

Building Name: _____ GRADE: _____

Age _____

REGISTRATION FORM

OAK PARK SCHOOL DISTRICT

(248)336-7708 or (248)336-7707

Please return to the Board of Education Office at 13900 Granzon, Oak Park, Michigan 48237-2674

Today's Date _____

Student Name: _____
First Middle Last

Does your child have a current IEP for Special Education?
Yes _____ No _____

Entering Grade: _____ Gender: _____ Male
Female

Ethnicity: (Choose one) _____ Hispanic or Latino
Not Hispanic or Latino

Race: (choose one or more regardless of ethnicity)
_____ Black or African American _____ American Indian or Alaskan Native
_____ Asian _____ Native Hawaiian or Other Pacific
_____ White _____ Islander

Birthdate: _____ Birth Place: _____
Month/Day/Year

English is my child's native tongue: _____ Yes _____ No
English is the primary language spoken in home: _____ Yes _____ No
If NO what language _____
Date the Student entered the USA _____

District of Residence: _____

Home Address: _____
Number/Street Name Apt
City State Zip

Primary Email: _____

Primary Phone #: _____ Cell Phone: Y _____ N _____

Parent/Guardian #1: _____

Work Phone #: _____ Cell #: _____

Lives with Student: Yes _____ No _____ Relationship to Student: _____ Active Military? _____

Parent/Guardian #2 : _____

Work Phone #: _____ Cell #: _____

Lives with Student: Yes _____ No _____ Relationship to Student: _____ Active Military? _____

Secondary Email: _____

FOR OFFICE USE ONLY:

Entry Date: _____

ID: _____

Birth Certificate: _____ Yes _____ No
30 Day Aff, Expires _____
Perm Aff with supporting documents

Immunization Records: _____ Yes _____ No
Health (KNDG & GSRP): _____ Yes _____ No

Lunch Survey: _____ Yes _____ No
Sent To FS: _____ Yes _____ No

Attached:

Copy of Parent DL _____
RES - Copy of Own/Lease _____
RES - Copy of 2 Bills _____
Affidavit (if living with someone) _____
NON-RES - Copy of 2 PC Mail _____
NON-RES - School of Choice Form _____

Behavior Report Rcvd _____
Last Report Card _____
Transcript(s) _____

GSRP - Income Verification _____
FPL% _____

IEP attached _____
Copied for Specialized Services _____

Court Document _____

PRIMARY CONTACTS

Parent/Guardian Signature

Date

Has your child ever received any Special Education? Yes ___ No ___ If yes please check all that apply.

Received special education services:

- Speech
- HI - Hearing Impaired
- LD - Learning Disabled
- Social Worker
- VI - Visually Impaired
- EI - Emotionally Impaired
- EMI - Educable Mentally Impaired
- Other _____

Other services:

- Title 1
- Section 504 Plan
- Migrant Education Services
- Bilingual Services/Limited English Proficient Services
- Gifted/Talented Program (school sponsored); Type (ex. Music, Art, Math, Science) _____
- Alternative Education; Type _____

Emergency Medical Conditions/Problems: Check ALL that apply

- Nothing known (1)
- Iodine allergy (9)
- Wears glasses (17)
- Medical waiver (2)
- Mult. Allergy (10)
- Bee sting (18)
- Rheumatic (3)
- Epileptic (11)
- Asthma (19)
- Cardiac (4)
- Contact lenses (12)
- Nose bleeds (20)
- Hemophiliac (5)
- Special blood condition (13)
- No medication, religious (21)
- Diabetic (6)
- Sulpha allergy (14)
- Check health card (22)
- Aspirin allergy (7)
- Muscle weakness (15)
- Attention deficit disorder (23)
- Penicillin allergy (8)
- Headaches (16)
- Hearing Problems (24)
- Takes medication regularly at school (25)

Other _____

Please List other children who reside in the home:

Name	Birthdate	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please Describe the student's current living situation (MUST check one):

- Shelter
- Runaway
- Foster Care
- Temporarily doubled up with relatives or friends
- Hotel/Motel
- Street, car, abandoned building, campground
- Unaccompanied Minor
- NONE of the above

Parent/Guardian

Date

Name of previous school attended (If more than one high school please list them all)

School Name

Phone

School Address

Fax

School Name

School Phone

School Address

Fax

AFFIRMATION OF PRIOR DISCIPLINE RECORD

A willful false statement on this affirmation will result in a report to the appropriate authorities and your child's exclusion from the Oak Park School District.

