

Mason County Central Schools Enrollment Form

MCC Schools
300 W Broadway
Scottville, MI 49454
231-757-3713
FAX 231-757-5716

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: _____ MALE

Entering Grade: _____ Birthdate: _____ FEMALE

Ethnic Code: Which ethnic group do you most closely identify with?
____ American Indian/ Alaskan Native _____ Black _____ Hawaiian or Pacific Islander
____ Asian/ _____ Caucasian (white) _____ Hispanic or Latino

Student Mailing

Address _____
Street number or PO box number / City / State/Zip

Street Address (if different than mailing address- no PO numbers):

Street # _____ City _____ State/Zip _____
Home Phone Number: _____ Listed: Yes No

HOUSEHOLD #1:

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: _____

*Additional students at this address:

First name, last name, grade _____

First name, last name, grade _____

First name, last name, grade _____

HOUSEHOLD #2:

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: _____

*Additional students at this address:

First name, last name, grade _____

First name, last name, grade _____

First name, last name, grade _____

DO NOT FILL OUT OR MARK OFFICE USE ONLY

Fax to: (front page only)

CBO _____ Transportation _____

Migrant/ELL/TSDL _____

Date Faxed _____

Student # _____

Entry Date _____

Previous LEA _____

Birth Certificate Y N

Immunization Records Y N

Teacher Name _____

Room # _____

Address Verified Y N

Verification source: _____

RESIDENCY STATUS

- Resident
 Schools of Choice (enrolled by Friday of 1st week of school.)
 District Release (enrolling AFTER 1st week of school) from _____

Date Release rec'd. _____

Custody/Guardianship Information

Check ALL that apply

- Custody/Guardian
 Both Parents
 Father/Stepmother
 Mother/Stepfather
 Father only
 Mother only
 Legal Guardian
 Foster Home
 Relative (_____)
 Other (friend, etc.)
 Lives Alone
 No Permanent Residence
 Court placed
 Divorced, joint custody

Resides With

- Both Parents
 Father/Stepmother
 Mother/Stepfather
 Father only
 Mother only
 Legal Guardian
 Foster Home
 Relative (_____)
 Other (friend, etc.)
 Lives Alone
 No Permanent Residence

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 #: _____

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

What is the language? _____

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

What is the language? _____

Additional Comments and Information

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

Enrolling Bldg. Address _____

Building Phone# (231)- _____

Building FAX # (231)- _____