

# Troy School District Student Registration Form

Student Number \_\_\_\_\_

Year of Grad \_\_\_\_\_

Entry Date \_\_\_\_\_

Troy School \_\_\_\_\_

Has this student ever attended a Troy School District school? No  Yes  If yes, last year attended \_\_\_\_\_

Has this student ever been expelled from another school district? No  Yes

**Please print all information on both sides of this form.**

Student First (Legal) Name	Middle Name	Last Name (include Jr., II, III, etc.)							Male <input type="checkbox"/>	Female <input type="checkbox"/>
Birthdate (MO/DAY/YEAR)	City of Birth	State/Country of Birth			Grade					
Is this student Hispanic/Latino? <input type="checkbox"/> No, not Hispanic/Latino										
<input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)										
Parental Life (Circle one) 1-Father deceased 2-Mother deceased 3-Both deceased										
Troy School District Resident Yes <input type="checkbox"/> No <input type="checkbox"/>										
U. S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>										
Has student attended another school district in the U.S.A.? Yes <input type="checkbox"/> No <input type="checkbox"/>										
If no, parent country of immigration _____										

**Ethnic Codes (Circle one)**

1. Native American
2. White (including Middle Eastern)
3. Hispanic
4. Black
5. Asian (including China, India)
6. Hawaiian
7. Multiracial

**If multiracial, check one:**

- White/Black
- White/Hispanic
- White/Asian
- Black/Hispanic

**Student Address**

Lot (House No.)	Street	Apartment No.	City	State	Zip Code
					MI _____
Complex/Subdivision _____					
Home Telephone Number _____ / _____ / _____					
					Listed <input type="checkbox"/>
					Unlisted <input type="checkbox"/>

**Parent/Guardian 1** (Parent/Guardian with whom the student resides) Same address as student? Yes  No  (Complete address below if different.)

Last Name	Male Head of Household Name	Female Head of Household Name			
_____					
Lot (House No.)	Street	Apartment No.	City	State	Zip Code
_____					
Work Telephone Number	_____ / _____ / _____		Extension	_____	
Work Telephone Number	_____ / _____ / _____		Extension	_____	
Cellular Telephone Number	_____ / _____ / _____				
Email address _____					

**Relationship to Child (Circle one)**

A. Self	G. Unknown/Other
B. Parent (Natural)	H. Godparent
C. Step Parent	I. Grandparent
D. Parent (Adopted)	J. Joint Guardianship
E. Court Guardian	K. Sibling
F. School Guardian	M. Mother Different Last Name

**Parent/Guardian 2** (Parent/Guardian living elsewhere)

Last Name	First Name				
_____					
Send mail to this guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Lot (House No.)	Street	Apartment No.	City	State	Zip Code
_____					
Home Telephone Number	_____ / _____ / _____		Extension	_____	
Work Telephone Number	_____ / _____ / _____		Extension	_____	
Email address _____					

**Relationship to Child (Circle one)**

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B. Parent (Natural)	H. Godparent
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E. Court Guardian	K. Sibling
F. School Guardian	M. Mother Different Last Name

Name of Last School Attended	City	State	Country
_____			

**- Over -**

**(Please Print)**

Student First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Entry Date \_\_\_\_\_

Is your child's native language a language other than English?

Yes  No  What is that language? \_\_\_\_\_

Is the primary language used in your home a language other than English?

Yes  No  What is that language? \_\_\_\_\_

**If you have answered YES to either of the above questions, your child will be assessed to determine his/her eligibility to receive English as a Second Language (ESL) services.**

What date did child enter the United States? (Month/Day/Year) \_\_\_\_\_

Does your family need translation services for school information?

Yes  No

Has your child received any special education services?

Yes  No  Please specify \_\_\_\_\_

Emergency Information (Circle any that apply)

- |                   |                                 |                             |                      |
|-------------------|---------------------------------|-----------------------------|----------------------|
| 1. Nothing known  | 6. Diabetic                     | 11. Epileptic               | 16. Insect/Bee Sting |
| 2. Medical Waiver | 7. Aspirin Allergy              | 12. Special Blood Condition | 17. Contact Lenses   |
| 3. Rheumatic      | 8. Penicillin Allergy           | 13. Sulfa Allergy           | 18. Food Allergy     |
| 4. Cardiac        | 9. Iodine Allergy               | 14. Undefined               | Type: _____          |
| 5. Hemophiliac    | 10. Multiple Critical Allergies | 15. Asthma                  |                      |

Special Instructions \_\_\_\_\_

Information for Student Records:

Brothers/Sisters Attending/Attended	Birth Date	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student is residing with (Please check one)

- Both Parents       Father       Mother  
 Mother & Stepfather (his last name) \_\_\_\_\_  
 Father and Stepmother  
 Other (Explain) \_\_\_\_\_

I attest that the information provided is accurate and complete to the best of my knowledge and that I am responsible for all fees and tuition due in the event that the registrant is removed from school under this clause. Knowingly falsifying registration information is grounds for removal from the Troy School District.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE	
Student No.	_____
Start Date	_____
Open Enrolled	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Year of Grad	_____
Counselor	_____
Homeroom	_____
Teacher	_____
Curriculum	_____
House/Team	_____
Census	_____
Precinct	_____
Next Bldg.	_____
Next Grade	_____
Sub Next Bldg.	_____
Pre Reg	Yes <input type="checkbox"/> No <input type="checkbox"/>
FTE	_____
Entry Code	_____
<b>Birth Verification</b>	
Birth Certificate	<input type="checkbox"/>
Affidavit	<input type="checkbox"/>
Passport	<input type="checkbox"/>
Other	_____ <input type="checkbox"/>
Pending	<input type="checkbox"/>
<b>Residency</b>	
Closing statement	<input type="checkbox"/>
Lease	<input type="checkbox"/>
Tax statement	<input type="checkbox"/>
Affidavit	<input type="checkbox"/>
2 additional proofs	<input type="checkbox"/>
Immunization Record	<input type="checkbox"/>
Release of Records	<input type="checkbox"/>
Emergency Card(s)	<input type="checkbox"/>
Locker	<input type="checkbox"/>
Media	<input type="checkbox"/>
Internet Contract	<input type="checkbox"/>
ESL Student – Copy of registration form to ESL Teacher	<input type="checkbox"/>