

Welcome to Mancelona Public Schools

Child's Name: (Last) _____ (First) _____ (Middle) _____

Child's Cell Phone _____ Child's e-mail _____

Can you receive texts? Y / N
Birthdate _____ Sex _____ School _____ Grade _____ Teacher _____

Father's Name: _____ Home Phone _____ E-Mail _____

Father's Employment _____ Work Phone _____ Cell _____

Can you receive texts? Y / N
Home Address _____ Mailing _____ City _____ Zip _____

Mother's Name: _____ Home Phone _____ E-mail _____

Mother's Employment _____ Work Phone _____ Cell _____

Can you receive texts? Y / N
Home Address _____ Mailing _____ City _____ Zip _____

Are you sharing *legal custody* of this student?

Is this an additional residence for this student? __ Yes __ No

With whom? _____
Last First

Address: _____ Phone: _____

Allergies, Current Medications or Treatments, Previous Operations or Hospital Confinements _____

Early Release

Because the school is responsible for the safety and well-being of your child, s/he will be released, prior to the end of the school day, only to a parent or a person authorized in writing by the parent to act in his/her behalf.

Name	Relationship (Friend, relative, neighbor, etc.)	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Adults in student's home: Relationship Codes: 01 Biological Father 02 Biological Mother 03 Step Father 04 Step Mother
05 Foster Parent 06 Grandparent 07 Brother 08 Sister 09 Aunt 10 Uncle 11 Guardian 12 Self 13 Other

Enter Code _____ Name _____ Phone _____

Enter Code _____ Name _____ Phone _____

Enter Code _____ Name _____ Phone _____

Student's Residence is: __ Shelter __ With more than one family in a house or an apartment __ In a motel, car or campsite
__ With friends or family members (other than parent or guardian) __ Single family dwelling __ Other: _____

MPS Online Learning Student Readiness

Internet Service Provider? (Circle One)

Do you have data limits?

Do you have a reliable device for remote learning

Cellular

Yes No

Yes No

Cable

Satellite

Media Release: I hereby authorize Mancelona Public School(s) to take photographs and/or videos of my child.

I understand that these may be used in displays, bulletin boards, newspaper articles, recruitment, or other types of news and educational publication and stories.

☐ agree ☐ disagree

Siblings Name

Grade

Name

Grade

_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY MEDICAL AUTHORIZATION PERMIT: Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary on behalf of my minor child listed below and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present. I authorize the Mancelona Public Schools personnel to transport my son/daughter from school in case of an emergency or special need as determined by the administration or his/her designee during the school year.

Your signature below indicates you have read, understand and authorize both sides of this form. Authorization will be for the current school year or until such time as you withdraw authorization.

Parent/Guardian Signature: _____ **Date:** _____

High/Middle School Student Handbook Certification

Elementary handbook is available at www.mancelonaschools.org (no signature required below)

We, _____ and _____ have read Parent/Guardian Student the student handbook. We understand the rights and responsibilities pertaining to students and agree to abide by rules, guidelines, procedures, and policies of the School District. (Including Internet Acceptance Policy)

Parent Signature _____

Date _____

Please feel free to request any of the following forms that are available in the office: Authorization for Medication or Treatment /Physician Statement (5330 F1), Student Release of Information, Allergy/Food Sensitivity, Title VII Student Eligibility Certification, Comprehensive Media Release Form, Application to Drive Vehicle on School Property, Student Automobile Parking Authorization Form

New Students

Ethnic Code: Use 1, 2, and 3 to rank primary and secondary ethnic groups: __Caucasian (White) __Hispanic __African American __Asian American __Native American Indian __Other (specify) _____

Place of Birth _____ Language spoken in home: __English __Other (specify) _____

Parent/Guardian Single Married Divorced Widowed Joint Custody

Does student receive special education services? __Yes __No If so, what services? _____

Title I service? __Yes __No

School Last Attended: _____
School Name

Address _____
Street P.O. Box

City State Zip Phone # _____ (____) _____