



# OPS Student Enrollment & Emergency Form

Parents/Guardians: Please complete both sides of the form, sign, date, and return the form to the school's main office. Note that all fields titled, "Primary Phone" and "E-mail" are used when the district automated alert system is activated for school messages.

## Student Information:

Student Legal Name: (Last First Middle):	Date of Birth:	
Student Mobile Phone:	Gender:	
Primary Phone:	Grade:	
District of Residence:	Country of Birth:	
Student's Address:		
Mailing Address: (if different)		
Student Resides with:		

## Parent/Guardian Information:

	Parent/Guardian	Parent/Guardian
Name: (Last First)		
Relationship to Student:		
Street Address: (if different)		
City, State, Zip:		
Primary Phone: (if different)		
Mobile Phone: (if different)		
Day Phone: (if different)		
Employer: (if applicable)		
E-mail Address:		

➔ **Check all that apply:**     Regular Education     Special Education     Speech & Language     504 Plan

Yes     No    My child attended Owosso Public Schools previously. If yes, year? \_\_\_\_\_ Name of school: \_\_\_\_\_

Yes     No    My child attended a pre-school program prior to entering kindergarten.

If yes, name of last school attended (including preschool): \_\_\_\_\_

Yes     No    Has your child been suspended or expelled by the Board of Education of any district?

Yes     No    In case of an emergency, I authorize the School to seek medical attention for my child.

## Medical/Special Needs: (Please check and describe any medical condition, medication or disability that would be important for the school to know.)

Asthma - \_\_\_\_\_

Diabetes - \_\_\_\_\_

Seizures - \_\_\_\_\_

Seasonal Allergies - \_\_\_\_\_

Allergic Reactions (i.e., insect bites, bees, etc) - \_\_\_\_\_

Other - \_\_\_\_\_

**Provide any other information you feel will assist the school, including health or other conditions:** (If more space is needed, please attach information.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Emergency Information: (Other than the Parents/Guardians)

	Emergency Contact #1	Emergency Contact #2	Emergency Contact #3
Name:			
Relationship:			
Day Phone:			

**Siblings:** (Other children from oldest to youngest)

Name (Last, First)	Birthdate	School / District	Name (Last, First)	Birthdate	School / District
1 )			5 )		
2 )			6 )		
3 )			7 )		
4 )			8 )		

**Race and Ethnicity:** (Part A and Part B MUST be completed. Please select an answer for **both** parts. If either part [A or B] is not answered, the U.S. Department of Education **requires** the school district to supply an answer on your behalf.)

**Part A:** Is this student Hispanic/Latino? (choose only one)  **No, not Hispanic/Latino**  **Yes, Hispanic/Latino**

The above part of the question is about ethnicity, not race. No matter which box you selected above, please continue to answer Part B by marking one or more boxes to indicate what you consider your student's race to be.

**Part B:** What is the student's race? (choose one or more)

- American Indian or Native Alaskan  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

**Language:** Answer the two questions below. If your response to either question is a language other than English, the school district will give an assessment to see if your student may benefit from English language support.

What language is used most at home? \_\_\_\_\_

What language is used most by the student? \_\_\_\_\_

**Living Circumstances:** Do you currently find yourself in any of the situations below?

- In a shelter  
 Living with friends or other family members due to loss of housing or economic hardship  
 In a hotel/motel Living in other locations (e.g. in a car, park, bus, train, or campsite)  
 Foster care placement  
 Other (please describe): \_\_\_\_\_

**Emergency:** In case of an emergency school closing and students are released early, my child has been instructed to:

- Drive self  Ride the bus  Wait to be picked up  Walk home  
Walk-to Address: \_\_\_\_\_  
Walk-to Name: \_\_\_\_\_  
Walk-to Day Phone: \_\_\_\_\_

**Permissions:**

- Yes  No I authorize OPS to release my student's name in school publications (i.e., honor roll, programs and media).  
 Yes  No I authorize OPS to release my student's contact information (name, address, phone, and email) to third parties (i.e., drivers education).  
 Yes  No I authorize OPS to release my student's photo and video image.  
 Yes  No I authorize OPS to release my student's contact information to the U.S. Armed Forces.  
 Yes  No I authorize OPS to release my student's transcript and scores to educational institutions.  
 Yes  No I give permission to attend field trips.

**Guardianship:**

- In the case of separated or divorced parents, are there any legal restrictions on the release of the child or information to either parent or step-parent?
- If yes, please explain below/ and provide court documentation to the school office.

----> **Signature of Parent or Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*It is the policy of the Owosso Public School District that no person shall on the basis of sex, race, color, national origin, or handicap be excluded from participation in, be denied the benefits of, or be subjected to discrimination as a student in Owosso schools or any of its programs or activities.*