



Enrollment Form

Please Print Legibly

ID # _____ Family # _____ Bldg: _____ Grade _____ K _____
 Entry Date 9/4/18 Entry Code _____ RC _____ Year Grad 2031
 Preschool Experience: Yes _____ No _____ SPED: Yes _____ No _____

HAS THIS STUDENT EVER ATTENDED ROCHESTER COMMUNITY SCHOOLS (this does not include RCS paid pre-school) YES NO

STUDENT'S PRIMARY LANGUAGE: _____

STUDENT'S LAST NAME: First _____ Middle _____

Male Female Birth Date _____ City & State of Birth _____

ETHNICITY/RACE

IS CHILD HISPANIC/LATINO YES NO NOW SELECT RACE BELOW (Check all that apply)

- American Indian/Alaskan Native Asian Black/African American White/Caucasian
 Native Hawaiian/Pacific Islander

HOME PHONE: RCS #1 _____ RCS #2 _____

School Messenger is an urgent notification system used by Rochester Schools to provide families with critical information. Examples of when School Messenger may be used: Weather related school closings, early dismissals, late starts, evacuations and lockdowns.

Student Address _____ Apt #: _____ City _____ Zip _____

Is Parent 1 in the active military Yes No Is Parent 2 in the active military Yes No

1. PRINT NAME OF PARENT/GUARDIAN IN HOME

- Father Mother Stepfather Stepmother Grandparent Other

Work Phone: _____ Cell Phone: _____ Email: _____

2. PRINT NAME OF OTHER PARENT/GUARDIAN IN HOME

- Father Mother Stepfather Stepmother Grandparent Other

Work Phone: _____ Cell Phone: _____ Email: _____

PARENT LIVING ELSEWHERE NAME: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Should This Person Receive Mailings & be an emergency contact Yes No Custody Papers On File with RCS: Yes No

ROCHESTER COMMUNITY SCHOOLS CAN NOT ENFORCE CUSTODY RESTRICTIONS WITHOUT A COURT ORDER ON FILE

EMERGENCY CONTACT INFORMATION

When parent/guardian is unavailable, please list four adults to whom the child can be released from school due to illness and/or provide transportation. Adult will be asked to present identification. List in order of preference. PLEASE PRINT LEGIBLY

Name _____ Relationship _____ Phone _____ Cell _____

Name _____ Relationship _____ Phone _____ Cell _____

Name _____ Relationship _____ Phone _____ Cell _____

Name _____ Relationship _____ Phone _____ Cell _____

MEDICAL CONDITIONS: Check any physical ailments or conditions diagnosed by a physician of which the school should be aware

ALLERGY: Peanut Tree Nut Bee/Insect Food (list below) Latex Medication (list below)

Medical Conditions: Heart Condition Diabetes (Type __) Asthma Seizures ADD/ADHD

Other Medical Conditions: _____

Medication at School: Epipen Inhaler Glucagon Diastat

Other Medication or additional details : _____

Please check if a Medical Action Plan (MAP) is on file at the school. This must be updated yearly.

ACCEPTABLE TECHNOLOGY USE AGREEMENT

Parent/Guardian Consent: I realize the use of technology is a privilege for my child. I am aware that my child may lose user privileges and be disciplined according to the Student Code of Conduct for violating the District's Acceptable Technology Use Agreement. **By checking no, you do not give your consent to the Rochester Community Schools Technology Agreement and your child's internet access and technology use will be limited.**

NO

FERPA/DIRECTORY INFORMATION NON-DISCLOSURE

According to the Family Educational Rights and Privacy Act (FERPA), the District may release student directory information for publications unless a parent makes a request in writing that the information be withheld. Directory information consists of student's name, name(s) of the student's parent(s)/guardian, student's address, student's telephone number, student's date of birth, student's grade, student's participation in recognized activities and sports, awards received by student, weight and height of members of student teams, student's photograph, and previous school district(s) attended by the student prior to enrollment in Rochester Community Schools.

WITHHOLD I am requesting the District to withhold the directory information of my child

YEARBOOK ONLY - I am requesting the District to limit the use of my child's directory information to the **Yearbook only**

ELECTRONIC COMMUNICATION DEVICES

The District permits students to possess but not use inappropriately or without permission electronic communication devices (ECDs), such as cellular phones and laptops, subject to the provisions of the Student Code of Conduct and Acceptable Technology Use Agreement. Parents who permit students to bring ECD's to school and students who bring ECDs to school, by doing so: consent to permit District personnel to confiscate ECDs used in violation of the Code and Agreement; and, consent to permit school personnel to search the contents of ECDs, regardless whether a particular ECD was used in violation of the Code and Agreement. Thus, parents and students have no legitimate expectation of privacy in the contents of ECDs possessed by students on District premises. The Rochester Community School District is not responsible for lost or stolen ECDs brought on District premises.

SIGNATURES - your signature below indicates consent and agreement with the information and designated choices above.



Date:

Amendments - The District amends the Student Code of Conduct, Acceptable Technology Use Agreement, and FERPA/Directory Non-Disclosure information from time to time. Such amendments are posted on the District's website, www.rochester.k12.mi.us. We agree to be bound by amendments and, further agree, it is our responsibility to stay current on amendments by reviewing the District's website or requesting new copies.