

Summerfield Jr/Sr High School Registration Form



Student Number:	Last Name:	First Name:	Middle:	Gender:
School District:	School:	Grade:	Birthdate:	Birth City, State:
Last School Attended (Name, Address, & Phone):				

Contact Information

Priority: 1	Name:	Email Address:			
Relationship	Student Lives With	Address	City-State-Zip	Home Phone	Cell Phone
<input type="checkbox"/> Guardian <input type="checkbox"/> Emergency	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Priority: 2	Name:	Email Address:			
Relationship	Student Lives With	Address	City-State-Zip	Home Phone	Cell Phone
<input type="checkbox"/> Guardian <input type="checkbox"/> Emergency	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Please Indicate:	<input type="checkbox"/>	African American	<input type="checkbox"/>	American Indian	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Caucasian	<input type="checkbox"/>	Native Hawaiian
Optional - Please also check here if you consider your child Multi-Racial: <input type="checkbox"/> If so please specify: _____												
Please list below the names of other children presently living in your home.												

Name of Child:	Birthdate:	Current Grade:	Child is Living With:	Parental Military Status	<input type="checkbox"/>	Active Duty	<input type="checkbox"/>	National Guard/Reserves	<input type="checkbox"/>	No Military	
Name of Child:	Birthdate:	Current Grade:	Child is Living With:	Is there any legal information or documents that the school should be informed of concerning the above student?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, please attach		Is the student currently receiving any Special Ed. Services?	
Name of Child:	Birthdate:	Current Grade:	Child is Living With:			<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> No

In case of Emergency, if not listed above:											
1. Name	Relation:	Phone:	2. Name	Relation:	Phone:	3. Name	Relation:	Phone:	Extra Copy of Report Card Should be sent to:		
									Name: _____		
									Address: _____		
									City/ST/Zip: _____		

DISPENSING OF MEDICATION:
If student needs to take medication (either Rx or over-the-counter) at school, a doctor's authorization will need to be on file.

See Reverse Side →

Yes No

STUDENT HANDBOOK

Included in the Student Handbook are policies that guide the District staff in providing a safe and orderly atmosphere in which all students can learn. Some of the policies are included in their entirety whereas only sections of some lengthy policies are included. Copies of complete policies are available at your school or online at: www.summerfield.k12.mi.us. Please request a copy of any school policy anytime you have a question or concern. Please read the following information and discuss these rules with your child.

- Attendance Use Policy
- Electronic Communications Policy
- Harassment Policy
- Religion Policy
- Weapons Policy
- Code of Student Conduct
- Code of Student Conduct Bus Rules
- Administering Medications Policy
- Technology Policy
- Dress Code Policy

Yes No

TECHNOLOGY USE POLICY

As the student's parents or legal guardians, we agree to read and uphold the school technology use policy and discuss it with our son/daughter. We understand that internet access is a privilege provided for educational purpose. We understand that it is impossible for the District to restrict access to all controversial material. The district, its employees and agents and individual members of the Boards of Education are released from any and all claims or causes of action arising out of our son's/daughter's use or misuse of the Network or Network equipment. In addition, the District is indemnified of any fees, expenses or damages incurred as a result of our son's/daughter's use of misuse of the Network or Network equipment. Misuse of said policy could result in loss of privileges, suspension or expulsion.

Yes No

ALERT NOTIFICATIONS

By choosing "Yes" on this form you are allowing us to send non-emergency alerts to your home/cell phone listed on your students registration form. Non-emergency would be attendance notices, detentions, meetings etc. If you choose to not want this service please choose "No".

Yes No

EMERGENCY MEDICAL AUTHORIZATION

In case of accident involving injury, or suspected injury, or in the case of illness involving my child named on this card, I hereby authorize the school staff to transport or to secure ambulance to transport said child to the nearest available emergency room when away on school related activity. I authorize an emergency room doctor to treat my child. I further authorize the doctor to call another doctor for consultation and treatment in the event special treatment is necessary, such as surgery, orthopedics, etc. I agree to and authorize the above, and this consent will be in effect as long as student named above is enrolled in this school district.

Yes No

USE OF STUDENT INFORMATION

Throughout the year, students are awarded honors for academics, activities, and other miscellaneous items. In such an event, the District, will authorize local businesses to publicize these accomplishments through electronic or printed media. District personnel will authorize use of only pertinent information without jeopardizing the security of the child. Information is also released to the Armed Forces upon request for 11th and 12th grade students, this would include name, address and phone.

Yes No

PHOTOGRAPHING/VIDEO TAPING

During the course of the year, photographs and/or video may be taken for use in public relations and school-related publications. School personnel are authorized to supervise possible photographing or videotaping of my child related to classes and school activities on school buildings or activities. Reproductions of videotaping or photographs may be used by the administration for the purpose of school publicity. Information is also released to the Armed Forces upon request for 11th and 12th grade students, this would include name, address and phone.

Yes No

PARENT/STUDENT ACKNOWLEDGEMENT

We, the undersigned, agree to read, uphold and discuss the above information/policies with our child. We understand the rights and responsibilities pertaining to students and agree to support and abide by the rules, guidelines, procedures, and policies of the School District. We also understand that these handbooks supersede all prior handbooks and other written material on the same subject.

Parent or Legal Guardian Signature

Student Signature

Date