



## Student Registration Checklist

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Documents	Required By	Received (X)	Admin. Initials
Enrollment Application	New		
Behavior Contract	Complete if discipline box is checked on app. <i>(10 days or more)</i>		
Administration of Medication Form	Complete if prescription medication box is checked "yes" on app.		
Food Allergy Form	Complete if food allergy box is checked "yes" on app.		
Household Information Survey	All		
Sensitive Information Disclosure Form	All – If any boxes are checked, complete the Homeless Residency Form		
Homeless Residency Form	Complete if any boxes are checked On the Sensitive Information Disclosure Form		
Transportation Form	Complete if transportation box checked "yes" on app.		
Records Request Form	New		
Photo & Video Release Form	All		
Student Emergency Form	All		
Kindergarten Waiver Form	K <i>(see age requirements)</i>		
<b>Other</b>			
Birth Certificate	New		
Immunization Records	ALL <i>(up to date records)</i>		
Last Report Card	New		
IEP and/or 504 Plan	Special education IEP or 504 Plan box checked		

### ----- Office Use Only -----

- ☐ Did you ask parent if their student would need to take prescription medicine at school?
- ☐ Did you ask parent if their student has a food allergy?
- ☐ Did you ask parent if their student will require transportation?
- ☐ Have you checked their student file to make sure they are not missing any required documents?



## Enrollment Application

Office Staff Only		
Today's Date:	Student Start/Enrollment Date:	
Grade Entering:	Teacher:	Bus Stop (If Applicable):
Please Check Which School You Are Applying To: Murphy _____ Stewart _____ Trix _____		
MECC Assigned Student Number:		

Household Information					
Student's Last Name		Student's First Name		Student's Middle Name	Suffix ( <i>Jr., III, etc.</i> )
Date of Birth / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone	Cell Phone	Email Address	
Physical Address (where student resides) _____ _____			Mailing Address (If different from Physical Address) _____ _____		
Proof of Residency	Grade Level	Is the student a member of multiple births? <input type="checkbox"/> Y <input type="checkbox"/> N <i>If so, indicate twin, triplet, etc.</i> _____		U.S. Citizen: <input type="checkbox"/> Y <input type="checkbox"/> N	
Student's City and State of Birth	Certified Birth Certificate Document No.:		Mother's Maiden Name		

### Parent/Guardian 1

Is Parent/Guardian address the same as the student: ☐ Y ☐ N

If no, please provide: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

(check box) ☐ Mother ☐ Father ☐ Grandparent ☐ Foster Parent ☐ Step Parent ☐ Legal Guardian ☐ Other \_\_\_\_\_

First and Last Name	Employer	Work Phone
Cell Phone	Home Phone	Email Address

### Parent/Guardian 2

Is Parent/Guardian address the same as the student: ☐ Y ☐ N

If no, please provide: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

(check box) ☐ Mother ☐ Father ☐ Grandparent ☐ Foster Parent ☐ Step Parent ☐ Legal Guardian ☐ Other \_\_\_\_\_

First and Last Name	Employer	Work Phone
Cell Phone	Home Phone	Email Address

### Previous School Information



## Enrollment Application

Has the student attended a DPS school before (incl. PK, K)? ☐ Y ☐ N If Yes, school name \_\_\_\_\_

Previous Non-DPS School: \_\_\_\_\_  
Name

Street Address

City

State

Zip

### List Other Children In Family

Name	Birthdate	Relationship to Student	School Attending	Grade
1. _____	/____/____			
2. _____	/____/____			
3. _____	/____/____			

### Student Ethnicity and Language

*We encourage you to select an answer for Student Ethnicity and Language. If you do not choose an answer, the U.S. Department of Education requires the school district to supply answer on your behalf.*

#### Student Ethnicity:

Is the student Hispanic/Latino? ☐ NO, Not Hispanic ☐ YES, Hispanic/Latino (Choose only one)

