

FOR OFFICE USE ONLY:

ID #: _____	Res #: _____	Locker #: _____	<input type="checkbox"/> Birth Cert. <input type="checkbox"/> Immunizations Dropped: _____ Reason: _____
Enrollment Date: _____	Oper #: 71080	_____	
Graduation Year: _____	HS: 03252	_____	

**Rogers City Area Schools
ROGERS CITY HIGH / MIDDLE SCHOOL
STUDENT REGISTRATION FORM**

Today's Date: _____ **GRADE:** _____

STUDENT INFORMATION:

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ Zip: _____ Township: _____

Telephone: _____ Cell Phone: _____ Busing requested: Yes No

Birthdate: _____ Birth City: _____ Birth State: _____

Sex: Male Female Age: _____

Ethnic: Caucasian Black Hispanic American Indian Alaska Native
 Asian Native Hawaiian/Pacific Islander Other: _____

Is English the primary language spoken in your home: Yes No
 If no, what language: _____

Student Residency: (please check one)
 Single family in a house or dwelling Shelter
 More than one family in a house or dwelling Unsheltered
 Lives with friend or relatives--other than parents or guardians Transitional housing
 Hotel/Motel other (please describe): _____

SCHOOL LAST ATTENDED:

Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Last day attended: _____

Special Education services received: Yes No
 If yes, a "Temporary Placement" form must be signed.

Has your child been suspended or expelled by a Principal, Superintendent, Hearing Officer, or Board of Education for a semester or more? Yes No
 If yes, by whom and for what reason _____

PLEASE COMPLETE INFORMATION ON REVERSE SIDE.

Required Documentation: Original Certified Birth Certificate, Immunization records. Proof of Residency, Parent/Guardian picture identification, Guardianship/custody order if applicable.

<u>BIRTH PARENT INFORMATION:</u>		
	MOTHER:	FATHER:
Name:	(Maiden)	
Lives with Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country/State of Birth:		
Education Status:		
Occupation:		
Employer Name:		
Employer Address:		
Employer Telephone:		
e-mail address:		
If other than birth parent:	↓	↓
Spouse Name:		
Spouse Employer:		
Spouse Employer Address:		
Spouse Employer Phone:		
Cell Phone #:		
LEGAL GUARDIAN WITH WHOM THE STUDENT LIVES:		
Name:		
Occupation:		
Employer Name:		
Employer Address:		
Employer Telephone:		
Cell Phone #:		
NAME OF SIBLINGS:	Birthdate:	School Attending:
_____	_____	_____
_____	_____	_____
_____	_____	_____
EMERGENCY CONTACT INFORMATION:		
Name: _____	Relationship: _____	
Address: _____	Phone: _____	
_____	Work Phone: _____	
Name: _____	Relationship: _____	
Address: _____	Phone: _____	
_____	Work Phone: _____	
Signature: _____	Relationship: _____	
	Date: _____	

Required Documentation: Original Certified Birth Certificate, Immunization records. Proof of Residency, Parent/Guardian picture identification, Guardianship/custody order if applicable.

ROGERS CITY HIGH / MIDDLE SCHOOL
1033 West Huron Avenue
Rogers City, MI 49779

Nicholas C. Hein, Principal

Telephone: (989) 734-9170

Fax: (989) 734-2969

Date: _____

To: _____

Records Department:

Please send your cumulative records, health record, test records (including the most recent I.E.P. and psychological reports), and any other pertinent information that you may have regarding my child (children) listed below.

Grade _____ Name _____

Grade _____ Name _____

Grade _____ Name _____

Please include the latest grades (1st / 2nd semester or what has accumulated to date).

We would like this information sent to:

Records
Rogers City High/Middle School
1033 West Huron Avenue
Rogers City, MI 49779

Sincerely,

Parent/Guardian Signature

Food Allergy Assessment Form

Student Name: _____ Birth Date: _____ Date: _____

Parent/Guardian Name: _____ Phone: _____

If your child has NO known food allergy, please sign here:

If your child HAS food allergy, please complete the entire form below.

Health Care Provider (name) treating food allergy: _____ Phone: _____

Do you think your child's food allergy may be life-threatening?
(If YES, please see the school nurse as soon as possible.) No Yes

Did your student's health care provider tell you the food allergy may be life-threatening?
(If YES, please see the school nurse as soon as possible.) No Yes

History and Current Status

Check the foods that have caused an allergic reaction:

- | | | |
|---|---|-------------------------------|
| <input type="checkbox"/> Peanuts | <input type="checkbox"/> Fish/shellfish | <input type="checkbox"/> Eggs |
| <input type="checkbox"/> Peanut or nut butter | <input type="checkbox"/> Soy products | <input type="checkbox"/> Milk |
| <input type="checkbox"/> Peanut or nut oils | <input type="checkbox"/> Tree nuts (walnuts, almonds, pecans, etc.) | |

Please list any others: _____

How many times has your student had a reaction? Never Once More than once, explain: _____

When was the last reaction? _____

Are the food allergy reactions: staying the same getting worse getting better

Triggers and Symptoms

What has to happen for your student to react to the problem food(s)? (Check all that apply)

Eating foods Touching foods Smelling foods Other, please explain: _____

What are the signs and symptoms of your student's allergic reaction? (Be specific; include things the student might say.)

