

OFFICE USE ONLY

Bus # AM:

Bus # PM:

Student ID #:

School:

Three Rivers Community Schools - Three Rivers Partnership

"The District of Choice in St. Joseph County"

**GRADES K-12 ENROLLMENT FORM****STUDENT INFORMATION (PLEASE PRINT)**

Legal Name (Last, First, Middle)	Grade	Gender	Other Name Student Uses
Primary Phone Number:	Date of Birth:	Birth City, State, Country:	
Address:	City, Zip	School District student lives in:	
Mailing Address (if different than above)	City, Zip	If moving to Three Rivers, date of move:	
Does your child have an Individualized Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have a 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of previous school attended:	

Are you living in temporary housing or shelter?

FAMILY INFORMATION RELATIONSHIP REQUIRED (PLEASE PRINT)

Last Name, First Name	Relationship	Email address for all school communications
Workplace		Work Phone/Extension: Cell Phone:
Last Name, First Name	Relationship	Email address for all school communications
Workplace		Work Phone/Extension: Cell Phone:

IF SHARED CUSTODY ARRANGEMENTS EXIST FAMILY INFORMATION (PLEASE PRINT)

If no shared custody, please leave the following section blank and continue to the Emergency Contact Information.

If divorced, please mark custody.

Legal custody:	Other	Physical Custody:	Other
Last Name, First Name	Relationship	Email address for all school communications	
Workplace		Work Phone/Extension: Cell Phone:	
Last Name, First Name	Relationship	Email address for all school communications	
Workplace		Work Phone/Extension: Cell Phone:	

NON-PARENT/NON-GUARDIAN EMERGENCY CONTACT (PLEASE PRINT)

If I am unavailable, I authorize The following non-parent/non-guardian individuals as emergency contacts and/or to pick up my child from school.

Authorized person 1:	Primary Phone: Additional Phone:	Relationship:
Authorized person 2:	Primary Phone: Additional Phone:	Relationship:
Authorized person 3:	Primary Phone: Additional Phone:	Relationship:

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant the school Principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnosis and treatment including surgical intervention, if necessary on behalf of my minor child, and to do all other necessary things as I might or could do to provide for my child's health and safety, if I were present. This authorization is valid for the current school year or until such time as I withdraw the authorization.

Parent Signature: _____ Date: _____

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LANGUAGE (PLEASE PRINT)

Are there any languages other than English spoken in your home?

- ☐ Yes Please list language(s):
☐ No

ETHNICITY

Is this student Hispanic/Latino?

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Choose only one:

- ☐ Yes, Hispanic/Latino
☐ No, not Hispanic/Latino

Per requirement from the US Department of Education, we are required to collect, maintain and report data on race and ethnicity. If you choose not to provide this information, school personnel are required to make a selection.

RACE

The question to the left is about ethnicity, not race. No matter what you selected, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.

- ☐ **Asian** (A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian sub-continent including for example, Cambodia, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
- ☐ **American Indian/Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliations or community attachment)
- ☐ **Black/African American** (A person having origins in any of the black racial groups of Africa)
- ☐ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)
- ☐ **Native Hawaiian/Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

MILITARY

Is either parent/guardian currently serving in any component of the Army, Navy, Air Force, Marines, Coast Guard, or as uniformed personnel serving with the Michigan National Guard, in any of the Reserve United States forces, or on Active Duty?

- ☐ Yes ☐ No

High School Students ONLY:

Under the No Child Left Behind Act, Section 9528 of the ESEA, we are obligated to provide names, address and phone numbers of our students to Military agencies unless you indicate otherwise. If you do not want Three Rivers High School to release your child's information, please sign below.

Parent Signature: _____ Date: _____

DIRECTORY INFORMATION & OTHER ACKNOWLEDGEMENTS

Schools are requested, at times, throughout a child's school career, to furnish information such as, student names, awards received, honor roll, etc. It is Three Rivers Community Schools policy to never sell this information and we only give it for appropriate reasons, necessary reasons, or if helpful for the student. For example, yearbook staff may request information, Three Rivers Commercial News when a student makes honor roll, etc. If you wish for your child's directory information not to be disclosed, please submit your request in writing to your child's school. My child has my permission to participate in class walking trips and "in town" bus trips for educational experiences during the 2019-2020 school year. Information regarding individual class field trips will be sent home prior to each one.

As a parent/guardian of a student in TRCS, I permit my child to be photographed, videotaped, or interviewed by the school district or new media for informational and/or promotional purposes ____ Yes ____ No

Failure to note will be treated as parent approval to release student information to the media.

FIELD TRIPS: I hereby grant permission for field trip release ☐ Yes ☐ No

YEARBOOK: I hereby grant for my child's photo(s) to be included in the school's yearbook ☐ Yes ☐ No

PARENT/STUDENT HANDBOOK: I acknowledge that my child and I have reviewed a copy of the parent/student handbook found online at www.trschools.org ____ Yes

PARENT/GUARDIAN SIGNATURE *I certify the information on this form is true and correct*

Please print and return to school

Signature: _____

Date: _____