What is the student's race? ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ White

☐ Native Hawaiian/ Other Pacific Islander ☐ Other: \_\_\_\_\_

#### Student Language:

Is your child's native language a language other than English? ☐ YES ☐ NO If yes, what language? \_\_\_\_\_

Is the primary language used in the child's home a language other than English? ☐ YES ☐ NO If yes, what language? \_\_\_\_\_

Was your child born in the USA? ☐ YES ☐ NO **DATE ENTERED USA:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Birth Country:** \_\_\_\_\_  
Month Day Year

Has the student ever been enrolled in a Bilingual or English Language Learner Program? ☐ YES ☐ NO

Is your child able to understand, speak, read, **AND** write a language other than English at the NOVICE LEVEL? ☐ YES ☐ NO If yes, what language? \_\_\_\_\_

Has your child successfully completed schooling in another country for at least a semester (4-6 months)? ☐ YES ☐ NO

If yes, do you have the official transcripts (school report) from successful and continuous school? ☐ YES ☐ NO

#### Parent/Guardian Information:

Does the parent/guardian require oral or written communication from the school other than English? ☐ YES ☐ NO

If yes, what language? \_\_\_\_\_ ☐ Written ☐ Oral What language do you speak most of the time? \_\_\_\_\_

Relationship to Student \_\_\_\_\_ **EDUCATION:** ☐ Elementary ☐ High School ☐ College ☐ Masters/PhD ☐ Other

### Special Circumstances/Personal Emergencies



## Enrollment Application

Are there any special circumstances or personal emergencies you may want the district to be aware of? ☐ Y ☐ N

If "yes", please describe:

### Medical Information

Does your student have any food allergies ☐ Y ☐ N

Does your student need/take prescription medication? ☐ Y ☐ N

Does your student have a medical condition you want the district to be aware of? ☐ Y ☐ N

If "yes", please list:

### Special Education Programs

Please check the appropriate box below, if your student has ever participated in special ed. Programs such as:

☐ IEP ☐ 504 Plan ☐ Other \_\_\_\_\_

### Military Family

Is the parent or legal guardian currently serving in any component of the Army, Navy, Air Force, Marines, or Coast Guard? *This includes children of any uniformed personnel serving with the Michigan National Guard, in any of the Reserved United States forces, or on Active Duty.*

☐ YES ☐ NO

### Migrant Students

Has the parent or legal guardian moved in the past three years looking for temporary or seasonal employment in agriculture or fishing work?

☐ YES ☐ NO

## Discipline

Has the student ever been suspended from a previous school or any school district? ☐ Y ☐ N

If "yes", indicate: ☐ 1 – 9 days ☐ 10 days or more

If "yes", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the student withdrawn from any previous school when discipline charges were pending or after being accused of violating school policy or committing disciplinary offense? ☐ Y ☐ N

If "yes", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Transportation



## Enrollment Application

Is transportation needed? ☐ Y ☐ N

### Acknowledgment and Signature

I certify this information is true and correct. If necessary I will allow an interview by the Attendance Department to verify this data.

I understand that incorrect information could be grounds for revoking enrollment. I understand it is my responsibility to inform the appropriate school office if and when any information on this form changes.

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



## RECORDS REQUEST FORM

STUDENT LEGAL LAST NAME	STUDENT LEGAL FIRST NAME	DATE OF BIRTH	GRADE (FALL 2018)

### Authorization For Release Of Student Records Information

*In accordance with legislation regarding privacy rights of parents and students, written permission must be granted by parents / guardians before certain information may be released to a third party. There are some exceptions to this such as directory information (name, grade, dates of attendance, awards, height, weight); use of records by officials within an educational system; some local, state and national agencies for research studies and certain other special purposes. NOTE: Parental / Guardian permission is no longer required when records are requested by authorized school personnel.*

*(Family Educational Privacy Act, Federal Register, June 17, 1976, Vol. 41 No. 118, and p. 24673).*

### **Registrar or Counselor:**

You are hereby authorized to release from your records the following data concerning the student listed below.

