

<b>Student Name:</b> _____	<b>Grade:</b> _____	<b>FOR OFFICE USE ONLY:</b> Date Received: _____ Student #: _____ UIC: _____ <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Michigan Driver's License <input type="checkbox"/> Residence Verification -paper <input type="checkbox"/> Immunizations <input type="checkbox"/> Vision Screening <input type="checkbox"/> Custody / Court Papers <input type="checkbox"/> Primary Phone Numbers <input type="checkbox"/> Email Addresses Listed <input type="checkbox"/> Health Appraisal – Kindergarten <input type="checkbox"/> Young 5s Waiver
Date of Birth: _____	Gender: _____	
Gender Identity: _____		
How did you learn about International Academy of Saginaw? _____		
Resident District: _____	Been Expelled: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Street Address: _____	City/ZIP: _____	
Primary Phone (Required):( _____ )		
<input type="checkbox"/> House/Apt <input type="checkbox"/> With Relatives <input type="checkbox"/> Hotel, Shelter, Vehicle How Long? _____		
Ethnicity: _____ Hispanic / Latino: Yes <input type="checkbox"/> No <input type="checkbox"/>		
African American: _____ % Caucasian: _____ % Asian: _____ % Native American/Alaskan Native: _____ % Hawaiian/Pacific Islander: _____ %		
Is child's native language English? _____ If no, what is? _____		
Is English primary language in the home? _____ If no, what is? _____		
English Language Learner: Yes _____ No _____ If yes, # of years: _____		
Immigrant? Yes _____ No _____ Migrant? Yes _____ No _____		

**Kdg ONLY.** Prior Care:  GSRP  Head Start  Home-based Child Care  Center-based Child Care  
 Tuition-based Preschool  Special Ed  Young 5s  Family/Relative Care  None

PARENT / GUARDIAN	Mother/Legal Guardian	Father/Legal Guardian
Full Name	_____	_____
Address (if different from child's)	_____	_____
City, State, ZIP	_____	_____
Primary Phone ( _____ )	( _____ )	( _____ )
Work Phone ( _____ )	( _____ )	( _____ )
<b>Email Address</b>	_____	_____
Enlisted in Military?	<input type="checkbox"/> Active Duty <input type="checkbox"/> On Call	<input type="checkbox"/> Active Duty <input type="checkbox"/> On Call
Does child reside with parent	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If needed - Is custody agreement in place? Yes  No  Pending  Foster Child   
 If Yes or a Foster Child, a copy of court documents **MUST** be provided for the child's records.

STEP PARENT:	Step-Mother or Other Guardian	Step-Father or Other Guardian
Full Name	_____	_____
Address (if different from child's)	_____	_____
City, State, ZIP	_____	_____
Primary Phone ( _____ )	( _____ )	( _____ )
Work Phone ( _____ )	( _____ )	( _____ )
<b>Email Address</b>	_____	_____
Enlisted in Military?	<input type="checkbox"/> Active Duty <input type="checkbox"/> On Call	<input type="checkbox"/> Active Duty <input type="checkbox"/> On Call

I plan to use International Academy of Saginaw's **bus service**: Yes  No

Cross Streets: \_\_\_\_\_ and \_\_\_\_\_

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

Please Print Name: \_\_\_\_\_