



FARWELL AREA SCHOOLS

ENROLLMENT PACKET

Superintendent..... Carl Seiter

High School Deanna Yarger, Principal

Timberland..... Mr. Robert First, Director

Middle School Catheryn Gross, Principal
Nancy Cairnduff, Assistant Principal

Elementary School Catheryn Gross, Principal
Nancy Cairnduff, Assistant Principal

REGISTRATION CHECK-LIST

- | | |
|--|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Affirmation of Prior Discipline Record |
| <input type="checkbox"/> Immunization Record | <input type="checkbox"/> Early Dismissal Form |
| <input type="checkbox"/> Registration Form | <input type="checkbox"/> Request for School Records |
| <input type="checkbox"/> Emergency Medical Information | <input type="checkbox"/> McKinney-Vento Eligibility |
| <input type="checkbox"/> Transportation Information | <input type="checkbox"/> _____ |

FARWELL AREA SCHOOLS

Registration Form

Date: _____

STUDENT NAME: _____ GENDER: _____
(As it appears on Birth Certificate) LAST FIRST MIDDLE MALE/FEMALE

ADDRESS: _____ GRADE: _____

_____ BIRTHDATE: _____

BIRTHPLACE: _____ ENROLLMENT DATE: _____
CITY STATE/COUNTRY 1st DAY STUDENT WILL BE IN SCHOOL

Race/Ethnicity: Please answer part A and B. Both must be completed or the US Department of Education requires the school district 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
_____ Asian _____ White
_____ Black or African American

LANGUAGE SPOKEN IN HOME: _____

RESIDENCY INFORMATION

IS THE STUDENT A RESIDENT OF FARWELL AREA SCHOOLS? _____ YES _____ NO

IF NOT, WHAT DISTRICT DO YOU LIVE IN? _____

WHAT COUNTY DO YOU LIVE IN? _____ TOWNSHIP? _____

WHERE IS THE STUDENT LIVING NOW? (check one box)

in a one family dwelling with more than one family in a house or apartment
 in a car in a trailer park or campsite with friends/family members (other than parent/guardian)
 in a shelter in a motel or hotel 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)

RESIDENCY VERIFICATION AFFIDAVIT:

According to 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 may be made with any two of the following (circle): Drivers 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, ETC

DATE OF BIRTH: _____ GENDER: _____ MARITAL STATUS: _____
MALE/FEMALE MARRIED/DIVORCED/SINGLE

E-MAIL ADDRESS: _____

OCCUPATION: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____
STREET ADDRESS CITY MI ZIP CODE

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

IS/HAS

RECEIVE COPIES OF STUDENT INFORMATION (PROGRESS REPORTS, REPORT CARDS, ETC) YES NO



SECONDARY GUARDIAN OF HOUSEHOLD WHERE STUDENT RESIDES:

NAME: _____ RELATIONSHIP TO STUDENT: _____
i.e. FATHER, MOTHER, ETC

DATE OF BIRTH: _____ GENDER: _____ MARITAL STATUS: _____
MALE/FEMALE MARRIED/DIVORCED/SINGLE

E-MAIL ADDRESS: _____

OCCUPATION: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____
STREET ADDRESS CITY MI ZIP CODE

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

RECEIVE COPIES OF STUDENT INFORMATION (PROGRESS REPORTS, REPORT CARDS, ETC) YES NO

COMMENTS: _____

HEAD OF HOUSEHOLD WHERE STUDENT DOES NOT RESIDE:

NAME: _____ RELATIONSHIP TO STUDENT: _____
i.e. FATHER, MOTHER, ETC

DATE OF BIRTH: _____ GENDER: _____ MARITAL STATUS: _____
MALE/FEMALE MARRIED/DIVORCED/SINGLE

HOME MAILING ADDRESS _____

E-MAIL ADDRESS: _____

OCCUPATION: _____

EMPLOYER'S NAME: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

RECEIVE COPIES OF STUDENT INFORMATION (PROGRESS REPORTS, REPORT CARDS, ETC) YES NO

COMMENTS: _____



SECONDARY GUARDIAN WHERE STUDENT DOES NOT RESIDE:

NAME: _____ RELATIONSHIP TO STUDENT: _____
i.e. FATHER, MOTHER, ETC

DATE OF BIRTH: _____ GENDER: _____ MARITAL STATUS: _____
MALE/FEMALE MARRIED/DIVORCED/SINGLE

HOME MAILING ADDRESS _____

E-MAIL ADDRESS: _____

OCCUPATION: _____

EMPLOYER'S NAME: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

RECEIVE COPIES OF STUDENT INFORMATION (PROGRESS REPORTS, REPORT CARDS, ETC) YES NO

COMMENTS: _____

****Please Provide Copy of Custody Order or Any Other Court Documentation Restricting Contact**

OTHER CHILDREN LIVING IN HOUSEHOLD:

