



Caseville Public School
STUDENT ENROLLMENT FORM



Directions for Applicants: Please complete all sections.

STUDENT DEMOGRAPHIC INFORMATION

STUDENTS LEGAL NAME: _____ **CURRENT GRADE:** _____
DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____ **GENDER:** Male Female
HOME PHONE: _____ **CELL PHONE:** _____
ADDRESS (street, city, and zip code and PO Box, if applicable): _____
SCHOOL STUDENT IS CURRENTLY ATTENDING (OR LAST ATTENDED): _____
LANGUAGE SPOKEN IN THE HOME: _____

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.)

RACE: (Use percentages to rank ethnic groups in order.) The question above is about ethnicity not race. No matter what you selected, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.

- American Indian/Alaska Native
- Native Hawaiian/Pacific Islander
- White
- Asian American
- Black/African American

RESIDENCY INFORMATION

RESIDENT DISTRICT: _____ **COUNTY OF RESIDENCE:** _____

*If student is not a resident of the district, please complete a Schools of Choice Application

Where is the student living now? (Please check one)

- in a one family dwelling
- with friends/family members (other than parent/guardian)
- in a car
- in a shelter
- none of the above – please explain: _____
- with more than one family in a house or apartment
- in a trailer park or campsite
- in a motel or hotel

SPECIAL EDUCATION INFORMATION

Is this student eligible for special education? Yes No

If yes, please check the programs/services this student has received:

- Special Education Classroom
- Teacher Consultant Services
- Speech and Language Therapy
- Occupational Therapy
- Physical Therapy
- School Social Work Services

SECTION 504 INFORMATION

Does student have a disability requiring a Section 504 Plan? Yes No

EMERGENCY CONTACT INFO

(If we are unable to contact parent(s), please include name, phone number and relationship to child)

Emergency Contact #1 _____
 Emergency Contact #2 _____
 Emergency Contact #3 _____

SUSPENSION/EXPULSION INFORMATION

SUSPENSION: Has this student been suspended from any school at any location for any reason at any time during the preceding two years? Yes No

If yes, please complete the following information regarding the suspension of the student:

Name of school district where student was suspended: _____
Grade and level (elementary/middle/high) of school building where suspension occurred: _____
Name of building administrator involved with the suspension: _____
Length and date(s) of suspension: _____
Specific conduct for which student was suspended: _____

If the student had more than one suspension, please attach additional sheets to respond to the above questions for each incident.

EXPULSION: Has this student ever been expelled from school? Yes No

If yes, please complete the following information regarding the expulsion of the student:

Name of school district where student was expelled: _____
Grade and level (elementary/middle/high) of school building where expulsion occurred: _____
Name of building administrator involved with the expulsion: _____
Length and date(s) of expulsion: _____
Specific conduct for which student was expelled: _____

If the student had more than one expulsion, please attach additional sheets to respond to the above questions for each incident.

PARENT/GUARDIAN INFORMATION

MOTHER/LEGAL GUARDIAN'S NAME: _____
RELATIONSHIP TO STUDENT: Father Mother Step-Parent Guardian Other (please describe; attach relevant documents)

ADDRESS (street, city, zip code, and include PO Box, if applicable): _____
HOME PHONE: _____ **CELL PHONE:** _____
EMPLOYER: _____ **WORK PHONE:** _____

FATHER/LEGAL GUARDIAN'S NAME: _____
RELATIONSHIP TO STUDENT Father Mother Step-Parent Guardian Other (please describe; attach relevant documents)

ADDRESS (street, city, zip code, and include PO Box, if applicable): _____
HOME PHONE: _____ **CELL PHONE:** _____
EMPLOYER: _____ **WORK PHONE:** _____

OTHER CHILDREN IN FAMILY:

NAME: _____	DATE OF BIRTH: _____
NAME: _____	DATE OF BIRTH: _____
NAME: _____	DATE OF BIRTH: _____
NAME: _____	DATE OF BIRTH: _____
NAME: _____	DATE OF BIRTH: _____
NAME: _____	DATE OF BIRTH: _____
NAME: _____	DATE OF BIRTH: _____

EMERGENCY DISMISSAL

(Grades K-6 Only)

In the event school is dismissed early, please send my elementary child to (please check **ONE**) Home (address listed above) OR Other...address _____ (must be along Caseville bus route)

Name of person in charge _____ Phone Number _____

Parent Signature _____ Date _____

INTERNET ACCESS

Caseville Public School has an Acceptable Use Policy for Internet Access in their student handbooks, or is available upon request. Also available is "Internet Etiquette."

Please read the following document carefully before signing. It is a legally binding document.

After reading the Acceptable Use Policy, please sign complete the rest of this page.

STUDENT: I understand and will abide by Terms and Conditions for Internet Access. I further understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken and/or appropriate legal action.

STUDENT USER'S SIGNATURE _____

DATE _____ **GRADE** _____

(If you are under the age of 18, a parent or guardian must also read and sign this agreement.)

PARENT OR GUARDIAN: As the parent or guardian of this student, I have read the Terms and Conditions for Internet Access. I understand that this access is designed for educational purposes and Caseville Public School has taken available precautions to eliminate controversial material. However, I also recognize that it is impossible for Caseville Public School to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network.

PARENT/GUARDIAN (please print full name) _____

SIGNATURE _____ **DATE** _____

INFORMATION TO PARENTS

Dear Parent or Guardian,

Here are a few items we would like to bring to your attention.

The school is required to notify you that you must provide the district within 30 days, a **certified copy of the child's state birth certificate**. If you do not comply with this, we must report you to a law enforcement agency. This is all with your child's safety in mind.

