

Registration Form

Emergency School Closing

IN THE EVENT OF AN EMERGENCY SCHOOL CLOSING, EACH STUDENT MUST HAVE A SOURCE OF PROTECTION AND SUPERVISION OUTSIDE OF THE SCHOOL. PLEASE SPECIFY THIS BELOW, AND MAKE CERTAIN THAT IT IS UNDERSTOOD BY THE STUDENT.

Go Home

Go to the Following

Name _____ Phone _____

Address _____

Address _____

| | | | | | | | |
|--|--------|--|--------------------|--------------------|--|-------------------|--|
| Legal Last Name | | Legal First Name | | Legal Middle Name | Birthdate | Birth City, State | |
| Grade | Gender | Last School Attended (name, city, state) | Student Home Phone | Student Cell Phone | Medical Conditions/Allergies | | |
| Check all that apply <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Multi-Racial, specify: _____ | | | | | Hispanic/Latino Ethnicity <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Primary Language Spoken at Home <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Other, specify: _____ | | | | | Is the student currently receiving Special Education Services? Specify: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes | | |

List ONLY Legal Guardian(s) in this area: (you may use as many lines as necessary)

| Priority | Parent/Guardian Name | Living with (Y/N) | Relationship | Address | City, State, Zip | Home Phone | Cell Phone | Employer & Phone | HAC Access (Y/N) |
|----------|----------------------|-------------------|--------------|---------|------------------|------------|------------|------------------|------------------|
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|---------------------|--|--|----------------|----------------------|--|--|-----------------|--|--|
| Bus Pick Up Address | | | | Bus Drop Off Address | | | | | |
| Mother's Email | | | Father's Email | | | | Student's Email | | |

| Additional Emergency Contacts (not legal guardian) not listed above | | | | Please list below the names of other children presently living in your home | | | |
|---|--------------|-------|--|---|-----------|---------------|------------------|
| Name | Relationship | Phone | | Name of Child | Birthdate | Current Grade | Child lives with |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Housing Status (Circle appropriate living arrangement)

Own/rent Home of relatives Home of friends Shelter Motel/hotel Car Campsite Unaccompanied youth Other (explain): _____

Military Affiliation (Circle appropriate): Active Duty National Guard or Reserve Non-military connected Other (explain): _____

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

Is there any legal information or documents that the school should be informed of?
 No Yes, if so, please attach

Signature Required - See Reverse Side for Additional Required Information

For Office Use Only:

| | | | | | | | | |
|------------|----------------|------|----------|-----------------------|--------|-----------|--------|----------|
| Start Date | Student Number | UIC# | Building | Teacher/Homeroom/Team | Locker | Counselor | Bus to | Bus from |
|------------|----------------|------|----------|-----------------------|--------|-----------|--------|----------|

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.