

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.)** _____
High School Transcript If enrolling in grades 10-12 _____

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 RESIDENCY PROOF ARE REQUIRED IN ADDITION TO ID

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

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

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: [Table with 6 rows for listing 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: Building: School Year: Start Date: Teacher: 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, SAS1xp, MCIR/SIRS needs update, Health Folder

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