

South Lyon Community Schools Student Registration Form

* Please complete all sections on BOTH sides

Select applicable school: Bartlett Brummer Dolsen Hardy Kent Lake Pearson Salem Sayre ECC
 Centennial Middle School Millennium Middle School South Lyon High School South Lyon East High School

Student Information

Date: _____ Entering Grade: _____ Gender: Boy Girl Multiple Birth? Yes No Twin Triplet Quadruplet

Student Last Name: _____ First Name: _____ Middle Name: _____

Student Date of Birth: _____ Birth City/State: _____ Home Phone: _____

Street Address: _____ City: _____ Zip Code: _____ County: _____

Subdivision/Development Name: _____ Housing Type: Existing House/Apt New Construction

Country of child's birth if not USA: _____ Date child entered USA: _____ Date 1st enrolled in USA School: _____

Family Information

Parent/Guardian #1 Relationship to Student: _____

Last Name: _____ First Name: _____ Middle Name: _____

Work Phone: _____ Cell Phone: _____ E-mail: _____

Parent/Guardian #2 Relationship to Student: _____

Last Name: _____ First Name: _____ Middle Name: _____

Work Phone: _____ Cell Phone: _____ E-mail: _____

Parent Living Elsewhere

Last Name: _____ First Name: _____ Phone: _____ Mother Father Guardian

Street Address: _____ City: _____ Zip Code: _____

E-mail: _____

Other Children Living at Home

Name	Birth Date	Age	Grade	School (if attending)

Previous School

If your child is coming from another school district, please enter the following: (School admission is conditional pending receipt of school records from the previous school.)

Name of Last School Attended: _____ Name of District: _____ City: _____

Has student previously attended a South Lyon School? Yes No Name of school: _____

Student Last Name: _____ First Name: _____

Ethnic Origin

Ethnicity (Select One): Hispanic or Latino Not Hispanic or Latino
 Race (Select One or More): Asian Black Hawaiian/Pacific White American Indian: Tribal Affiliation: _____
 Multi-Racial - Please record **percentages** next to races.

Home Language Survey

Is your child's native tongue a language other than English? Yes No If yes, what is the language? _____
 Is the **primary** language used in your child's home or environment a language other than English? Yes No If yes, what is the language? _____

Special Services

Has your child ever been evaluated for or received SPECIAL EDUCATION PROGRAMS OR SERVICES? Yes No
 Does your child have a SECTION 504 PLAN? Yes No
 If you answered yes to either question, please contact the Special Education Office at 248-573-8220.

Residence: Where is your child/family currently living? (This question is federally mandated by ESSA)

Is address a temporary situation? Yes No If yes, is it due to economic hardship or loss of housing? Yes No
 If both are yes, where are you staying (circle one): motel/hotel shelter foster child campground doubled up other

Miscellaneous Status: Active Military, Foster Child

Is one or more parent/guardian a member of the military currently on Active Duty Status? Yes No
 Is this student a Foster Child? Yes No ** If Yes, please provide a copy of the Placement Letter.

Parent/Guardian Affirmation

My signature certifies that all information provided on this form is true and accurate, and that my child and I reside at the listed address. I understand that my student may be dropped from the school's rolls the following school year if a parent/legal guardian moves out of the SLCS District. I understand any false information provided by me may subject me to legal penalties for perjury. I understand that I have been provided the "Understanding Concussions" form at registration.

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

Yes No Birth Certificate **Proof of Residence (2 required)**
 Yes No Immunization Records Utility Bill Closing paper documentation (1 piece)
 Yes No Vision Test (K registration) Rent/Mortgage receipt Other _____
 Yes No Request for Records Bank Statement
 Yes No Acceptable Use Policy Homeowners Insurance Policy
 Yes No Confirmation of discipline Drivers License OR Voter Registration Card

New to SLCS doing SOC until home is completed:

Yes No Letter from builder that includes the projected closing date
 Yes No **Proof 1** of Current Residency Yes No **Proof 2** of Current Residency
 Yes No Non-Resident School of Choice Form OR Yes No Resident School of Choice Form

GSRP Students ONLY Federal Poverty Level Quintile Please check applicable code: 01 02 03 04 05 06 07

Foster Child ONLY Placement Letter Received Yes No

Entry Date	Student #	Food Service PIN	Teacher	Faxed to Pupil Service For registrations between count days

