

# Kalkaska Public Schools



*Blazing a Trail to Excellence*

## Student Enrollment Packet

315 S. Coral Street  
Kalkaska, MI 49646

231-258-9109

*(Revised: 4-12-2021)*

**Mission Statement** - Developing productive and civic minded lifelong learners.

**Vision Statement** - Kalkaska Public Schools will be a model of excellence in education and a source of community pride.

**Belief Statement** - The KPS Community believes that all students can reach maximum learning potential through...

- ✓ An attitude of Excellence
- ✓ Building collaborative relationships
- ✓ A caring, compassionate environment
- ✓ Developing community involvement and social responsibility
- ✓ Encouraging lifelong learning



## Enrollment Checklist

Revised: 2-28-2019

Welcome to Kalkaska Public Schools. It is our desire to make your experience with Kalkaska Public Schools one of educational opportunities and success. Once you have completed the "Student Registration Form" and gathered all of the required documentation, please drop everything off at your child's school. The school your child will attend:

School Name	Address	Phone	Grades
<input type="checkbox"/> Birch Street Elementary	309 N. Birch Street, Kalkaska 49646;	231-258-8629;	Pre K – 3
<input type="checkbox"/> Cherry Street Intermediate	314 S. Cherry Street, Kalkaska 49646;	231-258-9146;	4 -5
<input type="checkbox"/> Rapid City Elementary	5258 River Street, Rapid City; 49676;	231-331-6121;	Pre K – 5
<input type="checkbox"/> Kalkaska Middle School	1700 Kalkaska Road, Kalkaska 49646;	231-258-4040;	6 – 8
<input type="checkbox"/> Kalkaska High School	109 N. Birch Street, Kalkaska 49646;	231-258-9167;	9 – 12

(Fax: Birch Street (231)258-3579, Cherry Street (231)258-5149, Rapid City (231-331-6121), Middle School (231)258-3576, High School (231)258-258-5188

Each of the following documents MUST be provided to enroll your child.

- Student Registration Form
- Proof of Residency
- Valid Original/Certified Copy Birth Certificate
- Immunization Record (Current)
- Network Use Student Account Agreement
- "Release of Records" Form
- Current IEP, if applicable
- Free Breakfast/Lunch Household Information Survey (ONE per family)
- Schools of Choice Form - If child is not a resident of Kalkaska Public Schools

Thank you for registering your child with Kalkaska Public Schools. We look forward to building a great partnership toward a successful future for your child.

Office Use Only:

- Registration Packet Submitted and COMPLETE
- Enrollment Information Entered in PowerSchool
- Records Request Sent
- Immunization Information Entered into MICR
- Concussion Information Form Completed and Filed in Student's CA-60
- Transcript Information Entered in PowerSchool
- Student ID: \_\_\_\_\_
- UIC: \_\_\_\_\_
- Start Date: \_\_\_\_\_
- Teacher Assigned, if Applicable: \_\_\_\_\_



# Student Registration Form

Revised: 2-28-2019

Please PRINT:

## Student Information

Student LEGAL Name (Last, First, Middle): \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Check the phrase that best describes your racial group as recognized by your family and/or friends.

American Indian  Alaska Native  Asian  Black or African American  Hispanic  Latino  White

Is your child's native tongue a language other than English?  Yes; What language? \_\_\_\_\_  No

Is the primary language used in your child's home or environment a language other than English?

Yes; What language? \_\_\_\_\_  No

Is there a current **Order of Protection** or **No Contact Order** regarding this child?

Yes  No If yes, please provide a copy

## Parent/Guardian Information

### Father / Guardian 1

Lives with Child  Should Receive School Information

Name: \_\_\_\_\_

Address, if different than above: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Mother / Guardian 2

Lives with Child  Should Receive School Information

Name: \_\_\_\_\_

Address, if different than above: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Stepmother

Lives with Child

Name: \_\_\_\_\_

Address, if different than above: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Stepfather

Lives with Child

Name: \_\_\_\_\_

Address, if different than above: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Emergency Contact Information

### Contact 1

Name:	Relationship:
Home Phone:	Work Phone:
Cell Phone:	Email:

### Contact 2

Name:	Relationship:
Home Phone:	Work Phone:
Cell Phone:	Email:

### Contact 3

Name:	Relationship:
Home Phone:	Work Phone:
Cell Phone:	Email:

## Health Information

Child's Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Special medical, physical, emotional conditions or other pertinent information (including allergies):

List all medication(s)/treatments(s) this child is taking, dose and time medication is taken.

