

TEACHER: _____

STUDENT: _____
Last First Middle

Grade: **4**

*Paw Paw Later Elementary
612 North Street
Paw Paw, Michigan 49079*

For Office Use Only: Date _____

Immunization Record _____

Date Records Req. _____ Date Rcvd. _____

Proof of Residency _____

Birth Cert. _____ Last Report Card _____

Special Education Y N

ENROLLMENT INFORMATION

2015-2016 School Year

To be updated annually by parent/guardian

Address:

Street/Apartment City Township Zip Code
Place of birth,

Home Phone: _____ Birthdate: ___/___/___ City/State: _____ Sex: M F
Mo Day Year

TRANSPORT

_____ Bus Student
_____ Walk/Bike
_____ Drive

RACIAL/ETHNIC BACKGROUND:

_____ White _____ Native Hawaiian or Other Pacific Islander
_____ Black/African American _____ American Indian or Alaska Native
_____ Asian _____ Hispanic or Latino _____ Other

PARENT/GUARDIAN INFORMATION:

Student resides with: both parents joint custody of physical placement sole custody with _____
(relationship) _____

Mother/Guardian Name: _____

Address: _____ Home Phone #: _____
Street/Apartment City Zip Code

Place of Employment: _____

Work Phone #: _____ Cell Phone/Pager #: _____

E-Mail Address: _____ Highest Education Level: _____

Father/Guardian Name: _____

Address: _____ Home Phone #: _____
Street/Apartment City Zip Code

Place of Employment: _____

Work Phone #: _____ Cell Phone/Pager #: _____

E-Mail Address: _____ Highest Education Level: _____

Other authorized adult contact in the home: _____

Relationship to student: _____ Place of Employment: _____

Work Phone #: _____ Cell Phone #: _____

SIBLINGS OR OTHER CHILDREN IN THE HOME:

Name	Birthdate	Grade	Name	Birthdate	Grade
1. _____			2. _____		
3. _____			4. _____		
5. _____			6. _____		

.....
Complete the Section Below *ONLY* if Parents/Guardians Reside in Two Separate Households

JOINT LEGAL CUSTODY PARENT/GUARDIAN INFORMATION

Parents/Guardians who share joint legal custody both have the right to consult with School Officials concerning the child(ren)'s welfare and educational status, and to inspect and receive student records. **Parents with joint legal custody will both receive copies of all official school reports, notices of parent-teacher conferences/staffings and school programs if requested.**

NON-RESIDENT CUSTODIAL PARENT/GUARDIAN INFORMATION

(Parent/Guardian living outside of the Paw Paw Public School District)

_____, whose address and phone number are listed on the previous page
Non-Resident Custodial Parent/Guardian Name

(Check all that apply)

- _____ is entitled to school information regarding student
- _____ should be mailed duplicates of all information sent home
- _____ has permission to pick up student from school

Additional custody information:

PARENT WITH RESTRICTIVE CUSTODY OR DENIED PERIODS OF PHYSICAL PLACEMENT

_____, whose address and phone number are listed below
Name of Parent With Restrictive Custody

(Check all that apply)

- _____ is entitled to school information regarding student
- _____ should be mailed duplicates of all information sent home
- _____ has permission to pick up student from school
- _____ there **IS** a court order restricting access to the student or student's record dated _____ and filed in _____ Court

Parents/guardians **need to provide the school with copies of court orders** related to restrictive custody to allow the school to comply with court rulings. **Additional custody information:**

Name of Parent with Restricted Custody: _____

Address: _____
Street/Apartment City State Zip

Home Phone #: _____ **Work Phone #:** _____

PAW PAW LATER ELEMENTARY HEALTH SURVEY/INFORMATION:2015-2016 SCHOOL YEAR

INDICATE IF ANY OF THE FOLLOWING APPLY TO YOUR CHILD:

YES	NO				
_____	_____	Has your child had the Chicken Pox?	If yes, when: _____		
_____	_____	Severe reaction to insect stings	Cause/Reaction: _____		
_____	_____	***Epi-Pen needed at school***			
_____	_____	Food Allergies	Cause/Reaction: _____		
_____	_____	***Epi-Pen needed at school***			
_____	_____	Other Allergies	Cause/Reaction: _____		
_____	_____	***Epi-Pen needed at school***			
_____	_____	Asthma (Circle one)	Mild	Moderate	Severe
_____	_____	Cause/Reaction: _____			
_____	_____	***Inhaler needed at school***			
_____	_____	Heart condition	Describe: _____		
_____	_____	Wears corrective lenses (Circle one)	Glasses	Contact Lenses	
_____	_____	Vision loss (Not corrected by glasses/contacts)			
_____	_____	Hearing loss	Describe: _____		
_____	_____	Emotional problems	Describe: _____		
_____	_____	Diabetes			
_____	_____	***Glucose Monitoring/Special Instructions needed at school***			
_____	_____	Seizures	Describe: _____		
_____	_____	Diagnosed migraine headaches			
_____	_____	Physical Limitations	Please List: _____		
_____	_____	Other: _____			
_____	_____	Child is taking medication at home that the school needs to be aware of (please list) _____			
_____	_____	*Child will be taking medication(s) at school (please list) _____			

** Students who require prescription or over the counter medication during school hours must have a current medication authorization form completed and signed by their parent/guardian and medical practitioner. This form must be submitted to the office prior to medication being administered or taken at school. Medication must come in the original container and be appropriately labeled. A medication authorization form can be obtained in the school office.*

ADDITIONAL MEDICAL INFORMATION:

The parent/guardian signature below allows the school to share student health concern information with school staff members, bus drivers, and coaches/advisors that may come in contact with the student

Parent/Guardian Signature: _____ **Date:** _____

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION:

Parent #1: _____ Daytime Phone #: _____ Cell #: _____

Parent #2: _____ Daytime Phone #: _____ Cell #: _____

In all cases of sickness and injury, school officials will attempt to notify parents immediately. In instances when contact cannot be made with parents, decisions must be made concerning how to deal with emergency situations. Parent response to the following statement is requested so that school officials may act without delay and in a manner agreeable to individual parents. If my child becomes seriously ill or is injured at school and we cannot be reached, please take him/her to our family doctor or to any other doctor who is available or to the nearest hospital. I agree to assume responsibility for expenses occurred by the handling of this emergency care.

Parent Signature _____

I prefer NOT to sign the above statement but offer the following instructions for handling an emergency involving my child:

EMERGENCY CONTACT WHEN UNABLE TO REACH PARENTS/GUARDIANS:

Contact Name: _____ Relationship: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Contact Name: _____ Relationship: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Daycare Provider: _____ Phone #: _____

Additional Name: _____ Phone #: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Medical Practitioner: _____ Phone #: _____

The following adults ARE authorized to pick up my child from school:

The following adults ARE NOT authorized to pick up my child from school:

School Attendance Information:

Date student entered Paw Paw Public School System _____ School entered from _____

City and State _____

Other school systems attended _____ City and State _____

PLEASE CONTACT THE OFFICE IMMEDIATELY WITH ANY CHANGES TO STUDENT INFORMATION