

# 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**

**Phone Number**

(Friend, relative, neighbor, etc.)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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:** \_\_\_\_\_

**Middle School Student Handbook Certification**

Handbook is available at [www.mancelonaschools.org](http://www.mancelonaschools.org)

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 # ( ) \_\_\_\_\_