

WHITEHALL DISTRICT SCHOOLS

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

ENROLLMENT FORM

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

DATE _____

STUDENT INFORMATION

Student: _____
Last name First Name Middle

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?

White

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

American Indian or Alaska Native

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*

Whitehall District Schools collects information regarding the language background of each of its students. The information is used to determine if students should be provided English as a Second Language (ESL) support. This survey will be used to determine which students should be assessed for English proficiency. Knowledge of, or exposure to, another language does not--in and of itself-- qualify a student for ESL services. If a language other than English is indicated on any of questions 1-4, the student will be assessed to determine eligibility for ESL services. Please help us by filling out this information about your student's language background, so we can best support your child.

Name of Student _____ Grade _____ Age _____

- 1. What is the primary language* that this student speaks? _____
- 2. Is there a language other than English spoken at home? no yes *If yes, what is that language?* _____
- 3. Does the student speak a language other than English? no yes *If yes, what is that language?* _____
- 4. In which language do you prefer to receive communication from school? _____

Parent/Guardian Signature

Address

Date

*If you need this form translated in another language, please inform a secretary at your child's school.

**Primary language is the dominant language used by a person for communication.

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 REQUEST FOR STUDENT CA-60 RECORDS

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.



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

EMERGENCY FORM

For Office Use Only

Student Number: _____

Student UIC#: _____

Building/Teacher: _____

Student: _____ Gender F M
Last name First Name Middle

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) 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 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) _____

WHITEHALL DISTRICT SCHOOLS
KINDERGARTEN TRANSPORTATION SCHEDULE FORM

Student Name: _____ Date: _____

Home Address: _____ City: _____

Phone: (____) _____ Cell: (____) _____ Grade: _____

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

DOES SOMEONE NEED TO BE PRESENT AT THE BUS STOP TO MEET THIS CHILD?: YES or NO

By requesting to be present, the designated person must be at the bus stop, not waiting inside a car or in a house. If you are not at the stop, the driver will not drop your child. If you stated that your child cannot be left at the designated stop without supervision, your child will be returned to school.

Names of individuals that can accept your child: _____

IMPORTANT

Students are provided with transportation to and from bus stops near their home. Students may be required to walk up to ½ mile to their 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 your childcare information as soon as possible to assist us in establishing our tentative bus routes. 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 Kindergarten 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 (231) 893-1061**

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

WHITEHALL DISTRICT SCHOOLS

1st – 12th 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. 1st grade – 5th grade students may be required to walk up to 1 mile to their bus stop. 6th grade – 12th 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.

Bus Rules

RIDING THE BUS IS A PRIVILEGE. HELP US MAKE IT A GREAT RIDE.

1. The driver has the same authority in the control of children on the bus as the teacher has in the classroom. **Cooperation with the driver is expected at all times**
2. It is the student's responsibility to be at the bus stop at least 5 minutes prior to the posted bus pick up time. The driver is responsible for maintenance of this schedule and cannot wait for tardy students.
3. **FOR SAFETY and SECURITY REASONS**, Students will have only 1 pick up and 1 drop off location. Students are **NOT** allowed to ride any other bus without written consent from the bus garage. We take this very serious. Riders are NOT allowed to ride different buses. They may only ride their assigned route.
4. Windows are to be used for ventilation and visibility only. Body parts must never be extended, even partially, out a window. There is to be no shouting through windows or throwing objects out of the windows.
5. Smoking or using any device that creates a spark or flame is prohibited.
6. **Teasing, poking, fighting, foul language, vandalism, littering and spitting are prohibited.** Students acting in this manner will receive immediate suspensions from the bus. **Keep your hands to yourself.**
7. Distracted driving is the leading cause of traffic accidents. It is the responsibility of the riders to use quiet voices, to **stay seated** and to keep the aisleway clear.
8. At any time, seats may be assigned by the driver.
9. Food is not allowed on the bus. If the driver sees you with food and asks you to put it away, please respect this request.
10. For everyone's safety, riders must **stay seated** until the bus comes to a complete stop.

These rules are not all inclusive. I urge you to read through the student handbook as it relates to TRANSPORTATION so all riders understand their responsibility and all riders can have a successful ride to and from school.

Please sign and date this document to acknowledge your students responsibility.

Student Name: _____ Date: _____

Parent Signature: _____

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 on our district website (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

Only those parents who want to exclude items should return this form. Please complete 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"/> Grade placement |
| <input type="checkbox"/> Major field of study | <input type="checkbox"/> Extracurricular participation |
| <input type="checkbox"/> Achievement awards | <input type="checkbox"/> Information to the military |
| <input type="checkbox"/> Student's picture (used in yearbook, media releases, etc.) | <input type="checkbox"/> Student's picture on the district website |
| <input type="checkbox"/> Student's picture on social media (Facebook) | <input type="checkbox"/> Student's weight & height for athletic rosters |

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

_____ **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: _____

Parent/Guardian/Unaccompanied Youth Signature Date: _____