- Standardized test data (MSTEP, etc.)
- General Educational Records  
(Should Include: all records pertaining to student, scholastic achievement data, all grades prior to transfer, discipline record)
- Special Education / Confidential records (Should Include: medical data/immunizations, psychiatric, psychological, social history, social worker reports, IEP, MET, IEPC, 504 plan, health action plan, behavioral records / action plan)
- Birth Certificate

Student's Previous School History			
	Grade	School Name	City
1.			
2.			
3.			

### **Parent/Guardian:**

The purpose of this form is for you to give permission for Michigan Educational Choice Center (MECC) to request your child's educational records from any previous school(s).

I, \_\_\_\_\_, authorize the staff of MECC to request

Guardian Name

educational records for \_\_\_\_\_ from any previous school(s).

Student Name

Parent or Guardian Name

Signature

Date

# Michigan Educational Choice Center - Transportation Form



Use this form to request new transportation service or update your child's route information

**Please allow 48 hours for change to be processed and go into effect, Thank you!**

Today's Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Primary Phone. #: \_\_\_\_\_ Alternate Phone. #: \_\_\_\_\_

In the morning student(s) will: \_\_\_\_\_ Walk to school \_\_\_\_\_ Receive a ride \_\_\_\_\_ Ride the school bus

In the afternoon student(s) will: \_\_\_\_\_ Walk to school \_\_\_\_\_ Receive a ride \_\_\_\_\_ Ride the school bus

## Reason For Change:

\_\_\_\_\_ We have just enrolled \_\_\_\_\_ We have moved \_\_\_\_\_ We need a new bus stop (safety/distance concerns)

\_\_\_\_\_ Other - Please Describe: \_\_\_\_\_

## FOR OFFICE USE ONLY

\_\_\_\_\_ Bus Change Approved New Bus Route Information: \_\_\_\_\_

\_\_\_\_\_ SIS updated with transportation info \_\_\_\_\_ Confirmed with parent \_\_\_\_\_ DHT notified and route updated

\_\_\_\_\_ Driver notified \_\_\_\_\_ Homeroom Teacher Notified \_\_\_\_\_ Roster updated

\_\_\_\_\_ Bus Change Denied Reason: \_\_\_\_\_

Authorized Signature and date: \_\_\_\_\_



Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell/work: \_\_\_\_\_

Health Care Provider (name) treating food allergy: \_\_\_\_\_ Phone: \_\_\_\_\_

Do **you think** your child's food allergy may be **life-threatening**? \_\_\_\_\_ No \_\_\_\_\_ Yes

Did your student's **health care provider tell you** the food allergy may be **life-threatening**? \_\_\_\_\_ No \_\_\_\_\_ Yes

### **History and Current Status**

Check the foods that have caused an allergic reaction:

<input type="checkbox"/> Peanuts	<input type="checkbox"/> Fish/shellfish	<input type="checkbox"/> Eggs
<input type="checkbox"/> Peanut or nut butter	<input type="checkbox"/> Soy products	<input type="checkbox"/> Milk
<input type="checkbox"/> Peanut or nut oils	<input type="checkbox"/> Tree nuts (walnuts, almonds, pecans, etc.)	

Please list any others: \_\_\_\_\_

Circle How many times has your student had a reaction? Never Once More than once

If once or more than once, please explain: \_\_\_\_\_

When was the last reaction? \_\_\_\_\_

Are the food allergy reactions(*Circle all that apply*): staying the same getting worse getting better

### **Triggers and Symptoms**

What has to happen for your student to react to the problem food(s)? (*Circle all that apply*)

Eating foods Touching foods Smelling foods Other

If Other, please explain: \_\_\_\_\_

What are the signs and symptoms of your student's allergic reaction? (*Be specific; include things the student might say*)

How quickly do the signs and symptoms appear after exposure to the food(s)?

