

# NORTH STAR ACADEMY PUBLIC SCHOOL DISTRICT

## 2009-2010 Registration Form

To apply to enroll: 1. Complete registration form and corresponding pages.

2. Provide school with copies of (a) Birth Certificate, (b) All Immunization Records, (c) Last Grade Report

STUDENT INFORMATION			
LEGAL FIRST NAME, <u>NOT</u> NICKNAME		MID INIT	LAST NAME + GENERATION SUFFIX (JR, II,III) IF APPLICABLE
RESIDENTIAL ADDRESS		PREFERRED NICKNAME, IF APPLICABLE	DATE OF BIRTH (MM-DD-YYYY)
CITY/ STATE/ ZIP		PREVIOUS SCHOOL ATTENDED	BIRTH PLACE (CITY)
GRADE FOR FALL OF 2009		SCHOOL DISTRICT OF RESIDENCE	GENDER (CIRCLE ONE) MALE / FEMALE
HOME PHONE ( )	TWIN, TRIPLET, ETC. Y / N	COUNTY OF RESIDENCE	SOCIAL SECURITY NUMBER
<input type="checkbox"/> CHECK IF NON-RESIDENT OR FOREIGN EXCHANGE STUDENT. IF SO INDICATE VISA TYPE: F-1 /OTHER			
RACIAL / ETHNIC INFORMATION FOR MICHIGAN DEPARTMENT OF EDUCATION STATISTICS PRIMARY AND/ OR SECONDARY NUMBER 1,2, 3, FOR THE ONE OR MORE THAT APPLY			
_____ American Indian or Alaska Native		_____ Black or African American	
_____ Asian American (Far East, SE Asia, India)		_____ White	
_____ Native, Guam, Samoa, Or Other Pacific Islander		_____ Hispanic or Latino (Cuba, Puerto Rico, South or Central America or other Spanish culture or origin)	
PARENT / GUARDIAN INFORMATION			
FIRST CONTACT NAME / RELATIONSHIP TO STUDENT		SECOND CONTACT NAME/ RELATIONSHIP TO STUDENT	
ADDRESS (IF DIFFERENT FROM STUDENT) CITY, STATE, ZIP CODE		ADDRESS (IF DIFFERENT FROM STUDENT) CITY, STATE, ZIP CODE	
EMAIL ADDRESS		EMAIL ADDRESS	
OCCUPATION / EMPLOYER		OCCUPATION / EMPLOYER	
PHONE - WORK ( )	MOBILE ( )	HOME ( )	PHONE - WORK ( )
			MOBILE ( )
			HOME ( )
EMERGENCY CONTACT ( If 1st or 2nd Contact cannot be reached) FAMILY DOCTOR / MEDICAL			
EMERGENCY CONTACT NAME / RELATIONSHIP TO STUDENT		FAMILY DOCTOR NAME	
ADDRESS		DOCTOR'S OFFICE PHONE ( )	
CITY / STATE / ZIP CODE		SPECIAL MEDICAL NEEDS ( E.G. Diabetes, Food Allergies):	
PHONE - DAY ( )		EVENING ( )	
IS YOUR CHILD CURRENTLY TAKING ANY MEDICATION? PLEASE INDICATE TYPE AND DOSAGE:			
IMMUNIZATIONS CHECKLIST			
PLEASE ATTACH A COPY OF YOUR CHILDS IMMUNIZATION RECORD. MICHIGAN LAW REQUIRES ALL CHILDREN BE IMMUNIZED AGAINST VACCINE-PREVENTABLE DISEASES TO ENTER KINDERGARTEN, 6TH GRADE, OR A NEW SCHOOL DISTRICT IN ANY GRADE.			
IMMUNIZATIONS CHECKLIST		REQUIRE DOSES	
DIPHTHERIA, TETANUS & PERTUSSIS ( DTaP/ DTP/ DT/Td):		4 Doses Required. <i>If a dose was not given in the last 10 years, a booster dose is required</i>	
Polio (OPV or IPV):		3 Doses are required	
Measles/ Mumps/ Rubella (MMR):		2 Doses are required	
Hepatitis B (HEP B):		3 Doses are required	
Varicella (Chickenpox- <u>required</u> unless child has had Chickenpox) If your child has had Chickenpox disease, the Varicella vaccine is not required.			Has this student had Chickenpox? Yes / No
SPECIAL SERVICES YOUR CHILD HAS RECEIVED AT PREVIOUS SCHOOL -CHECK ALL THAT APPLY			
<input type="checkbox"/> Speech Therapy <input type="checkbox"/> Social Work <input type="checkbox"/> Other: _____		Special Education Services: <input type="checkbox"/> Resource Room ___hrs/week <input type="checkbox"/> Self-contained classroom <input type="checkbox"/> Date of last I.E.P.C.: _____	
		L.D. <input type="checkbox"/> E.I. <input type="checkbox"/> E.M.I. <input type="checkbox"/> Other <input type="checkbox"/>	
		<input type="checkbox"/> English as Second Language What is primary language at home? _____ <input type="checkbox"/> G.A.T.E.S.	
Does student have sibling(s) currently enrolled at NSA? No / YES		Siblings enrolled/ enrolling & next year grade	
Does this student have sibling(s) also applying to NSA? No / YES			
If yes to either, list those brothers and sisters at the space to the right			
I attest that the information provided is complete and accurate to the best of my knowledge.			Office use only-Date/Time Received
X _____ Parent/ Guardian Signature			
_____ Today's Date			

EQUAL EDUCATIONAL OPPORTUNITY: North Star Academy Public School District does not charge tuition and does not discriminate in its pupil admissions policies or practices on the basis of intellectual or athletic ability, measures of achievement or aptitude, status as a handicapped person, or any other basis not permitted by Michigan's public schools.