



Please Print

## 2018-2019 Student Registration Form

Enrolling in:

- Capac Elementary School (K-6)
- Capac Jr.-Sr. High School (7-12)
- Capac Virtual Education Program (6-12)

Office Use

Student ID \_\_\_\_\_  
 Bus PU \_\_\_\_\_ TH \_\_\_\_\_  
 Teacher \_\_\_\_\_  
 Original Birth Certificate  
 Immunization Record

Today's Date	First Planned Attendance Date	Has the student attended Capac Community Schools in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous School Attended (if applicable) Building/District, City/State	Previous Pre-K Program (if applicable) Program, Building/District
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### Student Information

Student's Legal Name (Last Name, First Name, Middle Name)	Nickname	Date of Birth	Birth order (if multiple)
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Grade	Year Entered Grade 9 (if applicable)	Student ever retained? <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes which grade?	Gender	Place of Birth (City, State, Country) U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Resident of Capac School District? <input type="checkbox"/> Yes <input type="checkbox"/> No, if no list district of residence
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Address (Street #, Street, City, State, Zip Code)	Mailing Address (if applicable)
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### Primary Household Information (where student resides)

Student lives with:	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Mother/Stepfather	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Other, please explain:	Student Phone (if applicable)
	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father Only	<input type="checkbox"/> Guardian		

Parent/Guardian #1 (Last Name, First Name)	<input type="checkbox"/> Single	<input type="checkbox"/> Separated	Relationship to Student	Email (if applicable)	Highest Level of Education
	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed			
	<input type="checkbox"/> Divorced				

Home Phone (if applicable)	Cell Phone (if applicable)	Work Phone (if applicable)	Employer (if applicable)	Occupation (if applicable)
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Address (Street #, Street, City, State, Zip Code)	Mailing Address (if applicable)	Resides with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No, if no, would you like to receive mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Parent/Guardian #2 (Last Name, First Name)	<input type="checkbox"/> Single	<input type="checkbox"/> Separated	Relationship to Student	Email (if applicable)	Highest Level of Education
	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed			
	<input type="checkbox"/> Divorced				

Home Phone (if applicable)	Cell Phone (if applicable)	Work Phone (if applicable)	Employer (if applicable)	Occupation (if applicable)
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Address (Street #, Street, City, State, Zip Code)	Mailing Address (if applicable)	Resides with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No, if no, would you like to receive mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No
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### Siblings - Please list all siblings that reside in the household

Last Name, First Name	Date of Birth	Grade	School Building Attending	District if not Capac

### Transportation

**Transportation is available for all *eligible*, in-district students. Students will be assigned a bus stop within the prescribed walking distance of the address in accordance with state law and school district policy. Please indicate how your child will arrive and go home from school.**

- AM Transportation is requested from  Home Address  Alternative Address \_\_\_\_\_
- AM Transportation is NOT required, we will  Self-Transport, use  Kids-N-Kare (latchkey), or  Other, explain: \_\_\_\_\_
- PM Transportation is requested from  Home Address  Alternative Address \_\_\_\_\_
- PM Transportation is NOT required, we will  Self-Transport, use  Kids-N-Kare (latchkey), or  Other, explain: \_\_\_\_\_

### Emergency Contacts – Please list at least 2

Last Name, First Name	Relationship	Home Phone	Cell Phone	Work Phone

I verify all registration information to be true and accurate. False information leading to the enrollment of your student at Capac Community Schools may result in your student's removal from the District.

Signature of Parent of Guardian \_\_\_\_\_ Date \_\_\_\_\_

Note: Student's academic history will be reviewed for appropriate placement.

## Student Registration Form - Page 2

**Student's Legal Name** (Last Name, First Name, Middle Name)

**Ethnicity/Language Information - Part A is about ethnicity. Part B is about race, mark one or more boxes to indicate your student's race.**

**Part A. Is this student Hispanic/Latino?**  
**(Choose only one)**

- No, not Hispanic/Latino**
- Yes, Hispanic/Latino**  
(A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin, regardless of race.)

**Part B. What is the student's race? (Choose one or more)**

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)
- Black or African-American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

**NOTE:** If either part (A or B) is not answered, the U.S. Department of Education requires the school district to supply an answer on your behalf.

**Home Language Survey\***

1. Is your child's native tongue a language other than English?  Yes  No  
a. What is that language? \_\_\_\_\_
2. Is the primary language\*\* used in your child's home or environment a language other than English?  Yes  No  
a. What is that language? \_\_\_\_\_

\*Translation available in major languages available.

\*\*Primary language means the dominant language use by a person for communication.

**Emergency Early Dismissal Information**

**Choose only one option** to designate how your student will go home during an early dismissal.

Note that depending on the situation we may or may not have the use of telephones. K-5 students will not be dropped off at an empty home. An adult or responsible person must indicate their presence for the student to be dropped. If no one is at the drop-off location, the student will be transported to school until parent contact is made and plans are made for pick-up.

<input type="checkbox"/> <b>Option 1</b> Ride School Bus: <input type="checkbox"/> Drop off at regular drop-off location <input type="checkbox"/> Alternate drop-off (within district): Name _____ Address _____ Phone _____	<input type="checkbox"/> <b>Option 2</b> <input type="checkbox"/> Walk home as usual Or <input type="checkbox"/> Drive home as usual	<input type="checkbox"/> <b>Option 3</b> Picked up at school by any of the listed emergency contacts.
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**Other Information**

Is the student under a long-term suspension or expulsion?  Yes  No

Does the student receive Special Education?  Yes  No, if yes, current IEP \_\_\_\_\_ Type of Special Education \_\_\_\_\_

Does the student have any special needs or other pertinent information that need to be shared?

**Health Information**

Please list current medication(s) your child is taking \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Please list chronic health conditions, allergies, food allergies, and/or drug sensitivities \_\_\_\_\_


What hospital would you prefer that your student be transported in case of an emergency?

Health Insurance Provider	Policy/Group Numbers
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Physician Name	Physician Address	Physician Phone
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In the event of a serious accident, illness, or emergency, I understand and agree that emergency medical services (EMS) will be summoned based upon the School District's assessment of the situation. I request that the School District contact me to advise me of the situation. I further request that the School District contact the physician named and follow his instructions concerning my child. If the emergency is such that immediate medical care is necessary, I authorize the School District to transport my child to a hospital or emergency care facility. The hospital, their agents, or a licensed physician may administer such emergency medical treatment as they deem necessary.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

 Capac Strong. Learn. Dream. Grow.	How did you hear about us?		
	<input type="checkbox"/> Billboard <input type="checkbox"/> Facebook <input type="checkbox"/> Friend	<input type="checkbox"/> Mail (postcard) <input type="checkbox"/> Movie Theater <input type="checkbox"/> Newspaper	<input type="checkbox"/> Twitter <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other _____