

ALTERNATIVE ACADEMY REGISTRATION FORM
Swartz Creek Community Schools

Name _____
Last First Middle

Present Address _____
Street
Home Phone _____

City Zip
Current Grade Age Birthdate S.S. # _____

Mother's Home Phone # _____ Work Phone # _____ Cell # _____

Father's Home Phone # _____ Work Phone # _____ Cell # _____

Stepparent Work Phone # _____ Cell # _____

Is Child considered Multi-Racial? Yes _____ No _____ If so please list in priority order 1__ 2__ 3__ 4__
5__ 6__

Race (please circle) American Indian/Alaskan Native (1) Asian or Oriental (2) Hispanic (3)
Hawaiian or Pacific Islander (4) Black (not of Hispanic origin) (5) White (not of Hispanic origin) (6)

School Last Attended _____
Building District
City State County

Health Problems or Concerns _____

Father's Name _____ Birthplace _____

Step Father's Name _____

Mother's Name _____ Birthplace _____

Step Mother's Name _____

Ward of Court _____ Guardian _____

Affidavit Notarized _____

With whom does child reside? _____

Parent/Guardian Code _____ (See back of form for code and explanation)

Has your child ever been expelled from school? Yes _____ No _____

Was your child in any special education classes in their previous school? Yes _____ No _____

Did your child ever receive any special education services in the previous school? Yes _____ No _____

Has your child ever attended Swartz Creek Community Schools? _____ Yes _____ No

Student will not be eligible to attend school until all completed immunization records are received

Signature of Parent: _____ Date: _____

