

Registration Checklist – Detroit Community Schools

Needed forms and documents

Student's Name: _____

Grade Applying for: _____ School Year: _____

Forms in this packet that must be returned before registration is complete include:

- Application for Enrollment
- Home District Questionnaire
- Request for Student Records
- Special Education Services Questionnaire (IEP must be attached)
- Consent for Medicaid School Based Services (Returning students also)
- Medication Administration Permission Form (Returning students also)
- Home Language Survey
- Photo Consent/Denial Policy
- Student Residency Questionnaire
- Health Appraisal Form (Returning students also)
- Free and Reduced Lunch Application (Returning students also)
- Student Code of Conduct Contract of Student Success (Returning students also)
- Emergency form (Returning students also)

Records you must provide to the school before registration is complete:

- Certified copy of birth certificate
- If not U.S. Citizen, Passport or Social Security Number needed
- Copy of Transcript from previous school
- Immunization record (available from child's pediatrician)
- Doctor's letter (If student must take medication in school)
- Report Cards – Current or most recent school year
- Copy of Parent ID
- MSDS: Check birth date
- Copy Custody and/or Adoption Paperwork (if applicable) (Returning students also)

When completed – return this packet to:

Detroit Community Schools
12675 Burt Rd. Detroit, MI 48223
ATTENTION: ADMISSIONS OFFICE
313-537-3570 (Office)
313-537-6904 (Fax)
www.detcomschools.org

Received By: _____ Date ____ / ____ / ____

Application Number: _____

Enrollment Application – Detroit Community Schools

Student Information			
Name (Last, First, MI):		Cell Phone:	
Street Address:		Email Address:	
City, State, Zip:		Grade Sought:	
Primary Language Spoken by Student:		Primary Language Spoken in the Home:	
Date of Birth: Gender: M F		Place of Birth:	
Social Security #:		Is student one of the following? (Check one)	
		<input type="checkbox"/> A citizen or national of the United States	
Current Grade		<input type="checkbox"/> A lawful Permanent Resident (Alien) A	
Current School		<input type="checkbox"/> An Alien authorized to attend public school in the U.S. Alien/Admission #: _____	
<input type="checkbox"/> *I Certify that the child I am enrolling at Detroit Community Schools (DCS) has not been previously expelled or received a long-term suspension from school of more than 10 days, nor is expulsion/suspension pending.			
<input type="checkbox"/> The above-named child that I am enrolling has been previously expelled/suspended from a school. I authorize access to all school records and further authorize communication with the school(s) listed below regarding this matter. I understand my child's admission to DCS will be at the discretion of the DCS Administration.			
Male Parent/Guardian Information			
Father/Guardian Name (Last, First)		Father/Guardian (Language Spoken)	
Address (if different than child's)			
Employer/Occupation		Email Address	
Home Phone		Work/Cell Phone	
Female Parent/Guardian Information			
Mother/Guardian Name		Mother/Guardian (Language Spoken)	
Address (if different than child's)			
Employer/Occupation		Email Address	
Home Phone		Work/Cell Phone	
Student's Ethnicity (Place appropriate number in box): <input type="checkbox"/> (1) Hispanic (2) American Indian or Alaska Native (3) Asian (4) African American (5) Native Hawaiian/Other Pacific Islander (Having origins in people of Hawaii, Guam, Samoa or other Pacific Island) (6) White (Having origins in people of Europe, the Middle East or North Africa) (7) Two or more ethnicities			
With whom does the child live? Mother / Father / Both / Other		Marital Status: Single / Married / Divorced	
Is a custody decree in place? Yes / No / Pending		If YES, a copy must be given to the school.	
Student Sibling Information			
Sibling Name	Enrolled here: Yes / No / Waiting List	Date of Birth	School currently enrolled in
Sibling Name	Enrolled here: Yes / No / Waiting List	Date of Birth	School currently enrolled in
Sibling Name	Enrolled here: Yes / No / Waiting List	Date of Birth	School currently enrolled in
Sibling Name	Enrolled here: Yes / No / Waiting List	Date of Birth	School currently enrolled in

*I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE, TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND ANY FALSIFICATION ON THE APPLICATION MAY RESULT IN REMOVAL OF THE STUDENT(S).

