



Lakeview Public Schools

Registration Checklist

Dear Parent/Guardian,

The following items are required to enroll your child.

	PROVIDED TO & VERIFIED BY	DATE
<b>Child's Birth Certificate</b> (We must see the original birth certificate with the raised seal)		
<b>Proof of Residency three (3) proofs are required when registering</b> <input type="checkbox"/> Bill of Sale of home/Current City Tax Bill/Current Lease (whichever is applicable) <input type="checkbox"/> One (1) current Utility Bill <input type="checkbox"/> Copy of Parent/Guardian Driver's License with current home address		

**MANDATORY K-12 FORMS**

- Immunization Record
- Authorization for Release of Student Records Form
- Student Registration/Emergency Information Form
- Enrollment Form/Health Information Sheet
- Zero Tolerance
- Home Language Survey
- Internet Form
- Special Services Form
  - 504
  - IEP

**OPTIONAL FORMS**

- Media Release Form
- Volunteer Consent Form

**GRADE/SITUATION SPECIFIC FORMS**

- Statement of Varicella Form  
*(Complete if your child has had the chickenpox)*
- Health Appraisal Report Form *(Kindergarten only)*
- Hearing and Vision Screening Results  
For an appointment, please call the Macomb Health Vision/Hearing Department (586) 412-5945 *(Kindergarten only)*
- Copy of student's last report card *(Middle School only)*
- Copy of student's Official Transcript and Last Report Card *(High School only)*
- MHSAA Education Transfer Form *(High School only)*
- Custody Papers/Divorce Decree
- Indian Education

If you have any questions concerning enrolling your child, please contact Linda De Hooghe at (586) 445-4000 ext. 2504 or by email at [ldhooghe@scslakeview-k12.com](mailto:ldhooghe@scslakeview-k12.com).

**Nondiscrimination and Access to Equal Education Opportunity**

It is the policy of the Board that no student in this District shall, on the basis of race, color, religion, national origin or ancestry, age, gender, marital status, sexual orientation, disability, height, weight, and/or any other legally protected characteristic, be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in its programs and/or activities. Any person believing they have been discriminated against may bring a complaint to the local civil rights coordinator:

Executive Director of Human Resources, 20300 Statler St, St Clair Shores MI 48081, 586-445-4000 x 2503