Check the appropriate paragraph, provide all information, and sign this document.

Paragraph 1:

____ The undersigned affirms that _____ **has not been** suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school or school sponsored activity, or on any public or private conveyance providing transportation to or from a school or school sponsored activity.

Paragraph 2:

____ The undersigned affirms that _____ **has been** suspended or expelled from a public or private school in Michigan or any other state for one or more offenses involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for an act of violence against persons and/or property committed on school premises, at any school or school sponsored activity, or on any public or private conveyance providing transportation to or from a school or school sponsored activity.

If you checked paragraph 2, explain the circumstances in detail of the incident leading to the suspension or expulsion. Include the school name, dates of suspension or expulsion.

Signature of Parent/Guardian

Date

Oak Park School District

13900 GRANZON • OAK PARK, MICHIGAN 48237-2674
TELEPHONE: (248) 336-7708 • TELEFAX (248) 336-7738

Dr. Daveda Colbert
Superintendent

STUDENT EMERGENCY CONTACT INFORMATION

Please note: All Address changes will be conducted at the Administration Office Only

Student Name _____ Grade _____
(Please Print)

DOB: _____ Student ID # _____

Parent/Guardian _____

Primary Number () _____ - _____ Cell Y ___ N ___ Work () _____ - _____

Parent Email Address: _____

Parent/Guardian _____

Primary Number () _____ - _____ Cell Y ___ N ___ Work () _____ - _____

Parent Email Address: _____

****Please be mindful your student will only be released to the listed individuals below, whether it is an emergency or not.**

Name of Contact Person	Relationship to Student	Telephone #

(For additional names, use the back side of the document and include all information)

In the case of an emergency/serious illness, if the school is unable to contact me, I hereby authorize the OPSD to transport my child to a hospital, emergency medical facility or the physician listed below for treatment. I authorize the attending medical personnel to take action and give treatment as they deem necessary. I understand that I am responsible for any charges that may result from this decision.

Physicians Name _____ Phone _____

Parent/Legal Guardian: _____
(Please Print)

Parent/Legal Guardian Signature: _____

Date: _____

“Quality Learning for Every Student Every Day!”

REVISED APRIL 22, 2015

Oak Park School District

ADMINISTRATION BUILDING: 13900 GRANZON • OAK PARK, MICHIGAN 48237-2799
TELEPHONE: (248) 336-7708 • TELEFAX (248) 336-7738

Rebecca Luddington
Student Services Coordinator

WAIVER AND RELEASE FOR ELECTRONIC AND PRINT MEDIA

I, _____, hereby consent to the use of statements or responses made by my child if interviewed by representatives of any electronic or print journal, magazine, newspaper, and/or internet publication and any photograph taken of my child and used in any such publication for educational purposes.

I also hereby consent to the use of my child's name, recorded likeness or voice on videotape, audiotape, or any other electronic medium by the Oak Park School District, its staff, its agents, employees of the Oakland Intermediate School District, and any other authorized parties whether for live or delayed transmission for educational purposes.

I hereby irrevocably grant to authorized parties permission to speak with, interview and/or photograph, videotape or audiotape my child, transmit and/or retransmit his/her name, voice and/or appearance in a print/electronic program/production, in whole or in part, for any purpose except as a commercial advertisement, for any commercial enterprise, or for nonprofit endeavor.

Further, I hereby waive and forego any compensation for the use of material, including photographs, gained from an interview, or for my child's voice and/or appearance on the transmission or retransmission of a print/electronic program/production. I hereby release the Oak Park School District, its staff, its agents, employees of Oakland Intermediate School District, and any other authorized parties from liability arising from creation and/or use of the material created or furnished by me or others in connection with the production of the material.

