

REGISTRATION FORM

**HARRISON
COMMUNITY SCHOOLS**
Harrison, Michigan 48625

Today's Date _____
Has your child ever attended a Harrison School before? _____
Student Social Security Number: _____

Student Name: _____
Last First Middle

Other Last Name Student may use: _____

Entering Grade: _____

Sex:
 Male Female

Have you been or are you currently suspended from your last school?
 Yes No

Ethnic Code: check one (optional)

- Native Am. (1) Caucasian (2)
- Hispanic (3) African-Am (4)
- Asian Am (5) Middle Eastern (6)
- Multi-Ethnic/Other (7)

Birthdate _____
Month / Day / Year

Birth Place _____
City / State

Phone Number _____ Listed: Yes No

Address: _____
Number / Street Name PO Box City Zip Code

Mothers Name: _____

Home Phone #: _____ Work Phone #: _____

Fathers Name: _____

Hone Phone #: _____ Work Phone #: _____

*Parent Education Level: Indicate appropriate level by number: _____
Mother / Father

If applicable:
Guardians Name: _____
Guardians Home Phone #: _____ Work #: _____

Previous school attended: _____

Address: _____

Special services your student received at previous school: (check all that apply) Special Education Speech
 Chap I / Title I Social Worker Physically Impaired School Psychologist Mental Health

**DO NOT FILL OUT OR MARK IN THIS BOX
OFFICE USE ONLY**

Student Number _____
No. of Credits Earned _____
Entry Date _____
Entry Code _____ Prev LEA _____
Birth Cert Y N YOG _____
Choice Schools Yes No
Home School/# _____
Bus # _____
Immunization Records Yes No
Lunch App: Yes No
Student Records: Req'd _____
Received _____
 Speech LD Social Worker
 Chap I / Title I School Psychologist

For Kindergarten Students Only:

Previous Educational Experience:
 Headstart Daycare Setting
 Preschool Experience Other

**With whom does your child reside:
(check one)**

- Both parents
- Father/stepmother
- Mother/stepfather
- Father only
- Mother only
- Legal guardian
- Court placed--
- Relative--
- Foster home--

***Parent Education Level (optional)**

- 1 - completed grade 8 or less
- 2 - some high school
- 3 - high school graduate
- 4 - post high school



*Emergency Contact Person: _____ Relationship: _____

*Phone Number: _____

*Emergency Contact Person: _____ Relationship: _____

*Phone Number: _____

Other children who reside in the home:

Name	Birthdate	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does your child attend a day care center or go to a sitter after school? Yes No

If yes, name: _____ Phone number: _____

Address: _____

*My child may be released to: _____

*These names and phone numbers will remain in effect until notified by parents/guardians.

I affirm, that as the parent/legal guardian, all information provided above is true and accurate, and that my child and I reside at the listed address. I understand any false information provided by me, may subject me to legal penalties for perjury.

Parent/Guardian _____

Date: _____