Flat Rock Community Schools
Student Registration Form

Date

Student Grade

Flat Rock Resident ☐ Yes ☐ No

If non-resident, do you live outside of Wayne County? ☐ Yes ☐ No If yes, what County?

Student Last Name (Legal) | First Name | Middle Name | Suffix

Date of Birth

Gender ☐ Male ☐ Female

Home Language

Primary Language

Ethnicity

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.)

Race

The question to the left is about ethnicity, not race. No matter what you selected, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.

☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander

☐ Asian ☐ White ☐ Black or African American

Student Home Address | City | Zip

Home Phone | Student Birth Place (City and State) | Student Birth Place (Country)

School Transferring From (District and School Name)

Student ever previously attend Flat Rock Schools? ☐ Yes ☐ No

Mother/Guardian (1st Contact Person)		Father/Guardian (2nd Contact Person)	
Cell Phone #		Cell Phone #	
Home Phone #		Home Phone #	
E-Mail		E-Mail	
Address		Address	
City	Zip	City	Zip

Alternate Contact (3rd Contact Person)		Alternate Contact (4th Contact Person)	
Relationship		Relationship	
Cell Phone #		Cell Phone #	
Home Phone #		Home Phone #	
E-Mail		E-Mail	
Address		Address	
City	Zip	City	Zip

I, the undersigned, certify that the information on this registration form is accurate to the best of my knowledge. I acknowledge that any inaccurate or incomplete information may jeopardize the student's admission eligibility. I also agree, in the event this registration form is accepted, to abide by the rules, regulations, and policies of the Flat Rock Community Schools, as well as the rules and regulations set forth in the Schools of Choice legislation and as issued by the Department of Education. In the event that Special Education services are needed, I understand that as a 105c student (nonresident in a contiguous ISD) the enrolling school district may refuse enrollment if there is no written agreement with the district of residence. The Flat Rock Community School District will not provide transportation for School of Choice students.

PARENT/GUARDIAN SIGNATURE | DATE

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Student lives with: ☐ Both Parents ☐ Mother/Stepfather ☐ Father/Stepmother ☐ Mother Only ☐ Father Only
☐ Divorced/Joint Custody ☐ Legal Guardian ☐ Relative ☐ Foster Home ☐ Other

Student living situation: ☐ Temporarily sharing a house due to loss of housing, economic hardship, or similar reason

☐ In a motel, hotel, or campground due to a lack of alternative accommodations ☐ Awaiting Foster Care placement

☐ In an emergency or transitional shelter or hospital ☐ Unaccompanied youth and/or runaway

☐ In a living arrangement not described that is not fixed, regular and adequate ☐ None of the above

Please list all other siblings' ages, grade levels and schools.

Last Name	First Name	Age	Grade	School
Last Name	First Name	Age	Grade	School
Last Name	First Name	Age	Grade	School

Does your child have any major health problems we should be aware? ☐ Yes ☐ No

If yes, please explain:

Has your child ever been enrolled in a program such as Speech, Title I, Resource Room, Special Education, etc.? ☐ Yes ☐ No

If yes, please explain:

MEDIA RELEASE

I authorize the Flat Rock Community School District to use photographs, audio recordings, slides, films, video recordings or press releases, in which the above named student appears, for publication purposes. The purpose of this release form refers to educational publications, newspapers, Flat Rock Community Schools Website, and/or television programming. ☐ AGREE ☐ DISAGREE

FIELD TRIP RELEASE

I give permission for my child to attend any authorized and publicized school events that would include bussing or walking as a means of transportation. ☐ AGREE ☐ DISAGREE

MEDICAL EMERGENCY

I hereby authorize the teacher, administrator or other school personnel to take my child to the doctor or hospital that will care for my child in the case that they are unable to contact any of the persons listed on page one as a contact. The parents/guardians will pay for any expenses incurred by the emergency. ☐ AGREE ☐ DISAGREE

CONSENT FOR MEDICAID SCHOOL BASED SERVICES

School districts in Wayne County have the opportunity to bill the Medicaid program for partial reimbursement for health-related services provided in the schools to special education students who are eligible for Medicaid. If your child receives any of the services listed in the School Based Services brochure and qualifies for Medicaid benefits at any time during the school year, we request your permission to bill your child's Medicaid insurance to receive reimbursement. You have the right to refuse consent to bill Medicaid, and you have the right to revoke this consent to bill Medicaid. If you do not provide consent, the district will still provide the services but will not receive any Medicaid reimbursement for these services. The Medicaid School Based program does NOT affect a family's Medicaid insurance benefits and there is NO cost to the family, now or in the future.

☐ CONSENT ☐ DO NOT CONSENT

MILITARY RELEASE

High School students and their parents/guardians may prevent disclosure of a student's name, address and telephone number to military recruiting representatives who can only use that information to provide information to the students concerning educational and career opportunities available in the U.S. Armed Forces or service academies.

I DO NOT want information released to the military - please sign here:

OFFICE USE ONLY

Student ID#	School Entry Date	Teacher	Room #	Grade	Bus Route #