

WELCOME TO SOUTH LAKE SCHOOLS

Today's Date: _____
Student Name: _____
Parent's Name: _____
Address: _____ Phone Number: _____
Birth Date: _____
Choice of School: _____ Grade: _____
Applying for School of Choice _____ If yes, district in which your student resides _____

State law requires certain records to be completed and on file prior to a child attending school. We are required to exclude students from school until all of these required records are on file.

Has student ever been suspended or expelled for 180 days ___ (Yes) ___ (No). Enrollment information and approval considered pending until verification of above has been completed by Superintendent or designee.

STUDENT DOCUMENTS NEEDED:

ORIGINAL Birth Certificate: Original must be submitted within 30 days of enrollment. _____
Immunization (Shot) Record: Immunization records are needed before student can start school. **(For homeless students, building secretary should check MCIR site.)** _____

ENROLLMENT FORMS: (PROVIDED/ATTACHED)

Emergency Card Please complete both sheets Signature required _____
Home Language Survey Please complete the attached form _____
Release of Records Form Please complete the attached form _____
Special Education Release Form Needed if student is a Special Education Student with an IEP on file _____

Driver's License with current address and picture ID or State of Michigan ID needed for identification purposes only.

PROOF OF RESIDENCY- FOUR PIECES OF ID ARE REQUIRED

- Current Closing Mortgage Statement or current tax bill with resident name _____
- Current Monthly Lease Statement with dates of lease and signatures _____
- Car registration, car insurance, personal check or paycheck stub _____
- Two (2) Current Utility Bills to include gas, water, electric, cable, etc. (1)____(2)____
- Car insurance, bank statement, credit statements, etc. _____

- Affidavit - This is a form for people sharing living quarters. **This form is for residents only. A home visit is required.** _____
- Other _____

SIGNATURE (PARENT/GUARDIAN)

SIGNATURE APPROVAL (STAFF)

South Lake Schools – Enrollment & Emergency Data Sheet

Student's Full Name (Last, First, MI): _____ Grade _____

Student's Address, City, Zip Code: _____

Home Telephone Number: _____

Date of Birth: _____ City/State of Birth: _____ Sex: (Male/Female) _____

Student resides with: Mother/Father Mother Only Father Only Mother/Step-Father
 Adult other than parent: _____

If School of Choice: Previous District: _____ Previous School: _____

Second Mailing Required <input type="checkbox"/>	Parent/Guardian #1 Relation (mother)	Parent/Guardian #2 Relation (father)
Full Name:		
Birth Place (state)		
Education Level:		
Address/Apt. City, St. Zip:		
Telephone No.		
Cell and/or Pager Phone		
Email Address		
Employer Name		
Work Telephone/Extension		
Marital Status of Parents/Guardian	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Partners <input type="checkbox"/> Deceased	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Partners <input type="checkbox"/> Deceased

Please indicate any custody arrangements or other special or unusual considerations of which the school should be aware: _____

Ethnicity	Primary	Secondary		Other Siblings	Date of Birth	Grade
American Indian						
Asian American						
Black						
Hispanic						
White						
Multiple or No response						
Hawaiian or Pacific Islander						

EMERGENCY RELEASE CONTACTS		
1. Name:	Address:	Phone:
2. Name:	Address:	Phone:
3. Name:	Address:	Phone:

In case of serious illness or injury, the school will contact parent/guardian. If the school is unable to reach the parent/guardian, the school will take the child to the nearest hospital. Ambulance costs will be the responsibility of the parent. I hereby give permission to South Lake Schools to secure emergency medical and/or emergency surgical treatment for the minor child named on this sheet. Non-emergency medical treatment or elective surgery is not included in this authorization.

Emergency release contact information is necessary if we are to release your child from school for any purpose. The principal/designee is authorized to contact and/or release your child to those people and only those people whose names appear under the "Emergency Release Contacts" on the first page of this form. **THEY MUST HAVE ID.** Please contact the principal with the name(s) of the person(s) to whom your child may **NOT** be released.

