

IRON MOUNTAIN PUBLIC SCHOOL

ENROLLMENT / EMERGENCY FORM

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

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

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)		FAMILY 2 PRIMARY (Use only for joint custody situations)	
LAST NAME		LAST NAME	
FIRST NAME		FIRST NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
HOME PHONE		HOME PHONE	
CELL PHONE (Mother)		CELL PHONE (Mother)	
WORK PHONE (father)		WORK PHONE (father)	
WORK PLACE (father)		WORK PLACE (father)	
EMAIL ADDRESS		EMAIL ADDRESS	

MOTHER		STEP MOTHER		OTHER	
LAST NAME		LAST NAME		LAST NAME	
FIRST NAME		FIRST NAME		FIRST NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY		CITY		CITY	
STATE		STATE		STATE	
ZIP		ZIP		ZIP	
HOME PHONE		HOME PHONE		HOME PHONE	
CELL PHONE (Mother)		CELL PHONE (Mother)		CELL PHONE (Mother)	
WORK PHONE (father)		WORK PHONE (father)		WORK PHONE (father)	
WORK PLACE (father)		WORK PLACE (father)		WORK PLACE (father)	
EMAIL ADDRESS		EMAIL ADDRESS		EMAIL ADDRESS	

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
 If your child is on medication - list medication needed throughout the school year.
 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
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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: _____