

# CHEBOYGAN • OTSEGO • PRESQUE ISLE EDUCATIONAL SERVICE DISTRICT

6065 Learning Lane  
(231) 238-9394



Indian River, MI 49749  
Fax (231) 238-8551

TO: Parents and Guardians

FROM: Donna Jones  
Special Education Director

DATE: \_\_\_\_\_ School Year

RE: Michigan Student Data System Information

Dear Parent/Guardian:

The State of Michigan has implemented the Michigan Student Data System which requires certain information in order to accurately count student enrollment in each school.

We need your help to complete necessary items of information below. Please complete **ALL QUESTIONS** and return it to your child's teacher **WITHIN 10 DAYS**.

We appreciate your cooperation and attention to this matter. Should you have questions, please call me at 1-231-238-9394 ext. 313.

**STUDENT NAME** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_  
(FIRST MI LAST)

**GENDER:** (Circle one) Male Female **CHILD IS:** (Circle one) Single Birth Twin Triplet

**ETHNICITY:** (Circle no more than TWO) White Native American/Alaskan  
Asian American African American Native Hawaiian/Pacific Islander Hispanic

**CITY OF BIRTH** \_\_\_\_\_

**PRESENT COUNTY OF RESIDENCE** \_\_\_\_\_

**STUDENT RECEIVES:** \_\_\_\_\_ Free Lunch \_\_\_\_\_ Reduced Lunch \_\_\_\_\_ Neither

**COMPLETE IMMUNIZATION RECORDS** are to be forwarded to COP ESD

**CLASSROOM TEACHER: PLEASE COMPLETE**

**START DATE OF STUDENT** \_\_\_\_\_

Revised 01/09

Mary Vratana, Superintendent  
BOARD OF EDUCATION

Susan L. Muschell, President • Dennis A. Budnick, Vice President

Henry W. Axford, Secretary • John F. Ekdahl, Treasurer • Sherry S. Huff, Trustee • Jack Middleton, Trustee • Cindy Pushman, Trustee