## School History

Last School Attended: \_\_\_\_\_ Date Left: \_\_\_\_\_

Address-Last School (Street, City, State, Zip): \_\_\_\_\_

School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_

Does this child currently receive special education services with an individualized education plan (IEP)?  Yes; If yes, please provide a copy of the most current Individualized Education Plan (IEP)  No

Are you applying for schools of choice from outside the Kalkaska Public School District?  Yes; District?  No

Has this child ever been enrolled at Kalkaska Public Schools?  Yes; Where? \_\_\_\_\_ Year? \_\_\_\_\_  No

Has this child ever attended any of the following programs?

<i>Preschool</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Head Start</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Great Start Readiness Program (GSRP)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Family Information

Please list all children in the family by birth order (the oldest first).

Name	Gender	Date of Birth	School
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		

### Description of Residence

If your enrolled child is experiencing a loss of housing, he or she may be eligible for assistance through Kalkaska Public Schools' Students in transition Empowerment Program (STEP).

The McKinney-Vento Homeless Assistance Act, reauthorized by Title IX, Part A, of the Every Student Succeeds Act of 2015, requires school districts to remove any barriers to the attendance, full participation, and success of students, Pre-K through grade 12, who lack a "fixed, regular, and adequate overnight residence." The federal law includes a definition of who is considered "homeless," or as more commonly referenced "in transition," for the purposes of the Act and, therefore, eligible for the rights and protections it provides.

Name
<input type="checkbox"/> Doubled-up with relative or friends due to economic hardship or loss of housing
<input type="checkbox"/> Train or bus stations, park or car. Where?
<input type="checkbox"/> Motel/hotel; where?
<input type="checkbox"/> Campground; where?
<input type="checkbox"/> Abandoned apartment or building; where?
<input type="checkbox"/> Temporary shelter?
<input type="checkbox"/> Other; describe.

### School Behavior

Kalkaska Public Schools governs the behavior of students who attend Kalkaska Public Schools. A student who has engaged in misconduct resulting in expulsion or long-term suspension in another school system, or who has withdrawn from said school system before misconduct was established by an appropriate hearing may be ineligible to enroll in and attend Kalkaska Public Schools.

Has the child been expelled from another school, has expulsion charges pending, or has withdrawn from a school district in lieu of being charged with conduct that may have resulted in a long-term suspension or expulsion? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Is the child currently under suspension from another school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why?
Has the child been suspended within the last two years from their previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why?

## Parent Consent

- Kalkaska Public Schools will request records for the above-named child's previous school(s), and enrollment is conditional until records are received and reviewed by the school. If student records received from the previous school(s) are not as represented above, the above-named child may be excluded from Kalkaska Public Schools immediately without further recourse.
- Medical Emergency: In the event I cannot be reached in a medical emergency, I HEREBY GIVE PERMISSION FOR THE EMERGENCY TREATMENT OF the above named student. I understand that I will be contacted ASAP in the event of a medical emergency. I understand the above information may be released to those working with my child.
- The Board may establish online access for the parent or the eligible students to the student's confidential academic and attendance records. Please be reminded that the account and confidential information about the student is only as secure as the parents or student keep their information. The parent, eligible student, or unauthorized party will hold harmless the District and its employees for any breach of this information.
- I understand that, for the health, safety, and/or educational needs of my child, information on the questionnaire, health appraisal (physical), and/or emergency card may need to be shared with individuals working with my child. Typically, this would include the building administrator, secretaries, teachers, aides, counselors, social workers, noon duty staff, transportation, and truancy staff.
- Permission for Field Trips: I understand that my child's class may be involved in field trips that require leaving the building. When transportation is required, my child will be transported by bus. I give permission for my child to participate in these activities.
- Photo Release: I give permission for my child to be named or pictured in local newspapers, school newsletters, the district web page, or other publications. The purpose of these publications is to recognize student activity and achievement, publicize school events, and celebrate the success of the students.
- Handbook: I can access a copy of the Parent/Student handbook at [www.kpschools.com](http://www.kpschools.com) or understand I can pick up a "hard" copy of the handbook at the school office.

