

# Corunna Public Schools' Student Information Sheet

**Building:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **School Year:** \_\_\_\_\_

Name \_\_\_\_\_ Sex: M F  
FIRST MIDDLE LAST

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
(include Apt. # or P.O. Box #)

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_

**First contact person school should call:** Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Do you live in the Corunna School District?  Yes  No If no, in which school district do you live? \_\_\_\_\_

**Student resides with (please circle):**

- 1) Both Parents Same Household 2) Both Parents Two Households 3) Mother 4) Father 5) Grandmother 6) Grandfather 7) Other\*

\*If other (Name / Relationship) \_\_\_\_\_

Other children in the family:		
Name	Birthdate	School Attending

**Father's Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Other Phones \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

**Mother's Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Other Phones \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

**In case of emergency (if a parent cannot be contacted) please notify who should be called in priority order:**

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

Address \_\_\_\_\_

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

Address \_\_\_\_\_

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

Address \_\_\_\_\_

Please check and describe any medical condition, medication or disability that would be advisable for the school to know:

- Asthma \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Seizures \_\_\_\_\_
- Seasonal Allergies \_\_\_\_\_
- Allergic reactions to insect bites, bees, etc. \_\_\_\_\_
- Other \_\_\_\_\_ (If more space is needed, please attach information.)

**Special services your child received in the previous school year:** (Check all that apply)

- Speech       Special Education       Social Worker       Title I       Section 504       Physical Therapy       Occupational Therapy

**Ethnic Code:** Use 1, 2, or 3 to rank primary and secondary ethnic groups:

- \_\_\_\_ American Indian or Alaskan Native      \_\_\_\_ Hispanic or Latino      \_\_\_\_ Asian American      \_\_\_\_ African American      \_\_\_\_ Caucasian  
\_\_\_\_ Middle Eastern      \_\_\_\_ Multi-Ethnic      \_\_\_\_ Native Hawaiian or other Pacific Islander

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**?  Yes  No

**McKinney-Vento Act Questionnaire:**

By completing this questionnaire, you help the district comply with the McKinney-Vento Act, Title X, Part C of the Every Student Succeeds Act (ESSA). Your truthful and accurate answers help the district identify services that the student may be eligible to receive.

1. Presently, where is the student living? Check only one response:

- In a shelter       With more than one family in a house or apartment (doubled up)
- Hotel/motel/car/camper       With friends or family members (other than parent/guardian)
- None of the above apply

2. The student lives with: Check one response

- 1 or 2 parents or guardians       Friends
- Adult who is not parent or legal guardian       Alone with no adults

**Preschool:**

My child attended preschool prior to entering kindergarten.  Yes  No. If yes, where? \_\_\_\_\_

**School Meal Programs:**

Have you completed the application for Free/Reduced Price School Meals?  Yes  No (*Application must be filled out each school year.*)

I would like to be contacted by the CPS Food Service to answer questions or concerns regarding the school meal programs?  Yes  No  
It is possible to fill out a free/reduced application on line at <http://lunchapp.com/>. You may make school meal payment and receive low balance email alerts at [www.Sendmoneytoschool.com](http://www.Sendmoneytoschool.com).

**Miscellaneous:**

In the case of separated or divorced parents, are there any **legal restrictions** on the release of the child to either parent or step-parent? If yes, please explain and provide court documentation to the school office.

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