

Parent Information:

Father's Name _____ Cell Phone _____

Employer _____ Work Phone _____

Mother's Name _____ Cell Phone _____

Employer _____ Work Phone _____

Step-parent Name _____ Work / Cell Phone _____

Who is child living with? _____

Other people living at residence - (*First Name - Last Name - Grade*)

E-mail Address: _____

Previous School Information:

Last School Attended _____

Address _____

Phone _____ Fax _____

By signing below I hereby authorize the district to access the Michigan Care Improvement Registry School Immunization Reporting System.

Parent or Guardian's Signature _____ Date _____

Notes _____

Office Use Only: _____ Powerschool _____ MCIR _____ Lunch Application
_____ Homeless _____ Transportation Form _____ Birth Certificate _____ Records Request sent