



# Wolverine Community Schools

*Home of the Wildcats*

wolverineschools.org  
Phone: (231) 525-8201  
Fax: (231) 525-8251

## STUDENT REGISTRATION FORM

### Student Information

Name: \_\_\_\_\_  
Last First Middle

Preferred Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Names and ages of siblings who attend WCS: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Asian  
\_\_\_\_\_ Black/African American \_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_ White

Primary Language: \_\_\_\_\_ Primary Language used at home: \_\_\_\_\_

Are there any physical disabilities, chronic illnesses, allergies, etc. that the school should be aware of:

### Parent/Guardian Information

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Father, Mother, Guardian) (Father, Mother, Guardian)

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Last First Last First

Does this student live with you? \_\_\_\_\_ Does this student live with you? \_\_\_\_\_

Cell Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Home Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

**Other Emergency Contact**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Legal Issues**

Who has LEGAL custody of the student? \_\_\_\_\_ Codeword (if needed): \_\_\_\_\_

Are there any legal issues we need to be aware of regarding the student? \_\_\_\_\_

Will more than one copy of any official school correspondence be required? \_\_\_\_\_ No \_\_\_\_\_ Yes

To whom: \_\_\_\_\_ Email: \_\_\_\_\_

**Demographics**

Living Arrangements: \_\_\_\_\_ In own home \_\_\_\_\_ Shelter/Hotel \_\_\_\_\_ Living with family/friends

Resident District: \_\_\_\_\_ Resident County: \_\_\_\_\_

**Previous School Information**

Last School Attended: \_\_\_\_\_

School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Was this a Preschool? \_\_\_\_\_ Yes \_\_\_\_\_ No

Special Services you child received? \_\_\_\_\_ Speech/Social Work \_\_\_\_\_ OT/PT \_\_\_\_\_ 504 Plan  
\_\_\_\_\_ Special Education \_\_\_\_\_ Other \_\_\_\_\_ None

Has the student ever been suspended from a school District? \_\_\_\_\_ Yes \_\_\_\_\_ No

Reason: \_\_\_\_\_

Has the student ever been expelled from a school District?

Reason: \_\_\_\_\_

**Signatures**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:

\_\_\_\_\_ Birth Certificate \_\_\_\_\_ Immunization \_\_\_\_\_ Residency \_\_\_\_\_ Hearing/Vision (K)  
\_\_\_\_\_ Entry Date \_\_\_\_\_ UIC \_\_\_\_\_ Student ID \_\_\_\_\_ Grade