Parent/Guardian Signature _____ Date: _____

FOR OFFICE USE ONLY			
Application Date _____	Active _____	Date Records Sent _____	Graduated _____

Home District Questionnaire – Detroit Community Schools

Parent's Name _____

Student's Name _____

Grade _____

Previous School(s)/District(s) attended: _____

1. Do you feel your home district provided the program necessary to meet your child's academic and social needs, and in an environment that you felt was safe? _____

2. Why did you choose to leave your previous school? (Please check all that apply)

Disciplinary problems Safety issues Academic Concerns Transportation Moved

Other (explain) _____

3. How did you hear about us? Student Neighbor TV Radio All of these

4. As a parent, why are you interested in your child enrolling at DCS? (Please check all that Apply)

Academics Safety Transportation Closer to Home All Day Kindergarten

Other (explain) _____

Parent/Guardian Signature _____

Thank you for taking the time to complete this survey.

Request for Student Records

Detroit Community Schools (DCS) has **NOT** admitted this student. His/her application is pending and you will be notified if DCS does agree to enroll the student. **Do not send the student's CA60** until you are notified. Do not remove student from your rolls unless you are notified of DCS decision to admit.

Please send the following records:

____ Transcript(s)/ Report Card
____ Disciplinary Records
____ Attendance

____ All Special Education Records Including:

__MET __REED __IEP

**To Be Complete By Pupil Accounting:*

AS OF _____ THE STUDENT HAS BEEN ACCEPTED PLEASE SEND STUDENT'S CA60 TO:

Detroit Community High School

12675 Burt Road

Detroit, MI 48223

(313) 537-3570

(313) 537-6904 (fax)

School Official

Student Information

Student's Full Name _____

Student's Birth Date ____/____/____ Grade _____ Gender: Male Female

Previous District(s) Information

School Name(s) _____

School District(s) _____

School Address _____

City _____ State _____ Zip _____

School Telephone Number: _____ School Fax Number: _____

Today's Date ____/____/____

Parental Information and Approval

Signature of Student (Students over 17 years of age) _____

Signature of Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Cell _____

Please Note:

UNDER THE PROVISIONS OF THE PRIVACY RIGHTS OF PARENTS AND STUDENTS ACT, FERPA 1213, SUBPART D.99.30 (B) IT IS NOT NECESSARY TO HAVE THE WRITTEN CONSENT OF THE PARENTS TO RELEASE RECORDS "TO OFFICIALS OF OTHER SCHOOL OR SCHOOL SYSTEMS IN WHICH THE STUDENT SEEKS OR INTENDS TO ENROLL..."

Special Education Services Questionnaire – Detroit Community Schools

Student Name: _____

Grade: _____ Gender: Male Female Date: ____ / ____ / _____

1. Have you ever attended an I.E.P.T. (Individualized Educational Planning Team) meeting where your child's eligibility for Special Education was discussed? (Circle one) YES | NO

If YES, where and when: _____

2. Is your child currently enrolled in Special Education or has s/he received special education services in the past? (Circle one) YES | NO

If YES, please describe the service(s) received (e.g., resource room, speech, etc.): _____

3. Has your child been found eligible to receive support under Section 504 Plan? YES | NO

4. Has your child received any outside services, such as social work, counseling, tutoring, etc.? (Circle one) YES | NO

If YES, please explain: _____

5. Your child may receive services that qualify for school-based Medicaid reimbursement. Your signature below is needed for consent to release information to Detroit Public Schools and/or Wayne RESA. You have the right to withdraw consent at anytime.

6. If applicable, do you have a copy of your child's current I.E.P. (Individualized Education Program or 504 Plan)? (Circle one) YES | NO

If NO, please obtain a copy of the document from your previous school, as this must be reviewed before your child can be accepted to Detroit Community Schools. If yes, please provide a copy to Detroit Community Schools.

7. Have you ever had discussions with any school personnel regarding your child being tested for academic, behavior, or emotional concerns? (Circle one) YES | NO

If YES, please explain. Provide the name of the school and personnel: _____

8. When is the best time to contact you by phone? _____

9. At what phone number can you be reached? _____

I UNDERSTAND ANY FALSIFICATION ON THE APPLICATION MAY RESULT IN REMOVAL OF THE STUDENT(S).

Parent's Name (Print): _____

Parent's Signature: _____ Date: _____

Detroit Community Schools
Consent for Medicaid School-Based Services

Student Name: _____ Birthdate: _____

School District: _____

The Medicaid School-Based Services Program in Michigan:

- Provides partial reimbursement to school districts for services such as Evaluations, Occupational Therapy, Physical Therapy, Speech Therapy, Audiology, Psychological Services, Social Work, Orientation and Mobility, Transportation, Nursing, Personal Care, Case Management and Assistive Technology Services.
- Does not affect a family's Medicaid insurance benefits and there is NO cost to the family, now or in the future.
- Helps school districts to offset some of the costs of health care provided to children.
- Is voluntary and requires a parent or guardian to provide written consent to release information about their child to the Michigan Medicaid agency and its affiliates to obtain reimbursement. This may include name, address, date of birth, student ID, Medicaid ID, disability, dates and services delivered.

