



NEW LOTHROP HIGH SCHOOL



NEW STUDENT INFORMATION

Legal Name: First _____ Middle _____ Last _____ Grade _____

Mailing Address: _____

Birth Date: ____/____/____ S.S.#: ____-____-____ Home Phone: (____) ____-____

School district you reside in: _____ County you reside in: _____

Does the student receive any special education services? Yes ____ No ____

Mother's Information

Name: _____ Relationship: _____

Mailing Address: _____

Home Phone: (____) ____-____ Cell Phone: (____) ____-____

E-mail: _____ Township: _____

Employer: _____ Phone: (____) ____-____ Ext: ____ Shift: ____

Please check all that apply:

- Lives With
- Send Information to
- Custody

Father's Information

Name: _____ Relationship: _____

Mailing Address: _____

Home Phone: (____) ____-____ Cell Phone: (____) ____-____

E-mail: _____ Township: _____

Employer: _____ Phone: (____) ____-____ Ext: ____ Shift: ____

Please check all that apply:

- Lives With
- Send Information to
- Custody

Select Ethnic Origin:

- Asian American
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White
- Hispanic/Latino
- Other: _____

Parent/Guardian Signature: _____ Date: ____/____/____

Please provide two proofs of residency (i.e. driver's license, utility bill, etc.), birth certificate and immunization records. Thank you.

In case of illness or injury to my child while under school custody, the school is hereby authorized to contact and/or send to the residence of any of the following people, in case an immediate contact cannot be made with either parent.

Contact: _____ Relationship: _____

Phone: (____) _____ - _____

Contact: _____ Relationship: _____

Phone: (____) _____ - _____

Contact: _____ Relationship: _____

Phone: (____) _____ - _____

Doctor: _____ Phone: (____) _____ - _____

Hospital: _____ Phone: (____) _____ - _____

Insurance Carrier: _____ Policy #: _____

Health/Medical Concerns:

I will accept full responsibility for the above authorized action taken by New Lothrop Area Public Schools. The above authorization is valid until rescinded in writing. Be sure to contact the school as changes are desired.

Parent/Guardian Signature: _____ Date: ____/____/____



NEW LOTHROP HIGH SCHOOL

9285 EASTON ROAD, NEW LOTHROP, MI 48460

Consent for Release of Records

Student's Full Name: _____ Birthdate: _____

Current Address: _____ City: _____

State: _____ Zip Code: _____ Parent/Guardian's Name: _____

Grade Entering: _____ Entrance Date to New Lothrop Schools: _____

School Transferring From:

Name of School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Please mail student's CA-60 file to:

New Lothrop High School
Attention: Lynn Bishop, Secretary
9285 Easton Road
New Lothrop, MI 48460

Please email the following information to lbishop@newlothrop.k12.mi.us

Student Grades/Transcript

Current IEP/504

Behavior

Attendance

Other: _____

RESIDENCY INFORMATION FORM

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11431 et seq. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student _____ Parent/Guardian _____
School _____ Phone/Pager _____
Age _____ Grade _____ D.O.B. _____
Address _____ City _____
Zip Code _____ Is this address Temporary or Permanent? (circle one)

Please choose which of the following situations the student currently resides in (you can choose more than one):

- House or apartment with parent or guardian
Motel, car or campsite
Shelter or other temporary housing
With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

- Loss of housing
Economic situation
Temporarily waiting for house or apartment
Provide care for a family member
Loss of employment
Living with boyfriend/girlfriend
Parent/Guardian is deployed
Other (Please explain below)

Are you a student under the age of 18 and living apart from your parents or guardians? Yes No

Residency and Educational Rights

Students without fixed, regular, and adequate living situations have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
2) Transportation to the school of origin for the regular school day;
3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Under this Act, the student has the right to attend the following school districts, as well as any public school academy with openings in the attendance area:

School of Origin: _____

School of Residence: _____

Transportation options are as follows: _____

Any questions about these rights can be directed to the local McKinney-Vento Liaison at 989-224-6831, ext. 2365 or the State Coordinator at 517-373-6066.

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth _____ Date _____

Signature of McKinney-Vento Liaison _____ Date _____