I acknowledge I have read or have access to the information to read, verify the information is true, and agree to the conditions of the items above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# -Welcome to Kalkaska Public Schools -



## Residency Verification Form

Revised: 2-28-2019

This form should be completed for any student who enrolls in the Kalkaska Public School District.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
                    First                      Last

Gender:  Male       Female      Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_  
                                Street                      City                      State              Zip

Choose One:     Within District Boundaries                       Outside District Boundaries

Acceptable Proof of Residency (Attached):

- Mail Showing Parent/Guardian Name and Address
- Rental or Lease Agreement
- Tax Bill
- Utility Bill
- Homeless – No documentation required

I have verified the student named above, per the address supplied by parents or guardian above, lives either within the boundaries or outside the boundaries of the Kalkaska Public School district. I have *attached* an acceptable form of proof of residency to this document for our records. If the above student resides outside the boundaries of the district, please make sure to have a School of Choice form completed.

\_\_\_\_\_  
*Signature of School Staff*

\_\_\_\_\_  
*PRINTED Name*

\_\_\_\_\_  
*Date*

*This form, with proof of residency, must be placed in the student's CA-60.*





# Educational Material for Parents and Students: UNDERSTANDING CONCUSSION

(Content Meets MDCH Requirements)

## Some Common Symptoms

Headache	Balance Problems	Sensitive to Noise	Poor Concentration	Not “Feeling Right”
Pressure in the Head	Double Vision	Sluggishness	Memory Problems	Feeling Irritable
Nausea/Vomiting	Blurry Vision	Haziness	Confusion	Slow Reaction Time
Dizziness	Sensitive to Light	Fogginess	“Feeling Down”	Sleep Problems
		Grogginess		

## WHAT IS A CONCUSSION?

A **concussion is a type of traumatic brain injury** that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven’t been knocked out.

You can’t see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

## IF YOU SUSPECT A CONCUSSION:

- 1. SEEK MEDICAL ATTENTION RIGHT AWAY** – A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don’t hide it, report it. Ignoring symptoms and trying to “tough it out” often makes it worse.
- 2. KEEP YOUR STUDENT OUT OF PLAY** – Concussions take time to heal. Don’t let the student return to play the day of injury and until a health care professional says it’s okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
- 3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION** – Schools should know if a student had a previous concussion. A student’s school may not know about a concussion received in another sport or activity unless you notify them.

## SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can’t recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

## CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

## HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to [www.cdc.gov/concussion](http://www.cdc.gov/concussion).

# Concussion Awareness: EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

*Parents and Students Must Sign and Return the Educational Material Acknowledgement Form*

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by Kalkaska Public Schools.

\_\_\_\_\_  
Participant Name Printed

\_\_\_\_\_  
Parent or Guardian Name Printed

\_\_\_\_\_  
Participant Name Signature

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18. Participants and parents please review and keep the educational materials available for future reference.

This original document MUST be placed in the student's permanent file.



## **Network Use – Student Account Agreement**

7540 F3 and 7540.03 F1

Your child will receive an account on the school's computer networks. With this educational opportunity comes responsibility to use these networks in a productive and ethical manner. When your child receives an account number and password, it is extremely important that s/he abide by the enclosed agreement which is to be signed by both the child and the parent. Any inappropriate use of the computer networks will result in the loss of the privilege to use this educational tool and possibly to disciplinary action as well. Since you are legally responsible for your son/daughter's actions, you may want to stress the importance of using only his/her own account number and password and the necessity of guarding against their use by others. Under NO circumstances should anyone else be given the information to access your child's account. After you have read and discussed the agreement with your child, please sign it and return to the school as soon as possible. Any forms not received *within thirty days of enrollment* will result in the withholding of computer privileges until the signed agreement is returned. Please feel free to *contact the building principal* if you have any questions concerning this letter or the agreement. To access e-mail and/or the Internet at school, students under the age of eighteen (18) must obtain parent permission and must sign and return this form. Students eighteen (18) and over may sign their own forms.

