



River Rouge School District
Registration Form

OFFICE USE ONLY
Student #
Entry Date
Birth Cert: Yes No
YOG
Immunization Records:
UIC Number

Today's Date: Entering Grade:

School of Choice/Out of District Student? Yes No

Is this student your Foster Child? Yes No

Student Information

Student Name: Last First Middle

Other last name student may use:

Sex: Male Female Twin: #1 #2

Birthday: Month/Day/Year Birthplace: City/State

Ethnicity: (must choose one) Race: (choose one or more, regardless of Ethnicity)
Hispanic or Latino American Indian or Alaska Native (1)
Not Hispanic or Latino White/Caucasian (2)
Black or African American (4)
Asian (5)
Native Hawaiian or other Pacific Islander (8)

Is your child's native tongue a language other than English? Yes No What is that language?

What language is spoken by the Parents/Guardians? English Spanish Other?

Is the primary language used in your child's home or environment a language other than English? Yes No

What is that language?

*If your child was born outside the U.S. and its territories, enter the first date in a U.S. School: Month/Day/Year

Address/Phone/Residence Information

Address: Number/Street Name City Zip Code

Is this a temporary address? Yes No

Telephone Number: Cell Phone Number: Listed: Yes No

Restricted Information: ALL data and pictures Data ONLY Pictures ONLY NO data or pictures

Transportation Information (If interested)

Bus #: Pick-up Stop: Pick-up Time:

Parents Living in the Home with Student

Name of Parent (Guardian/Other):

Cell/Work Telephone Number: Relationship to Student:

Name of Parent (Guardian/Other):

Cell/Work Telephone Number: Relationship to Student:

Parent/Guardian E-mail Address: _____

Parent Education Level (Indicate Level by Number): _____ Male _____ Female
1 – Bachelors Degree 2 – Masters Degree 3 – Doctorate
4 – Elementary School 5 – Middle School 6 – High School 7 – Other

Relationship to Student: Self Both Parents Father/Stepmother Mother/Stepfather
 Father Only Mother Only Legal Guardian Court Placed
 Relative Foster Home Divorced, Joint Custody

Is Parent/Guardian active in the Military? Yes, which branch? _____ No

Emergency Contacts

Emergency Contact Person: _____ Relationship: _____

Home Phone # (_____) _____ Cell Phone: _____

Emergency Contact Person: _____ Relationship: _____

Home Phone # (_____) _____ Cell Phone: _____

Previous Enrollment

Name of last school student attended: _____

Address: _____

Telephone # (_____) _____ Fax # (_____) _____

Has the student been suspended from school? Yes No Expelled from school? Yes No

If yes, indicate the reason for the suspension and/or expulsion _____

Number of days Suspended _____ Dates of Expulsion _____

Health Information

Any Known Health Conditions: _____

Treatment: Medication/home Medication/school Inhaler w/student Inhaler/office Other _____

Special Education

Was your child eligible for Special Education Services? Yes No

*** Special Education students: An I.E.P., M.E.T., R.E.E.D., and all evaluation reports are required upon enrollment.**

Special Services your student received at previous school: (Please check all that apply)

Speech Resource Rm. Social Worker Special Ed. Teacher/Support
 Title 1 Reading Recovery Other _____

How did you hear about the River Rouge Schools? _____

I affirm that as the parent/legal guardian, all information provided is true and accurate and that my child and I reside at listed address. I understand any false information provided by me, may be subject to legal penalties for perjury.

Date: _____

Parent/Guardian Signature