\_\_\_\_\_ Seconds \_\_\_\_\_ Minutes \_\_\_\_\_ Hours \_\_\_\_\_ Days



Has your student ever needed treatment at a clinic or the hospital for an allergic reaction? ☐ No ☐ Yes

If Yes, please explain: \_\_\_\_\_

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Does your student understand how to avoid foods that cause allergic reactions? ☐ No ☐ Yes

What treatment or medication has your health care provider recommended for use in an allergic reaction?

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Have you used the treatment? ☐ No ☐ Yes

Does your student know how to use the treatment? ☐ No ☐ Yes

Please describe any side effects or problems your child had in using the suggested treatment:

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**If you intend for your child to eat school provided meals, have you filled out a diet order form for school?**

☐ Yes.

☐ No, I need to get the form, have it completed by our health care provider, and return it to school.

**If medication is to be available at school, have you filled out a medication form for school?**

☐ Yes.

☐ No, I need to get the form, have it completed by our health care provider, and return it to school.

**If medication is needed at school, have you brought the medication/treatment supplies to school?**

☐ Yes.

☐ No, I need to get the medication/treatment and bring it to school.

What do you want us to do at school to help your student avoid problem foods?

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**I give consent to share, with the classroom, that my child has a life-threatening food allergy.**

☐ Yes. ☐ No.

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



SCHOOL USE ONLY

Approved for:

1 ☐ 2 ☐

# Household Information Survey Form

To determine eligibility for various additional state and federal program benefits that your child(ren) may qualify for, please complete, sign and return this application to \_\_\_\_\_ (school name)

**These sections must be completed by the head of household or designee.**

**PART A. SIZE OF FAMILY** - Enter the total number of individuals living in your household, including all adults and children →

**PART B. CURRENT BENEFITS** - Complete below if applicable

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

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

Case Number: \_\_\_\_\_

**PART C. STUDENT INFORMATION** – Complete for each student Pre-K through 12th Grade

Last Name	First Name	Birth Date XX-XX-XXXX	School	Identify H if Homeless M if Migrant R if Runaway F if Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

If you need additional lines, attach a second sheet to this survey or attach a copy of this survey clearly marked as a Page 2.

**PART D. TOTAL MONTHLY HOUSEHOLD INCOME** – Report income for all members of household excluding Foster Children. If you have reported a case number above, you do not need to fill in this section. Simply sign and date form.

Type of Income	Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefits	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
<b>Total Monthly Household Income (Add lines 1-6)</b>	<b>\$</b>	

Complete Back Side →



**PART E. SIGNATURE** - If Income Section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a Social Security Number" box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will get federal/state funds based on the information I give. I understand that sponsor officials may verify (check) the information.		
Sign Here: X _____ Print Name: _____ Date: _____		
Last Four (4) Digits of Adult Social Security Number: XXX-XX- _____ <input type="checkbox"/> I do not have a Social Security Number		
Address _____		City _____ Zip Code _____
Home Phone _____	Work Phone _____	Email Address _____
By providing your email address you may be contacted via email by the district		

# 2018 – 2019 Kindergarten Waiver Form



## PHOTO VIDEO RELEASE FORM

Student Name \_\_\_\_\_ Student Grade \_\_\_\_\_

I do hereby give my consent to Michigan Educational Choice Center and Phalen Leadership Academies and its designees to photograph, audio record, and/or video record my child. I understand that any such photographs, audio recordings, and/or video recordings become the property of the Michigan Educational Choice Center and Phalen Leadership Academies. I understand that the District may use and/or reproduce the photographs, likeness or the voice of my child for any internal or external educational, instructional, or promotional activities determined by the District in broadcast and electronic media formats now existing or in the future created. I further understand that external educational, instructional, or promotional activities may include the release of the photographs, audio recordings, and/or video recordings to newspapers, radio and television stations.