For registration, you will also need an up to date **immunization record** and **proof of residency** such as a driver's license or a utility bill.

You will be given a **handbook**, please read it. Students should **sign the agreement form** at the end of the handbook and return it to the principal's office. If you have any questions, please call the school.

The Board of Education has established a program of instruction entitled "Sex Education, Reproductive Health and Family Planning." During the school year we will be having classes and presentations on human growth and hygiene. There will be discussions of sexually transmitted diseases.

According to law PA226 of 1977, you have the right to review the materials to be used in these classes. The Board of Education, in compliance with the statute has made the materials available for your review.

Your child is eligible to participate. By law, you have the right to excuse your child from participation if you choose. If you wish to exercise your right to excuse your child, please send a written notice to the school.

Sincerely,

Kenneth J. Ewald
Superintendent

SIGNATURE OF APPLICANT

GRADE LEVEL REQUESTED (example: 5th, 8th, 12th): _____

DATE: _____

APPLICANT'S SIGNATURE (PARENT, GUARDIAN, OR STUDENT, IF OVER 18) _____



Caseville Public School
TRANSCRIPT REQUEST FORM



Date _____

TO WHOM IT MAY CONCERN: The following student has enrolled in our public school system. Please send us a copy of this student's transcript. Thank you!

Name _____
 Last Name First Name Middle Name

Birth date _____ Gender _____

Last School Attended _____

School Address _____

School's City _____

Telephone _____ Fax Number _____

Caseville School's Authorized Signature _____

Title _____

TO PREVIOUS SCHOOL

I hereby authorized _____ (name of previous school) to submit scholastic records, psychological data, achievement test data, I.D. evaluations, cumulative folders, and all other student information pertaining to _____ (student name), who has enrolled in grade _____ at Caseville Public School.

Parent Signature _____ Date _____



Caseville Public School
PERMISSION FOR TEMPORARY PLACEMENT



(To be used only for students transferring into the school district from an appropriate special education program/service in another school district or institution)

A. Because the current IEP continues to be appropriate, I grant permission to Caseville Public School District to immediately implement _____ current IEP.
 Student's Name

 Signature or Parent/Guardian/Adult Student Date

 Agency Representative Position Date

-OR-

B. I grant permission to Caseville Public School to temporarily place _____ Student's Name
 in the program/service for the _____, _____
 Type of Program/Service Special Education Code Rule #
 at _____.

I understand that this placement is temporary and can only be made when there is sufficient evidence that the above named person is eligible for special education programs and/or services in accordance with the Michigan Special Education Code.

Further, I understand that within 30 school days from the date of my signature, and Individualized Education Planning Committee (IEPC) shall be convened to make recommendations for future programming. This timeline may be extended if the school district and parent mutually agree.

 Signature or Parent/Guardian/Adult Student Date

 Agency Representative Position Date

If the parent does not provide consent for placement, then the school district will implement the student's current individualized education program to the extent possible and an individualized education program team meeting shall be convened to develop a new individualized education program as soon as possible, but no later than 30 school days.



Caseville Public School
SCHOOLS OF CHOICE APPLICATION



APPLICATION

Complete one application for each student that lives outside of the Caseville School District. Kindergarten – 12th grade students in the Huron ISD and bordering ISD's may apply to attend other participating public school districts in these ISDs. This application form must be completed and sent to the school district at the following address: 6609 Vine Street, Caseville, MI 48725, Phone Number: 989-856-2311. Applicants will be notified of approval or disapproval.

Admission may only be available to a student applicant for a specific grade, school, and/or special program which has been specifically identified as open for enrollment by the Board of Education. Admission is subject to the terms and conditions of the policies, rules, and regulations of the Board of Education, its administrators, this Application, and applicable Michigan Law.

SUSPENDED/EXPELLED STUDENTS

Our School District may refuse to enroll a nonresident applicant if:

- The applicant is, or has been within the preceding 2 years, suspended from another school.
- The applicant has at any time been expelled from another school.
- The applicant has at any time been convicted of a felony.

SECTION 105C SPECIAL NEEDS STUDENTS

Applicants under section 105C (crossing ISD boundaries) with special needs will not be approved until the resident district enters into a cooperative agreement as mandated.

TRANSPORTATION

The School District is not required to provide transportation for a nonresident pupil who becomes enrolled through the Schools of Choice program or for a resident pupil enrolled in another school district through the Schools of Choice program (except as may be required by federal law.)

INFORMED CONSENT

I understand that the Student Application must meet the same criteria, other than residence, which an applicant who is a resident of the school district must meet for enrollment in a grade, specialized, magnet or intra-district choice school or special program to which admission is requested for this Student Applicant. I state and declare that all of the information provided in the Application is accurate and true.

I understand that if any of the above information which I have provided is inaccurate, a misrepresentation or otherwise incomplete in any way, that this Application for admission to the Caseville School District may be rejected. I also understand that submission of the Application to the Caseville School District does NOT guarantee or assure that admission and enrollment will be granted. I understand that I may be required to complete an Authorization to Release Information to the Caseville School District as part of enrollment.

STUDENT NAME: _____ **GRADE:** _____

DISTRICT STUDENT RESIDES IN (Outside Caseville School District): _____

REASON FOR SCHOOL OF CHOICE REQUEST: _____

DATE: _____

SIGNATURE OF PARENT/GUARDIAN

RECEIVING INFORMATION (to be completed by school district official)

Date Application Received: _____

APPLICATION STATUS: Approved Disapproved

Signature of School Official

Date