

## **New students enrolling in Whitehall District Schools**

Please complete the following pages and bring with you to the High School office along with the following items:

- Proof of Residency – a rental lease, purchase agreement, or utility bill with name and address
- Birth Certificate – with original stamp/ seal
- Immunization Record
- High School transcripts
- 8<sup>th</sup> grade report card if entering as a freshman
- Most recent IEP if receiving special education services

After all enrollment materials have been received, we will begin the registration process for your child. This may take a few days and we will contact you as soon as possible.

\*If you do not live in the Whitehall school district and have not obtained Schools of Choice paperwork, contact the school office at 893-1020.



**WHITEHALL DISTRICT SCHOOLS**  
**REQUEST FOR STUDENT CA-60 RECORDS FILE**

Date: \_\_\_\_\_ Information is requested on the following student:

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

Date of Birth: \_\_\_\_\_

**Previous School Name and Numbers:**

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Fax number

\_\_\_\_\_  
Phone number

**The above student is transferring to Whitehall District Schools. Please mail his/her CA-60 cumulative record and all related information pertaining to the student to the building selected below. Thank you.**

*Mr Jerry McDowell*

**Jerry McDowell, Superintendent**  
**Whitehall District Schools**

Shoreline Elementary

Attn: Student Records  
205 Market Street  
Whitehall, MI 49461  
(P) 231-893-1050 (F) 231-893-4705

Ealy Elementary

Attn: Student Records  
425 Sophia Street  
Whitehall, MI 49461  
(P) 231-893-1040 (F) 231-894-9060

Whitehall Middle School

Attn: Student Records  
401 S. Elizabeth Street  
Whitehall, MI 49461  
(P) 231-893-1030 (F) 231-894-6844

Whitehall High School

Attn: Student Records  
3100 White Lake Dr.  
Whitehall, MI 49461  
(P) 231-893-1020 (F) 231-893-2923

**Parents are currently here to enroll the student. Please fax the requested documents below upon receipt of this form, so we may begin the enrollment process. We appreciate your help. Thank you.**

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

\_\_\_\_\_  
Date

# WHITEHALL DISTRICT SCHOOLS

Shoreline, Ealy, Middle, High School and Home School Partnership

## ENROLLMENT FORM

For Office Use Only

Student Number: \_\_\_\_\_

Student UIC#: \_\_\_\_\_

Building/Teacher: \_\_\_\_\_

DATE \_\_\_\_\_

### STUDENT INFORMATION

Student: \_\_\_\_\_  
Last name First Name M.I.

Student Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Main Contact #( ) \_\_\_\_\_ Student Cell( ) \_\_\_\_\_

Enrolling in Grade \_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace (city/state) \_\_\_\_\_ Gender (F/M) \_\_\_\_\_

Does student currently receive Special Education Services:  no  yes (must sign 30 day placement)

Last school attended \_\_\_\_\_ city/state/zip \_\_\_\_\_

Last grade attended \_\_\_\_\_  Promoted  Retained

### PARENT/GUARDIAN INFORMATION

With whom does the student reside (Check all that apply):

Parent:  Mother  Father  Step Mother  Step Father

Guardian:  Legal Guardian  Ward of the Court  Foster Parent  Other Relative  Host Family (exchange student)

Contact information of parents or guardian with whom child resides:

Name \_\_\_\_\_ Cell number ( ) \_\_\_\_\_

Email address \_\_\_\_\_ Employer name/number ( ) \_\_\_\_\_

Name \_\_\_\_\_ Cell number ( ) \_\_\_\_\_

Email address \_\_\_\_\_ Employer name/number ( ) \_\_\_\_\_

### Please List Any Other Children in Family

\_\_\_\_\_ age \_\_\_\_\_ age \_\_\_\_\_

\_\_\_\_\_ age \_\_\_\_\_ age \_\_\_\_\_

### Special Conditions

Briefly state any medical conditions or changes in your family situation that we should know about (i.e.: allergies, asthma, divorce, deaths, etc.)

Mandatory forms to be completed:

All buildings:  enrollment  emergency  ca request  transportation  ferpa  residency questionnaire  disclosure of discipline  
 ethnicity  home language survey  free/reduced lunch

Shoreline/Ealy:  parent/student compact

Middle/High School:  concussion  athletics participation

**Student Ethnicity and Race**

Please answer BOTH questions below by marking the appropriate answer

- What is your child's race?  American Indian or Alaska Native  Asian  
 Black or African American  White  
 Native Hawaiian or Other Pacific Islander

Is your child Hispanic/Latino?  No  yes (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race).

