



Hudsonville Public Schools Elementary Registration

For Office Use Only

Building Attending _____

☐ SOC Student

☐ In-District Transfer-Building _____

STUDENT'S LEGAL NAME _____
Last First Middle Nickname/Goes by

GENDER: ☐ M ☐ F DATE OF BIRTH _____ GRADE ENTERING _____

ADDRESS _____ CITY _____ ZIP _____

☐ Yes ☐ No 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?

If yes, what language? _____

ETHNICITY: Is this student Hispanic/Latino? (choose only one):

☐ No, not Hispanic or Latino

☐ Yes, Hispanic or Latino

RACE: The question above is about ethnicity, not race. No matter what you selected, please continue to answer the following by marking one or more boxes to include what you consider the student's race to be. (*Required to meet state reporting guidelines.*)

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African-American

☐ Native Hawaiian or Other Pacific Islander

☐ White

PARENT/LEGAL GUARDIAN NAMES: Please ✓ with which parent(s)/guardian(s) student lives.

☐ _____
Last/First - Father/Guardian Name Address (if different than student address) City/Zip

Home Phone # Work Phone # Cell Phone #

Email Address _____

☐ _____
Last/First - Father/Guardian Name Address (if different than student address) City/Zip

Home Phone # Work Phone # Cell Phone #

Email Address _____

Is either parent actively serving in the military? ☐ Yes ☐ No Which branch? _____

MEDICAL INFORMATION:

Special Medical Needs/Allergies _____

SIBLING INFORMATION: Please list below siblings presently attending Hudsonville Public Schools.

Name	Grade	Building
_____	_____	_____
_____	_____	_____

PREVIOUS SCHOOL:

Building Name Address City State Zip

☐ Yes ☐ No Did student receive any Special Education (Resource) services at previous school? If yes, please list: _____

IMPORTANT: Please provide a copy of child's immunization record, birth certificate (must be certified with raised seal), proof of residency, & photo proof of identity of parent/guardian who is enrolling.

REGISTRATION DATE: _____ **PARENT/GUARDIAN SIGNATURE:** _____

Hudsonville Public Schools does not discriminate on the basis of race, color, religion, sex, national origin, age, height, weight, marital status, handicap, disability, or limited English proficiency in any of its programs or activities. The following office has been designated to handle inquiries regarding the nondiscrimination policies: Director of Human Resources, Hudsonville Public Schools, 3886 Van Buren Street, Hudsonville, MI 49426. Phone: 616-669-1740 extension 7.