

Public Schools of Petoskey New Student Registration

Child's Legal Name: _____

(As stated on birth certificate) First Middle Last

Male ___ Female ___ Birthdate _____ Grade _____ Student's cell phone _____

Resident of the Petoskey School District ___ Yes ___ No If "no" what school district? _____

Resident County _____

Physical Address _____

Mailing Address _____

Contact #1 _____

Contact #2 _____

Relationship _____

Relationship _____

Cell phone _____

Cell phone _____

Work phone _____

Work phone _____

Landline phone _____

Landline phone _____

Employer _____

Employer _____

Email _____

Email _____

Address (if different from child) _____

Address (if different from child) _____

Contact #3 _____

Contact #4 _____

Relationship _____

Relationship _____

Cell phone _____

Cell phone _____

Work phone _____

Work phone _____

Landline phone _____

Landline phone _____

Employer _____

Employer _____

Email _____

Email _____

Address (if different from child) _____

Address (if different from child) _____

Is your student Hispanic or Latino? ___ Yes ___ No

What is your student's race (please check all that apply)? ___ American Indian/Alaska Native ___ Asian American
___ Black or African American ___ Hispanic or Latino ___ Native Hawaiian or other Pacific Islander ___ White

Are you experiencing housing challenges that require your child to be living outside of your family's regular residence? (Please choose only one.) ___ Yes ___ No

What language(s) are spoken in your child's home? _____

What language(s) did your child first learn to speak? _____

Does your child speak or understand the English language? _____

Is one or more parent/guardian in the military (active/inactive duty) ___ Yes ___ No

Is your landline phone unlisted? ___ Yes ___ No ___ N/A

List all people living in your child's home _____

Names of brothers and sisters:

Name _____ Birthdate _____ School _____

Name _____ Birthdate _____ School _____

Name _____ Birthdate _____ School _____

Student's Name _____

New Student's Emergency and "can be released to" Contacts

Contact #1 _____
Relationship _____
Cell phone _____
Work phone _____
Landline phone _____

Contact #2 _____
Relationship _____
Cell phone _____
Work phone _____
Landline phone _____

Contact #3 _____
Relationship _____
Cell phone _____
Work phone _____
Landline phone _____

Contact #4 _____
Relationship _____
Cell phone _____
Work phone _____
Landline phone _____

New Student's Previous Services or Areas of Support

Does the new student qualify for or receive any help in the following areas? (Please check all that apply.)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Special Education (IEP on file) | <input type="checkbox"/> Traumatic Brain Injury (TBI) | <input type="checkbox"/> Behavior Plan | <input type="checkbox"/> Gifted and Talented |
| <input type="checkbox"/> Resource Room | <input type="checkbox"/> Physically or Otherwise Health Impaired | <input type="checkbox"/> Special Transportation | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Categorical Room | <input type="checkbox"/> Autistic/Asperger's | <input type="checkbox"/> Section 504 | <input type="checkbox"/> Credit Recovery |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Title 1 or section 31A | <input type="checkbox"/> Career Tech |
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Advanced Placement |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Emotionally Impaired | <input type="checkbox"/> Asthma | <input type="checkbox"/> Dual Enrollment/Early College |
| <input type="checkbox"/> Cognitively Impaired | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Tutor/Mentor | <input type="checkbox"/> Attendance |

Does your child have any allergies? _____

Does your child take any medications (please list)? _____

Does your child have any special needs? _____

If an emergency occurs, please take this student to the nearest medical facility as warranted? Yes No

Comments _____

I have completed this form with correct information and understand that the facts provided are confidential.

Parent signature (required) _____ Date _____

A parent or legal guardian must accompany the student; complete school forms; and, meet all district, state, and federal requirements before enrollment may take place.

(Please inform us if you are an unaccompanied youth or are a family experiencing housing challenges, as these requirements may be waived per McKinney-Vento exclusions.)



Public Schools of Petoskey

A Special Place for Everyone

Spitler Administration Building, 1130 Howard Street, Petoskey, MI 49770

Telephone: 231-348-2100, Fax: 231-348-2342

REQUEST FOR RECORDS

Student Name: _____

Date of Birth: _____ Grade: _____

Does student receive Special Education Services (IEP), Section 504, Title 1 or other health needs? ___Yes ___No

Name of School Transferring From: _____

Address of School Transferring From: _____

Phone of School Transferring From: _____

I give my permission for the release of the following records to the Public Schools of Petoskey:

- Current Transcripts
- State and District Test Scores
- Health and Immunization Records
- Cumulative School File
- Current Multidisciplinary Evaluation Team Report (MET) and Individual Education Plan (IEP)

In compliance with the Family Rights and Privacy Act of 1974, you are authorized to include all confidential records such as special education, speech, psychological, social work, counseling, health, transcripts/grades and other pertinent information. Because the student's records are necessary in planning his/her programming, we thank you in advance for your prompt reply.

In order to comply with Public Act 328, please verify that this student has not been suspended or expelled from your school district for weapons violation subsequent to January 1, 1995. Initial _____. Has the student been suspended or expelled due to weapons violations ___yes ___no, if "yes" attach an explanation as to the current status of the student.

Parent/Guardian: _____

Date: _____

Please forward the complete educational record to:

Petoskey High School
1500 Hill Street
Petoskey, MI 49770
231-348-2160
231-348-2357 (fax)

Petoskey Middle School
801 Northmen Drive
Petoskey, MI 49770
231-348-2150
231-348-2234 (fax)

Central Elementary
410 State Street
Petoskey, MI 49770
231-348-2110
231-348-2402 (fax)

Lincoln Elementary
616 Connable Avenue
Petoskey, MI 49770
231-348-2120
231-348-2471 (fax)

Ottawa Elementary
871 Kalamazoo Avenue
Petoskey, MI 49770
231-348-2130
231-348-2302 (fax)

Sheridan Elementary
1415 Howard Street
Petoskey, MI 49770
231-348-2140
231-348-2444 (fax)