If your child receives any of the services listed above and qualifies for Medicaid benefits at any time during the school year, we request your permission to release information to enable your school district to access School-Based Medicaid Reimbursement. You have the right to withdraw this consent at any time. If you do not provide consent, the district will still provide the services.

- I have received a copy of the Medicaid Annual Notification Regarding Parental Consent.
- I understand and agree that _____ Public Schools and Wayne RESA may access my child's public benefits or insurance information in order to seek reimbursement for services rendered as listed on the Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP).

DATE: _____

Signature of Parent/Guardian: _____

Medication Administration Permission Form – Detroit Community Schools
 (Only if student has to take prescribed medication during school hours)

Student Name:		
Date form received by the Academy: / /		
Gender:	Grade:	Birth Date: / /
To Be Completed By The Physician		
Name of medication:		
Dosage:		
** Medicine type (Circle one): Tablet Liquid Inhaler Injection Nebulizer Other:		
Instructions:		
Start Date: / / Stop Date: / / OR <input type="checkbox"/> as needed (via phone verification)		
Restrictions/ Side Effects:		
Storage Requirements:		
Physician Name: Phone Number:		
**Form Must Be Signed By The Physician – See below		
To Be Completed By Parent/Guardian		
<input type="checkbox"/> I request that my child, receive the above medication at school according to the standard school policy.		
<input type="checkbox"/> I certify that my child, is both capable and responsible, and I am requesting that he/she be allowed to self-administer the above medication at school according to the standard school policy. My child has no known allergies to this medication.		

Required Signatures

IMPORTANT NOTE: A physician signature is required regardless of whether the medication is over-the-counter or prescription. So, for example, this would include Tylenol, cold or allergy medicine, etc.

Physician Signature: _____ Date: _____

Telephone: _____

Parent Signature: _____ Date: _____

Relationship (MUST be parent/guardian): _____

Telephone: _____

Home Language Survey – Detroit Community Schools

Student's Name: _____

Grade: _____ Gender: Male Female Age: _____

In order to determine the number of students who speak a language other than English, we are requesting the following information:

Was the student born in the U.S.? (Circle one) YES | NO

If NO, list Country of birth: _____

Is the student's legal status U.S. Citizen? Yes No Legal Resident Yes No

Is English regularly (most of the time) spoken at home? (Circle one) YES | NO

If NO, what is the first language that the student learned to speak? _____

Assess the student's language proficiency in your opinion. (Check all that apply.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Speaks no English | <input type="checkbox"/> Reads no English | <input type="checkbox"/> Writes no English |
| <input type="checkbox"/> Speaks limited English | <input type="checkbox"/> Reads limited English | <input type="checkbox"/> Writes limited English |
| <input type="checkbox"/> Speaks English well | <input type="checkbox"/> Reads English well | <input type="checkbox"/> Writes English well |

If you answered YES to any of the questions above:

We are required to do an English Language Proficiency Assessment (ELPA) with your child. This is a simple language assessment tool to evaluate English language skills and will determine the language needs of your child. Once the assessment is completed we will notify you of your child's proficiency level.

Signature required regardless of your answers

Parent/Guardian's Name (Print): _____

Signature: _____ Date: _____

Address: _____

Phone Number: _____ Cell Number: _____

Photo Policy – Consent – Detroit Community Schools

In an effort to keep the community up-to-date on events, Detroit Community Schools (DCS) will, on occasion, invite local media representatives into our school to photograph special programs and events. Media representatives register at the main office upon their arrival and are always escorted to the designated area from which they can take photos or video publications. We do not allow media representatives to interview students on school property unless DCS personnel accompany them.

DCS personnel will also take video and pictures of classroom activities and/or individual students from time to time for either release to the local media, use on the DCS web site, or for DCS media or brochures. Identification of students is always limited to name, school and grade.

Please note: *Permission to photograph a student either individually or in a group and to use any photograph for any school purpose is assumed until you specifically request your child's photo not be used.*

This information will be kept on file in the student's records.

I, _____ am the legal guardian of

I understand that there will be a photo taken specifically for the student ID. Each student is required to wear his/her uniform and be able to show their school ID.

In writing I must decline my child's picture to be used in school-related media publications.

Parent name (printed): _____

Parent signature: _____ Date: _____

Home address: _____

Home telephone #: _____ Mobile phone #: _____

Work phone #: _____

Please use one (1) Photo Policy form for each child.

