



# Stephenson Area Public Schools

W526 Division Street – P.O. Box 509  
Stephenson, Michigan 49887  
Phone 906-753-2222 Fax 906-753-2326

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## NEW STUDENT REGISTRATION

### Welcome to Stephenson Area Public Schools!

We are very excited to have your child attending Stephenson Area Public Schools! Please see below for a list of items that you will need to bring from home in order to complete your child's registration.

**The following documents need to be turned in with this enrollment packet.**

1. Signed registration forms
2. Certified copy of your child's birth certificate
3. Proof of residency – current driver's license, utility bill, mortgage or rental agreement
4. Parent/Guardian photo ID
5. Up-to-date immunization record
6. Green Physical Form, including documentation of hearing and vision screening (Kindergarten only)
7. Custody Agreement/Delegation of Parental Authority documentation (if applicable)
8. School of Choice Forms (if applicable)

If you have any questions, please contact the office at 906-753-2222 ext. 100.

Thank you for your cooperation!

Sincerely,

Christian Londo  
K-12 Principal



**Stephenson Area Public Schools**  
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**STUDENT REGISTRATION FORM**

**Legal Name** \_\_\_\_\_ **Grade** \_\_\_\_\_  
Last First Middle

**Home Address** \_\_\_\_\_  
Street City, State, Zip

**Mailing Address** (if different) \_\_\_\_\_  
Street City, State, Zip

**Home Phone** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Student's Date of Birth** \_\_\_\_\_ **Place of Birth** (City, State, Country) \_\_\_\_\_

**Race and Ethnicity:**

Note: Both Parts A and B of the question **MUST** be completed. We encourage you to select an answer for **both** parts. 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.

**Past 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 American, 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 American, 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)

**Part C: HOME LANGUAGE SURVEY**

The Stephenson School District is collecting information regarding the language background of each of its students. Information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1152-380.1157 of the school Code of 1995, Michigan's bilingual Education Law. Would you please help by providing the following information?

Is your child's native tongue a language other than English? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
Is the primary language<sup>1</sup> used in your child's home or environment a language other than English? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

What is that Language? \_\_\_\_\_ <sup>1</sup>"Primary language" means the dominant language used by a person for communication.

**Legal Parent(s)/Guardian(s)** \_\_\_\_\_

**Student Resides with (Please Circle) Parents / Both Parents (Joint Custody) / Father Only / Mother Only / Legal Guardian**

**Is your family an active military family: Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**(Continued on next page)**

**Name and Address of Last School Attended**

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**Has student been involved in Special Education (IEP or 504), Title I or any other Special Classes? Yes / NO** If yes, please list:

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**Allergies of Medical Conditions? Yes / NO** If yes, please explain \_\_\_\_\_

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**Family and Contact Information**

**Legal Father or Guardian**

**Legal Mother of Guardian**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address if different from student \_\_\_\_\_

Address if different from student \_\_\_\_\_

State of Birth \_\_\_\_\_

State of Birth \_\_\_\_\_

Highest Level of Education Completed \_\_\_\_\_

Highest Level of Education Completed \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Work of Daytime Phone \_\_\_\_\_

Work of Daytime Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Place of Employment \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Stepparent's Name \_\_\_\_\_

Stepparent's Name \_\_\_\_\_

**Please list all other people with whom the student resides** (please include birth date for children and grade if applicable)

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**Emergency Contact Information:** In case of an emergency, **we will attempt to contact parent/guardian first.** In event we cannot do this, please provides names of relatives or close friends (**other than parents**) that we may contact and that you give permission to pick up your child.

Name	Relationship	Phone Number(s)

**STUDENT RESIDENCY QUESTIONNAIRE**

(Your child may be eligible for additional educational services through McKinney-Vento Assistance Act.)

- 1. Is the student's current address a temporary living arrangement? \_\_\_\_ YES \_\_\_\_ NO
- 2. Is this temporary living arrangement due to loss of housing or economic hardship? \_\_\_\_ YES \_\_\_\_ NO

**If you answered YES to the above questions, please complete #3. If you answered NO, please continue to #4.**

- 3. Where is the student presently living? (Check one box)
  - Temporarily with another family in a house or apartment due to loss of housing or economic hardship
  - With an adult that is not a parent or legal guardian, or alone without an adult
  - Moving from place to place
  - In a hotel/motel
  - Staying in a shelter (family shelter, domestic violence shelter, youth shelter)
  - Waiting foster care placement or in a new foster care placement (less than 6 months)
  - In a car, park, campground, abandoned building or any other inadequate accommodation
  - In an emergency/transitional shelter
  - Unknown nighttime residence
  - Other \_\_\_\_\_

4. Please check your relationship to the student:

- Parent
- Legal Guardian
- Power of Attorney
- Adult Caring for Student
- Youth living without being in the physical custody or a parent or legal guardian.

**I attest that the information contained herein is correct to the best of my knowledge.**

X \_\_\_\_\_  
Legal Parent/Guardian Printed Name

X \_\_\_\_\_  
Legal Parent/Guardian Signature

\_\_\_\_\_  
Date



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## BUS REGISTRATION

(One per family)

Current Bus # (if applicable): \_\_\_\_\_

Student Name	Grade	Parent Name
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Address: \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City, State, Zip

Home Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Is the drop off/pick up location different than address listed above? Yes No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Parent Understanding:**  
 I realize that bus service to and from school is a privilege. Should my child/children's behavior fail to comply with the rules stated in the Stephenson Area Public Schools Student/Teacher Handbook they will be subject to disciplinary action which could result in termination of bus service.

X \_\_\_\_\_  
Signature of Parent/Guardian Date

(for office use only)

Bus Number: \_\_\_\_\_ Est. Pick-Up Time: \_\_\_\_\_ Est. Drop-Off Time: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Registrar: \_\_\_\_\_

## ***Stephenson Area Public Schools***

### **Consent for Disclosure of Personally Identifiable Information and Immunization Information to Local and State Health Departments**

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the student's name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information and immunization information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

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*I authorize Stephenson Area Public Schools to release my child's immunization record and personally identifiable information to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.*

Student's Name: \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_

Signature of Parent/Guardian  
or Eligible Student: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

Printed Parent/Guardian Name: \_\_\_\_\_