



Last Name

First Name

SOUTHERN MICHIGAN CENTER FOR SCIENCE & INDUSTRY Student REGISTRATION Form 2019-2020

Legal Last Name:	Legal First Name:	Legal Middle Name:	Gender:
School Currently Enrolled:	Grade:	Birthdate:	Birth City & State:
Student Home Phone:	Student Cell:	List any Medical Conditions / Allergies:	
Check all that apply: <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi-Racial, specify:			
Primary language spoken in home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Chinese <input type="checkbox"/> Other, specify:			
Is student currently receiving Special Education Services? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:			

List only LEGAL GUARDIANS in this area! Priority is the order in which the parent/guardian will be contacted.

Priority 1:	Parent or LEGAL Guardian Name	Living with (Y/N)	Relationship	Street Address	City, State, Zip	Home Phone	Cell Phone
Email Address				Employer	City, State	Work Phone	
Priority 2:	Parent or LEGAL Guardian Name	Living with (Y/N)	Relationship	Street Address	City, State, Zip	Home Phone	Cell Phone
Email Address				Employer	City, State	Work Phone	

List any additional EMERGENCY CONTACTS not listed above:

Name	Relationship	Home Phone	Cell Phone
Name	Relationship	Home Phone	Cell Phone
Name	Relationship	Home Phone	Cell Phone
Extra copy of report card should be sent to non-custodial parent? <input type="checkbox"/> No <input type="checkbox"/> Yes Parent Name: Address: Is there legal information or documents that the school should be informed of concerning the above student? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:			

Automated alert messages will be sent to the numbers listed below. I acknowledge that I am authorized to make decisions regarding automated calls and text messaging made to the phone numbers provided on this form. *Please fill out for only those wishing to be contacted.* If you would also like a text message sent, check the box next to the alert number. Alerts 3-6 are Emergency Alerts only such as closings & delays.

Primary Alert 1 (attendance/all alerts): _____ ☐ Alert 3: _____ ☐ Alert 5: _____ ☐

Primary Alert 2 (all alerts): _____ ☐ Alert 4: _____ ☐ Alert 6: _____ ☐

Physician: _____ Phone: _____ Preferred Hospital: _____

Check if you are: ☐ a Resident of this School District ☐ a School of Choice Student
☐ a Military Family ☐ Homeless