

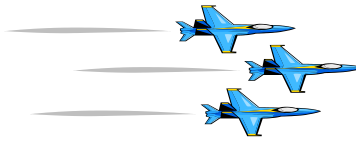


## Middle School Students Grades 5-8 REGISTRATION CHECK LIST

Please contact the Operations Department for enrollment questions on grades 5-8.  
734.869.7210

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- ✓ **REGISTRATION FORM**
  - ✓ **BIRTH CERTIFICATE** (including seal) or other reliable proof of age and identity with a sworn statement (example: hospital record, baptismal certificate, immigration record, passport, etc.).
  - ✓ **COURT DOCUMENTATION** Any court paperwork that identifies guardianship, custody, or parental limitations should be made available to the school district. Court documents such as guardianship paperwork must include a seal and be signed by a judge.
  - ✓ **IMMUNIZATION RECORD** A copy of your child's immunizations may be obtained from your doctor, from the previous attended school, or from the health department in which the child received the vaccinations.
    - A signed **CHICKEN POX STATEMENT** is needed if the student **did not** receive the vaccination.
  - ✓ **DRIVER'S LICENSE/IDENTIFICATION** A parent/legal guardian must provide a valid driver's license or state identification which matches the birth record or guardianship paperwork.
  - ✓ **PROOF OF RESIDENCY** A parent/legal guardian must show **two(2) proofs** of residency that he/she lives within the school district boundaries. Proof of residency consists of a utility bill, deed, building permit, rental agreement/mortgage statement, tax statement, voter's registration or completion of a residency affidavit. A driver's license may be used as proof if the address is correct and it is accompanied with one of the proofs listed above.
- If you are living with an Airport Community Schools resident for reasons other than for educational purposes, you are required to complete and have notarized a residency affidavit. The affidavit can be obtained from the district's Operations Office located at Wagar Middle School. Both the resident and the enrolling parent/legal guardian must be present before a notary with proper identification. The person owning/leasing the property is then responsible for proving district residency.
- Monroe County School of Choice families must bring in a copy of the district's acceptance letter.
- ✓ **SPECIAL EDUCATION** If your student is currently in a special education program, a copy of the most recent IEP and MET is required for proper academic placement. If your child received special education services, you can obtain a copy of the special education records from the previous attended school or the local intermediate school district. For Monroe County students you can contact the Monroe County Intermediate School District's Special Education Department at 734.242.5799, extension 1410.
  - ✓ **RACE/ETHNICITY/ HOME LANGUAGE FORM**
  - ✓ **INTERNET ACCESS SURVEY**
  - ✓ **LAST REPORT CARD and/or GRADES-TO-DATE** from previously enrolled school.



## New Student Registration

Today's Date: \_\_\_\_\_

Enrolling Grade: \_\_\_\_\_

• \_\_\_\_\_ •  
Last Name (Use name listed on the birth certificate) First Name Middle Name

• \_\_\_\_\_ •  
Date of Birth Age Male \_\_\_\_\_ Female \_\_\_\_\_  
Gender

• \_\_\_\_\_ • \_\_\_\_\_ ( ) \_\_\_\_\_  
Address City Zip Phone

Is the student a(n) \_\_\_\_\_ Unaccompanied Youth (under 18 yrs. without parent/guardian)  
\_\_\_\_\_ Self-Registration (18 yrs. or older)  
\_\_\_\_\_ Agent through Power of Attorney (valid for 6 months): Effective Date \_\_\_\_\_

• \_\_\_\_\_  
List adults that student lives with, if any (list specific name(s) on the above line)

• \_\_\_\_\_  
Contact Email (list only one email)

### Relationship to student

\_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Grandparent \_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_ Mother/Step-Father \_\_\_\_\_ Father/Step-Mother \_\_\_\_\_ Court Placed

School Last Attended: \_\_\_\_\_ Counselor/Teacher \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Is the student in any special education classes under an IEP or MET? \_\_\_\_\_ YES \_\_\_\_\_ NO

Please list below, one emergency contact other than yourself (**DO NOT** list someone living with you):

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Are there any legal (Custody) or medical restrictions that the school personnel should be aware of? If so please explain and attach signed legal and/or medical documents indicating the restrictions.

I certify that all information provided on this registration form is true and complete. I understand that any false, incomplete, or misleading information or omission may disqualify my child from further consideration for enrollment and may result in my child being excluded from school if discovered later.

