



## RESIDENCE

Student lives with \_\_\_\_\_  
Name of responsible adult(s) (e.g. Both parents, grandmother, aunt & uncle, et cetera)

Resident School District:  Allegan  Other: \_\_\_\_\_

If student does not reside with parents in the Allegan School District, please check one:

Court placed  School of Choice inside ISD (AAESA – 105)  School of Choice outside ISD(105c)  Released

## LIVING ARRANGEMENTS OF STUDENT (McKinney-Vento Information)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Living in own home or renting                              | <input type="checkbox"/> Living in a shelter             | <input type="checkbox"/> Living in a campground                                      |
| <input type="checkbox"/> Living with extended family ( ___ Permanent ___ Temporary) | <input type="checkbox"/> Living in a motel/hotel         | <input type="checkbox"/> Living on the streets                                       |
| <input type="checkbox"/> Living with someone other than parent/legal guardian       | <input type="checkbox"/> Living in a car                 | <input type="checkbox"/> Living from place to place<br>(also called "couch surfing") |
| <input type="checkbox"/> Living in a foster home                                    | <input type="checkbox"/> Living in an abandoned building |  |

## EMERGENCY CONTACT INFORMATION -- other than parent(s)

Name	Relationship	Phone			
_____	_____	( _____ ) _____	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work
_____	_____	( _____ ) _____	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work

## HEALTH INFORMATION

*Medical information is confidential and will be shared with personnel on a need-to-know basis.*

Special Health Conditions:  Asthma\*  Diabetes\*  Heart  Seizures  Other \_\_\_\_\_

\* Additional health forms are required to be filled out by the parent; please contact the office for the forms

Allergies:  Insects / Bee stings  Environmental  Medication (list below)  Food (list below)  Other (list below)

Comments: \_\_\_\_\_

Prescription medications student is currently taking: \_\_\_\_\_

## OTHER SIBLINGS IN HOUSEHOLD

Name	Date of Birth	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Students who attend Allegan Public Schools must live within the boundaries of the Allegan Public Schools District with their parent or legal guardian (except as designated in the Board of Education policy and provided by State law). I certify that the information given is correct, and I understand that I am obligated to notify the school if I move out of the Allegan Public Schools District.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

The Allegan Public Schools District's Board of Education complies with all Federal and State laws and regulations prohibiting discrimination. It is the policy of Allegan Public Schools that no person shall be discriminated against, excluded from participating in, denied the benefits, or otherwise be subjected to discrimination in any program and/or operation, on the basis of race, color, religion, national origin or ancestry, age, sex, height, weight, marital status, political belief, disability or handicap. Inquiries related to non-discrimination policies should be directed to the Superintendent of Schools at 550 Fifth Street, Allegan, MI, 49010, or by calling (269) 673-5431.

**(OFFICE USE ONLY)**

Student's Name: \_\_\_\_\_

**SCHOOL INFORMATION**

Enter Date: \_\_\_\_\_

Leave Date: \_\_\_\_\_

Original Enter Date: \_\_\_\_\_

District of Residence: \_\_\_\_\_

School of Residence: \_\_\_\_\_

FTE in General Ed: \_\_\_\_\_

County of Residence: 03

Opleanum: \_\_\_\_\_

UIC Change: \_\_\_\_\_

Unique identification code (assigned by State) YES - One of the numbers in UIC # has been changed  
No - The UIC # for student has not been changed  
Delete - Delete record is for the ISD/ESA use only

Attendance: \_\_\_\_\_

Number of days present

Teacher's Last Name: \_\_\_\_\_

Teacher's First Name: \_\_\_\_\_

Teacher's SS#: \_\_\_\_\_

\*Course Enrollment: \_\_\_\_\_

See key attached - Field 28

**LIMITED ENGLISH PROFICIENCY OPTION**

Enrollment LEP: \_\_\_\_\_  
Limited English Proficiency - see pull-down list

Class Meth LEP: \_\_\_\_\_  
Classification Method for LEP - see pull-down list

Hours per week LEP: \_\_\_\_\_

Country of Origin: \_\_\_\_\_

Primary Language: \_\_\_\_\_  
Students primary language spoken if other than English

Reclass Test: \_\_\_\_\_  
Type of test used to reclassify this student for LEP

Test Score: \_\_\_\_\_  
Score of reclassification test

Exit Reason: \_\_\_\_\_  
Reason student left LEP - see pull-down list

Date Exited: \_\_\_\_\_  
Date exited LEP

**EXPULSION INFORMATION**

Date Incident Occurred: \_\_\_\_\_  
Date incident occurred that led to expulsion

Date Expelled: \_\_\_\_\_

Length of Expulsion: \_\_\_\_\_  
Actual # of school days not in educational setting

Incident Type: \_\_\_\_\_  
See pull-down list

Location of Incident: \_\_\_\_\_  
See pull-down list

Time of Incident: \_\_\_\_\_  
1 - During school hours; 2 - Outside school hours

Estimated Cost of Incident: \_\_\_\_\_

Primary Victim: \_\_\_\_\_  
See pull-down list

Followup after Expulsion: \_\_\_\_\_  
See pull-down list

**SPECIAL PROGRAM OPTIONS**

Program Eligibility: \_\_\_\_\_  
Field 29

Title I, Special Ed, Early Intervention, Career Tech, Gifted/Talented, Limited English, Migrant, Adult Ed, 504  
Example: 01000000 = Title I and Early Intervention

\*\*Student Residency: \_\_\_\_\_  
Required field - see pull-down list  
02 = School of Choice in ISD 03 = School of Choice outside ISD

Type of Program Title I: \_\_\_\_\_  
See attached key - Field 32 Use 1000

Subject Area Title I: \_\_\_\_\_  
See attached key - Field 33 Use 1000

\*\*Supp Nutr Eligibility 11: \_\_\_\_\_  
Free/Reduced lunch program Required field

Program Model GT: \_\_\_\_\_  
See attached key - Field 69

Program Options GT: \_\_\_\_\_  
Gifted/Talented Program See attached key - Field 70

**MIGRANT EDUCATION SERVICES OPTIONS**

Date of Qualify Move: \_\_\_\_\_

Regular Instruction Services: \_\_\_\_\_

Regular Support Services: \_\_\_\_\_

Summer Term Instruction Services: \_\_\_\_\_

Summer Term Support Services: \_\_\_\_\_

**MISCELLANEOUS INFORMATION**

Record Correction: \_\_\_\_\_  
1 - This record has a change; 2 - No change has occurred

Count Date: \_\_\_\_\_

DTP Date: \_\_\_\_\_