



Student Name: _____	Grade: _____	FOR OFFICE USE ONLY: 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"/>	
Date of Birth: _____	Gender: _____		Gender Identity: _____
How did 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 (_____)	(_____)	(_____)
Email Address		
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.

STEPPARENT:	Stepmother or Other Guardian	Stepfather or Other Guardian
Full Name		
Address (if different from child's)		
City, State, ZIP		
Primary Phone (_____)	(_____)	(_____)
Work Phone (_____)	(_____)	(_____)
Email Address		
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:

Please return completed form to lpiegols@iasacademy.org or drop off at school office