Parent's Signature: _____

CONFIDENTIAL MEDICAL INFORMATION:

Has your child had any of the conditions listed below?

- ADD/ADHD Hearing Difficulties Sore Throats/Tonsillitis/Earache (frequent)
- Asthma Menstrual problems Wears contact lenses/glasses
- Diabetes Heart Irregularities Hypoglycemia
- Hepatitis Convulsive disorder/epilepsy Congenital Disorder (What?) _____
- Date of last Tetanus shot? _____
- Other _____
- Allergies: _____

In the last year, has your child been hospitalized? yes no If so state reason: _____

Does your child regularly need to take medication? YES NO

If any medication is taken during school hours, a "Permission to Administer Medication" form must be on file in the office.

Please list medications:

Are there any doctor recommended limits or restrictions for school activities? YES NO

If yes, a statement from the doctor must be presented to the office. Please list: _____

COUNSELING INFORMATION

What was your child's previous pre-school/school attended? _____

Has your child ever attended a school in South Lake Schools? YES NO

If yes, what was the last grade they attended and what building? _____

What kind of grades does your child typically earn? A B C D

How would you rate your child's behavior at school? Excellent Fair Good Poor

Has your child ever repeated a grade? If yes, what grade YES NO _____

Please list subjects that were below grade level: _____

Please list subjects above grade level: _____

Please check all that apply. At the previous school, did your child receive special help from any of the following:

- Special Education Counselor Speech Therapist Title I Tutor Resource Center
- Social Worker Gifted Program Health Problem Other _____

Are there any concerns regarding your child that the counselor should be made aware of? If so, please describe: _____

**FOR SCHOOL USE ONLY
STUDENT CHECK LIST**

Enrollment Date: _____ Start Date: _____
 Building: _____ Teacher: _____
 School Year : _____ Grade: _____

- Student Folder
- Driver's License
- Closing Statement/Lease
- Voter's Registration
- Current Utility Bill
- Other
- Affidavit on File
- Proof of Guardianship
- Records Received
- Network/Tech Dept.
- Original Birth Certificate
- Immunization (Shot record)
- Home Language Survey
- Vision/Hearing – Kindergarten only
- Bilingual Letter
- Release of Records Form
- Sent for records
- Previous Pre-School/School Attended _____
- Varicella Disease (if had)
- Choice Letter
- Home school _____
- COD _____
- SASlxp
- MCIR/SIRS needs update
- Health Folder

Updated 07/10

SOUTH LAKE SCHOOLS

Home Language Survey

South Lake Schools is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to the Office of Equal Opportunity rules. Would you please help by providing the following information.

Thank you very much for your cooperation.

Name of Student: _____ Age _____

School Building: _____

1. Is your child's native language English?

Yes _____

No _____ What is that language? _____

2. Is the primary language used in your child's home or environment English?

Yes _____

No _____ What is that language? _____

Signature of Parent or Guardian

Address

Date

Phone

SOUTH LAKE SCHOOLS
23101 Stadium Blvd.
St. Clair Shores, MI 48080
586-435-1600

1st request _____ Faxed/Mailed
2nd request _____ Faxed/Mailed
3rd request _____ Faxed/Mailed
4th request _____ Faxed/Mailed

Authorization for Release of Student Records

This authorizes a one-time only release to the above organizations and/or individuals.

I authorize the Former School District: _____

NAME OF SCHOOL STUDENT ATTENDED _____

ADDRESS _____

CITY AND STATE _____

ZIP CODE _____

PHONE NUMBER _____

FAX NUMBER _____

To release:

- All records (including 504 Plan, discipline, psychological and special education testing information – IEP & MET)
- Transcript of student's record, including key to grading system
- Grades at time of release
- Standardized Test Data
- Health Records
- UIC Number (Michigan Schools only)

Student(s) or former student(s)

Grade

Birth Date

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

PLEASE SEND STUDENT RECORDS TO: (Please check appropriate school)

Avalon Elementary, 20000 Avalon, St. Clair Shores, MI 48080 (586)435-1000; FAX (586) 445-4358

