) Circle one: Female/Male

Home Phone# \_\_\_\_\_  
(Current Address Street) (City) (State/Zip) Cell # \_\_\_\_\_  
PO BOX if applicable \_\_\_\_\_ (cell # of person with whom student lives)

County Residing In (Required) (Date of Birth) (City/State of Birth)

(Proof of residency required: Mortgage, Rental Agreement, Utility Bill, Driver's License)

Name of Parent(s) or person with whom you live \_\_\_\_\_  
Full Name(s) (Relationship)

(Father's First/Last Name) (Father's Cell/Home Phone Number) (Father's Work Number)

(Mothers First/Last Name) (Mother's Cell/ Home Phone Number) (Mother's Work Number)

(Father's Place of Employment) (Mother's Place of Employment)  
E-Mail Address E-Mail Address 2

Total Number of Children in Family \_\_\_\_\_ Please list all names and birthdates below:  
1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Name and address of last school attended \_\_\_\_\_

Does the student receive any Special Education services? Yes/No Speech Student? Yes/No Active Military? Yes/No Foster Care? Yes/No

If Yes for special Ed or Speech, please contact the Consortium for Exceptional Children's Office @ 810-724-9853

- 1. Are there any special family, custodial or visitation circumstances? If so list \_\_\_\_\_  
(Please provide custodial paperwork to school)  
Serious illness/accidents/conditions/allergies? \_\_\_\_\_
- 2. Ever enrolled in special education or speech classes? \_\_\_\_\_

\*\*\*\*\*

Truthful and accurate answers to the following help the district identify services that the student may be eligible to receive in accordance with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act.

\*\*\*\*\*IMPORTANT NOTE: RESIDENCY AFFIDAVIT REQUIRED\*\*\*\*\*

Student lives with \_\_\_\_\_  
Name Relationship to Student  
\_\_\_\_ with friends/family \_\_\_\_ in a shelter \_\_\_\_ in a motel/hotel \_\_\_\_ campsite \_\_\_\_ with more than one family in a house or apartment  
(other than parent/guardian)

Does the living arrangement checked above result from a loss or housing or economic hardship? \_\_\_\_ Yes \_\_\_\_ No

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Office Use:**

Date of Enrollment \_\_\_\_\_ Start Date \_\_\_\_\_

UIC # \_\_\_\_\_

Student # \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Band/Choir \_\_\_\_\_

School of Choice? \_\_\_\_\_ If Yes District resides in \_\_\_\_\_  
Yes/No

**Documents Presented:**

\_\_\_\_\_ Birth Certificate \_\_\_\_\_ Proof of Residency \_\_\_\_\_ Immunization Record

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