

Hancock Public School - Student Enrollment Form

Child's Legal Name (as shown on Birth Certificate) _____

Grade Entering _____ Male Female Last _____ First _____ Middle _____ Suffix (Jr. III) _____

Birth Date _____ Place of Birth _____

Address _____ Apt/Unit# _____ City/State _____ Zip _____

Mailing Address _____ City/State _____ Zip _____

County _____ Township _____ Home Phone _____

Resident School District

___ 31020 Adams ___ 07020 Baraga ___ 31030 Calumet ___ 31050 Chassell ___ 31100 Dollar Bay
 ___ 31010 Hancock ___ 31110 Houghton ___ 31130 Lake Linden ___ 07040 L'Anse ___ 31140 Stanton Other _____

Last School Attended _____ City/State _____

** Did your Child receive any special education services at a previous school? Yes No N/A

** IF Yes Please indicate type of services received Special Education Classes Speech OT/PT Social Work 504 Plan

<p>Ethnicity</p> <p>Is this student Hispanic/Latino? (Choose only one)</p> <p>___ No, Not Hispanic/Latino</p> <p>___ Yes, Hispanic/Latino – (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)</p>	<p>Race Please mark <u>one or more</u> boxes to indicate your student's race</p> <p>___ American Indian/Alaska Native</p> <p>___ Asian American</p> <p>___ Native Hawaiian/Pacific Islander</p> <p>___ Black/African American</p> <p>___ White</p>
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1) **Child Resides with:** _____ Relationship: Father Mother Other _____

Email _____ Cell Phone _____

Place of Employment _____ Day Phone _____

2) **Child Resides with:** _____ Relationship: Father Mother Stepfather
 Stepmother Other _____

Email _____ Cell Phone _____

Place of Employment _____ Day Phone _____

Custodial Restrictions

Yes No (If yes, please provide documents to the office.)

Parent of Child Living Elsewhere _____ Relationship: Father Mother Other _____

Email _____ Home Phone _____ Cell Phone _____

Address _____ Apt/Unit# _____ City/State _____ Zip _____

Place of Employment _____ Day Phone _____

Emergency Contacts (other than parents) Listed in calling preference order:

Name	Relationship	Phone Numbers
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

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Student Health

Asthma Yes No Inhaler Yes No ** If YES where is it kept? _____

EPI Pen Yes No ** If YES where is it kept? _____

Yes No My Child wears glasses/contacts in class Yes No My child has hearing aids
Allergies _____

Other Health Alerts/Issues/Actions needed _____

Yes No I give permission to administer first aid to my child. In case of an emergency, my child may be transported to the hospital. It is understood that all expenses incurred in such situations shall be my responsibility and not that of Hancock Public School District nor any of the Board of Education members, administrators, faculty and other school personnel.

List Children in Family (school Aged or Younger):

Name:	Birth Date	School of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will your child be picked up after school? Yes No - If Yes - by whom? _____

Will your child walk home after school? Yes No

Will your child need Transportation? Yes No AM _____ PM _____ Occasionally _____

****Items needed when your child registers**

Office use only:

Birth Certificate w/State Seal Immunization Records Proof of Residency

Entry Date _____ Grade _____ Book Deposit _____ Other _____

Date Records Requested _____ Date Records Received _____

It is understood that this information will be used in a confidential and professional manner in the best interest of the child.

Parent/Guardian Signature _____ Date _____

Hancock Public School's Registration Date: _____