**State Board of Education Approved Home Language Survey\***

The Whitehall District Schools collects information regarding the language background of each of its students. The information is used to determine the number of children who should be provided bilingual instruction according to Sections 380.1152 - 380.1157 of the School Code of 1995, Michigan's Bilingual Education Law. Would you please help by providing the following information? *Thank you for your cooperation.*

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

1. Is your child's native tongue a language other than English?  no  yes If yes, what language? \_\_\_\_\_
2. Is the primary language\*\* used in your child's home or environment a language other than English?  
 no  yes If yes, what is that language? \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Address Date

\*Primary language means the dominate language used by a person for communication.  
\*\*Translation of this survey form in Spanish, Arabic, French, Italian and Qjibwa is available at the Office of Field Services at 517-373-6006.

**Disclosure of Prior Discipline Record**

All non-resident students requesting admission to the Whitehall School District must complete this disclosure form. A willful false statement will result in a report to the appropriate authorities and may preclude admission to the district.

Please check the applicable statement below, provide all appropriate information, and sign and date this document.

- The undersigned affirm(s) that \_\_\_\_\_ (student name) has never been suspended or expelled from any public or private school in Michigan or any other state.
- The undersigned hereby discloses that \_\_\_\_\_ (student name) has been suspended or expelled from a public or private school in Michigan and/or another state.

If the second statement is checked, explain the circumstances in detail. Provide the name and location of the school(s), date(s) of suspension(s) and/or expulsion(s), and a clear, complete description of the incident(s).

\_\_\_\_\_  
Explanation of Incident

\_\_\_\_\_  
Name and address of school

\_\_\_\_\_  
Dates of suspension/expulsion

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

**Home School Partnership Virtual Requirement (to be completed by home school students only)**

In order to participate in the Whitehall Home School Partnership Program a student is required to take a minimum of one seated class and two online virtual elective classes.

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

# WHITEHALL DISTRICT SCHOOLS

Shoreline, Ealy, Middle, High School and Home School Partnership

## EMERGENCY FORM

For Office Use Only
Student Number: _____
Student UIC#: _____
Building/Teacher: _____

Student: \_\_\_\_\_ Gender  F  M  
Last name First Name M.I.

Student Address: \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street City Zip

Student Cell (\_\_\_\_) \_\_\_\_\_ (if applicable)

Student living with (Check all that apply):

Parent:  Mother  Father  Step Mother  Step Father  
Guardian:  Legal Guardian  Ward of the Court  Foster Parent  Other Relative  Host Family(exchange student)

### CONTACT INFORMATION FOR WHOM CHILD LIVES WITH:

Name \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Home # (if different from cell) (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Place of Work \_\_\_\_\_ Work number (\_\_\_\_) \_\_\_\_\_ Work email \_\_\_\_\_

Name \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Home # (if different from cell) (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Place of Work \_\_\_\_\_ Work number (\_\_\_\_) \_\_\_\_\_ Work email \_\_\_\_\_

If parents are divorced or legally separated and students reside at both residences, please list this additional information below. We will do our best to accommodate any mailings to both addresses. Please let the office know of any custody issues and submit any legal documentation necessary.

Parent/Guardian name of second household \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

### IF PARENT/GUARDIAN CANNOT BE REACHED IN EVENT OF EMERGENCY PLEASE CALL:

1. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name Relationship Phone#

2. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name Relationship Phone#

3. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name Relationship Phone#

**DOCTOR / HOSPITAL / MEDICAL INFORMATION:** Any medical condition or allergy we should be made aware of: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
\*The above signature is an indication by parents or guardian that school officials have the authority to decide emergency care for their children while in school attendance.\*

OPT IN AGREEMENT

I understand by signing this statement the school district may communicate with me through my contact information, including emails, automated phone calls and/or text messages.

