

REGISTRATION FOR KINDERGARTEN



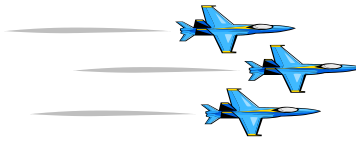
ROUND-UP...

APRIL 10TH and MAY 20TH; 4:30 – 7:00 PM
at STERLING ELEMENTARY

Please contact Cheryl Marlow

Ph. 734.654.4037 Email: cmarlow@airport.k12.mi.us

- ✓ **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.
- ✓ **HEARING AND VISION SCREENING** Screening is required before the start of school. Airport Community Schools will have information available at kindergarten round-up regarding dates and times your child may be screened for FREE.
- ✓ **IMMUNIZATION RECORD** A copy of your child's immunizations may be obtained from you doctor, from the previous attended school, or from the health department in which the child received the vaccinations. If your child has not been screened for hearing and vision, please make an appointment with your doctor or your local health department to complete the process prior to registration.
 - 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 (The driver's license is for photo identification only. It is not accepted as proof of residency.)
- ✓ **PROOF OF RESIDENCY** A parent/legal guardian must show **two(2) proofs** of residency that he/she lives within the school district boundaries. The following are accepted proofs of residency: Utility bills, lease/mortgage agreements, current property tax or assessment statements, and/or voter's registration card. 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 operations office located at Wagar Middle School. Monroe County School of Choice families must bring in a copy of the letter accepting your child into the district.
- ✓ **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**
- ✓ **TRANSPORTATION SURVEY**



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 Gender Male Female

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

Last, First Name of Student

Last, First Name of Parent/Guardian



Transportation Survey

Student's Name _____

- 1) Will your student(s) be picked up or dropped off at any location other than home on a daily basis? (such as a daycare, relative's home or friend's home)

YES

NO

If yes, you must complete a Bus Exception Form

- 2) Do you have any other children who are currently enrolled at Airport Community Schools who will be in Grade 1, 2, 3 or 4 for the 2014-2015 school year?
(do not list siblings who will be attending Wagar Middle School or Airport High School)

If yes, please complete the following:

Sibling's Name _____

Elementary building they attended last year:

Eyer

Ritter

Sterling