



# IONIA PUBLIC SCHOOLS STUDENT REGISTRATION FORM

Student #: \_\_\_\_\_

School: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Gender:  Female  Male

Date of Birth \_\_\_/\_\_\_/\_\_\_ Place of Birth \_\_\_\_\_ Entering Grade: \_\_\_\_\_

**Ethnic Background (Check all that apply):**  American Indian or Alaskan Native  Black or African American  
 Asian American  Native Hawaiian or Other Pacific Islander  White  Hispanic or Latino

**Does your child speak or understand a language other than English?**  YES  NO

If yes, what is that language? \_\_\_\_\_

If yes, is that language the first one the child/ward learned to speak or understand?  YES  NO

**Is there a language other than English spoken regularly in the home or environment?**  YES  NO

If yes, what is the language? \_\_\_\_\_

**Student lives with: (check all that apply)**  Both Parents  Father/Stepmother  Mother/Stepfather  
 Father Only  Mother Only  Divorced, Joint Custody  Legal Guardian  Other  
 Relative \_\_\_\_\_  Foster Home \_\_\_\_\_

Father's Name: _____
Home Phone # _____
Cell Phone # _____
Email _____
Address: _____
City: _____ Zip: _____
Mailing Address: _____
City: _____ Zip: _____
Place of Work: _____
City _____ Phone # _____ ext. _____

Mother's Name: _____
Home Phone # _____
Cell Phone # _____
Email _____
Address: _____
City: _____ Zip: _____
Mailing Address: _____
City: _____ Zip: _____
Place of Work: _____
City _____ Phone # _____ ext. _____

Step-Father/Guardian's Name: _____
Home Phone # _____
Cell Phone # _____
Email _____
Address: _____
City: _____ Zip: _____
Mailing Address: _____
City: _____ Zip: _____
Place of Work: _____
City _____ Phone # _____ ext. _____

Step-Mother/Guardian Name: _____
Home Phone # _____
Cell Phone # _____
Email _____
Address: _____
City: _____ Zip: _____
Mailing Address: _____
City: _____ Zip: _____
Place of Work: _____
City _____ Phone # _____ ext. _____

**Student is currently living?**

- With his/her family in a single family dwelling either rented or owned by his/her family
- In a shelter
- In a motel, car, or campsite
- With another family in their house or apartment
- With friends of family members



What school district does the student live in—if other than Ionia Public Schools: \_\_\_\_\_

**Other Children In Family**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_



Yes  No Student will be picked up or dropped off by the bus at a site other than their home. If the student will be picked up or dropped off at a day care provider, please fill out information completely in order that your student's transportation needs can be more accurately determined.

**Day Care Provider:** \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Days / Times Attending Day Care: \_\_\_\_\_

**Health Concerns:**

Allergies: \_\_\_\_\_

Asthma  Blind  Deaf  Diabetes  Heart Disease  Hemophilic  Non-Verbal  Chronic Respiratory Problems

Allergies  Bee Sting  Penicillin  Other: \_\_\_\_\_

Seizures Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_

Special Needs/Considerations: \_\_\_\_\_

Medication:  No  Yes If yes, name of medication, dosage given and time given: \_\_\_\_\_

**Emergency Contact Person** (Please list friends or relatives that the school may contact in case of illness or emergency.)

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ Phone # \_\_\_\_\_

**Has your student been suspended from school**  YES  NO **or expelled from school?**  YES  NO

**Has this student ever been placed in special education classes?**  YES  NO

If yes, what special services did the student received at previous school:  Speech  Resource Room  Social Work

Full Day Special Education

**Special Education Students Only**

Does special education student require any of the following:

Walks to school  Walks to regular bus stop  Needs bus stop at home  Walks to bus unassisted

Walks to bus, needs assistance  Needs to be carried  Requires car seat  Requires a booster seat  Requires special restraint

Wheelchair  Requires Attendant  Special equipment/device: \_\_\_\_\_

Needs to be met at school  Needs to be met at bus stop/home

Other equipment to transport (e.g. walker, lap tray, oxygen, suction equipment, etc.): \_\_\_\_\_

Other special needs or considerations \_\_\_\_\_

I verify that I can make the decision as to execution of permission/acknowledge of forms for school documents, trips, and activities, receipt of education records; and participation in IEPC or Section 504 Plan Meeting. I also understand that Ionia Public Schools may request proof of parentage/guardianship which may include power of attorney, guardianship or court order(s).

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Applicants for admission as students and their parents/guardians are hereby notified that the District does not discriminate on the basis of race, color, national origin, sex, religion, lack of English language skills, age, height, weight, or marital status or disability in admission or access to programs, activities or policies. Any person having inquiries concerning the District's compliance with the regulations implementing Title VI, Section 504 of the Rehabilitation Act or the Americans With Disabilities Act are directed to contact the Associate Superintendent, 250 E. Tuttle Road, Ionia, MI 48846.