



PLEASE Print Neatly

SANILAC CAREER CENTER
175 E. Aiken Rd., Peck, MI 48466

2020-2021
Student Registration

Home School Office Use Only

UIC # _____

AM PM

Program Student Placed In

☐

504

☐

IEP

STUDENT INFORMATION

Last (Student Full Name) First Middle Date of Birth _____

____ Female

____ Male

Street Address

Student E-mail Address

City State Zip

Language spoken at home Race

Parent/Guardian's Primary Phone

Student's Cell Phone

Grade as of September 2020: _____ 11 _____ 12 School Attending: _____

PROGRAM CHOICE

1st Choice

2nd Choice

3rd Choice

Hispanic/ Latino _____	American Indian or Alaska Native _____
Asian _____	White _____
White _____	African American _____
Hawaiian/ Pacific Islander _____	

PARENT/GUARDIAN INFORMATION

Mother/Guardian Name

Home Number

Cell Number

Work Number

E-mail Address

Father/Guardian Name

Home Number

Cell Number

Work Number

E-mail Address

This child lives with (check all that apply):

☐ Mother ☐ Father ☐ Stepfather ☐ Stepmother ☐ Guardian ☐ Other Explain: _____

Please list name of person(s) student lives with if not a parent and relationship to student:

If parents are divorced, who has legal custody? ☐ Mother ☐ Father ☐ Joint Custody

Custody Restrictions (if any) _____

Please check any that apply:

<input type="checkbox"/> Epilepsy & Seizures <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Problems <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Headaches/Migraines	<input type="checkbox"/> Hearing Problems <input type="checkbox"/> Glasses/Contacts <input type="checkbox"/> Back Trouble <input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Allergies: _____ if bee stings is an epi pen carried _____ <input type="checkbox"/> Asthma is inhaler carried _____ <input type="checkbox"/> Other: explain _____
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Is your child receiving daily medication? ☐ Yes ☐ No If YES for what _____

Name of medication (s) _____

Dosage _____ How many times a day _____

At what times during the day is it taken _____

Other conditions we should be made aware of: _____

IN CASE OF EMERGENCY

If your student were sick or injured during school hours and we are unable to reach their parent/guardian please list who we should contact.

Contact Name (*other than parent/guardian*)

Contact Name (*other than parent/guardian*)

Phone #

Phone #

Cell #

Cell #

Work #

Work #

Relationship to Student

Relationship to Student

Student's Signature

Parent/Guardian's Signature