SUMMERFIELD ELEMENTARY REGISTRATION FORM

Date		Schoo	l Year Enrolling in	Grade		Birthdate		
	[/ /		
Student Name					Gender Age			
				1	MALE	FEMALE		
First	st Middle Last					·		
Address					City & State of Birth			
Street	C	City	State	Zip				
Please Indicat	e: OAfrican Ame	erican 🔿	American Indian Asian)Hispanic 🔘	Caucasian	ONative Hawaiin	Racial %	
Primary Language Special Ed Services? Parental Military Status								
	0.00		YES NO	OActive		-	No Military	
Contact 1 Information (Living With? Yes No) Contact 2 Information (Living With? Yes No)								
Name & Relat	tionship			Name & Relationship				
Address	Γ			Address				
Place of Employment				Place of Em	ployment			
Email Address				Email Addre	SS			
Phone	Ноте			Phone <i>F</i>	lome			
	Cell			—	Cell			
	Work				Nork			
In Case of Emergency (other than the above listings)						Siblings		
Name		Phone	Relationsh	ip		Name	Age	
Name		Phone	Relations	hip		Name	Age	
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Student ID Number Items Needed & F				& Received		UIC Num	ıber	
			B. Certificate /Immunizations / Court Papers					
						Resident Out of County	Non Resident	
PLEASE FILL OUT REVERSE SIDE \rightarrow								

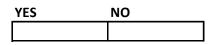
Our website is http://www.summerfield.k12.mi.us/elementary-/

STUDENT HANDBOOK

Parents/Guardians and Students are encouraged to read the handbook. The majority of our academic requirements and discipline procedures are described in the handbook. Your signature below will insure you have read the handbook.

TECHNOLOGY USE

As a user of Summerfield School District's Electronic Information Technologies, the user agrees to comply with the guidelines while communicating over networks in a responsible fashion while honoring all relevant laws and restrictions. Summerfield School District reserves and will exercise the right to review, audit, intercept, access, and disclose all matters at any time, with or without notice, and such access may occur during or after the regular school day. Misuse could result in loss of privileges, suspension, or expulsion.



YES NO

PHYSICAL DISABILITIES

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. I hereby consent to the possible photographing or videotaping of my child related to classes and school activities at school buildings or activities. Reproductions of videotaping or photographs may be used by the administration for the purpose of school publicity.

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.

MEDICATIONS_

*Medication of any kind is not given at school without a completed Medical Authorization Form signed by a physician and a parent/legal guardian. Forms are available on the school's website http://www.summerfield.k12.mi.us/elementary-/parents/

PARENT/STUDENT ACKNOWLEDGEMENT

We the undersined, agree to read, uphold, and discuss the above information. We understand the rights and responsibilities pertaining to students and agree to support and abide the rules of the district.