

IRON MOUNTAIN PUBLIC SCHOOL

ENROLLMENT / EMERGENCY FORM

STUDENT INFORMATION

COMPLETE LEGAL NAME LAST		FIRST	MIDDLE	GENDER M F	DATE OF BIRTH mo/day/year
BIRTH CITY			GRADE THIS SCHOOL YEAR	LAST SCHOOL ATTENDED	

Race & Ethnicity: (Note: Both Part A and B of the question must be answered. 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.)

PART A: Is this student Hispanic/Latino? No, Not Hispanic/Latino Yes, Hispanic/Latino	PART B: What is the student's race? (Choose one or more) American Indian or Alaska Native Asian Black or African American White Native Hawaiian or Other Pacific Islander
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FAMILY INFORMATION:

Child resides with: Father Mother Step Father Step Mother Other (check all that apply)

FAMILY 1 PRIMARY (Person with whom the child resides)					
LAST NAME		FIRST NAME			
LAST NAME		FIRST NAME			
STREET ADDRESS		CITY	STATE	ZIP	
MAILING ADDRESS		CITY	STATE	ZIP	
HOME PHONE	CELL PHONE (Mother)	(Father)	EMAIL ADDRESS		
WORK PLACE (father)	WORK PHONE (father)	WORK PLACE (mother)	WORK PHONE (mother)		
FAMILY 2 PRIMARY (Use only for joint custody situations) Father Mother Step Father Step Mother Other (check all that apply)					
LAST NAME		FIRST NAME			
STREET ADDRESS		CITY	STATE	ZIP	
MAILING ADDRESS		CITY	STATE	ZIP	
HOME PHONE	CELL PHONE (Mother)	(Father)	EMAIL ADDRESS		
WORK PLACE (father)	WORK PHONE (father)	WORK PLACE (mother)	WORK PHONE (mother)		

CONTINUED ON REVERSE SIDE

STUDENT HEALTH INFO

PLEASE LIST MEDICAL INFO (allergies, known reactions, physical impairments, etc.) I give my permission for my child to be given Tylenol by office staff when needed throughout the school year.
If your child is on medication - list medication Parent/Guardian Signature _____

Is the medication taken during school hours YES NO (If yes, contact school nurse) Date: _____

In an EMERGENCY situation when we cannot reach you at home, cell or at work, 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.

EMERGENCY CONTACT #1	CONTACT #1 PHONE	RELATIONSHIP TO STUDENT	
EMERGENCY CONTACT #2	CONTACT #2 PHONE	RELATIONSHIP TO STUDENT	
DOCTOR	PHONE	DENTIST	PHONE

I recognize that while my son/daughter is attending Iron Mountain Public Schools, medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent for emergency medical care; I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstances.

Signature of Parent or Guardian: _____ Date: _____

**RESIDENCY VERIFICATION
Mandated by State of Michigan**

School of Choice: YES _____ NO _____ If yes, resident district: _____

This signature is to verify that the student's address on this card is the address at which this student resides.

Signature of Parent or Guardian: _____ Date: _____

FIELD TRIP PERMISSION

Part of our work with children consists of providing them with educational experiences within their community. To enable us to provide these opportunities for our students, we find it necessary, at times, to take them off the school premises. If you would like to have your child participate in these school sponsored activities, please sign below.

Signature of Parent or Guardian: _____ Date: _____

DIRECTORY INFORMATION

***Refer to student handbook for information on "directory information"**
Office Use Only:

Written notification received on: _____

HANDBOOK AGREEMENT

I understand that this handbook may be amended during the year without notice. This handbook in the latest version is applicable to all students upon the implementation of any change. The administration will notify all parents and students in writing, where possible, of any changes to the handbook.

Signature of Student: _____ Date: _____

I have reviewed the Student/Parent Handbook with my child in an effort to promote a better understanding of Iron Mountain High School and Central Middle School rules and expectations. My signature below acknowledges receipt of the Student/Parent Handbook.

Signature of Parent or Guardian: _____ Date: _____