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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HANDBOOK

My signature acknowledges that I have read the school handbook online at ([www.whitehallschools.net](http://www.whitehallschools.net)) or have requested and received a copy of the handbook. I am responsible for abiding by the guidelines and regulations for student conduct contained therein.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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TECHNOLOGY ACCEPTABLE USE AGREEMENT

My signature acknowledges that I have read the Technology Acceptable Use Agreement online at [www.whitehallschools.net](http://www.whitehallschools.net) or have requested and read a copy of the agreement. I am responsible for abiding by the guidelines and regulations for student conduct therein.

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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CHROMEBOOK *(not applicable to all grades)*

My signature acknowledges that my child and I have read and agree to the terms of the Chromebook Policy.

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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FIELD TRIP PERMISSION

My signature acknowledges that I give my child permission to go on all field trips during the current school year. I understand that I will be notified of all school field trips through the school newsletter or notes sent home by the teacher and that students will be transported by school vehicle or private vehicle operated by the teacher and/or staff member.

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

\_\_\_\_\_  
Date

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LOCKER ASSIGNMENT *(not applicable to all grades)*

In accepting a locker assignment and using the locker, I understand I am fully responsible for all of its contents. I agree that the principal of this building, or his representative, has the joint use and control of it and may open this locker and examine any of the items or contents thereof at any time. This agreement will be in effect as long as I am assigned to a locker.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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MILITARY STATEMENT

Is at least one parent a full-time member of the Armed Forces on active duty?     no                       yes

If yes: Name of Armed Forces Branch \_\_\_\_\_ Name of Parent(s) \_\_\_\_\_

# WHITEHALL DISTRICT SCHOOLS

## 1<sup>st</sup> – 12<sup>th</sup> GRADE TRANSPORTATION SCHEDULE FORM

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Grade: \_\_\_\_\_

**IS SCHOOL BUS TRANSPORTATION NEEDED?:**                    YES or NO (circle)

**IMPORTANT**

Students are provided with transportation to and from bus stops near their home. 1<sup>st</sup> grade – 5<sup>th</sup> grade students may be required to walk up to 1 mile to their bus stop. 6<sup>th</sup> grade – 12<sup>th</sup> grade may be required to walk up to 1½ miles to a bus stop. Students will be allowed only one designated pick-up address and only one designated drop-off address. (ie: Pick-up address of 111 Daycare Lane Mon-Fri, drop-off of 2222 Home Address Drive Mon-Fri). **For the safety of all students, no daily changes will be permitted.**

Student's pick-up address: \_\_\_\_\_ Phone#: \_\_\_\_\_  
 Home\_\_ Daycare\_\_

Student's drop-off address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Home\_\_ Daycare\_\_

Effective dates: We are in the process of preparing information to be used to establish bus routes for the fall. Therefore, please provide you childcare information as soon as possible to assist us in establishing our **tentative bus routes that will be posted at your school or the Bus garage**. Each year we update our childcare provider information.

There will be no major changes to bus stops or bus routes from mid August until late September. This time is needed to establish bus stops, times, and to effectively communicate any changes to parents and students. During the school year if a permanent change in childcare provider information is necessary, please come to school to complete a new Student Transportation Schedule Form.

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Parent/Guardian Signature Date

**PLEASE RETURN THIS FORM TO YOUR SCHOOL OR THE BUS GARAGE EVEN IF YOUR CHILD DOES NOT REQUIRE TRANSPORTATION. FAX NUMBER 893-1061.**

**NO TRANSPORTATION WILL BE PROVIDED IF THIS FORM IS NOT RETURNED.**

# STUDENT RESIDENCY QUESTIONNAIRE

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

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Please list all of your children (even those not yet in school) currently living with you: (continue on back if more space is needed)

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ School: \_\_\_\_\_

**Information provided on this form is confidential.** If this student is **not** living with his/her biological/adopted parent or legal guardian, please indicate the circumstances here:

\_\_\_\_\_

What is your current living situation? *(Based on your situation, your child may be eligible for additional services)*

\_\_\_\_\_ **I own or rent my own home/apartment.** If you checked this box, **STOP** here...you do not need to answer **any** additional questions

\_\_\_\_\_ **Sharing the housing of other persons due to:** (check one)

Loss of housing due to eviction, foreclosure, or other economic hardship

Explain: \_\_\_\_\_

Long-term, cooperative living arrangement to save money or a similar reason

\_\_\_\_\_ **At a motel, hotel, campground or similar setting due to:** (check one)

Lack of alternative adequate accommodations

It being a convenient living arrangement, or waiting for apartment or house to be ready

\_\_\_\_\_ **In an emergency or transitional shelters** (domestic violence or homeless shelters or transitional housing)

\_\_\_\_\_ **In a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans**

\_\_\_\_\_ **In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar setting**

How long do you anticipate living at this location? \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Parent/Guardian/Unaccompanied Youth Signature



## Educational Material for Parents and Students (Content Meets MDCH Requirements)

Sources: Michigan Department of Community Health, CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

### UNDERSTANDING CONCUSSION

#### 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:

- 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.
- 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.
- 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).

