

**DEXTER COMMUNITY SCHOOLS  
REGISTRATION FORM - 2011-12**

Student ID \_\_\_\_\_

Teacher/Grade \_\_\_\_\_



**PLEASE SEND RECORDS TO:**

- \_\_\_\_\_ Cornerstone Elementary (734-424-4120), 7480 Dan Hoey, Dexter, MI 48130
- \_\_\_\_\_ Bates Elementary (734-424-4130), 2704 Baker Rd., Dexter, MI 48130
- \_\_\_\_\_ Wylie Elementary (734-424-4140), 3060 Kensington Rd., Dexter, MI 48130
- \_\_\_\_\_ Creekside Intermediate (734-424-4160), 2615 Baker Rd., Dexter, MI 48130
- \_\_\_\_\_ Mill Creek Middle (734-424-4150), 7305 Dexter-Ann Arbor Rd., Dexter, MI 48130
- \_\_\_\_\_ Dexter High (734-424-4240), 2200 N. Parker Rd., Dexter, MI 48130
- \_\_\_\_\_ Dexter Special Ed. (734-424-4100 ext. 6053), 2615 Baker Rd., Dexter, MI 48130

**Student Information**

Student Name: \_\_\_\_\_  
 Last First Middle Preferred Name

Street Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Former or Legal Name Changes

Home Phone: ( ) \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 City Zip Month/Day/Year Place of Birth: \_\_\_\_\_  
 City/State

**Ethnicity:**  Hispanic or Latin  Not Hispanic or Latin  
**(choose one)** **Race: (choose one or more regardless of Ethnicity)**  American Indian or Alaskan Native  Asian  
 Native Hawaiian or Other Pacific Islander  Black or African American  White

**Family / Custodial Information**

Mother  Stepmother  Other: \_\_\_\_\_  Father  Stepfather  Other: \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Street Address \_\_\_\_\_ Street Address \_\_\_\_\_

City/Zip \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

With whom does the child reside? \_\_\_\_\_ In case of emergency, contact \_\_\_\_\_

Full Name of Brothers & Sisters \_\_\_\_\_ Sex Birth Date Grade/Building

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Have you previously attended Dexter Schools? \_\_\_\_\_ Do you reside in Dexter Village? \_\_\_\_\_

Special Instructions \_\_\_\_\_

Last school district attended & school building (includes preschool) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

Teacher/Counselor \_\_\_\_\_ Special Education Needs:  Yes  No

**I hereby authorize the release of all records relating to this student, including special education records, to the Dexter Community Schools.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_ Adult Student Signature \_\_\_\_\_ (Revised - 2/3/10)