



New Lothrop Area Public Schools
New Lothrop High School
Student Registration Form

OFFICE USE ONLY:

- Birth Certificate
- Immunization Record
- Proof of Residency
- Proof of Residency
- School of Choice Form

TODAY'S DATE: _____ ENTRY DATE: _____ GRADE ENTERING: _____

STUDENT'S FULL NAME: _____ MALE _____ FEMALE _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

COUNTY YOU RESIDE IN: _____

PHONE: _____ DATE OF BIRTH: _____

LAST SCHOOL ATTENDED: _____

RACE: (Choose one or more, use 1 & 2 to rank primary and secondary ethnic groups)

- White
- Black/African American
- Hispanic/Latino
- Asian American
- Native Hawaiian/Other Pacific Islander
- Other: _____

RESIDENCY:

- New Lothrop School District Resident
- Non-Resident, District Residing In: _____

PARENT/GUARDIAN INFORMATION

MOTHER:

NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
CELL PHONE:	
EMPLOYER:	
WORK PHONE:	
EMAIL:	
MARITAL STATUS:	
STUDENT RESIDES WITH:	YES NO
CUSTODY:	FULL JOINT NO
SEND INFO. TO:	YES NO

FATHER:

NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
CELL PHONE:	
EMPLOYER:	
WORK PHONE:	
EMAIL:	
MARITAL STATUS:	
STUDENT RESIDES WITH:	YES NO
CUSTODY:	FULL JOINT NO
SEND INFO. TO:	YES NO

Parent/Guardian Signature: _____ Date: _____

Is there a current Custody Order, Order of Protection or No Contact order:

- No
- Yes (please provide a current, dated copy of custody order and explanation of anything we should be aware of).

Does your student receive any special education services?

- No
- Yes, please explain and provide copies of any plan: _____

OTHER CHILDREN IN THE FAMILY

NAME	GRADE:

EMERGENCY CONTACT INFORMATION

Emergency Contact & Release of Child: List all individuals, in order of preference, to be contacted in an emergency. Please do not include parents, as they are always contacted first.

	NAME	RELATIONSHIP	PHONE
1.	_____	_____ (____)	_____
2.	_____	_____ (____)	_____
3.	_____	_____ (____)	_____

MEDICAL INFORMATION

Does your student have any allergies that we need to be aware of?: _____

Does your student have any medical conditions that we need to be aware of?: _____

Does your student have/use any of the following:

- Eyeglasses
- Contacts
- EpiPen
- Inhaler
- Medication: _____
- Other: _____

Doctor: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

I will accept full responsibility for the above authorized action taken by New Lothrop Area Public Schools. The above authorization is valid until rescinded in writing. Be sure to contact the school as changes are desired.

Parent/Guardian Signature: _____ Date: _____

RESIDENCY INFORMATION FORM

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 1431 et seq. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student: _____ Parent/Guardian: _____

Phone: _____ School: _____

Age: _____ Grade: _____ Date of Birth: _____

Address: _____ City: _____ Zip Code: _____

Is this address:

- Temporary
 Permanent

Please choose which of the following situations the student currently resides in (you can choose more than one):

- House or apartment with parent or guardian
 Shelter or other temporary housing
 With friends or family members (other than or in addition to parent/guardian)
 Motel, car or campsite

If you are living in shared housing, please check all of the following reasons that apply:

- Loss of housing
 Temporarily waiting for house or apartment
 Loss of employment
 Parent/Guardian is deployed
 Economic situation
 Provide care for a family member
 Living with boyfriend/girlfriend
 Other (Please explain): _____

Are you a student under the age of 18 and living apart from your parents or guardians? _____ Yes _____ No

Residency and Educational Rights

Students without fixed, regular, and adequate living situations have the following rights:

1. Immediate enrollment in the school they last attended or the local school where they are currently staying, even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
2. Transportation to the school of origin for the regular school day;
3. Access to free meals, Title I and other educational programs, and transportation to extracurricular activities to the same extent that it is offered to other students.

Under this Act, the student has the right to attend the following school districts, as well as any public school academy with openings in the attendance area:

School of Origin: _____

School of Residence: _____

Transportation options are as follows: _____

Any questions about these rights can be directed to the local McKinney-Vento Liaison at 989-224-6831, ext. 2365 or the State Coordinator at 517-373-6066.

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth

Date

Signature of McKinney-Vento Liaison

Date

Local education agencies, including public school academies, in Michigan must use the following Home Language Survey as written beginning with the 2025-2026 school year. Additional information, as well as translated versions of the HLS, are available at www.michigan.gov/mde-el. Questions may be emailed to mde-el@michigan.gov.

Michigan Department of Education Home Language Survey

Michigan welcomes families of all language backgrounds. Speaking more than one language is a valuable asset!

Please answer the two questions below. If your response to either question is a language other than English, the school district will give an assessment to see if your student may benefit from English language support.

- What language is used most at home?
- What language is used most by the student?

Title III Immigrant Funding Identification Question

- Was the student born outside of the US or Puerto Rico?
 - If yes, when did the student enter the US schools?



NEW LOTHROP HIGH SCHOOL

9285 Easton Road, New Lothrop, MI 48460

Phone (810) 638-5054

CONSENT FOR RELEASE OF RECORDS

Student's Full Name: _____ Birthdate: _____

Current Address: _____ City: _____

State: _____ Zip Code: _____ Parent/Guardian's Name: _____

Grade Entering: _____ Entrance Date to New Lothrop Schools: _____

School Transferring From:

Name of School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Contact Name: _____ Contact Email: _____

Please email the following information to lbishop@newlothrop.k12.mi.us

- Student Grades/Transcript
- Current IEP/504
- Behavior
- Attendance
- Other: _____

Please mail student's CA-60 file to:

New Lothrop High School
Attention: Lynn Bishop, Office Manager
9285 Easton Road
New Lothrop, MI 48460