

# Hudsonville Public Schools High School Registration

STUDENT'S LEGAL NAME \_\_\_\_\_ GRADE ENTERING \_\_\_\_\_  
Last First Middle

GENDER:  M  F DATE OF BIRTH \_\_\_\_\_ Is the student a US citizen?  Yes  No

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

Street City State Zip  
 Yes  No Did student receive any Special Education (Resource) services in the past?  
 Yes  No Is your child's native tongue a language other than English?  
 Yes  No Is the primary language used in your child's home or environment a language OTHER THAN English?  
If yes, what language? \_\_\_\_\_

ETHNICITY: Is this student Hispanic/Latino? (choose only one):

- No, not Hispanic or Latino  
 Yes, Hispanic or Latino

RACE: The question above is about ethnicity, not race. No matter what you selected, please continue to answer the following by marking one or more boxes to include what you consider the student's race to be. (Required to meet state reporting guidelines.)

- American Indian or Alaska Native  
 Asian  
 Black or African-American  
 Native Hawaiian or Other Pacific Islander  
 White

### CUSTODY:

- Both Parents  Joint  Mom only  Dad only  
If joint or one parent only, please provide court documentation.

PARENT/LEGAL GUARDIAN NAMES: Please  with which parent(s)/guardian(s) student lives.

\_\_\_\_\_  
Parent/Guardian Name Address (if different than student address) City/State/Zip

Relationship to Student Email Address

Home Phone # Work Phone # Cell Phone #

\_\_\_\_\_  
Parent/Guardian Name Address (if different than student address) City/State/Zip

Relationship to Student Email Address

Home Phone # Work Phone # Cell Phone #

\_\_\_\_\_  
Step Parent Name (if applicable)

Home Phone # Work Phone # Cell Phone #

Is either parent actively serving in the military?  Yes  No Which branch? \_\_\_\_\_

### MEDICAL INFORMATION:

Special Medical Needs/Allergies \_\_\_\_\_  
(Medication forms, located in the office or on our website, must be filled out if your child will be receiving medication at school.)

- \* If deemed necessary, student will be sent to your family doctor or emergency room at parent/guardian's expense.
- \* As a parent/guardian, I authorize medical personnel to render necessary medical treatment to my child.
- \* I give consent to release this information to HPS district personnel to promote the health and safety of my child, thus enhancing the ability to learn.

### PREVIOUS SCHOOL:

School Name Street City State Zip

SIBLING INFORMATION: Is this student the youngest or only in your family that is enrolled in this district?  Yes  No

Please list below siblings presently attending Hudsonville Public Schools.

EMERGENCY CONTACTS: In an EMERGENCY situation when we cannot reach you, please list two people who have agreed to take responsibility for your child and consented to the release of their phone numbers so we may reach them as an alternative.

Name of emergency contact (other than parent) Relationship Home Phone # Cell Phone #

Name of emergency contact (other than parent) Relationship Home Phone # Cell Phone #

### SCHOOL PERMISSION:

- Yes  No I grant permission for my child to be included in directory information.  
 Yes  No I grant permission for my child to attend in-district functions, including field trips.  
 Yes  No I grant permission for my child to be included in the student yearbook.  
 Yes  No I grant permission for a photo release allowing HPS to publish student's photo on all media including the Hudsonville website and WCET.  
It is the school policy to use first names only of students on the website.

REGISTRATION DATE: \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

The above signature acknowledges that I have read and consent to the above.

# NEW STUDENT ENROLLMENT CHECK LIST

- 1. Proof of Residency in the Hudsonville School District (i.e. utility bill, tax statement, house buy/sell agreement, lease agreement) or completed school-of-choice application
- 2. Photo proof of identity of parent/guardian who is enrolling
- 3. Original birth certificate (must be certified with raised seal)
  - A. A certified copy of the child's birth certificate; OR
  - B. Other proof of the child's identity and age such as;
    - 1. court record
    - 2. passport
    - 3. immigration record
    - 4. an affidavit explaining the inability to produce a copy of the child's birth certificate
- 4. Up-to-Date Immunization Records  
(According to state law and Hudsonville School District policy, an immunization record must be provided BEFORE a student is allowed to attend school)
- 5. Affidavit of Legal Guardianship if not living with a parent, or notarized power of attorney, or notarized letter from parents
- 6. Transcript and current grades (if applicable). Must also provide a contact name and phone number from previous school
- 7. Copy of most recent IEP and MET if receiving special education services
- 8. Copy of visa and passport if exchange student
- 9. Student Enrollment form signed by parent/legal guardian
- 10. Release of Records form signed by parent/legal guardian

Medical Condition: \_\_\_\_\_

Medication: \_\_\_\_\_

\*\*\*\*\***Administrative Use Only**\*\*\*\*\*

- Immunizations given to Beth
- Appointment has been made
- Student is in Powerschool and SRSD
- Mike has been notified for computer access
- Application was sent to transportation dept.
- 30-Day placement for special ed. has been filled out (if applicable)
- Has been added to add/drop report

Hudsonville Public Schools does not discriminate on the basis of race, color, religion, sex, national origin, age, height, weight, marital status, handicap, disability, or limited English proficiency in any of its programs or activities. The following office has been designated to handle inquiries regarding the nondiscrimination policies:

Director of Human Resources  
Hudsonville Public Schools  
3886 Van Buren  
Hudsonville, MI 49426  
(616) 669-7747