



ENROLLMENT PACKET

Superintendent.....Steve Scoville
High School.....Deanna Yarger, Principal
Mike Groulx, Assistant Principal
Timberland Alternative High School.....Gary White, Director
Middle School.....Nancy Cairnduff, Principal
Elementary School.....Catheryn Gross, Principal

Registration Checklist:

- Birth Certificate
- Immunization record
- Registration form
- Emergency medical information
- Early dismissal form
- Request for school records
- Section 25? ____YES ____NO
- McKinney-Vento Eligibility
- Proof of residency (2)
- Household survey
- MHSAA Transfer Form (grades 9-12 only)
- Legal documentation if child is not to be seen or picked up by other parent
- Required custody papers

Our Vision: School Family, and Community, Hand in Hand, Doing What is Best for All Kids

Our Mission: Together with family and community, Farwell Area Schools will educate all students in a supportive environment, engaging them in learning through a variety of challenging experiences to ensure success in an ever-changing world.

FARWELL AREA SCHOOLS Registration Form

Date: _____

Student Name: _____ Gender: M F
(As it appears on birth certificate) Last First Middle

Address: _____ Grade: _____

_____ Birthdate: _____

Birthplace: _____ Enrollment Date: _____
City State/Country (1st day student with be in school)

Military Connection: Does this student have at least one parent who is a member of the Armed Forces on active duty?
___YES ___NO

Race/Ethnicity: Please answer parts A and B. Both must be completed or the US Department of Education requires the school district to supply an answer on your behalf.

Part A:

ETHNICITY: Is this student Hispanic/Latino (choose only one)

___NO, not Hispanic/Latino

___YES, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Part B:

RACE: (choose one or more [use percentages to rank ethnic groups in order])

___American Indian or Alaska Native ___Native Hawaiian or Other Pacific Islander ___White
___Asian ___Black or African American

Language spoken in home: _____ Native language: _____

Residency Information

Is the student a resident of Farwell Area Schools? ___YES ___NO

If not, what district does the student live in? _____

What county does the student live in? _____ Township? _____

Where is the student living now? (check only one box)

- In a one family dwelling
- In a car
- In a shelter
- In a trailer park or campsite
- In a motel or hotel
- With friends/family members (other than parent/guardian)
- With more than one family in a house or apartment
- None of the above _____

If this student is found eligible under the McKinney-Vento Homeless Assistance Act, he/she will be immediately enrolled.

With whom does the student reside: _____
(i.e. Mother & Father, Mother & Step Father, Father & Step Mother, Foster Parents, Grandparents, etc.)

Residency Verification Affidavit:

According to the State Attorney General Opinion No. 5925, school districts have the right to ask new enrollees to prove residency. By signing the affidavit, you are affirming that the address given on all enrollment forms is the legal residence of the parent/guardian enrolling the student and is the residence of the student.

Verification of residency must be made with any **two** of the following (circle):

Driver's license or registration - lease agreement -moving bill - insurance forms - purchase agreement - utility bill - other

Parent Signature Date: _____

Parent/Guardian Information

Head of Household where student resides:

Name: _____ Relationship to Student: _____

(i.e. Father, Mother, Grandparent, etc.)

Date of Birth: _____ Gender: _____ Marital Status: _____
male/female married/divorced/single

Email address: _____

Occupation: _____ Employer's Name: _____

Employer's Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Receive copies of student information (progress reports, report cards, etc.) YES NO

Secondary Head of Household where student resides:

Name: _____ Relationship to Student: _____

(i.e. Father, Mother, Grandparent, etc.)

Date of Birth: _____ Gender: _____ Marital Status: _____
male/female married/divorced/single

Email address: _____

Occupation: _____ Employer's Name: _____

Employer's Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Receive copies of student information (progress reports, report cards, etc.) YES NO

Comments (any other information the office staff should know in case of emergency):

Parent/Guardian Information - leave blank if this page does not apply

Head of Household where student does not reside:

Name: _____ Relationship to Student: _____

(i.e. Father, Mother, Grandparent, etc.)

Date of Birth: _____ Gender: _____ Marital Status: _____
male/female married/divorced/single

Email address: _____

Occupation: _____ Employer's Name: _____

Employer's Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Receive copies of student information (progress reports, report cards, etc.) YES NO

Secondary Head of Household where student does not reside:

Name: _____ Relationship to Student: _____

(i.e. Father, Mother, Grandparent, etc.)

Date of Birth: _____ Gender: _____ Marital Status: _____
male/female married/divorced/single

Email address: _____

Occupation: _____ Employer's Name: _____

Employer's Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Receive copies of student information (progress reports, report cards, etc.) YES NO

Comments (any other information the office staff should know in case of emergency):

****Please provide copy of custody order or any other court documentation restricting contact****

FARWELL AREA SCHOOLS Registration Form

Other children living in household:

Name	Age/Grade	School Attending	Relationship to Student
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Last school attended: _____

Address: _____
Street City State Zip

Last date of attendance at previous school: _____

Preschool Information

Did your student attend preschool? ___YES ___NO

If yes, please list name of preschool and location: _____

Special Education Information:

Has your child ever been enrolled in a special education classroom setting? ___YES ___NO

If YES, circle all that apply: Special Ed Class Speech OT/PT Social Work 504 Plan Other

Emergency Medical Information

In case my child becomes ill or injured at school, notify _____ (Name of first contact choice)

If I/we cannot be reached, call:

1. _____ Phone: _____

Last First Relationship to student: _____ Release student to contact: ___YES ___NO

2. _____ Phone: _____

Last First Relationship to student: _____ Release student to contact: ___YES ___NO

3. _____ Phone: _____

Last First Relationship to student: _____ Release student to contact: ___YES ___NO

In case of emergency and you cannot be reached, your child will be sent to MidMichigan Regional Medical Center in Clare for medical treatment.

