

# 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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  Mother  Father  Stepparent  Other

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Parent/Guardian #2

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  Mother  Father  Stepparent  Other

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Parent Living Elsewhere

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: \_\_\_\_\_  Mother  Father  Stepparent  Other

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 language? \_\_\_\_\_  
 Is the **primary** language used in your child's home a language other than English?  Yes  No If yes, what 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 (check 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

**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**

<input type="checkbox"/> Yes <input type="checkbox"/> No Birth Certificate	<b>Proof of Residence (2 required)</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No Immunization Records	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Closing paper documentation (1 piece)
<input type="checkbox"/> Yes <input type="checkbox"/> No Vision Test (K registration)	<input type="checkbox"/> Rent/Mortgage receipt	<input type="checkbox"/> Other _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Request for Records	<input type="checkbox"/> Bank Statement	
<input type="checkbox"/> Yes <input type="checkbox"/> No Acceptable Use Policy	<input type="checkbox"/> Homeowners Insurance Policy	
<input type="checkbox"/> Yes <input type="checkbox"/> No Confirmation of discipline	<input type="checkbox"/> 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

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