

Mason County Central Schools

MCC Schools
300 W Broadway
Scottville MI 49454-1095

Today's Date _____ School: _____

Has your child ever attended a Mason County Central School before? Yes No

Student Name:

Last

First

Middle

Other Name(s) student may use: _____

Entering Grade: _____ Birthdate: _____

Gender
<input type="checkbox"/> Male
<input type="checkbox"/> Female

Ethnic Code: Which ethnic group do you most closely identify with?

- | | |
|---|--|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian/American | <input type="checkbox"/> Caucasian (white) |
| <input type="checkbox"/> Black African American | <input type="checkbox"/> Hispanic/Latino |
| | <input type="checkbox"/> Multi-Race |

Student Mailing

Address _____
Street # _____ City _____ State/Zip _____

Street Address (if different than mailing address): _____
Street # _____ City _____ State/Zip _____

Home Phone Number: _____ Listed: Yes No

Name of Adult MALE residing in the home: _____

Name of Work: _____ Work Phone #: _____

Cell Phone # _____ Email address: _____

Relationship to Student: _____

Name of Adult FEMALE residing in the home: _____

Name of Work: _____ Work Phone #: _____

Cell Phone #: _____ Email Address: _____

Relationship to Student: _____

Name of Parent living elsewhere: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Would you want them to receive mailings? Yes No

Is there a court order barring this parent from receiving mailings? Yes No

Name and Address of Previous School attended: _____

DO NOT FILL OUT OR MARK OFFICE USE ONLY	
Fax to: (front page only)	
CBO	<input type="checkbox"/>
Transportation	<input type="checkbox"/>
Date Faxed	_____
Student #	_____
Entry Date	_____
Previous LEA	_____
Birth Certificate	Y N
Immunization Records	Y N
Teacher Name	_____
Room #	_____
Address Verified	Y N
Verification source	_____
NON RESIDENT STATUS	
<input type="checkbox"/> Resident	
<input type="checkbox"/> Schools of Choice	
<input type="checkbox"/> District Release from	

Custody/Guardianship Information	
Check ALL that apply	
Custody/Guardian	Resides With
<input type="checkbox"/> Both Parents	_____
<input type="checkbox"/> Father/Stepmother	_____
<input type="checkbox"/> Mother/Stepfather	_____
<input type="checkbox"/> Father only	_____
<input type="checkbox"/> Mother only	_____
<input type="checkbox"/> Legal Guardian	_____
<input type="checkbox"/> Foster Home	_____
<input type="checkbox"/> Relative (_____)	_____
<input type="checkbox"/> Other (friend, etc.)	_____
<input type="checkbox"/> Lives Alone	_____
<input type="checkbox"/> No Permanent Residence	_____

<input type="checkbox"/> Court placed	
<input type="checkbox"/> Divorced, joint custody	

Please complete the reverse side of this form 

MCC School Address: _____ School Phone: 231-_____ School Fax: 231-_____

Student Name: _____

Special Services your student received at previous school: (check all that apply)

- Speech Special Education Social Worker Title I Reading Recovery

Other: _____

Emergency Contact Person: _____

Relationship to Child: _____

Street Address: _____ Phone #: _____

Cell #: _____

Emergency Contact Person: _____

Relationship to Child: _____

Street Address: _____ Phone #: _____

Cell #: _____

Family Doctor: _____ Phone #: _____

Other Children who reside in the home:

_____			<input type="checkbox"/> natural sibling	<input type="checkbox"/> step sibling
Name	Birthdate	Grade		
_____			<input type="checkbox"/> natural sibling	<input type="checkbox"/> step sibling
Name	Birthdate	Grade		
_____			<input type="checkbox"/> natural sibling	<input type="checkbox"/> step sibling
Name	Birthdate	Grade		
_____			<input type="checkbox"/> natural sibling	<input type="checkbox"/> step sibling
Name	Birthdate	Grade		

1. Is your child's native tongue a language other than English? (please check one) Yes No

What is the language? _____

2. Is the primary language used in your child's home or environment a language other than English? Yes No

What is the language? _____

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 that any false information provided by me may subject me to legal penalties for perjury.

I also grant permission for my child to attend local field trips which are a regular part of my child's curriculum. I understand this generally applies only to field trips within the boundaries of Mason/Lake Intermediate School District. Trips of longer distances will require specific written permission.

Signature of Parent/Guardian

Date