

# 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 \_\_\_\_\_

Relationship \_\_\_\_\_

Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

Landline phone \_\_\_\_\_

Employer \_\_\_\_\_

Email \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Contact #2 \_\_\_\_\_

Relationship \_\_\_\_\_

Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

Landline phone \_\_\_\_\_

Employer \_\_\_\_\_

Email \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Contact #3 \_\_\_\_\_

Relationship \_\_\_\_\_

Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

Landline phone \_\_\_\_\_

Employer \_\_\_\_\_

Email \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Contact #4 \_\_\_\_\_

Relationship \_\_\_\_\_

Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

Landline phone \_\_\_\_\_

Employer \_\_\_\_\_

Email \_\_\_\_\_

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.)



### 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)