

## **New Students Enrolling in Whitehall Middle School**

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

- Birth Certificate – with original seal
- Proof of Residency – this may consist of a lease/purchase agreement, a utility bill, etc.\*
- Immunization Record
- If you have special education services, a copy of most recent IEP

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 893-1030.



# 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
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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.



**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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent / Guardian Signature

Date

**WHITEHALL DISTRICT SCHOOLS**  
*Shoreline, Ealy, Middle, High School and Home School Partnership*  
**ENROLLMENT FORM**

<b>For Office Use Only</b>	
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, diabetes, deaths, etc.)

**Mandatory forms to be completed:**

All buildings:  enrollment  emergency  Ica 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 Ojibwa is available at the Office of Field Services at 617-373-8008.

**Disclosure of Prior Discipline Report**

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**

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**

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

Student: \_\_\_\_\_ Gender  F  M  
Last name First Name MI

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

**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

**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

**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

**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

**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

**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) \_\_\_\_\_

# STUDENT RESIDENCY QUESTIONNAIRE

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

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

Please list all of your preschool and school-aged children 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

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**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? \_\_\_\_\_

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

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

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

# 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.

\_\_\_\_\_  
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.**



# Whitehall Middle School Reproductive Health Education

Dear Parent(s);

According to Public Act 266 all students are required to receive State mandated HIV and Reproductive Health education. It is a concern of the PA266 panel, administration, and Board of Education that a number of middle school students do not get this mandated curriculum. We have made arrangements with Health teacher Ms. McWilliams, that the 8th grade level receive this instruction during your child's trimester which is a 2-3 week unit.

You have the right (Law PA 266 of 1977) to review all the materials used in the class or course of instruction. The local Board of Education, in compliance with the statute, has made the materials available for your review. If you wish to review these materials, please contact the school at 893-1030 to make arrangements.

Although each student is encouraged to complete a course in Health, the law gives you the right to excuse your child from the unit which specifically deals with reproductive health. If you wish to exclude your child from this instruction, please complete the form below and know that he/she will not incur any academic penalty.

Please sign, date and return the bottom portion of this letter to the office if you wish your child to be excused. During your child's day(s) of instruction, they will be excused from the classroom.

Sincerely,

Mr. Craig Thompson  
Principal Whitehall Middle School

**(Please complete and detach this form if you do not wish your child to participate in the Reproductive Health Unit.)**

## Reproductive Health Unit Exclusion

\_\_\_\_\_ **DOES NOT** have my permission to be instructed in matters  
(print child's name) pertaining to reproductive health education.

Grade:

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

Date:

# 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)    Early            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                        |

## UNDERSTANDING CONCUSSION

### Some Common Symptoms

<b>Headache</b> Pressure in the Head Nausea/Vomiting Dizziness	<b>Balance Problems</b> Double Vision Blurry Vision Sensitive to Light	<b>Sensitive to Noise</b> Sluggishness Haziness Fogginess Grogginess	<b>Poor Concentration</b> Memory Problems Confusion "Feeling Down"	<b>Not "Feeling Right"</b> Feeling Irritable Slow Reaction Time Sleep Problems
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### 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).

**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.

# 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
Diphtheria, Tetanus, Pertussis (DTP, DTaP, Tdap)	4 doses DTP or DTaP 1 dose must be at or after 4 years of age	4 doses D and T or 3 doses Td 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
Polio	4 doses 3 doses if dose 3 was given at or after 4 years of age	
Measles, Mumps, Rubella (MMR)*	2 doses at or after 12 months of age	
Hepatitis B*	3 doses	
Meningococcal Conjugate (MenACWY)	None	1 dose at 11 years of age or older upon entry into 7th grade or higher
Varicella (Chickenpox)*	2 doses at or after 12 months of age or Current lab immunity or History of varicella disease	

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.



Updated March 1, 2017

# 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 HOUSEHOLD INFORMATION REPORT

This report 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 (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.