

**GAYLORD COMMUNITY SCHOOLS  
2010-11 STUDENT INFORMATION RECORD**

Please print clearly in ink and provide all information requested. Sign, date and return to your student's school.

|   |   |                          |  |   |                       |
|---|---|--------------------------|--|---|-----------------------|
| <b>STUDENT INFORMATION</b>  |   |                          | <b>2010-2011 GRADE</b> <input style="width: 50px; height: 20px;" type="text"/> |   |                       |
| <b>Student's Legal Last Name</b>  |   | <b>First Name</b>        | <b>Middle/Suffix (Jr., III)</b>  | <b>Preferred First Name</b>                       |                       |
| <b>Student's Residence Address</b>  |   | <b>City</b>              | <b>Zip Code</b>  |   |                       |
| <b>Mailing Address for Student Mailings</b>   |   | <b>City</b>              | <b>Zip Code</b>  |   |                       |
| <b>Student's Home Phone Number</b>  |   | <b>Gender (M/F)</b>      | <b>Date of Birth</b>   | <b>Birthplace (City/State/Country)</b>            |                       |
| <p>Please select ethnicity and race. Please note that if ethnicity and race information is not provided, the US Department of Education requires the school district to provide an answer on your behalf.</p> <p>Ethnicity: Non/Hispanic _____ Hispanic _____</p> <p>Race: African American _____ American Indian _____ Asian _____ Caucasian _____ Hispanic/Latino _____ Pacific Islander _____</p> <p>Language spoken at home: English _____ Other _____ School district you currently reside in: _____</p> |   |                          |  |   |                       |
| <b>Mother Name</b>  |   |                          | <b>Father Name</b>   |   |                       |
| <b>Mother Daytime Phone</b>   |   |                          | <b>Father Daytime Phone</b>  |   |                       |
| <b>Mother Work Place</b>  |   |                          | <b>Father Work Place</b>   |   |                       |
| <b>Mother Cell Phone</b>  |   |                          | <b>Father Cell Phone</b>   |   |                       |
| <b>Mother Email</b>   |   |                          | <b>Father Email</b>  |   |                       |
| <b>Lives with Student?</b>  | <b>Please circle:</b>                       | <b>Yes</b>               | <b>No</b>  | <b>Lives with Student?</b>                        | <b>Please circle:</b> |
|   |   |                          |  |   | <b>Yes</b>            |
|   |   |                          |  |   | <b>No</b>             |
| <b>Legal Guardian?</b>  | <b>Please circle:</b>                       | <b>Yes</b>               | <b>No</b>  | <b>Legal Guardian?</b>                            | <b>Please circle:</b> |
|   |   |                          |  |   | <b>Yes</b>            |
|   |   |                          |  |   | <b>No</b>             |
| <b>Custody paperwork on file (if applicable)?</b>   | <b>Please circle:</b>                       | <b>Yes</b>               | <b>No</b>  | <b>Custody paperwork on file (if applicable)?</b> | <b>Please circle:</b> |
|   |   |                          |  |   | <b>Yes</b>            |
|   |   |                          |  |   | <b>No</b>             |
| <b>Student Lives With:</b>  |   |                          |  |   |                       |
| <i>Please check one of the following.</i>   |   |                          |  |   |                       |
| _____ Both natural parents  | _____ Father only                           | _____ Host family        | _____ Divorced-joint custody   |   |                       |
| _____ Father/Stepmother   | _____ Mother only                           | _____ Relative           | _____ Adult student  |   |                       |
| _____ Mother/Stepfather   | _____ Legal guardian                        | _____ Court placed       |  |   |                       |
| <b>Names of All Adults Residing with Student:</b> _____   |   |                          |  |   |                       |
| <b>Parent Living Elsewhere:</b>   |   |                          |  |   |                       |
| Name _____  | Address _____                               | Phone _____              |  |   |                       |
| <b>Student's Residence Is:</b> <i>(Please Check)</i>  |   |                          |  |   |                       |
| _____ Single Family Dwelling  | _____ More than 1 family in house/apartment | _____ Motel/Car/Campsite |  |   |                       |
| _____ With friends/family (other than parent/guardian)  | _____ Shelter                               |                          |  |   |                       |
| _____ Other _____   |   |                          |  |   |                       |
| If there are adults who are restricted from seeing your child <b>by order of a court</b> , please list them here. We cannot restrict a parent without legal documentation on file at the school. _____  |   |                          |  |   |                       |