Student's Name _____

Parent/Guardian
Signature _____

Date _____

Oak Park Schools
 13900 Granzon
 Oak Park, MI 48237
 Aric Weinclaw
 248-336-7757

Community Eligibility Provision Survey

Free Breakfast and Lunch Program

Return survey to school office, mail, or e-mail to awiencl@oakparkschools.org

SCHOOL USE ONLY

Approved for:

1 2

Oak Park Schools is participating in the Community Eligibility Provision (CEP) under the National School Lunch Program. Under CEP, all children in the school will receive a breakfast/lunch at no charge regardless of completion of this form. However, to determine eligibility for state and federal programs that your school building can qualify for, please complete, sign and return this application to your school building or mail to Aric Weinclaw at the above address.

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FOPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name: _____ Case Number: _____

INSTRUCTIONS: Complete survey and return to your child's school or mail to the address listed above.

These sections must be completed by the head of household or designee.

1. SIZE OF FAMILY - Indicate the total number of individuals living in your household, including all adults and children _____

2. STUDENT INFORMATION - Complete for each student Pre-K through 12th Grade

Last Name	First Name	Birth Date MM-DD-YYYY	School	Identify H if Homeless M if Migrant R if Runaway F if Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

If you need additional lines, attach a second sheet to this survey or attach a copy of this survey clearly marked as a **Page 2**.

3. TOTAL MONTHLY HOUSEHOLD INCOME - Report income for all members of household excluding Foster Children. If you have reported a case number above, you do not need to fill in this section. Simply sign and date form.

Type of Income	Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	<input type="checkbox"/>
2. Monthly Welfare Payments, Child Support, Alimony	\$	<input type="checkbox"/>
3. Monthly Payments from Pensions, Retirement, Social Security	\$	<input type="checkbox"/>
4. Monthly Dividends or Interest on Savings	\$	<input type="checkbox"/>
5. Monthly Worker's Compensation, Unemployment, Strike Benefits	\$	<input type="checkbox"/>
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	<input type="checkbox"/>
Total Monthly Household Income (Add lines 1-6)		\$ <input type="checkbox"/>

4. SIGNATURE - If Income Section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a Social Security Number" box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will be eligible for certain federal and/or state funds based on the information I give. I understand that sponsor officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X _____ Print Name: _____ Date: _____

Last Four (4) Digits of Adult Social Security Number: XXX-XX-_____ I do not have a Social Security Number

Address	City	Zip Code
Home Phone	Work Phone	Email Address

By providing your email address, you may be contacted via email by the district.

Oak Park School District

ADMINISTRATION BUILDING: 13900 GRANZON • OAK PARK, MICHIGAN 48237-2799

TELEPHONE: (248) 336-7708

Please do not send records to this address

Rebecca Luddington
Student Services Coordinator

Robeyn Mitchell
Attendance Coordinator

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

TO: _____
SCHOOL LAST ATTENDED CITY/ STATE

ATTENTION PHONE FAX

This is a formal request for the *release of the official school records* for the purpose of completing enrollment of a student with the Oak Park School District. Please send the complete file including any Specialized Services to the following school building.

Oak Park High School
13701 Oak Park Blvd
Oak Park, MI 48237
Phone - 248.336.7740/Fax - 248.336.7758

Einstein Elementary School
14001 North End
Oak Park, MI 48237
Phone - 248.336.7640/Fax - 248.967.1209

Oak Park Freshman Institute
22180 Parklawn
Oak Park, MI 48237
Phone - 248.336.7780/Fax - 248.336.7781

Key Elementary School
23400 Jerome
Oak Park, MI 48237
Phone - 248.336.7610/Fax - 248.336.7618

Nova Discipline Academy
22180 Parklawn
Oak Park, MI 48237
Phone - 248.336.7650/Fax - 248.336.7555

Pepper Elementary School
24301 Church
Oak Park, MI 48237
Phone - 248.336.7680/Fax - 248.967.0340

Oak Park Preparatory Academy
23261 Scotia
Oak Park, MI 48237
Phone - 248.336.7620/Fax - 248.336.7638

STUDENT NAME

DATE OF BIRTH

GRADE

REQUEST MADE BY OPSD PERSONEL

DATE