

# REGISTRATION FOR KINDERGARTEN



## ROUND-UP...

**APRIL 16<sup>th</sup> and MAY 12<sup>th</sup>; 4:30 – 7:00 PM**  
**at STERLING ELEMENTARY**

**Please contact Cheryl Marlow**

**Ph. 734.654.4037**

**Email: [cmarlow@airport.k12.mi.us](mailto:cmarlow@airport.k12.mi.us)**

- ✓ **REGISTRATION FORM** use online link to complete form (if not, paper registration required)
- ✓ **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.
- ✓ **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 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 letter the district 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**
- ✓ **TRANSPORTATION SURVEY**



# AIRPORT COMMUNITY SCHOOLS

11270 Grafton Road

Carleton, MI 48117

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

## 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

**AIRPORT COMMUNITY SCHOOLS**  
**Parent Survey for Kindergarten**

Child's Name \_\_\_\_\_

Date \_\_\_\_\_

Child's Birthdate \_\_\_\_\_

Parent's Name \_\_\_\_\_

We recognize that parents can provide valuable information that can be helpful in planning a better school program for their student's school day. Please do your best to answer the questions below.

1. Weight at birth \_\_\_\_\_ lbs. \_\_\_\_\_ oz.      Was your child premature? \_\_\_\_\_
2. Any problems with the pregnancy or delivery? Please explain: \_\_\_\_\_
3. Any serious illness, accidents or operations? (include chronic ear infections, colds, or pneumonia)  
\_\_\_\_\_
4. Does your child take any medication (other than vitamins) on a regular basis?  
\_\_\_\_\_
5. Does your child have allergies?  
\_\_\_\_\_
6. Has your child been hospitalized?  
\_\_\_\_\_
7. Has your child ever been separated from you for more than overnight? If so, what was his/her reaction?  
\_\_\_\_\_
8. Does your child have friends in the neighborhood that he/she plays with?  
\_\_\_\_\_
9. How do you discipline your child?  
\_\_\_\_\_
10. Does your child sleep through the night? ☐ Yes ☐ No      How long? \_\_\_\_\_
11. Has your child had preschool experience? ☐ Yes ☐ No  
If yes, where did they attend? \_\_\_\_\_
12. Has your child ever been tested or recommended for hearing, vision or needing help academically?  
\_\_\_\_\_

1. Can your child:

<input type="checkbox"/> Count to 10	<input type="checkbox"/> Tie shoes	<input type="checkbox"/> Name family members
<input type="checkbox"/> Color neatly	<input type="checkbox"/> Snap or zip pants	<input type="checkbox"/> Say full name
<input type="checkbox"/> Say phone number	<input type="checkbox"/> Put on coat	<input type="checkbox"/> Distinguish right/left
<input type="checkbox"/> Use scissors	<input type="checkbox"/> Button/snap or zip	<input type="checkbox"/> Say ABC's
<input type="checkbox"/> Tell their birth date	<input type="checkbox"/> Say his/her address	<input type="checkbox"/> Name colors
<input type="checkbox"/> Puts toys away	<input type="checkbox"/> Dress himself/herself	

2. Has your child been to or on any of the following?

<input type="checkbox"/> Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Airplane
<input type="checkbox"/> Boat	<input type="checkbox"/> Farm	<input type="checkbox"/> Swimming
<input type="checkbox"/> Circus	<input type="checkbox"/> Wedding	<input type="checkbox"/> Funeral
<input type="checkbox"/> Ballgames	<input type="checkbox"/> Birthday parties	<input type="checkbox"/> Other states, countries

3. I would describe my child as: (check only the items that frequently apply)

<input type="checkbox"/> Headaches	<input type="checkbox"/> Athletic	<input type="checkbox"/> Stomach Aches
<input type="checkbox"/> Clumsy	<input type="checkbox"/> Self-conscious	<input type="checkbox"/> Easily discouraged
<input type="checkbox"/> A worrier	<input type="checkbox"/> Generous	<input type="checkbox"/> Self-confident
<input type="checkbox"/> Bold	<input type="checkbox"/> Selfish	<input type="checkbox"/> Temper outbursts
<input type="checkbox"/> Enthusiastic	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Shy
<input type="checkbox"/> Easy going	<input type="checkbox"/> Careless	<input type="checkbox"/> Moody
<input type="checkbox"/> Carefree	<input type="checkbox"/> Courteous	<input type="checkbox"/> Lazy
<input type="checkbox"/> Friendly	<input type="checkbox"/> Average	<input type="checkbox"/> Aggressive
<input type="checkbox"/> Quiet	<input type="checkbox"/> Tantrums	<input type="checkbox"/> Bright
<input type="checkbox"/> Very active	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Hyperactive
<input type="checkbox"/> Nervous	<input type="checkbox"/> Easily distracted	

If there is anything else about your child that you feel we should know, please indicate.

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## Parent Speech and Language Screening

		YES	NO	COMMENT
1.	Do you have a difficult time understanding your child when they speak?	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Do you notice sounds that are different? (cupcake - - - sounds like tuptate) (doggie - - - sounds like goggie) (birthday - - - sounds like birday)	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Do others have a difficult time understanding your child?	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Does your child get frustrated when people don't understand them?	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Can your child follow 1-2 step directions easily?	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Does your child use 5-6 word sentences when they speak?	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Does your child answer questions you ask easily and with words?	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Does your child use words to express feeling, concerns and emotions?	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Is there a history of ear infections? Tubes in the ears?	<input type="checkbox"/>	<input type="checkbox"/>	

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **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 (request this form during registration)

- 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 2015-2016 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 \_\_\_\_\_

Sibling's Name \_\_\_\_\_

Elementary building(s) they attended last year:

<input type="checkbox"/>	Eyer
<input type="checkbox"/>	Ritter
<input type="checkbox"/>	Sterling