SLCS Student Registrations Form サウスライオン学区域児童・生徒登録用紙

School Name 学校の名前

Date 日付

Entering Grade 入学・転学する学年

Gender 性別

Boy 男

Girl 女

Student Last Name 児童・生徒の氏

First Name 名

Middle Name ミドルネーム

Student Date of Birth 児童・生徒の生年月日

Birth City/State 出生地（市・州）

Home Phone 固定電話番号

Multiple Birth 多胎児

Yes はい

No いいえ

Twin 双子

Triplet 三つ子

Country of Child's Birth 児童・生徒の出生国

Date of Child Entered USA 児童・生徒のアメリカ入国日付

Date of First Enrolled in USA School 児童・生徒のアメリカの学校の初登録日付

Street Address 道の住所（番地）

City 町

Zip Code 郵便番号

County 郡

House Type 住居の種類

Existing 中古

New Construct 新築

Family Information 家族情報

Parent #1 Last Name 親（1）の氏

First Name 名

Middle Name ミドルネーム

Work Phone 勤務先電話番号

Cell Phone 携帯電話番号

Relationship 児童・生徒との関係

Mother 母

Father 父

Stepparent 継父・継母

Other その他
Email Eメール
Parent #2 Last Name 親(2)の氏
First Name 名
Middle Name ミドルネーム
Work Phone 勤務先電話番号
Cell Phone 携帯電話番号
Relationship 児童・生徒との関係
Mother 母
Father 父
Stepparent 異父・異母
Other その他
Email Eメール

Parent Living Elsewhere 異住所に居住する親
Last Name 氏
First Name 名
Street 道(番地)
City 町
State 州
Zip 郵便番号
Home Phone 固定電話番号
Receive Report Cards 通知表の受取
Yes はい
No いいえ
Receive Forms 書類の受取
Yes はい
No いいえ
Custodial Papers 親権書類の受取
Yes はい
No いいえ

Other Children at Home 同住所に居住する子供
Name 氏名
Grade 学年
Age 年齢
Birth Date 生年月日
Name of Last School Attended 最後に通学した学校の名前
Name of District 学区の名前

School admission is conditional pending receipt of school records from the previous school. 当校の入学・転学許可は転出校から必要書類の受取完了まで制約されます。

Has student previously attended a South Lyon School? お子様はサウスライオン学区内の学校に通学したことがありますか。

Parent/Guardian Affirmation 保護者誓約

My signature certifies that all information provided on this form is true and accurate, and that my child and I reside at the listed address. 私の署名がこの書面に記入した情報の全てに偽りがなく正確であり、記載されている住所に子供と私自身が居住していることを証明します。

I understand that my student may be dropped from the school's rolls the following year if a parent/legal guardian moves out the SLCS district. 私は保護者がサウスライオン学区外に転居した際には翌年に登録簿から私の児童・生徒が除籍されることがあることを理解しています。

I understand any false information provided by me may subject me to legal penalties for perjury. 私は私が提供した不正確な情報について偽証罪に問われることがあることを理解しています。

I understand that I have been provided the "understanding concussions" form at registration. 私は登録時に「脳震盪の理解」の書類を受け取っていることを承知しています。

Parent/Guardian Signature 保護者の署名

Date 日付

Ethnic Origin 民族起源

Ethnicity (Select One) 民族 (一つ選択)

Hispanic or Latino ヒスパニックまたはラテン系

Not Hispanic or Latino ヒスパニックまたはラテン系ではない

Race (Select One or More) 人種 (ひとつまたは該当する項目を全て選択)

American Indian アメリカ先住民

Tribal Affirmation 所属する部族

Asian アジア系

Black 黒人

Hawaiian/Pacific ハワイ先住民または太平洋諸島住民

White 白人

Multi-Racial 多民族

please record percentage next to race 該当する人種のとりにパーセントを記入

Home Language Survey 家庭言語アンケート

Is your child's native tongue a language other than English? お子様の母国語は英語以外の言語ですか。

Yes はい

No いいえ

If yes, what language? 上記の質問に「はい」と回答された場合はその言語を記入

Is the primary language used in your child's home a language other than English?

お子様の家庭で主に話されている言語は英語以外の言語ですか。

Yes はい

No いいえ

If yes, what language? 上記の質問に「はい」と回答された場合はその言語を記入

Special Services 特別支援学級

Has your child ever been evaluated for or received Special Education program or

services? お子様は特別支援学級の考査を受けた、また特別支援学級を受けたことがありますか。

Yes はい

No いいえ

Does your child have a Section 504 Plan? お子様は Section 504 Plan をお持ちですか。

If you answer yes to either question, please contact the Special Education Office at 248-573-8220. 上記の質問に「はい」と回答された場合は特別支援学級事務所 (248-573-8220) までおかけください。

Residence: Where is your child/family currently living?住居：お子様・ご家族は今現在どちらに住まわれていますか。

Please check the appropriate box (This questions is federally mandated by NCLB) 当てはまるも項目にチェックを記入してください。(なおこちらの質問は NCLB の政府機構により義務付けられています)

Is address a temporary situation?現在の住所は仮住まいの住所ですか。

Yes はい

No いいえ

If yes, is it due to economic hardship or loss of housing? 上記の質問に「はい」と回答された場合は経済的な理由または住居の喪失によるものですか。

If both are yes, are you (circle one) 上記の質問に「はい」と回答された場合は該当する項目に一つ丸を記入してください。

Motel/hotel モーター・ホテル住まい

Shelter 避難所・保護施設住まい

Foster Child 養子

Campground キャンプ場

Doubled up ダブルドアップ (世帯主や扶養者ではない 18 歳以上の成人と一緒に居住している)

Other その他