



HOLTON ELEMENTARY SCHOOL
REGISTRATION FORM

Today's Date: _____

Has your child ever attended Holton Schools before? ☐ Y ☐ N

Student Name: _____
Last First Middle

Other Last Name student may use: _____

Entering Grade: _____ Gender: ☐ Male ☐ Female

Primary Ethnicity:

- ☐ Multi-Racial
☐ American Indian/Alaskan Native
☐ Asian American
☐ Black or African American
☐ Native Hawaiian/Pacific Islander
☐ White
☐ Hispanic or Latino

Language

Is your child's native tongue a
language other than English? ☐ Yes ☐ No

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

If yes, what language?: _____

Birthday: _____ Birth Place: _____
Month/Day/Year City/State

Primary Phone Number: _____ Listed: ☐ Yes ☐ No

Address: _____
Number/Street Name City Zip

Name of Adult MALE Residing in the Home: _____

Work Phone Number: _____

*Parent Education Level: _____ (Indicate appropriate level by number.)
1-Completed grade 8 or less, 2-Some High School, 3-High School Graduate, 4-Post High School

Name of Adult FEMALE Residing in the Home: _____

Work Phone Number: _____

*Parent Education Level: _____ (Indicate appropriate level by number.)
1-Completed grade 8 or less, 2-Some High School, 3-High School Graduate, 4-Post High School

Relationship to Child:

Check one

- ☐ B-Both Parents
☐ C-Father/Stepmother
☐ D-Mother/Stepfather
☐ E-Father only
☐ F-Mother only
☐ G-Legal guardian
☐ H-Court Placed
☐ J-Relative
☐ K-Foster Home
☐ L-Divorced, Joint Custody

Name of Parent Living Elsewhere: _____

Address: _____
Number/Street Name City Zip

Would you want them to receive mailings? ☐ Yes ☐ No

Previous School Attended: _____

Address: _____

OFFICE USE ONLY

DO NOT FILL OUT OR MARK

Student Number: _____

Entry Date: _____

Entry Code: _____ Prev. LEA: _____

Birth Cert ☐ Y ☐ N YOG: _____

Street Code #: _____

Teacher Name: _____

Room #: _____ Next School #: _____

School of Choice: ☐ Y ☐ N

Home School: _____

Bus #: _____

Immunization Records: ☐ Y ☐ N

Lunch App: ☐ Y ☐ N

Student Records: Req'd _____

Received _____

☐ Speech ☐ LD ☐ Social Worker

☐ Title 1 ☐ Reading Recovery

NON-RESIDENT STATUS

☐ Dual Residency

☐ School of Choice

☐ District Release: _____

I have reviewed: Proof of Residency
Certified Birth Certificate

☐ _____

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

☐ IEP ☐ Speech ☐ Resource Room ☐ Social Worker ☐ Title I ☐ Reading Recovery

Emergency Contact Person: _____ Relationship: _____
Phone Number: _____

Emergency Contact Person: _____ Relationship: _____
Phone Number: _____

Emergency Medical Conditions/Problems: (check ALL that apply)

☐ Nothing known ☐ Iodine Allergy ☐ Wears Glasses ☐ Medical Waiver ☐ Nut Allergy
☐ Bee Sting ☐ Rheumatic ☐ Epileptic ☐ Asthma ☐ Cardiac
☐ Contact Lenses ☐ Nose Bleeds ☐ Hemophiliac ☐ Special Blood Condition
☐ Diabetic ☐ Sulpha Allergy ☐ Check Health Card ☐ Aspirin Allergy ☐ Headaches
☐ Penicillin Allergy ☐ Hearing Problems ☐ Muscle Weakness ☐ No Medication, Religious
☐ Attention Deficit Disorder ☐ Takes Medication Regularly (Please indicate which medication and how often)

Other children who reside in the home:

Name	Birthdate	Grade	
_____	_____	_____	<input type="checkbox"/> Natural Sibling <input type="checkbox"/> Step Sibling
_____	_____	_____	<input type="checkbox"/> Natural Sibling <input type="checkbox"/> Step Sibling
_____	_____	_____	<input type="checkbox"/> Natural Sibling <input type="checkbox"/> Step Sibling
_____	_____	_____	<input type="checkbox"/> Natural Sibling <input type="checkbox"/> Step Sibling
_____	_____	_____	<input type="checkbox"/> Natural Sibling <input type="checkbox"/> Step Sibling

Does your child attend a day care center or go to a sitter after school? ☐ Yes ☐ No

If yes, Name: _____

Address: _____

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 any false information provided by me, may subject me to legal penalties for perjury.

Parent/Guardian Signature

Date



Holton Public Schools

Rooted in Community, Reaching for Excellence

REQUEST FOR STUDENT RECORDS

Date: _____

Student: _____

Grade: _____

Grade: _____

Grade: _____

Person or agency requesting records:

Secretary: Tammy Kiogima

Holton Public Schools

Holton Elementary

6245 Syers Rd.

Holton, MI 49425

Telephone: 231-821-1825

Fax: 231-821-1849

I hereby grant permission to have:

Name of School District Last Attended

Name of School Last Attended

Telephone # _____

Fax # _____

Send any and all information concerning this student.

I understand this permission does not waive the right to examine these records and to challenge the accuracy and contents of the record files.

Parent/Guardian's Signature

For Office Use Only

PLEASE FAX ASAP:

State Birth Certificate _____

Immunization Record _____

If Applicable:

Current IEP _____

Current Psychological Evaluation _____

Current MET _____

THANK-YOU

STUDENT RESIDENCY QUESTIONNAIRE

Information provided on this form is confidential. *Holton Public Schools uses this page to help identify student needs as required by the McKinney-Vento Homeless Assistance Act and may be forwarded to our Homeless Liaison. Information for parents and youth experiencing homelessness is posted in all our schools or available from the school office.*

Student Name: _____ Birth date: _____ Grade: _____
Please list all of your preschool and school-aged children currently living with you (PLEASE PRINT):

Name: _____ Birth date: _____ School: _____

Name: _____ Birth date: _____ School: _____

Name: _____ Birth date: _____ School: _____

1. Do you live in any of these following situations?

☐ Sharing the housing of other persons due to: (check one)

☐ Loss of housing, economic hardship, or a similar reason (example: evicted from home, etc.)

Explain: _____

☐ Long-term, cooperative living arrangement to save money or a similar reason

☐ Other (please specify): _____

If sharing housing with another family, with whom?

Name: _____

☐ In a motel, hotel, campground or similar setting due to: (check one)

☐ Lack of alternative adequate accommodations, explain: _____

☐ A convenient living arrangement (i.e. waiting for apartment or house to be ready)

☐ Other (please specify): _____

☐ In emergency or transitional shelters such as domestic violence or homeless shelters or transitional housing through MUST, Center for Family Resources or other shelter or agency

☐ Have a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans

☐ In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.

☐ None of the above – our family owns or rents our own housing

2. How long do you anticipate living at this location? _____

Current Address: _____ Phone Number: _____

I am:

☐ The parent/legal guardian of the above-named student

☐ A qualified adult relative of the above-named student

☐ An unaccompanied student (on my own)

☐ Other (Please describe): _____

Parent/Guardian/Unaccompanied Youth Signature

Date