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

# CONCUSSION AWARENESS

## 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 Whitehall District Schools, Whitehall, Michigan, 49461.

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

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

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

\_\_\_\_\_  
Parent or Guardian Name 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.

# WHITEHALL DISTRICT SCHOOLS

## FERPA Opt-Out Form

The Family Educational Rights and Privacy Act (also known as "FERPA") is a federal law that protects the privacy of educational records, and is described in Board Policy 8330 our district website ([www.whitehallschools.net](http://www.whitehallschools.net)). A copy of the notice may also be obtained by contacting your child's school office.

In accordance with the Federal Educational Rights and Privacy Act of 1974 (FERPA), as amended, a student's education records are maintained as confidential and, except for a limited number of special circumstances listed in that law, will not be released to a third party without the parent/student's prior written consent. The law, however, does allow schools to release student "directory information" without obtaining the prior consent of the parent/student. If you do not want the release of certain types of directory information without your prior consent, you may choose to "opt-out" of this FERPA exception.

Occasionally the press and other publicly supported institutions including alumni groups, colleges, military recruiters, and school-related activity sponsors could ask for the following types of directory information: student's name, grade, major field of study, extracurricular participation, achievement awards, information to the military, student picture, student picture on district website. If for any reason you do not wish to have this information released, please fill out the form below and return to the school office.

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**Only those parents who want to exclude information should return this form.**

Mark the items below to be excluded, and return to the school office. Thank you.

School Building: (circle one)      Ealy                  Shoreline                  Middle School                  High School

Student's Name: \_\_\_\_\_ Student's Grade: \_\_\_\_\_

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

By signing this form, I indicate that I do not want the following information released for my child:

- |   |   |
|---|---|
| <input type="checkbox"/> Student's address                  | <input type="checkbox"/> Picture on the district website      |
| <input type="checkbox"/> Major field of study               | <input type="checkbox"/> Grade placement                      |
| <input type="checkbox"/> Achievement awards                 | <input type="checkbox"/> Extracurricular participation        |
| <input type="checkbox"/> Picture in yearbook                | <input type="checkbox"/> Information to military              |
| <input type="checkbox"/> Picture in media releases          | <input type="checkbox"/> Weight & height for athletic rosters |
| <input type="checkbox"/> Picture on social media (Facebook) | <input type="checkbox"/> Immunizations                        |

# EDUCATION BENEFITS FORM SY 2023 - 2024

District: Whitehall District Schools School: \_\_\_\_\_

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

Student's Last Name	Student's First Name	Grade Level	School	Identify H if Homeless M if Migrant R if Runaway F if Foster

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

**PART B: BENEFITS RECEIVED** - 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: HOUSEHOLD SIZE** - Enter the total number of individuals living in your household, including all adults and children →       

**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. Move on to PART E.

Type of Income	Income	Circle if None
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>	\$	

**PART E: CERTIFICATION** - The head of household or adult designee who completed this form must complete this certification section.

I certify (promise) that all information on this form is true and that all income is reported to the best of my knowledge. I understand that this form may impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

\_\_\_\_\_  
(Signature) (Printed Name) (Date)

\_\_\_\_\_  
(Address) (City) (Zip)

\_\_\_\_\_  
(Email Address) Home Phone) (Work Phone)

**Do NOT fill out this section. This is for school use only.**

Status: F \_\_\_\_\_ R \_\_\_\_\_ N \_\_\_\_\_ Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **INSTRUCTIONS FOR COMPLETING THE EDUCATION BENEFITS FORM**

This form is used to determine eligibility for state benefits for which your child(ren)'s school may qualify. Please complete, sign, and return this form to your child's school.