How quickly do the signs and symptoms appear after exposure to the food(s)?
_____ Seconds _____ Minutes _____ Hours _____ Days

Treatment

Has your student ever needed treatment at a clinic or the hospital for an allergic reaction?

No Yes, explain: _____

Does your student understand how to avoid foods that cause allergic reactions? Yes No

What treatment or medication has your health care provider recommended for use in an allergic reaction?

Have you used the treatment? No Yes

Does your student know how to use the treatment? No Yes

Please describe any side effects or problems your child had in using the suggested treatment: _____

If you intend for your child to eat school provided meals, have you filled out a diet order form for school?

Yes.

No, I need to get the form, have it completed by our health care provider, and return it to school.

If medication is to be available at school, have you filled out a medication form for school?

Yes.

No, I need to get the form, have it completed by our health care provider, and return it to school.

If medication is needed at school, have you brought the medication/treatment supplies to school?

Yes.

No, I need to get the medication/treatment and bring it to school.

What do you want us to do at school to help your student avoid problem foods? _____

I give consent to share, with the classroom, that my child has a life-threatening food allergy.

Yes.

No.

Parent/Guardian Signature: _____ Date: _____

Reviewed by R.N.: _____ Date: _____

NOTICE OF ENROLLMENT IN SPECIAL EDUCATION (FILL OUT **ENTIRE FORM**)

STUDENT ACTIVATION FOR REED PROCESS (FILL IN **TOP BOX ONLY**)

****YOU MUST SUBMIT A SIGNED COPY OF THE ELECTRONIC REED TO THE COP OFFICE UPON COMPLETION OF THIS FORM****

UIC: (Required) _____ Date: _____
Student (PRINT) _____ District of Residence _____ County _____
Case Manager _____ District/Building _____
Birthdate _____ Grade _____ Student's Address _____
Gender M F Ethnic Group _____ City/State/Zip _____
Parent Name (PRINT) _____ Parent Telephone _____

Student Residency Information (Check if Applicable) School of Choice Home School Section 53
The school district will provide the student with a free appropriate public education (FAPE) until the current IEP is implemented OR a determination has been made to hold a new IEP within 30 school days from the date of district administrator signature.

**PLEASE CHECK ON OPTION BELOW - *NOTE: OPTIONS 1 OR 2 REQUIRE
COP ANCILLARY STAFF / SPECIAL EDUCATION TEACHER / ADMINISTRATOR COLLABORATION**

- 1) **Student Enrolls from Within a COP District** (i.e. Cheboygan to Inland Lakes)
District Student is FROM: _____
The receiving district has obtained a copy of the last IEP and **ALL** Programs/Services to be implemented.
 YES, the IEP will be implemented exactly as written.
 NO, a TRANSFER IEP will be held by (date) _____ within **30 SCHOOL** days.
****** Initials of Administrator OR Representative to approve implementation** _____
- 2) **Student Enrolls from District using EasyIEP** **District Student is FROM:** _____
The receiving district has obtained a copy of the last IEP and **ALL** Programs/Services to be implemented.
 YES, the IEP will be implemented exactly as written.
 NO, a TRANSFER IEP will be held by (date) _____ within **30 SCHOOL** days.
****** Initials of Administrator OR Representative to approve implementation** _____
- 3) **Student Enrolls from District within Michigan** (Not and EASYIEP Student)
A transfer IEP will be held by (date) _____ within **30 SCHOOL** days.
- 4) **Student Enrolls from a District OUT OF STATE**
IMMEDIATELY forward a copy of this Notice of Enrollment in Special Education Form, most recent IEP AND MET to COPESD. Contact COP Staff to complete "INITIAL" REED and MET. **Initial IEP** will be held (date) _____ within **30 SCHOOL** days from date of District Administrator signature.