Elmwood Elementary, 22700 California, St. Clair Shores, MI 48080 (586)435-1100; FAX (586) 445-4338

Koepsell Education Center, 21760 Raven, Eastpointe, MI 48021 (586)435-1500; FAX (586) 445-4322

South Lake Middle School, 21621 California, St. Clair Shores, MI 48080 (586)435-1300; FAX (586) 778-3151

South Lake High, 21900 E. Nine Mile Road, St. Clair Shores, MI 48080 (586)435-1400; FAX (586) 445-4243

Signed _____
PARENT/LEGAL GUARDIAN DATE

THIS FORM IS FOR SPECIAL EDUCATION STUDENTS ONLY

South Lake Schools Special Education Department

23101 STADIUM BLVD
ST. CLAIR SHORES, MI 48080
Phone 586-435-1610 Fax 586-445-4326

Is your student a special education student receiving support services? _____

An IEP is needed to facilitate special education programs and services. Please bring your most recent copy of your child's IEP and MET.

CONSENT FOR STUDENT RECORDS RELEASE

To: _____

Student Name: _____

Address: _____

Age: _____ Birth Date: _____ Date: _____

You are authorized to release all confidential records such as, medical, education information, social work reports, psychological, psychiatric and special education information, on above-named student to:

South Lake Schools
Special Services
23101 Stadium Blvd.
St. Clair Shores, MI 48080

Verbal Authorization only _____

Reason for request: _____ To aid in present and future education
_____ decisions
_____ Other: Specify _____

All information will be kept confidential.

Parent/Guardian Signature: _____ Date _____



STATEMENT
OF
VARICELLA DISEASE
(CHICKENPOX)

Macomb County Immunization Regulations require all children admitted to any public, private, or parochial elementary or secondary school, day care center, camp, or any other organized care or educational facility operating in Macomb County to present a certificate indicating dates of all required immunizations.

Complete the portion below only if your child has **had** varicella (chicken pox) disease. This must be signed and witnessed at your child's school/child care program.

I certify my child: _____
Last Name First Name MI

Birth Date Grade Date of School Enrollment

Has had varicella disease _____
(When did varicella occur: age or date?)

Signature: _____ Date: _____
(Parent or legal guardian)

Witnessed by: _____ Date: _____
(School/Program Staff)

School District: _____

School/Child Care Program: _____

PLACE IN CHILD'S PERMANENT RECORD FILE

ENROLLMENT SURVEY

How did you hear about South Lake Schools? Please check all that apply.

1. Newspaper advertisement (name of paper: _____)
2. Radio advertisement (name of station: _____)
3. South Lake brochure (location received: _____)
4. School bulletin (name of school: _____)
5. South Lake Schools district newsletter
6. South Lake web site
7. South Lake Schools open house (location: _____)
8. South Lake Schools kindergarten roundup
9. Word of mouth (from whom: _____)
10. An older sibling attends South Lake Schools
11. Real estate agency or agent (name: _____)
12. Other (source: _____)

Name of Parent/Guardian

Telephone Number

Name of Child Enrolling

Grade Level of Child

School Assigned / Preferred School

Date



SOUTH LAKE SCHOOLS
SCHOOLS OF CHOICE APPLICATION

Student Name _____ Date of Birth: _____

Grade entering School of Choice _____ Today's Date _____

Parent Name _____

Parent/Student Address _____

Telephone (Home) _____ Street _____ (Work) _____ City _____ ZIP _____

Cell Phone _____ (Pager) _____

Current District in which you reside _____ Current School _____

Current Principal _____ Phone _____

Has the student ever been suspended from school? Yes _____ No _____

If yes, please detail. _____

Has the student ever been expelled from school? Yes _____ No _____

If yes, please give date of expulsion. _____

Does the student currently have an Individual Educational Plan (I.E.P.) for Special Education or Speech with his/her current district? Yes _____ No _____

Please list any special programs/services received in the student's current district.