|                              |                               |  |              |
|------------------------------|-------------------------------|--|--------------|
| <b>OFFICE USE ONLY</b>       |                               |  | <b>BUS #</b> |
| <b>STUDENT ID:</b>           | <b>STUDENT UIC:</b>           |  |              |
| <b>RESIDENT STATUS:</b>      | <b>DISTRICT OF RESIDENCE:</b> |  |              |
| <b>K-8 HOMEROOM TEACHER:</b> | <b>DISTRICT ENTRY DATE:</b>   |  |              |



# Gaylord Intermediate School

240 E. Fourth, Gaylord, MI 49735

## Student Information Sheet

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ Bus Number \_\_\_\_\_  
Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Welcome to Gaylord Intermediate School!

In order that we may become better acquainted with your child at the time of initial entrance in our school, we are asking you to provide us with information regarding your child so we may effectively place your child in the best learning environment. The classroom teacher will review this information.

- 1) How does your child spend his/her leisure time? \_\_\_\_\_  
\_\_\_\_\_
- 2) Are there any subjects or activities in school that your child has a keen interest in? \_\_\_\_\_
- 3) What type of learning environment motivates your child to do their best? \_\_\_\_\_  
\_\_\_\_\_
- 4) List your child's academic strengths \_\_\_\_\_
- 5) List your child's academic weaknesses \_\_\_\_\_
- 6) What form of classroom discipline do you support for your child? \_\_\_\_\_  
\_\_\_\_\_
- 7) What would be the main goal that you would like to see your child attain while attending Gaylord Intermediate School? \_\_\_\_\_  
\_\_\_\_\_
- 8) Is there anything about your child that you feel is important for us to know? \_\_\_\_\_  
\_\_\_\_\_
- 9) Does your child have any health problems (physical, educational, emotional)? \_\_\_\_\_  
\_\_\_\_\_
- 10) List any information that you have regarding your child's school performance that has not been covered in questions 1 through 9. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GAYLORD INTERMEDIATE SCHOOL**  
240 E. Fourth Street - Gaylord, MI 49735  
Phone (989) 731-0856 Fax-(989) 732-6475

**AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION**

TODAY'S DATE \_\_\_\_\_

| Student's Name | Birth Date | Current Grade Level |
|----------------|------------|---------------------|
| _____          | _____      | _____               |
| _____          | _____      | _____               |
| _____          | _____      | _____               |

I authorize release of the following records for the child(ren) listed above:

- |  |                             |
|--|-----------------------------|
| _____ Complete Cumulative                  | _____ Medical File          |
| _____ Confidential Files (I.E.P.C.)        | _____ Social Worker Reports |
| _____ Psychological and Diagnostic Reports |                             |

Has/have the above child(ren) received special education services? ( ) no ( ) yes  
If marked yes, please indicate in which area (s) services were provided.  
\_\_\_\_\_

I requested that the information be kept confidential; used for professional reasons only and not be released to another individual or organization unless authorized by me. I understand that I have the right to inspect or receive a copy of the school records that are released.

\_\_\_\_\_  
Signature of parent or guardian

Parental permission is no longer required when records are requested by authorized school personnel in compliance with "Federal Education Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol 41, No. 11, Page 2465".

**NOTE:** The Michigan Attorney General ruled on April 23, 1982 that a school district may not withhold records of a student who transfers to another district if the student has an outstanding obligation to the school district.