Student Residency Questionnaire – Detroit Community Schools

Student's Name: _____

Gender: Male Female Grade: _____

Academy Name: **Detroit Community Schools**

This questionnaire is given to ALL students to ensure that Detroit Community Schools (DCS) remains in compliance with federal law (The McKinney-Vento Homeless Education Assistance Act). Your answers will help DCS staff determine if the student is eligible for certain rights under federal law and supportive services.

The student lives in the following situation:

- Owner-occupied home
- Rental unit
- Emergency shelter or transitional housing*
- Motel/hotel*
- Campground*
- Public or private place not designed for or ordinarily used as regular sleeping accommodation for humans, including cars, parks, public spaces, abandoned buildings, substandard housing, or bus or train stations*
- Foster care placement for 6 months or less*
- Long-term, stable, cooperative living arrangement
- Temporary, shared housing with friends, family or others due to:
 - Loss of personal housing* (due to reasons such as eviction, inability to pay rent, destruction of damage to home, abuse or neglect, unhealthy conditions, parental abandonment or incarceration)
 - Economic hardship*
 - Other, similar reason: _____

***Living in these situations may qualify you for services, including transportation, school supplies, educational advocacy, and community referrals.**

Parent name (printed): _____

Parent Signature: _____

Date: _____

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is required so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION).**

PERSONAL

CHILD'S NAME (Last, First, Middle)		DATE OF BIRTH (mm/dd/yy)	/ /
ADDRESS (Number & Street)	(City)	(Zip Code)	TODAY'S DATE (mm/dd/yy)
		MI	/ /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER
			()
ADDRESS (Number & Street)	(City)	(Zip Code)	WORK TELEPHONE NUMBER
		MI	()

SECTION I – HEALTH HISTORY

*Y N R #	Please give detailed explanation for any medical conditions that the school should be made aware of:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 Allergies or reactions (for example, food, medication or other)	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 Eczema or Frequent Skin Rashes	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 Convulsions/ Seizures	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 Heart Trouble	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6 Diabetes	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7 Frequent Colds, Sore throats, Earaches (4 or more per year)	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8 Trouble with Passing Urine or Bowel Movements	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9 Shortness of Breath	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10 Speech Problems	Are there any current or past diagnosis(es)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11 Menstrual Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12 Dental Problems: Date of Last Exam / /	If yes, please describe:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (please describe):	
<input type="checkbox"/> <input type="checkbox"/> Does your child take any medication(s) regularly?	If yes, list medications:
Reason for medication	↳
_____ / / Parent/ Guardian Signature Date	Was the history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's initials: _____

* Check the letter Y – Yes N – No R – Resolved

If treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgment in providing over-the-counter pain relievers, calling the physician indicated above, or if not available, to transport the child to a hospital emergency room. Likewise, your signature below authorizes the release of medical records pertinent to such an emergency room visit, as the School District may request for its files. This is a general authorization and is not sufficient for the release of confidential information protected by Federal Law.

Special Note: At any time where the above information is changed, these changes must be submitted to the main office or authorized school personnel in writing.

Signature of Parent/Guardian: _____ Date: _____

HOUSEHOLD INFORMATION REPORT SY 2022 - 2023

District: _____ School: _____

To determine eligibility for various additional state and federal program benefits that your school may qualify for, please complete, sign and return this report to **Detroit Community Schools**

These sections must be completed by the head of household or designee.

PART A: STUDENT INFORMATION – Complete for each student Pre-K through 12th Grade

Student's Last Name	Student's First Name	Grade Level	School	Identify H if Homeless M if Migrant R if Runaway F if Foster

If you need additional lines, attach a second sheet to this report or attach a copy of this report clearly marked as a **Page 2**.

PART B: BENEFITS RECEIVED - If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name: _____ Case Number: _____

PART C: SIZE OF FAMILY - Enter the total number of individuals living in your household, including all adults and children →

PART D: TOTAL MONTHLY HOUSEHOLD INCOME – Report income for all members of household excluding Foster Children. If you have reported a case number above, you do not need to fill in this section. Simply sign and date form.

Type of Income	Income	Circle if None
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefits	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
Total Monthly Household Income (Add lines 1-6)	\$	

PART E: SIGNATURE - I certify (promise) that all information on this report is true and that all income is reported. I understand that the school will get federal/state funds based on the information I give. I understand that school officials may verify (check) the information.

(Signature) (Printed Name) (Date)

(Address) (City) (Zip)

(Home Phone) (Work Phone) (Email Address)

Do NOT fill out this section. This is for school use only.

Status: F _____ R _____ N _____ Determining Official's Signature: _____ Date: _____

INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD INFORMATION REPORT

This report is used to determine eligibility for state benefits for which your child(ren)'s school may qualify. Please complete, sign, and return this form to your child's school.