I understand that:

- Placement will be made on a space available basis.
• Transportation to and from school is the sole responsibility of the parent.
• My student will be expected to abide by the Pupil Conduct Code to maintain enrollment.
• Eligibility for participation in athletics is determined by Michigan High School Athletic Association Rules.
• Final approval of this application requires verification of eligibility and residency within Macomb County.

My signature below grants permission to my child's current school district officials to share/provide (Student's Name) _____'s school records which may include academic and disciplinary information with South Lake School officials.

I accept South Lake Schools Section 105 Schools of Choice Guidelines as presented.

SIGNATURE OF PARENT/GUARDIAN

DATE

South Lake Schools Use Only (ALL 5 ITEMS MUST BE SUBMITTED)

- Driver's license with current address _____
Car reg., car ins., or personal check _____
(2) current utility bills _____
Lease, mtg. or property tax statement _____

NOT APPROVED _____
APPROVED _____ GRADE _____

Pamela Balint, Superintendent

Date

**AFFIRMATION OF PRIOR DISCIPLINE RECORD
SOUTH LAKE SCHOOLS**

PREVIOUS SCHOOL DISTRICT: _____

BUILDING: _____

ADDRESS: _____

Directions:

Parent/Student – Please check paragraph 1 or 2, provide all appropriate information and sign.

A willful false statement on this affirmation will result in a report to the appropriate authorities and possible removal from South Lake Schools.

Paragraph 1 _____ (please check)

The undersigned affirms that _____(student name) **has not been** suspended or expelled from any public or private school in Michigan.

Paragraph 2 _____ (please check)

The undersigned affirms that _____(student name) **has been** suspended or expelled from any public or private school in Michigan or any other state.

If you checked paragraph 2, explain the circumstances in detail. Include the school name, date of suspension or expulsion, and a description of the incident, giving rise to the suspension or expulsion, on a separate sheet of paper.

Date: _____ Signature of Student _____

Date: _____ Signature of Parent _____

FOR STAFF OF PREVIOUS SCHOOL

_____ According to our records, we can verify that the information provided above by the parent/student is correct.

_____ According to our records, the information provided above, by the parent/student is **not** correct.

Please also include a discipline report on the above listed student.

Date: _____

Signature of Sending School District Administrator/Title _____

School: _____ Telephone: _____

PLEASE READ VERY CAREFULLY

SOUTH LAKE SCHOOLS

Section 105 Schools of Choice Guidelines

In compliance with Section 105 of the State School Aid Act

1. The student must be legally entitled to attend school in another district within the Macomb Intermediate School District. **Proof of Macomb County residency** according to South Lake Schools enrollment policy must be provided.
2. Applications will be accepted for a period determined by the Board of Education. Applications will be dated upon receipt of **completed enrollment packet**. If there are more applications than open spaces, a random drawing will be used to establish the order of placement.
3. **Enrollment is not granted to any nonresident who has been suspended, expelled or otherwise released or excluded from their resident district for disciplinary reasons.** This information, with permission to verify it, will be required of all applicants. The Superintendent or designee shall make the decision based on the circumstances involved, in accordance with statutory provisions. Chronic misconduct may also be grounds for enrollment refusal.
4. Approval of application to enroll will be revoked if information about residency and/or disciplinary status is shown to be falsified or untrue.
5. Students who enroll in South Lake Schools under Section 105 may continue their enrollment through graduation, provided they maintain continuous enrollment, and are not expelled or suspended for disciplinary reasons. The continuation of Section 105 Schools of Choice by South Lake Schools will be determined by the Board of Education on an annual basis.
6. Transportation to and from school is the responsibility of the student's family.
7. South Lake Schools Policy 2260-Equal Educational Opportunity shall apply to all applicants. In addition, the district will not discriminate on the basis of an applicant's intellectual, academic, artistic, athletic or other talent, ability or accomplishment, or based on a mental or physical disability.
8. The student will be expected to abide by the Pupil Conduct Code.
9. Athletic eligibility will be determined by Michigan High School Athletic Association rules.
10. **While you may indicate an elementary building preference, placement will be made on a space available basis.** There is **no guarantee** that your preference will be able to be honored.
11. Appeal of enrollment determination may be made to the Superintendent.