



Tecumseh Public Schools Registration Form

Legal Last Name	Legal First Name	Legal Middle Name	Birthdate	Grade	Legal Gender	Birth City	Birth State
Street Address	City-State-Zip	Student Cell Phone	Student Email	Last School Attended	Medical Conditions/Allergies		

Check all that apply: American Indian Asian Black White Native Hawaiian Multi-Racial, specify _____

Hispanic/Latino Ethnicity: No Yes

Primary Language Spoken at home: English Spanish French German Other, specify _____

Is student currently receiving Special Education Services? No Yes

Specify: _____

Parents/Guardians Contact Information: Note: Priority is the order in which the parent/guardian is to be contacted.

Priority	Parent/Guardian Name	Lives With	Relationship	Address	Phone	Email	Employer & Employer Phone
		Y / N					
		Y / N					
		Y / N					
		Y / N					

Automated alert messages will be sent to the numbers listed below. I acknowledge that I am authorized to make decisions regarding automated calls and text messaging made to the phone numbers provided on this form. Please fill out for only those wishing to be contacted. If you would also like a text message sent, check the box next to the alert number. Alerts 3-6 are for Emergency Alerts such as closings & delays.

Primary Alert 1 (Attendance/All Alerts): Alert 3: Alert 5:

Primary Alert 2 (All Alerts): Alert 4: Alert 6:

Please notify the building immediately if any of these numbers change at any point throughout the school year.

Emergency contacts:

Please list below the names of other children presently living in your home:	
1. Name:	Name of Additional Child:
Relationship:	Birthdate:
Phone:	Current Grade:
Relationship:	Relationship:
2. Name:	Name of Additional Child:
Relationship:	Birthdate:
Phone:	Current Grade:
Relationship:	Relationship:
3. Name:	Name of Additional Child:
Relationship:	Birthdate:
Phone:	Current Grade:
Relationship:	Relationship:

Extra copy of report card should be sent to non-custodial parent? No Yes, Parent Name & Address:

Resident of this School District School of Choice (Non-Resident) Non-Resident Attending

Is there any legal information or documents that the school should be informed of concerning the above student? No Yes If Yes, please attach

*****SEE REVERSE SIDE FOR SIGNATURE SECTION & ADDITIONAL REQUIRED INFORMATION*****

FOR OFFICE USE ONLY:

Start Date: _____ Student Id: _____ Homeroom #: _____ Homeroom Teacher: _____ Locker: _____ Counselor: _____ Bus To: _____ Bus From: _____

OVER ----->

Yes No EMERGENCY MEDICAL AUTHORIZATION

In case of accident involving injury, or suspected injury, or in the case of illness involving my child named on this card, District and all LISD programs school staff will transport or secure an ambulance to transport said child to the nearest available emergency room when on school property or away on school-related activities. School personnel will authorize an emergency room doctor to treat my child and call another doctor for consultation and treatment in the event special treatment is necessary, such as surgery, orthopedics, etc.

Yes No USE OF STUDENT INFORMATION

Throughout the year, students are awarded honors for academics, activities, and other miscellaneous items. In such an event, the District, including all LISD programs, will authorize local businesses to publicize these accomplishments through electronic or printed media. District and all LISD programs personnel will authorize use of only pertinent information without jeopardizing the security of the child

Yes No PHOTOGRAPHING/VIDEO TAPING

During the course of the year, photographs and/or video may be taken for use in public relations and school-related publications. School personnel, including all LISD programs, are authorized to supervise possible photographing or videotaping of my child related to classes and school activities on school grounds or events. Reproductions of videotaping or photographs may be used electronically and in print by the administration for the purpose of school publicity.

Yes No COMMUNITY LEARNING CONNECTION (CLC)

CLC and its partners may provide support services to my student at school as needs indicate and may share with the teacher, principal, and/or counselor my student's progress. CLC Site Coordinator/Graduation Coach will have access to my student's information in order to assess the identified needs and ongoing progress of my student.

Yes No ONLINE COURSE AUTHORIZATION

I/We acknowledge acceptance of the responsibilities for my student to request to enroll in online courses at both Tecumseh Public Schools and all LISD programs.

AUTOMATED ALERT MESSAGES: Automated alert messages will be sent to the numbers listed on the front side of this form. I acknowledge that I am authorized to make decisions regarding automated calls and text messaging made to the phone numbers provided on this form. Please fill out only those wishing to be contacted.

PLEASE NOTIFY THE BUILDING IMMEDIATELY IF ANY OF THESE NUMBERS CHANGE AT ANY POINT THROUGHOUT THE SCHOOL YEAR.

PARENT/STUDENT ACKNOWLEDGEMENT

We, the undersigned, agree to read, uphold and discuss the school information/policies with our child. We understand the rights and responsibilities pertaining to students and agree to support and abide by the rules, guidelines, procedures, and policies of the School District and all LISD programs.

Parent or Legal Guardian Signature

Date

Student Signature (if 18 years of age or older)

Date

This card must be signed and returned in order for the student to register.