**Use of the Internet is a privilege, not a right. The Board's Internet connection is provided for educational purposes only. Unauthorized and inappropriate use will result in a cancellation of this privilege.**

The Board has implemented technology protection measures which block/filter Internet access to visual displays that are obscene, child pornography or harmful to minors. The Board also monitors online activity of students in an effort to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. Nevertheless, parents/guardians are advised that determined users may be able to gain access to information, communication and/or services on the Internet which the Board of Education has not authorized for educational purposes and/or which they and/or their parents/guardians may find inappropriate, offensive, objectionable or controversial. Parents/Guardians assume this risk by consenting to allow their students to participate in the use of the Internet. Student's accessing the Internet through the school's computers assume personal responsibility and liability, both civil and criminal, for unauthorized or inappropriate use of the Internet.

The Board has the right to monitor, review and inspect any directories, files and/or messages residing on or sent using the Board's computers/networks. Messages relating to or in support of illegal activities will be reported to the appropriate authorities.

Please complete the following information:

Student User's Full Name (please print): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

### Parent/Guardian

As the parent/guardian of this student, I have read the Student Network and Internet Acceptable Use and Safety Policy and Guidelines, and have discussed them with my child. I understand that student access to the Internet is designed for educational purposes and that the Board has taken available precautions to restrict and/or control student access to material on the Internet that is obscene, objectionable, inappropriate and/or harmful to minors. However, I recognize that it is impossible for the Board to restrict access to all objectionable and/or controversial materials that may be found on the Internet. I will not hold the Board (or any of its employees, administrators or officers) responsible for materials my child may acquire or come in contact with while on the Internet. Additionally, I accept responsibility for communicating to my child guidance concerning his/her acceptable use of the

Internet - i.e., setting and conveying standards for my daughter/son to follow when selecting, sharing and exploring information and resources on the Internet. I further understand that individuals and families may be liable for violations.

To the extent that proprietary rights in the design of a web site hosted on the Board's servers would vest in my child upon creation, I agree to assign those rights to the Board.

Please check each that applies:

- I give permission for my child to use and access the Internet at school and for the Board to issue an Internet/e-mail account to my child.
- I give permission for my child's image (photograph) to be published online, provided only his/her first name is used.
- I give permission for the Board to transmit "live" images of my child (as part of a group) over the Internet via a web cam.

I authorize and license the Board to post my child's class work on the Internet without infringing upon any copyright my child may own with respect to such class work. I understand only my child's first name will accompany such class work.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Student

I have read and agree to abide by the Student Network and Internet Acceptable Use and Safety Policy and Guidelines. I understand that any violation of the terms and conditions set forth in the Policy and Guidelines is inappropriate and may constitute a criminal offense. As a user of the Board's computers/network and the Internet, I agree to communicate over the Internet and the Network in an appropriate manner, honoring all relevant laws, restrictions and guidelines.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teachers and building principals are responsible for determining what is unauthorized or inappropriate use. The principal may deny, revoke or suspend access to the Network/Internet to individuals who violate the Board's Student Network and Internet Acceptable Use and Safety Policy and related Guidelines, and take such other disciplinary action as is appropriate pursuant to the Student Code of Conduct.