NAME	AGE/GRADE	School Attending	Relationship to Student
NAME	AGE/GRADE	School Attending	Relationship to Student
NAME	AGE/GRADE	School Attending	Relationship to Student
NAME	AGE/GRADE	School Attending	Relationship to Student
NAME	AGE/GRADE	School Attending	Relationship to Student
NAME	AGE/GRADE	School Attending	Relationship to Student

LAST SCHOOL LAST ATTENDED: _____

ADDRESS: _____
STREET ADDRESS CITY MI ZIP CODE

LAST DATE OF ATTENDANCE AT PREVIOUS SCHOOL: _____

DID STUDENT "FORMALLY" CHECK OUT OF PREVIOUS SCHOOL? YES NO

HAS YOUR CHILD EVER BEEN ENROLLED IN A SPECIAL EDUCATION CLASSROOM SETTING? _____
IF YES, CIRCLE ALL THAT APPLY: SPECIAL ED CLASSES SPEECH OT/PT SOCIAL WORK 504 PLAN OTHER

WILL THE STUDENT BE DRIVING A VEHICLE TO SCHOOL? YES NO

EMERGENCY MEDICAL INFORMATION

In case my child becomes ill or injured at school, notify _____
If I/we cannot be reached, call: _____
(Name of first contact choice)

1. _____ Phone # _____
LAST FIRST

Relationship to student: _____ Release Student to Contact: Yes No

2. _____ Phone # _____ Relationship: _____
LAST FIRST

Relationship to student: _____ Release Student to Contact: Yes No

3. _____ Phone # _____ Relationship: _____
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 Mid Michigan Regional Medical Center in Clare for medical treatment.

Emergency medical conditions/problems (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Nothing known | <input type="checkbox"/> Multiple allergies | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Medical Waiver | <input type="checkbox"/> Epileptic | <input type="checkbox"/> Nose bleeds |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Iodine allergy | <input type="checkbox"/> Kidney problems |
| <input type="checkbox"/> Cardiac | <input type="checkbox"/> Special blood condition | <input type="checkbox"/> Attention Deficit Disorder |
| <input type="checkbox"/> Hemophiliac | <input type="checkbox"/> Sulfa allergy | <input type="checkbox"/> Hearing problems |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Muscle weakness | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Aspirin Allergy | <input type="checkbox"/> Headaches | |
| <input type="checkbox"/> Penicillin allergy | <input type="checkbox"/> Allergic to bee stings | |

MEDICATION CHILD IS PRESENTLY TAKING DURING THE SCHOOL DAY AND/OR AT HOME:

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

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: _____

SIGNATURE OF PARENT/GUARDIAN

DATE

AFFIRMATION OF PRIOR DISCIPLINE RECORD

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

Paragraph 1:

The undersigned affirm 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 for 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 another state or for one or more offenses involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for an 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.

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

.....

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.

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.

SIGNATURE OF SENDING DISTRICT ADMINISTRATOR

TITLE

DATE

EARLY DISMISSAL FORM

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 _____

DO NOT FILL OUT - OFFICE USE ONLY

Person Enrolling _____ Date: _____

Checklist:

Birth Certificate: _____ Immunization Records: _____ Free/Reduced Lunch Application: _____

Enrollment: _____ Request of Records: _____ Affirmation of Prior Discipline _____ Transportation Form _____

Any medicine required: _____

Proof of residency verified _____

Homeless Possibility? _____ (Send form to Homeless Liaison)

**Legal documentation if child is not to be seen or picked up by other parent. Required Custody papers: _____

Entry Date: _____ Teacher: _____ Room # _____ Bus # _____

Non-Resident: _____ District of Residence: _____

Identified Handicapped Student: _____ Special Ed: _____ Speech: _____ Title I: _____ Reading Recovery: _____

Completed 30-day Placement form: _____

FARWELL AREA SCHOOLS

REQUEST FOR SCHOOL RECORDS

Student Name _____

Date of Birth _____

Grade _____

Previous school attended: _____

Address: _____

Records requested:

- | | |
|----------------------------|---|
| ⇒ Student UIC# _____ | ⇒ Special Education Files and Psychological Files |
| ⇒ Official cumulative file | ⇒ Standardized Achievement, Intelligence & Aptitude Test Scores |
| ⇒ Grades to date | ⇒ Record of extra curricular activities |
| ⇒ Discipline History | ⇒ McKinney-Vento Eligibility |
| ⇒ Attendance to date | |
| ⇒ Current grade level ____ | |

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? _____
If yes, please explain: _____

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

3. Was this student in a special education program in your school district? _____ 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 Form: As parent or legal guardian for the above named student, I hereby authorize the 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/Guardian Signature

Date

PLEASE SEND RECORD TO:

Farwell Elementary School
399 E. Michigan
Farwell MI 48622
Fax 989.588.0158
Ph 989.588.9916

Farwell Middle School
399 E. Michigan
Farwell MI 48622
Fax 989.588.3337
Ph 989.588.9915

Farwell High School
399 E. Michigan
Farwell MI 48622
Fax 989.588.6041
Ph 989.588.9913