

# Mason County Central Schools Enrollment Form

MCC Schools  
300 W Broadway  
Scottville, MI 49454  
231-757-3713  
FAX 231-757-5716

Today's Date \_\_\_\_\_ School: \_\_\_\_\_

Has your child ever attended a Mason County Central School before? Yes No

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Last First Middle MALE

Other Name(s) student may use: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ FEMALE

*Ethnic Code: Which ethnic group do you most closely identify with?*

American Indian/ Alaskan Native  Black  Hawaiian or Pacific Islander  
 Asian/  Caucasian (white)  Hispanic or Latino

## Student Mailing Address

Street number or PO box number City State/Zip

## Student Home Address:

(if different than mailing address) Street number no PO numbers City State/Zip

Home Phone Number: \_\_\_\_\_ Listed Number?:  Yes  No

## Student Primarily Lives With:

Both Parents  Mother/Stepfather  Father/Stepmother  Mother Only  Father Only

Foster Parents  Relatives: \_\_\_\_\_  Other: \_\_\_\_\_

## Primary Parent/Guardian Information:

Legal Guardian  Yes  No

Name of Adult MALE residing in the home: \_\_\_\_\_

## Home Address

(if different than Student) Street number or PO Box City State/Zip

Name of Work: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name of Adult FEMALE residing in the home: \_\_\_\_\_

Name of Work: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email

Address: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

\*Additional students at this address:

First name, last name, grade \_\_\_\_\_

First name, last name, grade \_\_\_\_\_

First name, last name, grade \_\_\_\_\_

## Secondary Parent Guardian Information:

Legal Guardian  Yes  No Send Mailings  Yes  No

Name of Adult MALE residing in the home: \_\_\_\_\_

## Home Address

Street number or PO Box City State/Zip

Name of Work: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name of Adult FEMALE residing in the home: \_\_\_\_\_

Name of Work: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

\*Additional students at this address:

First name, last name, grade \_\_\_\_\_

First name, last name, grade \_\_\_\_\_

First name, last name, grade \_\_\_\_\_

## DO NOT FILL OUT OR MARK OFFICE USE ONLY

Fax to: (front page only)

CBO \_\_\_\_\_ Transportation \_\_\_\_\_

Migrant/ELL/TSDL \_\_\_\_\_

Date Faxed \_\_\_\_\_

Student # \_\_\_\_\_

Entry Date \_\_\_\_\_

Previous LEA \_\_\_\_\_

Birth Certificate Y N

Immunization Records Y N

Teacher Name \_\_\_\_\_

Room # \_\_\_\_\_

Address Verified Y N

Verification source: \_\_\_\_\_

## RESIDENCY STATUS

Resident

Schools of Choice (enrolled by Friday of 1<sup>st</sup> week of school.)

District Release (enrolling AFTER 1<sup>st</sup> week of school) from \_\_\_\_\_

Date Release rec'd. \_\_\_\_\_

Student Name: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

Address of Previous School Attended \_\_\_\_\_

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

- Speech
- Special Education
- Social Worker
- Title I
- Reading Recovery
- 504 Accomodation

Other: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is your child's native tongue a language other than English? (please check one)  Yes  No

What is the language? \_\_\_\_\_

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

What is the language? \_\_\_\_\_

Additional Comments and Information

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

I also grant permission for my child to attend local field trips which are a regular part of my child's curriculum. I understand this generally applies only to field trips within the boundaries of Mason/Lake Intermediate School District. Trips of longer distances will require specific written permission.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Enrolling Bldg. Address \_\_\_\_\_

Building Phone# (231)- \_\_\_\_\_

Building FAX # (231)- \_\_\_\_\_