## Records Request

Revised: 2-28-2019

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Grade: \_\_\_\_\_ Student Age: \_\_\_\_\_ Michigan UIC Number: \_\_\_\_\_

Former School/Address/Fax:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please send the above named student's complete school records to the school checked below:

Please <b>FAX</b> listed information to school checked below:	Please <b>MAIL</b> listed information to the school checked below:
<ul style="list-style-type: none"> <li>• Special Education Information including Most Recent IEP/MET Report</li> <li>• Information Regarding Title I/Other Support Services</li> <li>• Immunization Record</li> <li>• UIC Code</li> <li>• Discipline (including suspension/expulsion)</li> <li>• Transcript, if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• Discipline (even if filed separately from CA-60)</li> <li>• Official Administrative Record (name, date of birth, grades, class standing, attendance records, etc.)</li> <li>• Psychological Information</li> <li>• Social Work Reports</li> <li>• Health Records</li> </ul>

\_\_\_\_\_  
Signature of Parent/Guardian, Adult Student, or School Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Please send records to the school checked below:

School Name	Address	Phone	Fax
<input type="checkbox"/> Birch Street Elementary	315 S Coral Street, Kalkaska 49646;	231-258-8629	231-258-3579
<input type="checkbox"/> Cherry Street Intermediate	315 S Coral Street, Kalkaska 49646;	231-258-9146	231-258-5149
<input type="checkbox"/> Rapid City Elementary	315 S Coral Street, Kalkaska 49646;	231-331-6121	231-331-4910
<input type="checkbox"/> Kalkaska Middle School	315 S Coral Street, Kalkaska 49646;	231-258-4040	231-258-3576
<input type="checkbox"/> Kalkaska High School	315 S Coral Street, Kalkaska 49646	231-258-9167	231-258-5188

**Please return this form with records.** Consistent with federal law, the District may release a student's education record to officials of another school or postsecondary institution in which the student seeks or intends to enroll, or is attending. In such circumstances, consent from the student's parent/guardian or the eligible student is not required.



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## Volunteer Release Form 4120.09 F1 - Revised: 2-28-2019

I have offered services as a volunteer to help the school district in the following areas:

I agree to abide by all relevant Board policies and administrative guidelines (*available at [www.kpschools.com](http://www.kpschools.com)*) while on duty for the District. I understand that, although I am covered under the District's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for workers' compensation. Should I become ill or suffer an accident while doing volunteer work for the District, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I further understand that as a volunteer, I am not in any manner considered an employee of the District or entitled to any benefits provided to employees. I further release the Board of Education from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

### Volunteer Code of Conduct:

- 1. Immediately upon arrival at school or field trip location, I will sign in at the office or with the overseeing teacher and wear a volunteer identification badge during my volunteer time.*
- 2. I will maintain confidentiality outside of school and will share any concerns that I may have with the overseeing teacher and/or school administrators.*
- 3. I will not disclose, use, or distribute student photographs or personal information about students.*
- 4. I agree not to post, transmit, publish, or display harmful or inappropriate material that is threatening, obscene, disruptive, or sexually explicit or that could be construed as any form of harassment.*
- 5. I agree to do what is in the best personal and educational interest of any child with whom I come into contact.*

Volunteer Name:	Date of Birth:
Address:	
Child Volunteering for:	
Classroom/Teacher Volunteering for:	
Have you ever been convicted, including a conviction based on a plea of no contest, of ANY of the below acts in Michigan or any other place? Yes ____ (attach information) No ____	
Volunteer Signature:	Today's Date:

For the protection of the children in the school, the District is required by law to inquire of its staff members whether or not they have ever been convicted of a crime related to children. We would appreciate your cooperation by indicating that you have never been convicted of any of the following offenses: aggravated murder, murder, voluntary manslaughter, involuntary manslaughter, felonious assault, aggravated assault, assault, aggravated menacing, abuse or neglect of a child, kidnapping, abduction, child stealing, criminal child enticement, rape, sexual battery, corruption of a minor, gross sexual imposition, importuning, voyeurism, public indecency, felonious sexual penetration, compelling prostitution, promoting prostitution, procuring prostitution, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually-oriented matter involving a minor, illegal use of a minor in nudity-oriented material or performance, endangering children, contributing to the delinquency of children, carrying concealed weapons, improperly discharging a firearm at or into a school or house, corrupting another with drugs, placing harmful objects in or adulterating food or confection.