I further understand that by signing this release, I waive any and all present or future compensation rights to the use of the above stated material(s).

By signature below, I release Michigan Educational Choice Center and Phalen Leadership Academies, its Board of Trustees, agents, employees or other representatives from any liabilities, known or unknown, arising out of the use of this material.

I have read the Photography and Video Release Form and fully understand the terms and conditions outlined. I certify that I have full legal capacity to sign this Photography and Video Release Form on behalf of myself and my child.

- ☐ YES, I do give permission to use my child's photo or likeness as described above.
- ☐ NO, I do not give permission to use my child's photo or likeness as described above.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## SENSITIVE INFORMATION DISCLOSURE FORM

STUDENT LEGAL LAST NAME	STUDENT LEGAL FIRST NAME	DATE OF BIRTH	GRADE (FALL 2018)

## STUDENT NIGHT TIME RESIDENCE

**Please identify student's night time residence below. *(check applicable box)***

- ☐ Temporarily sharing a house with friends or family due to the loss of housing, economic hardship, or similar reason.
- ☐ In a motel, hotel, or campground due to a lack of alternative accommodations.
- ☐ In an emergency or transitional shelter or hospital.
- ☐ In Foster Care.
- ☐ Unaccompanied youth and / or runaway.
- ☐ In a living arrangement not described above that is not fixed, regular and adequate.
- ☐ None of the above



## Student Emergency Form 2018-2019

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

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

Current Address: \_\_\_\_\_  
City State Zip

Birthdate: \_\_\_\_\_

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

**Student Lives with:** ☐ MOTHER ☐ FATHER ☐ BOTH PARENTS ☐ LEGAL GUARDIAN ☐ RELATIVE

### Parent/Legal Guardian Information

NAME: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_

### Approved PICK UP List Contact Information:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

I agree that the information on this sheet is true. I agree that I am the parent or legal guardian of the student listed. I agree the names listed above are allowed to pick up my child in the event of my absence. I also understand it is my responsibility to update this information in person.

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



### ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

Michigan State Law requires that schools dispensing medications (prescription or over-the-counter drugs) must have written orders from the physician and the written authorization of the parent/guardian. **In order for students to receive school based services they must have current documentation of a medically based condition.**

STUDENT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ TEACHER: \_\_\_\_\_ GRADE: \_\_\_\_\_

#### TO BE COMPLETED BY THE PHYSICIAN:

Name of Medication(s)	Dosage	Time to be Administered
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special storage instructions: Refrigerate \_\_\_\_\_ None \_\_\_\_\_  
Form of medication/treatment: ☐ Tablet/capsule ☐ Liquid ☐ Inhaler ☐ Injection ☐ Nebulizer ☐ Other \_\_\_\_\_

Conditions for which medication is being prescribed: \_\_\_\_\_

Restrictions and/or important side effects: \_\_\_\_\_

Physician's additional comments: \_\_\_\_\_

Order Start Date: \_\_\_\_\_ Order End Date: \_\_\_\_\_

*(If no end date is indicated, medication orders will expire at the end of the current school year).*

This prescription covers school-based therapy for one year. **NOTE: To participate in Medicaid School Based Services, a valid prescription MUST be signed by a physician and include the date prescription was signed. The prescription must also include the physician's name, address, telephone number and NPI number. Stamped signatures are invalid for school-based services.**

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

Printed Name: \_\_\_\_\_ NPI # \_\_\_\_\_

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

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

#### PARENT/GUARDIAN AUTHORIZATION

I hereby request that school personnel give my child \_\_\_\_\_ the medication ordered above by the physician and will not hold the Board of Education or its personnel responsible for complications related to the medication pursuant to P.A. 451 or 1976-S1178. Staff may contact the physician regarding administration of the medication if necessary. I am responsible for transporting the medication to my child's school.

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed form to:** \_\_\_\_\_ **Fax:** \_\_\_\_\_