Disability _____ Hours per week placed in Special Education classroom _____
Programs/Services _____ Special Education Teacher _____

COMPLETE HOURS FOR ALL SERVICES THAT APPLY

Number of hours per week per ancillary service(s):
(Appropriate ancillary staff **MUST** initial here)

SLI _____ OT _____ PT _____

Number of hours per week per ancillary service(s):
(Appropriate ancillary staff **MUST** initial here)

SSW _____ TC/VI _____ TC/HI _____

Parent/Guardian Signature

Date

Principal or Administrative Representative Signature

Date

****** INITIAL (1) OR (2) ABOVE IF CHECKED ******

ROGERS CITY HIGH SCHOOL / MIDDLE SCHOOL
Rogers City, MI

Please check below ALL services or conditions that your child received at his/her previous school:

- Takes medication regularly at school
- Section 504 Plan
- Received special education services: *(please circle)*

LD	Speech/Hearing	CI	EI	VI	HI
ASD	PI	OHI	SLI	ECDD	

- Homeless
- Title I
- Bilingual Services / ELL
- Migrant Education Services

Has your child been suspended or expelled by a Principal, Superintendent, Hearing Officer, or Board of Education for a semester or more? Yes No
Current Status – Reinstated Yes No

If yes, by whom? _____

If yes, for what reason were they suspended/expelled?

NEW STUDENT FORM 2026-27 – For students who change schools after starting 9th grade

LAST YEAR FOR THIS FORM. ALL TRANSFERS STARTING IN 27-28 WILL USE THE "TRANSFER TRACKER" DIGITAL PROCESS.

YES NO

I AM INTERESTED IN PARTICIPATING IN ATHLETICS

To be completed by new students, parents, and former school. This form is intended to assist schools in compiling information to determine eligibility under MHSAA Regulations. Provide copies in new student packets and as soon as possible, the form should be submitted to the athletic director for evaluation. The AD may then contact the MHSAA for assistance. Consult Int. 65 and 77 or the Residential Change Check List on MHSAA.com (Schools → Parents → Regulations Summary) to assist in determining if residential changes are full and complete. **Int. 37 states two current and complete documents are prerequisites for participation: Physical Exam/Consent Form or Health Questionnaire/Consent Form and official school record (transcript) since first enrolling in the 9th grade of any school.**

SECTION COMPLETED BY SCHOOL & STUDENT – CHECK TRANSCRIPT	- Official enrollment date (in school records & attending one or more classes) →	
	- Number of classes for which credit has been given in the previous academic term →	
	- Number of potential classes for a full-time student in the previous high school →	
	- Number of semesters and/or trimesters in grades 9-12 COMPLETED to date →	
	- In what school year did the student END the 8th grade (and BEGIN grade 9th) →	
	- Has the student REPEATED any grades 9-12? →	

STUDENT'S NAME _____ GRADE _____ BIRTHDATE ____/____/____

PHONE (____) _____ EMAIL _____

CURRENT (NEW) ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF RESIDENCE CHANGE INTO CURRENT (NEW) ADDRESS _____

CURRENT (NEW) PUBLIC SCHOOL DISTRICT IN WHICH YOU RESIDE _____

NEW ADDRESS IS IN A DIFFERENT PUBLIC SCHOOL DISTRICT (OR ATTENDANCE AREA OF A MULTI-HIGH-SCHOOL DISTRICT) Y N

OLD HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

FORMER RESIDENCE (CHECK ALL THAT APPLY) VACANT SOLD RENTED ALL BELONGINGS MOVED? Y N

FORMER PUBLIC SCHOOL DISTRICT OF RESIDENCE _____

PARENT(S) OR GUARDIAN(S) _____ PHONE: (____) _____

1. The last school the student attended _____

2. While enrolled at the former school, the student lived with _____
(List ALL people & their relationship to the student - parents, siblings, or others)

YES NO The student lived with the above for at least 30 days during the most recent previous academic term.

3. The student NOW lives with _____
(List ALL people & their relationship to the student - parents, siblings, or others)

SELECT THE APPROPRIATE ANSWER

4. 9 10 11 12 Circle the highest grade in which the student was enrolled at any previous school.

5. YES NO School previously attended was a nonpublic or charter school.

6. YES NO Student is a "Ward of the Court/State" and was placed in this school District by court order.

7. YES NO Student is an international student enrolling from a foreign country. **Select VISA:** F1 J1

7a. YES NO Student is from an MHSAA Approved International Student Program (AISP).

Program Name: _____ Program is listed on MHSAA.com Y N

8. YES NO Student's previous school has been closed, dissolved, or reorganized. (see Int. 64 & 90)

9. YES NO Student's parents are DIVORCED. If divorced, give exact decree date: **Month** ____ **Day** ____ **Year** ____

10. YES NO Student is 18 or under, or the 19th birthday is on or after Sept. 1st of this school year.

11. YES NO Last year, the student lived at a boarding school, or while enrolled out of state, attended a sports academy.

12. YES NO Student is 18 and moved into this District WITHOUT his or her parents.

13. YES NO Student participated in a cooperative program involving his/her previous school and our school.

14. YES NO Student wishes to discuss her/her situation with the athletic director.

OVER →

VERIFICATION OF PREVIOUS HIGH SCHOOL SPORTS PARTICIPATION

15. List ALL high school sports the student participated in (game/meet or scrimmage at any level) in the most recent previous school year and, if the transfer occurs after the school year started, list any sports participated in at any level during the current school year. List the year next to the sport played (e.g., 2025-26).