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

Has either parent/guardian served in the U.S. Military?  
Mother: Yes \_\_\_\_\_ No \_\_\_\_\_ Father: Yes \_\_\_\_\_ No \_\_\_\_\_ Guardian: Yes \_\_\_\_\_ No \_\_\_\_\_

Please list other children in the household that are under the age of 5 years old:  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### OFFICE USE ONLY

Building Placed \_\_\_\_\_ Teacher \_\_\_\_\_

Scheduled Start Date: \_\_\_\_\_



# AIRPORT COMMUNITY SCHOOLS

11270 Grafton Road

Carleton, MI 48117

John J. Krimmel IV, Superintendent 734-654-2414 734-654-4014-FAX

## CHICKEN POX STATEMENT

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_,  
(Print Parent Name) (Print Student's Name)

declare that my child has had the chicken pox on \_\_\_\_\_.  
(approximate month/year)

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

\_\_\_\_\_  
Date





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## RACE/ETHNICITY/HOME LANGUAGE STATEMENT

Student Name \_\_\_\_\_ Age \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Building \_\_\_\_\_ Grade \_\_\_\_\_

### RACE/ETHNICITY

**Part A.** Is the student (or are you) Hispanic/Latino? (Choose only one)

No, not Hispanic/Latino

Yes, Hispanic/Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Part A of this section is about ethnicity, not race. Regardless of your selection, please continue to answer Part B by placing a check mark in one or more boxes to indicate what you consider your student's (or your) race to be.

**Part B.** What is the student's (or your) race? (Choose one or more)

Caucasian (CA)

American Indian (AI)

Asian (AS)

Pacific Islander (PI)

African American (AF)

If you do not choose a race, we are obligated by federal regulations to choose one for you as an observer.

### HOME LANGUAGE SURVEY

Airport Community Schools collects information regarding the language background of each of its students. This information is used by the District to determine whether services are available for bilingual instruction according to Sections 380.1152 – 380.1157 of the School Code of 1995, Michigan's Bilingual Education Law.

1. Is your child's native tongue a language other than English?  
 No  Yes If yes, what is that 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? \_\_\_\_\_

\* "Primary language" means the dominant language used by a person for communication.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



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## INTERNET ACCESS SURVEY

Airport Community Schools utilizes many forms of technology. Home Access Center (HAC) is one that helps us communicate to parents/guardians regarding grades, attendance, discipline, and other aspects of academic performance and student growth.

Do you have access to the Internet?                      Yes    No

If no, would you like Airport Community Schools to mail home all communication regarding your student?

Yes    No

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Last, First Name of Student

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Last, First Name of Parent/Gaurdian





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## REQUEST of RECORDS STATEMENT

\_\_\_\_\_ is enrolling in our district as of \_\_\_\_\_.

(Student Name)

(Date of Enrollment)

In compliance with MCL 380.1135(4), we are requesting that the following **original** records be transferred to us:

▶ **Cumulative Student File including:**

- **Test Scores**
- **Discipline Records including expulsion history**
  - **Has the above named student ever been expelled from your district?** \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

- **Grades-To-Date if the student is transferring mid-year**
- **Transcripts if the student has attempted high school credit**

▶ **UIC (Unique Identification Code), if in Michigan** \_\_\_\_\_

▶ **Is the student currently in special education classes?** \_\_\_ Yes \_\_\_ No

If yes, please forward:

- Most recent IEP and MET
- Psychological reports or other test results

### Mail records to:

\_\_\_\_\_ Airport High School (9-12)  
11330 Grafton Road  
Carleton, MI 48117  
(734)654.6208

\_\_\_\_\_ Niedermeier Center for Education (9-12)  
8400 South Newport Road  
Newport, MI 48166  
(734)654.8694

\_\_\_\_\_ Wagar Middle School (5-8)  
11200 Grafton Road  
Carleton, MI 48117  
(734)654.6205

\_\_\_\_\_ Ritter Elementary School (K-4)  
5650 Carleton S Rockwood Road  
S Rockwood, MI 48179  
(734)379.5335

\_\_\_\_\_ Airport Virtual Academy (6-12)  
11270 Grafton Road  
Carleton, MI 48117  
(734)654.8694

\_\_\_\_\_ Sterling Elementary School (K-4)  
160 Fessner Road  
Carleton, MI 48117  
(734)654.6846

\_\_\_\_\_ Eyler Elementary School (K-4)  
1335 Carleton S Rockwood Road  
Carleton, MI 48117  
(734)654.2121