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## Consent for Disclosure of Personally Identifiable Information and Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the student's name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information and immunization information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

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***I authorize Kalkaska Public Schools to release my child's immunization record and personally identifiable information to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.***

Student's Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Printed Parent/Guardian Name: \_\_\_\_\_

**SCHOOL DISTRICT (NORTH ED)**  
**COOPERATIVE SCHOOLS OF CHOICE PROGRAM APPLICATION FOR**  
**PARTICIPATION (FY2022-23)**

<b>Received Date:</b> _____
<b>Approved</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Initials: _____ Date: _____

Student Name: \_\_\_\_\_

**APPLICANT INFORMATION: (1 APPLICATION PER STUDENT TO BE COMPLETED BY PARENT/GUARDIAN)**

Applicant Student Name: \_\_\_\_\_

Student Birth Date: \_\_\_\_\_

District of Residence: \_\_\_\_\_

Sibling #1 Name: \_\_\_\_\_

Student Birth Date: \_\_\_\_\_

District of Residence: \_\_\_\_\_

Sibling #2 Name: \_\_\_\_\_

Student Birth Date: \_\_\_\_\_

District of Residence: \_\_\_\_\_

Student Grade (entering FY22-23) \_\_\_\_\_

Please check one: Male  Female

Last School attended \_\_\_\_\_

Student Grade (entering FY22-23) \_\_\_\_\_

Please check one: Male  Female

Last School attended \_\_\_\_\_

Student Grade (entering FY22-23) \_\_\_\_\_

Please check one: Male  Female

Last School attended \_\_\_\_\_

*REASON(S) FOR SEEKING TO ENROLL IN THE \_\_\_\_\_ School DISTRICT:* \_\_\_\_\_

**Parent/Guardian:**

Parent/Guardian Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Are any siblings currently enrolled/attending the \_\_\_\_\_ Schools District?  Yes  No

If yes, please list name and grade: \_\_\_\_\_

Has the student ever been suspended, expelled, convicted of a felony, or otherwise excluded for disciplinary reasons?  Yes  No

If yes, please provide an explanation: \_\_\_\_\_

County: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

*HAS THE STUDENT EVER BEEN TESTED FOR SPECIALIZED SERVICES?*  Yes  No

*OR DO THEY RECEIVE SPECIALIZED ASSISTANCE IN SCHOOL?*  Yes  No *If Yes, please provide an explanation:* \_\_\_\_\_

**Please read and acknowledge the following by checking the boxes and signing below:**

- I have been provided a copy of the open enrollment policy and understand and will abide by all of its provisions.
- I understand that I am committing to enroll the above named student for a period of not less than one academic year.
- I understand, and agree that per the terms of the agreement, the student's residence school district is not obligated to re-enroll them until the beginning of the next academic semester or trimester.
- I understand transportation will be the responsibility of the parent/guardian.
- I understand Michigan High School Athletic Association regulations apply to all high school age transfers.
- I understand that misrepresenting or withholding information on the application may cause my application to be withdrawn or rejected.
- I agree to hold the \_\_\_\_\_ District, and any of their employees, and their Board of Education harmless for any decision in the admission process.

Records, including disciplinary and attendance, will be requested from student's previous school. Do you give permission for all the student's records to be released?  Yes  No

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RESIDENT SCHOOL DISTRICT INFORMATION:** *(To be completed by resident school administrator) This application must be delivered to the resident school district to be completed and will be returned by the resident district to the enrolling district.*

Has the student ever been suspended, expelled, convicted or a felony, or otherwise excluded for disciplinary reasons?  Yes  No

If yes, please provide an explanation: \_\_\_\_\_

Has the student ever been tested for specialized services? Or do they receive specialized assistance in school?  Yes  No

If yes, please provide an explanation: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_ Resident School: \_\_\_\_\_ **Schools**

**Signature/Superintendent Releasing Student:** \_\_\_\_\_ Date of Release: \_\_\_\_\_

**Signature/Accepting Superintendent:** \_\_\_\_\_ Date: \_\_\_\_\_

Applicants for admission as non-resident students and their parents/guardians are hereby notified that the \_\_\_\_\_ School District does not discriminate on the basis of race, color, national origin, gender, religion, or disability in admission or access to programs, activities, or policies.