



Oneida Township School District No. 3
Strange Elementary School

8981 Oneida Road ▪ Grand Ledge, MI 48837
(517) 627-7005 Email: strangeschool@gmail.com

SCHOOL OF CHOICE

Student Application 105 ▪ Information Form

School Year _____ - _____

Student Information

Student Name: _____
FIRST MIDDLE LAST

Grade: _____ Last Grade Completed: _____ Date of Birth: _____/_____/_____
MONTH DAY YEAR

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: () _____ Evening Phone: () _____

Student Housing Information

Student living with (✓) Mother Father Guardian/Foster Home

Is the student's address a temporary living arrangement? YES NO

If answered YES (✓) in shelter
 with another family or person (doubled up)
 in a hotel/motel
 other temporary living situation

If other, explain: _____

Is this living arrangement due to loss of housing or economic hardship? YES NO

Is the student living with someone other than a parent or legal guardian? YES NO

Student School Information

Previous School District (last two years): _____

Resident School District (if different from above): _____

Has this student been suspended or expelled from school within the last two years?
 YES NO

If YES, reason for suspension or expulsion:

Special Medical Information: (Must have physician's instructions on the medication container.)

Allergies: (environmental / food, especially nuts or gluten)

Parent / Guardian Information

Parent (1) Name: _____
FIRST MIDDLE LAST

Home Phone: () _____ Cell Phone: () _____

Parent / Guardian Address, if different from student: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Parent's location when child is in school. Place: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: () _____

Parent / Guardian Information

Parent (2) Name: _____
FIRST MIDDLE LAST

Home Phone: () _____ Cell Phone: () _____

Parent / Guardian Address, if different from student: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Parent's location when child is in school. Place: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: () _____

Sibling Information

Does the student have a sibling(s) attending Oneida Township School District No. 3?
 YES NO

If YES, please list names and present grade and or present age:

Name: _____ Grade: _____ Age: _____

Name: _____ Grade: _____ Age: _____

Name: _____ Grade: _____ Age: _____

Name: _____ Grade: _____ Age: _____

Does the student have a sibling(s) that may be eligible to attend Strange School in future years?
 YES NO

If YES, please list names, present grade, and date of birth.

Name: _____ Grade: _____ Date of Birth: _____/_____/_____
MONTH DAY YEAR

Name: _____ Grade: _____ Date of Birth: _____/_____/_____
MONTH DAY YEAR

Emergency Information

Person other than Parent to be notified in an emergency situation when the parent is no available.

Name: _____ Relative Friend

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: () _____ Work Phone: () _____

Names of persons other than parent/guardian to whom the child may be released to:

1. _____ Relative Friend

2. _____ Relative Friend

3. _____ Relative Friend

4. _____ Relative Friend

Person(s) to whom the student **MAY NOT** be released (**MUST HAVE DOCUMENTATION.**)

1. _____ Relative Friend

2. _____ Relative Friend

I hereby give permission Oneida Township School District No.3 Strange School Teacher, or her substitute, licensed by the Department of Education to secure emergency medical and/or emergency surgical treatment for the above named minor child while in their care.

(NOTE: Non-emergency medical treatment or elective surgery is not included in this authorization.)

SIGNATURE OF PARENT OR GUARDIAN

DATE

Name of Child's Physician or Health Clinic: _____

Address (number and street): _____

City, State, Zip of Hospital: _____

Health Insurance Identification Information: _____

Health Insurance ID and Group Number: _____

NOTE: Transportation will be the responsibility of the student's family.

Documentation needed

You will need to present the following information with this Form:

- 1) Copy of the Student's Birth Certificate.
- 2) Up to date Immunization Records.
- 3) Hearing and Vision Test Results.
- 4) Proof of Residency in Oneida Township School District No. 3. (See Residency Verification Affidavit.)
- 5) Release of Records Form, if previously enrolled in another school. (See attached form)
- 6) Affirmation of Prior Discipline Record, if previously enrolled in another school.
- 7) Address of last school attended:

Name of School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

FOR OFFICE USE ONLY

Date Received: _____/_____/_____
MONTH DAY YEAR

By Whom: _____

Date Approved: _____/_____/_____
MONTH DAY YEAR

SIGNATURE OF BOARD MEMBER

Date Denied: _____/_____/_____
MONTH DAY YEAR

SIGNATURE OF BOARD MEMBER

Reason Denied: _____

1st Attempt to Notify: _____/_____/_____
MONTH DAY YEAR

By Whom: _____

2nd Attempt to Notify: _____/_____/_____
MONTH DAY YEAR

By Whom: _____

Confirmation Date: _____/_____/_____
MONTH DAY YEAR

By Whom: _____

Date of First Enrollment, if accepted: _____/_____/_____
MONTH DAY YEAR