If any member of your household receives benefits from the Food assistance program (FAP), family independence program (FIP), or FDPIR please follow these instructions:

Part A: Student Information - For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received: If any household member, including adults, receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR), provide the name and case number. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Part C: Size of Family - Enter the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Total Monthly Household Income - Skip this part

Part E: Certification - Sign the form. Print your name and Date.

If your household does not receive benefits from the Food assistance program (FAP), family independence program (FIP), or FDPIR please follow these instructions:

Part A: Student Information - For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received: Skip this part.

Part C: Size of Family - Enter the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Total Monthly Household Income - Enter monthly income for all household members for each type of income that applies. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc. If you have no income for a category, circle NONE. Add lines though 1 through 6 and enter the Total Monthly Household Income.

Part E: Certification - Sign the form. Print your name, date, and contact information.

Detroit Community Schools Student Code of Conduct Contract of Student Success

Please be advised that Detroit Community Schools enforces a dress code and has a ZERO-TOLERANCE Policy for Violence. Should your child be accepted for enrollment, he/she will be required to abide by all policies, as well as those set forth in the Student/Parent Handbook. Student violations of zero-tolerance policies may subject them to discipline, up to and including expulsion and referral to law enforcement.

- ____ Dress Code: DCHS adheres to a strict dress code: Multiple dress code violations indicate a lack of respect for school rules and may be cause for suspension.
- ____ Student ID: Students must present their student ID upon entering school.
- ____ Attendance: The State of Michigan requires a certain number of instructional hours and if your child does not meet the minimum number of hours, he or she may be held back a year. Student's absence and/or tardiness is defined as "missing from class" or "late to class." All schools are required to report excessive absences to the State and to the Wayne County Prosecutor.
- ____ Academic Performance: Students must be responsible for their academic performance by turning in their work on time, participating in class, requesting tutor support if necessary, and adhering to academic instructions of their teacher's syllabus.
- ____ Behavior & Discipline Policies: Students must show respect to teachers, staff, and other students. Absolutely NO bullying is allowed. DCHS does not allow: 1) Foul language 2) Destruction of property 3) Defiance
- ____ Locker Policy: Students must use their own assigned lockers, and cannot share with other students. Lockers must remain locked at all times. All locks will be provided by DCS. NO Personal locks allowed.
- ____ Cell Phone Policy: All cell phones and electronic devices are banned from DCS buildings. Students who bring devices to school must check them in at the front door. Cell phones will be returned at the end of the school day. Penalties for violations of this policy are found in the Detroit Community Schools Implementation of the Student Code of Conduct.
- ____ Behavioral Management: Students failure to comply with the **Student Code of Conduct** may result in Advanced Management Training, Detention, Community Service or referral to the One Room Schoolhouse.
- ____ Student Internet: Student Internet: I agree to follow the rules contained in this policy with an understanding that consequences could entail revocation of Internet privileges.

Students that choose not to participate in our **Student Code of Conduct** indicate a lack of cooperation and will be expelled from Detroit Community Schools. Any violations of this contract will be noted on the student's record. As a team, together we can provide a positive and productive learning environment.

I agree to follow the conditions and rules of Detroit Community Schools and will follow the directions of the staff.

Student Signature: _____ Date: _____

I have read the Student Code of Conduct Contract of Student Success and have discussed it with my child. I agree to abide by this contract and support the DCHS staff as it may pertain to these rules and expectations.

Parent/Guardian Signature: _____ Date: _____

Detroit Community Schools Student Emergency Card

This information is strictly for the safety of your child. We are not doctors and cannot perform medical procedures. However, we need to know the correct action to take in the event your child becomes ill or injured. **If any of the following information changes please notify the front office immediately. We will not release student to anyone whose name is not listed below.**

Student Information

Last Name _____ First Name _____ Middle I. _____

Address _____ Grade for Fall _____

City _____ State _____ Zip Code _____

D.O.B. _____ Male _____ Female _____

Today's Date: ___ / ___ / ___

Parent Contact Information

Name of Parent/Guardian _____ Relationship _____

Home Phone _____ Cell _____ Work _____

Employer _____ Employer Phone _____

Email Address _____

Name of Parent/Guardian _____ Relationship _____

Home Phone _____ Cell _____ Work _____

Employer _____ Employer Phone _____

Email Address _____

Emergency Contact Numbers (Required)

Person(s) to contact if parents are not available. (List someone locally)
Only those listed below will be allowed to sign out student (with valid ID).

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Family Doctor _____ Office Phone _____

Family Dentist _____ Office Phone _____