Emergency medical conditions/problems (check all that apply):

- Nothing known, Medical waiver, Rheumatic fever, Cardiac, Hemophiliac, Diabetic, Aspirin allergy, Penicillin allergy, Multiple allergies, Epileptic, Iodine allergy, Special blood condition, Sulfa allergy, Hearing problems, Muscle weakness, Headaches, Allergic to bee stings, Asthma, Nose bleeds, Kidney problems, Attention deficit disorder, Other: _____

Medication child is presently taking during the school day and/or at home:

- 1. _____ 5. _____
2. _____ 6. _____
3. _____
4. _____

Does your child have glasses to be worn in the classroom? ___YES ___NO

Please list any allergies or medical problems that the school should be aware of:

Early Dismissal Information

Should an early dismissal occur, I would like my child to do the following:

- Go home in the normal manner, Stay at school until I pick him/her up, Ride bus _____ to _____ home, Walk to _____ home Address: _____, Other _____

Parent Signature _____ Date: _____

FARWELL AREA SCHOOLS Registration Form

Affirmation of Prior Discipline Record

DIRECTIONS: Check the applicable paragraph, provide all appropriate information, and sign this document.

Paragraph 1:

- The undersigned affirms that _____ has not been suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

Paragraph 2:

- The undersigned affirms that _____ has been suspended or expelled from a public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

If you checked paragraph 2, explain the circumstances in detail. Include the school name, dates of suspension or expulsion, and a description of the incident giving rise to the suspension or expulsion.

_____ Date: _____
Student Signature

_____ Date: _____
Parent Signature

Name of sending (former) School District: _____

Sending School - please check one

- ___ According to our records, we can verify that the information provided above by the parent/student is correct.
___ According to our records, the information provided above by the parent/student is not correct.

If the student has been involved in offenses involving weapons, alcohol or drugs, or willful infliction of injury to persons or act of violence against persons and/or property committed on school premises, at a school sponsored activity, or on a public or private conveyance providing transportation to or from school or a school sponsored activity, please forward appropriate disciplinary documentation.

_____ Date: _____
Signature of sending district administrator Title

REQUEST FOR SCHOOL RECORDS

Student Name _____ Date of Birth _____ Grade _____

Previous school attended: _____

Address: _____
Street City State Zip

Records requested:

- Student UIC# _____
- Official cumulative file
- Grades to date
- Discipline history
- Attendance to date
- Current grade level _____
- Special Education files and psychological files
- Standardized achievement, intelligence, & aptitude test scores
- Record of extracurricular activities
- McKinney-Vento eligibility

In sending this form, we are requesting information about one of your former students. Before we formally enroll the student, we are requesting that you answer the questions below about the above student.

1. Has the above named student been suspended or expelled from your school district? ____YES ____NO
If yes, please explain:

2. Is disciplinary action pending against this student? ____YES ____NO
If yes, please explain:

3. Was this student in a special education program in your school district? ____YES ____NO
If yes, please give student's current placement: _____

4. Student's last date of entry to your school? _____ When was the student's last day of attendance at your school? _____

Parent Release: As a parent or legal guardian for the above named student, I hereby authorize release of all school records to the Farwell Area Schools and request that they be sent to the address below at your earliest convenience.

Parent Signature Date: _____

PLEASE SEND RECORDS TO:

Farwell Elementary School
399 E. Michigan
Farwell, MI 48622
Phone: (989)588-9916
Fax: (989) 588-0158

Farwell Middle School
399 E. Michigan
Farwell, MI 48622
Phone: (989) 588-9915
Fax: (989) 588-3337

Farwell High School
399 E. Michigan
Farwell, MI 48622
Phone: (989) 588-9913
Fax: (989) 588-6041

Transportation Information

If you need transportation for your student, you **MUST** contact the bus garage to set up **PRIOR** to the first day of attendance.

For transportation within the boundaries of Farwell Area School District, please contact:

Deb Schomisch, Transportation Director
(989) 588-9111 (leave message if no answer)
transportation@farwellschools.net
9555 South Old State Rd, Farwell, MI 48622

Bus garage office hours:

School year:

5:30 a.m - 9:30 a.m.

1:00 p.m. - 5:00 p.m.

Summer:

7:00 a.m - 3:00 p.m.

When emailing to request transportation, please provide the following information:

Student name, grade, and address, and how often they will ride the bus.

FARWELL TRANSPORTATION GUIDELINES

- For safety and accountability, we will only allow two stops for a student: one home address and one alternate.
- Any changes to busing (child needs to go to alternate address, etc.) **MUST** be made before 2:00 PM or the student will ride regular route. Please call the bus garage to make changes.
- **Please contact the bus garage at the beginning of EACH school year to update bus information (i.e. student now has driver's license and will no longer need transportation, student now lives at different address, etc.).**
- Out of district students **MUST** be met by an adult at a stop arranged by the transportation department. This stop will be at the closest regular route stop to the student's home. If an adult is not present, our district will not transport the students.