If any member of your household receives benefits from the Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, please follow these instructions:

**Part A: Student Information** – For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

**Part B: Benefits Received** – If any household member, including adults, receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR), provide the name and case number. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

**Part C: Household Size** - Check the box for the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

**Part D: Annual Household Income** – Skip this part

**Part E: Certification** - Sign the form. Print your name and date.

If your household does not receive benefits from the Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, please follow these instructions:

**Part A: Student Information** - For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

**Part B: Benefits Received** – Skip this part

**Part C: Household Size** – Check the box for the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

**Part D: Annual Household Income** – Moving across the same row as the household size check box, check the box that shows the range of annual income for all people in your household. Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

**Part E: Certification** - Sign the form. Print your name, date, and contact information.

# NEW STUDENT FORM 2023-24 – For students who change schools after starting 9th grade

**YES  NO  I AM INTERESTED IN PARTICIPATING IN ATHLETICS**

*To be completed by new students, parents, and former school. This form is intended to assist schools in compiling information to determine eligibility under MHSAA Regulations. Provide copies in new student packets and as soon as possible, the form should be submitted to the athletic director for evaluation. The AD may then contact the MHSAA for assistance. Consult Int. 65 and 77 or the Residential Change Check List on MHSAA.com (Schools → Parents → Regulations Summary) to assist in determining if residential changes are full and complete. Int. 37 states two current and complete documents are prerequisites for participation: Physical Exam/Consent Form or Health Questionnaire/Consent Form and official school record (transcript) since first enrolling in the 9<sup>th</sup> grade of any school.*

<b>SECTION COMPLETED BY SCHOOL &amp; STUDENT – CHECK TRANSCRIPT</b>	- Official enrollment date (in school records & attending one or more classes) →	
	- Number of classes for which credit has been given in the previous academic term →	
	- Number of potential classes for a full-time student in the previous high school →	
	- Number of semesters and/or trimesters in grades 9-12 COMPLETED to date →	
	- In what school year did the student END the 8th grade (and BEGIN grade 9th) →	
	- Has the student REPEATED any grades 9-12? →	

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

CURRENT (NEW) ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF RESIDENCE CHANGE INTO CURRENT (NEW) ADDRESS \_\_\_\_\_

CURRENT (NEW) PUBLIC SCHOOL DISTRICT IN WHICH YOU RESIDE \_\_\_\_\_

NEW ADDRESS IS IN A DIFFERENT PUBLIC SCHOOL DISTRICT (OR ATTENDANCE AREA OF A MULTI-HIGH-SCHOOL DISTRICT)  Y  N

OLD HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FORMER RESIDENCE (CHECK ALL THAT APPLY)  VACANT  SOLD  RENTED ALL BELONGINGS MOVED?  Y  N

FORMER PUBLIC SCHOOL DISTRICT OF RESIDENCE \_\_\_\_\_

PARENT(S) OR GUARDIAN(S) \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

1. The last school the student attended \_\_\_\_\_

2. While enrolled at the former school, the student lived with \_\_\_\_\_  
*(List ALL people & their relationship to the student - parents, siblings, or others)*

YES  NO The student lived with the above for at least 30 days during the most recent previous academic term.

3. The student NOW lives with \_\_\_\_\_  
*(List ALL people & their relationship to the student - parents, siblings, or others)*

**SELECT THE APPROPRIATE ANSWER**

4. 9 10 11 12 Circle the highest grade in which the student was enrolled at any previous school.
5.  YES  NO School previously attended was a nonpublic or charter school.
6.  YES  NO Student is a "Ward of the Court/State" and was placed in this school District by court order.
7.  YES  NO Student is an international student enrolling from a foreign country. **Select VISA:**  F1  J1
- 7a.  YES  NO Student is from an MHSAA Approved International Student Program (AISP).  
 Program Name: \_\_\_\_\_ Program is listed on MHSAA.com  Y  N
8.  YES  NO Student's previous school has been closed, dissolved, or reorganized. (see Int. 64 & 90)
9.  YES  NO Student's parents are DIVORCED. If divorced, give exact decree date: **Month** \_\_\_\_ **Day** \_\_\_\_ **Year** \_\_\_\_
10.  YES  NO Student is 18 or under, or the 19th birthday is on or after Sept. 1st of this school year.
11.  YES  NO Last year, the student lived at a boarding school, or while enrolled out of state, attended a sports academy.
12.  YES  NO Student is 18 and moved into this District WITHOUT his or her parents.
13.  YES  NO Student participated in a cooperative program involving his/her previous school and our school.
14.  YES  NO Student wishes to discuss her/her situation with the athletic director.