**INFORMATION TO BE RELEASED FROM:**

SCHOOL DISTRICT \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_

ADDRESS OF SCHOOL \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE( ) \_\_\_\_\_ FAX( ) \_\_\_\_\_

**GAYLORD COMMUNITY SCHOOLS  
ENROLLMENT INFORMATION**

| Student Name | Grade | School |
|--------------|-------|--------|
|              |       |        |

**Previous School Year Information**

|  |  |
|--|--|
| Name of Previous School  |  |
| Street, City, Zip Code of Previous School  |  |
| Phone Number of Previous School  |  |
| Grade Level at Previous School   |  |
| Special Services Student Received at Previous School (please check all that apply) | <input type="checkbox"/> <b>Section 504</b><br><input type="checkbox"/> <b>Special Education</b> ('Permission to Place' form required)<br><input type="checkbox"/> <b>Other</b> (Please explain) |

**Has your child ever attended Gaylord Community Schools?**

|            |                 |     |     |     |     |     |
|------------|-----------------|-----|-----|-----|-----|-----|
| <b>NO</b>  |                 |     |     |     |     |     |
| <b>YES</b> | Date Attended   |     |     |     |     |     |
|            | School Building | GHS | GMS | GIS | SME | NOE |

**Has your child ever been suspended or expelled from a school district?**

|            |                                 |  |
|------------|---------------------------------|--|
| <b>NO</b>  |                                 |  |
| <b>YES</b> | Date(s) of suspension/expulsion |  |
|            | Details of suspension/expulsion |  |

**Proof of Residency Provided**

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Rent Receipt/Rental Agreement | <input type="checkbox"/> Driver's License  | <input type="checkbox"/> Voter Registration Card |
| <input type="checkbox"/> Utility Bill                  | <input type="checkbox"/> Property Tax Bill | <input type="checkbox"/> Other _____             |

I declare that I physically reside at:

In order to affirm my residency in the Gaylord Community School District I have presented certain documents with my address to school officials. I declare that these documents are true and accurate and further, I am aware that the deliberate falsification of information for school attendance purposes is unlawful. I further understand that if statements made on this verification form change, I must immediately notify the appropriate Gaylord Community School District official. I agree to accept responsibility for payment of tuition in the event that it is found that I have established residency by using false or inaccurate information.

**I verify that all statements made and documents furnished regarding the residence and discipline information about my student are true and accurate.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Gaylord Community Schools

An NCA Accredited School District

Dear Parents,

Keeping you informed and involved helps to assure student safety and improve student success. We want to reach our families quickly and effectively. This is why the Gaylord Community Schools is trying a new system called Instant Alert for Schools.

Within minutes, school officials can use Instant Alert to deliver a message to you by telephone, cell phone, pager, e-mail or PDA in any combination. Instant Alert will be used to notify you of school cancellations as well as activities and/or schedule changes.

Instant Alert is Internet based, allowing each family to maintain a secure, password-protected online profile. When you log on, you will receive instructions for accessing the system and updating your family's profile. You can log onto your profile anytime to update your contact information. Maintaining the accuracy of your profile will increase the ability of the school to keep you informed.

Your online profile will enable you to :

- \* Input additional contact information -- email address, cell phone, work phone, etc.
- \* Send yourself a test text message to make sure your text messaging information is correct.
- \* Add contact information for other caretakers of your children, such as grandparents or neighbors.
- \* Access a history of all the alerts you have received in the past.

The system is now ready for you to use at <https://instantalert.honeywell.com/>. I encourage you to take advantage of this opportunity. If you need assistance with your profile please contact your child's school. If you do not have access to a computer, please feel free to come to my office in the Board of Education building to use our facilities.

Sincerely,

Cheryl A. Wojtas  
Superintendent

**Gaylord Community Schools**  
**TRANSPORTATION REGISTRATION**  
**Bus Garage - 989-705-3022**

Date \_\_\_\_\_  
School \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Residential Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

First Parent's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Second Parent's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Transportation Desired (We can accommodate one Pick Up and one Drop Off location.)

Will your child be riding to/from home? AM \_\_\_\_\_ PM \_\_\_\_\_

Will your child be riding to/from a Day Care? AM \_\_\_\_\_ PM \_\_\_\_\_

Day Care Information: Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Special Needs \_\_\_\_\_

**If your needs change, please notify both the School and Bus Garage.  
It may take up to 3 days to arrange transportation after receiving this card.**