

At time of enrollment we must have:

1. Birth Certificate
2. Immunization Record
3. Proof of Residency

**SANILAC INTERMEDIATE SCHOOL DISTRICT  
SPECIAL EDUCATION DEPARTMENT**

**INITIAL/UPDATE EMERGENCY REGISTRATION FORM**

(This form needs to be filled out for new students, existing students, or students who have moved)

School Year: \_\_\_\_\_ (we must have proof of residency, so please provide a copy of one of the following: Drivers License, Utility Bill, Rent Receipt)

Student: \_\_\_\_\_ Sex: ☐ M ☐ F Birth Date: \_\_\_\_\_ City of Birth: \_\_\_\_\_  
(Birth Certificate Required)

Address: \_\_\_\_\_ Township: \_\_\_\_\_ County: \_\_\_\_\_  
(City) (Zip)

Is this your permanent residence: ☐ Yes ☐ No If no, are you living with a relative/friend/shelter: ☐ Yes ☐ No

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
(Cell #)

In what school district do you reside: \_\_\_\_\_

Is a language other than English spoken regularly in the home? Yes ☐ No ☐ If yes, what language: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Mother's Employer: \_\_\_\_\_  
(Phone#) (Phone#)

Who can be called in case of emergency if we are unable to reach you at home or work:

NAME: \_\_\_\_\_  
(Phone#)

NAME: \_\_\_\_\_  
(Phone#)

If parents are separated or divorced, who has legal custody: \_\_\_\_\_  
(Please provide the court paperwork)

If joint custody, please list other parent/address: \_\_\_\_\_

If child lives with someone other than parents, please give name/relationship: \_\_\_\_\_  
(Name) (Relationship)

Is the child a ward of the court? ☐ Yes ☐ No If yes, which court? \_\_\_\_\_ If yes, what is the placement: \_\_\_\_\_

**MEDICAL INFO:**

Family Doctor: \_\_\_\_\_  
(Name) (Phone#)

Please list any medications your child is allergic to: \_\_\_\_\_

Does your child have any health problems (i.e., diabetes, epilepsy, allergies, etc.) \_\_\_\_\_

Bee Sting Allergy: ☐ Yes ☐ No Treatment: \_\_\_\_\_

Asthma: ☐ Yes ☐ No Triggered by: \_\_\_\_\_

Heart Condition: ☐ Yes ☐ No Describe: \_\_\_\_\_

Physical Restrictions: \_\_\_\_\_

\_\_\_\_\_ My child is able to participate fully in all school activities.

\_\_\_\_\_ My child has a physical condition which restricts his/her activities.

(OVER)

**EMERGENCY BUS INFORMATION:** If parent is not home, student can be left at:  
(Please choose a neighbor or relative close to your home)

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

PLEASE DRAW A MAP HERE INDICATING STUDENT'S HOME AND ALTERNATE DROP LOCATION:

\_\_\_\_\_ **CHECK HERE IF STUDENT CAN BE LEFT HOME ALONE**

In case of emergency, if the school is unable to contact me, I hereby authorize the school to take my child to the physician indicated or to the local hospital. I agree to pay all expenses incurred in the emergency care. I further authorize that school personnel may apply first aid as recommended by the County Health Department.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
DATE

.....  
**FOR OFFICE USE ONLY:**

Resident of what school district? \_\_\_\_\_

*Residence must be verified for any new enrolled or for those who have changed addresses.*

Check if reason for new registration is because student changed address: \_\_\_\_\_

**RESIDENCE DOCUMENTED BY** (check at least one of the categories below):

\_\_\_ Driver's License \_\_\_ Lease Agreement \_\_\_ Student is transported by school bus and resides @ location within our district boundary

\_\_\_ Personal observation/knowledge of the location of the dwelling \_\_\_ Voter's registration card \_\_\_ Utility Bill (list)

\_\_\_ Bank Statement \_\_\_ Rent Receipt \_\_\_ Other (please list) \_\_\_\_\_

**RESIDENCE VERIFIED BY:** \_\_\_\_\_

SIGNATURE

DATE

*Copies were made of the following for the CA 60:*

\_\_\_ Birth Certificate  
\_\_\_ Immunization Record