OVER →

**VERIFICATION OF PREVIOUS HIGH SCHOOL SPORTS PARTICIPATION**

15. List ALL high school sports the student participated in (game/meet or scrimmage at any level) in the most recent previous school year and, if the transfer occurs after the school year started, list any sports participated in at any level during the current school year. List the year next to the sport played (e.g., 2022-23).

FALL	WINTER	SPRING

16. List the sport(s) in which the student desires to participate in during the next 12 months at the new school:

• \_\_\_\_\_ • \_\_\_\_\_ • \_\_\_\_\_ • \_\_\_\_\_

Unless a student meets one of the 15 stated Exceptions, the student is **INELIGIBLE** for participation in any of the sports listed above (item #15) during the 2023-2024 school year. Students are eligible for participation in sports NOT listed above (item #15).

**Today's Date \_\_\_\_\_ IN THE PAST 12 MONTHS?**

17. YES NO While at the **previous high school, the student was coached by** any member of our high school's coaching staff (current or incoming). If yes, indicate the name of the coach(es) and sport(s):

\_\_\_\_\_

**RECOMMENDED VERIFICATION & COMMUNICATION BETWEEN SCHOOLS**

By my signature below, I state that the above is true and accurate. I also understand that contests the student participates in may be forfeited to opponents if the information submitted is not accurate:

_____ STUDENT	_____ DATE	_____ PARENT/GUARDIAN	_____ DATE
_____ NEW SCHOOL ATHLETIC DIRECTOR	_____ DATE	_____ SCHOOL NAME + EMAIL OR FAX	

**TO PREVIOUS SCHOOL A.D. - PLEASE SIGN AND RETURN TO A.D. AT THE STUDENT'S NEW SCHOOL**

Exchange this form between athletic directors for students who wish to play the same sport as played previously. The previous school athletic director indicates that to the best of their knowledge, the above is true and accurate:

_____ PREVIOUS SCHOOL ATHLETIC DIRECTOR	_____ DATE	Form Returned to <u>NEW</u> School: _____	_____ DATE
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Notes if previous AD declines to sign: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ALERT!** The Sport Specific Transfer Rule states: ANY sport a student played in 2022-23 determines eligibility in 2023-24 should the student transfer and not meet one of the 15 stated Exceptions.

# SCHOOLS VACCINES REQUIRED FOR SCHOOL ENTRY IN MICHIGAN

Whenever children are brought into group settings, there is a chance for diseases to spread. Students must follow state vaccine laws in order to attend school. These laws are the minimum standard to help prevent disease outbreaks in school settings. The best way to protect students in your care from other serious diseases is to promote the recommended vaccination schedule at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines). Encourage parents to follow CDC's recommended schedule; by doing so, school requirements will be met.



	All Kindergarteners and 4-6 year old transfer students	All 7th Graders and 7-18 year old transfer students
<b>Diphtheria, Tetanus, Pertussis (DTP, DTaP, Tdap)</b>	4 doses DTP or DTaP 1 dose must be at or after 4 years of age	4 doses diphtheria and tetanus or 3 doses if 1st dose given at or after 1 year of age  1 dose Tdap at 11 years of age or older upon entry into 7th grade or higher
<b>Polio</b>	4 doses 3 doses if dose 3 was given at or after 4 years of age	
<b>Measles, Mumps, Rubella (MMR)*</b>	2 doses at or after 12 months of age	
<b>Hepatitis B*</b>	3 doses	
<b>Meningococcal Conjugate (MenACWY)</b>	None	1 dose at 11 years of age or older upon entry into 7th grade or higher
<b>Varicella (Chickenpox)*</b>	2 doses at or after 12 months of age or Current lab immunity or	

During disease outbreaks, incompletely vaccinated students may be excluded from school. Parents and guardians choosing to decline vaccines must obtain a certified non-medical waiver from a local health department. Read more about waivers at [www.Michigan.gov/Immunize](http://www.Michigan.gov/Immunize).

\*If the student has not received these vaccines, documented immunity is required.

All doses of vaccines must be valid (correct spacing and ages) for school entry purposes.