FALL	WINTER	SPRING

16. List the sport(s) in which the student desires to participate in during the next 12 months at the new school:

• _____ • _____ • _____ • _____

Unless a student meets one of the 14 stated Exceptions, the student is **INELIGIBLE** for participation in any of the sports listed above (item #15) during the 2026-2027 school year. Students are eligible for participation in sports NOT listed above (item #15).

Today's Date _____ IN THE PAST 12 MONTHS?

17. YES NO While at the previous high school, the student was coached by any member of our high school's coaching staff (current or incoming). If yes, indicate the name of the coach(es) and sport(s):

RECOMMENDED VERIFICATION & COMMUNICATION BETWEEN SCHOOLS

By my signature below, I state that the above is true and accurate. I also understand that contests the student participates in may be forfeited to opponents if the information submitted is not accurate:

_____ STUDENT	_____ DATE	_____ PARENT/GUARDIAN	_____ DATE
_____ NEW SCHOOL ATHLETIC DIRECTOR	_____ DATE	_____ SCHOOL NAME + EMAIL OR FAX	

TO PREVIOUS SCHOOL A.D. - PLEASE SIGN AND RETURN TO A.D. AT THE STUDENT'S NEW SCHOOL

Exchange this form between athletic directors for students who wish to play the same sport as played previously. The previous school athletic director indicates that to the best of their knowledge, the above is true and accurate:

_____ PREVIOUS SCHOOL ATHLETIC DIRECTOR	_____ DATE	Form Returned to <u>NEW</u> School: _____	_____ DATE
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Notes if previous AD declines to sign: _____

ALERT! The Sport Specific Transfer Rule states: ANY sport a student played in 2025-26 determines eligibility in 2026-27 should the student transfer and not meet one of the 14 stated Exceptions.

ROGERS CITY AREA SCHOOLS
1033 W. Huron Avenue, Suite B, Rogers City, MI 49779
(989) 734-9100

Request for Student Transportation by Bus

Transportation between home and school will be provided for each resident child within our established bus routes. The Board of Education reserves the right to terminate transportation based on District financial, legal, or other considerations. It is a privilege for students to ride a District vehicle and this privilege may be revoked if the student's conduct is in violation of the Administrative Guidelines or the Code of Conduct pertaining to student transportation. It is understood that the student will have one primary pick-up and drop-off location as determined by the District. Alternate arrangements on an urgent or emergency basis only may be accommodated if provided in writing to the school office or by contacting the school office. Without notification of this manner, your student will be transported to and from your primary location. ***It is the responsibility of the parent or guardian to ensure that students are safe and supervised upon drop-off. It is the responsibility of the parent or guardian to notify the school office immediately upon change of address or contact information.***

Name of Student(s): _____ Grade: _____
Name of Student(s): _____ Grade: _____
Name of Student(s): _____ Grade: _____
Name of Student(s): _____ Grade: _____
Student HOME address: _____
Starting Date: _____

Primary Pick-up and Drop-off Address: _____

Pick-up Days: Mon Tues Wed Thurs Fri
Drop-off Days: Mon Tues Wed Thurs Fri

Description of Location (i.e. color of house, closest roads intersecting, etc.):

Name of primary adult(s) at this residence: _____ Relationship to student: _____
Phone number at residence: _____

One Alternate Address Approved for Pick-up/Drop-Off: _____

Pick-up Days: Mon Tues Wed Thurs Fri
Drop-off Days: Mon Tues Wed Thurs Fri

Description of Location (i.e. color of house, closest roads intersecting, etc.):

Name of primary adult(s) at this residence: _____ Relationship to student: _____
Phone number at residence: _____

Printed Name of Parent/Guardian(s): _____

Signature: _____ Phone: _____ Date: _____

doc/bus/req for transp

Office Use: New enroll Sibling add

Primary Bus Assigned _____ Alternate Bus Assigned _____

Rogers City Area School District

Consent for Disclosure of immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local Health Departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the students name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. 1232g, requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department. If your child is 18 or over he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize **Rogers City Area School District** to release my child's immunization record to the Michigan Department of Health and Human Services and Local health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school

Student's Name _____ Date of Birth: __/__/__

Signature of Parent /Guardian

or Eligible Student: _____ Date: __/__/__

If you have any questions, please call Gabe Catalano at 989.734.9159

Please return to the school office for the school nurse.