

Reeths-Puffer Schools  
Student Registration Form



Office Use Only

Central                       Twin Lake  
 R-P Elementary     Pennsylvania

Date: \_\_\_\_\_  
 Teacher: \_\_\_\_\_  
 Grade: \_\_\_\_\_  
 Bus Numbers: \_\_\_\_\_  
 Student Number: \_\_\_\_\_  
  
 AI - AC   AA - BD   B - CE   H/PI - DF   W - EG   H/L - FJ

**A state certified birth certificate, immunization record and proof of residency must be presented at time of registration.**

Child's Name: \_\_\_\_\_ Sex: Male Female  
Last First Middle Ex. 5555555555

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Street City Zip Code Cell Number:

Child's Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City State MM/DD/YYYY

Name of Last District Attended: \_\_\_\_\_ School Building: \_\_\_\_\_  
 Address of Last School Attended: \_\_\_\_\_  
 Phone Number of Last School Attended: \_\_\_\_\_ Name of Former Teacher: \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_

Name and Age

Home Address

Marital Status

Step Parent or Guardian

Email Address:

Number of Children in the Family: Boys \_\_\_\_\_ Girls \_\_\_\_\_ Total \_\_\_\_\_

Name of Siblings: \_\_\_\_\_ Siblings Birthdate: \_\_\_\_\_

Other People Living in the Home:

Any Health Conditions the School Should Know About? Please Explain:

Does Your Child have a Current 504 Plan?

Does Your Child have a Current IEP for Special Education Services?

Is your child's native language a language other than English? \_\_\_\_ (HLS)

Is the primary language used in your child's home or environment a language other than English? \_\_\_\_ (HLS)

*If the answer to either of the home language survey (HLS) questions is yes, then the following questions must be answered. Office staff to forward copy (both sides) to Curriculum Office.*

What is your child's native language?

Date your child entered the United States:

Has your child been previously enrolled in any U. S. school?

Information:

Signature:

Date:

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**Custodial Information:** If a court has ordered legal limited custody for one of the parents of this child, the school must have a copy of the court order on file.

**Medication Administered at School:** “Medication” shall include all medicines including those prescribed by a physician and any non-prescribed (over the counter) drugs, inhalers, preparations, and/or remedies.

Before any medication or treatment may be administered to any student during school hours, the school’s medication form must be filled out by the parent and the medication must be brought to the office between the hours of 8:00 a.m. and 4:00 p.m. **NOTE: Medication is not to be sent to school with a student.**

**Only medication in its original container, labeled with the date, if a prescription; the student’s name; and exact dosage will be administered.**

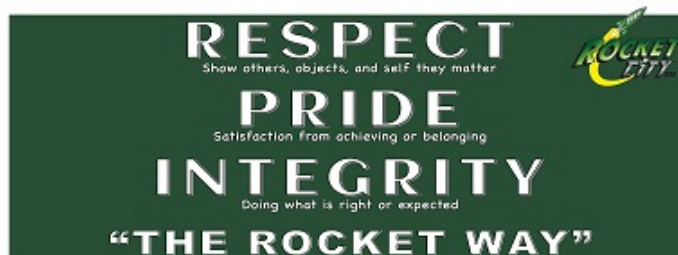
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**Race and Ethnicity: (Note: Both Part A and Part B of the question must be answered.)**

<b>Part A:</b>	<b>Is this student Hispanic/Latino?</b> (choose only one) <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.)
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The above part of the question is about ethnicity, not race. No matter which box you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student’s race to be.

<b>Part B:</b>	<b>What is your student’s race?</b> (Choose one or more) <input type="checkbox"/> <b>American Indian or Alaska Native</b> (A person having origins in any of the original people of North and South America, including Central America.) <b>(If checked, complete Title VII Form)</b> <input type="checkbox"/> <b>Asian</b> (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.) <input type="checkbox"/> <b>Black or African American</b> (A person having origins in any of the black racial groups of Africa.) <input type="checkbox"/> <b>Native Hawaiian or Other Pacific Islander</b> (A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.) <input type="checkbox"/> <b>White</b> (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)
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**NOTE:** Both Parts A and B **MUST** be completed. We encourage you to select an answer for **both** parts. If either part (A or B) is not answered, the U. S. Department of Education **requires** the school district to supply an answer on your behalf.



# REETHS-PUFFER SCHOOLS

## Student Transportation Schedule

(Please complete whether your child requires Transportation or not.)



School Building: \_\_\_\_\_

Grade: \_\_\_\_\_

Date: \_\_\_\_\_

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

**Important:** If your child is riding a bus to or from day care, your child care provider must live within your child's elementary service area in order for the District to provide transportation. Students are provided transportation to and from bus stops near their home. Kindergarten students will be allowed only one designated pick-up address and only one designated drop-off address. (For example, pick-up address is 111 Daycare Lane, Monday-Friday; drop-off address is 222 Home Address Drive, Monday-Friday.)

Yes, I need transportation for my child \_\_\_\_\_. No, I do not need transportation for my child \_\_\_\_\_.

(Continue completing form)

(No further information needed)

My child will be bused **to** school from:

Home address

Day care address

My child will be bused **from** school to:

Home address

Day care address

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Please complete if using transportation services:

Students Home Phone: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Name of Child Care Provider: \_\_\_\_\_

Phone: \_\_\_\_\_

Hours Your Child Attends Day Care: From \_\_\_\_\_ to \_\_\_\_\_

Scheduled Days at Day Care: Every Day \_\_\_\_\_ Certain Days \_\_\_\_\_

Please Specify Days: \_\_\_\_\_

Effective dates: Over the summer, this information is used to establish bus routes for the fall of 2020. To assist us in establishing our tentative bus routes, please provide your student transportation/childcare information to your elementary office as soon as possible. If you have changes in your child care provider over the summer, contact your building secretary as soon as possible. Please leave a message if necessary.

Should the bus driver be aware of any health concerns or other issues for your child? \_\_\_\_\_

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

Date \_\_\_\_\_

**Please return this form whether your child requires transportation or not.**

# REETHS-PUFFER SCHOOLS



Dear Parent/Guardian:

The State of Michigan has enacted a concussion law to provide increased education and additional protection for students in Michigan.

Please read the attached information page on concussion symptoms and actions to take if you suspect your child has suffered a concussion. Once you have read this material, please sign the acknowledgement form. Please return the signed form to the office at kindergarten round-up.

If you need to access concussion symptoms in the future, you can access this information at:  
<http://www.michigan.gov/mdch>

Please call the building principal with any questions you have regarding this new law.

## CONCUSSION AWARENESS EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by Reeths-Puffer Schools.

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian Name Signature

Date

Date

Return this signed form to the office for file until age 18.

Participants and parents please review and keep the educational materials available for future reference.

Before your registration is finalized, the school must have copies of the following records: Birth Certificate, Immunization Record and proof of residency.

I have read the above finalized registration disclaimer