

HARRISON COMMUNITY SCHOOLS ENROLLMENT PACKET



Superintendent 539-7871**Mr. Richard T. Foote**

High School 539-7417 **Mr. Joseph Ashcroft, Jr., Principal**
(9th-12th grade)

Alternative Ed 539-7417 **Mr. Joseph Ashcroft, Jr., Principal**
(11th-12th grade)

Middle School 539-7194**Mrs. Kelly Lipovsky, Principal**
(6th-8th Grade)

Hillside Elementary School 539-6902 **Mrs. Andrea Andera, Principal**
(3rd-5th grade)

Larson Elementary School 539-3259**Ms. Julie Rosekrans, Principal**
(Kdg-2nd grade)

REGISTRATION CHECKLIST

- | | |
|--|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Affirmation of Prior Discipline Record |
| <input type="checkbox"/> Immunization Record | <input type="checkbox"/> Early Dismissal Form |
| <input type="checkbox"/> Registration Form | <input type="checkbox"/> Request for School Records |
| <input type="checkbox"/> Emergency Medical Information | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Transportation Information | <input type="checkbox"/> _____ |

HARRISON COMMUNITY SCHOOLS

Registration Form

Date: _____

STUDENT NAME: _____ GENDER: _____
(As it appears on Birth Certificate) LAST FIRST MIDDLE MALE/FEMALE

ADDRESS: _____ GRADE: _____
_____ BIRTHDATE: _____

BIRTHPLACE: _____ ENROLLMENT DATE: _____
CITY STATE/COUNTRY 1st DAY STUDENT WILL BE IN SCHOOL

Race/Ethnicity: Please answer part A and B. Both must be completed or the US Department of Education requires the school district supply an answer on your behalf.

Part A:

ETHNICITY: Is this student 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 B:

RACE: (Choose one or more (use percentages to rank ethnic groups in order))

_____ American Indian or Alaska Native _____ Native Hawaiian or Other Pacific Islander
_____ Asian _____ White
_____ Black or African American

IS YOUR CHILD'S NATIVE TONGUE A LANGUAGE OTHER THAN ENGLISH? _____ YES _____ NO
IS THE PRIMARY LANGUAGE SPOKEN IN YOUR CHILD'S HOME OR ENVIRONMENT A LANGUAGE OTHER THAN ENGLISH? _____ YES _____ NO WHAT IS THAT LANGUAGE? _____

RESIDENCY INFORMATION

IS THE STUDENT A RESIDENT OF HARRISON COMMUNITY SCHOOLS? _____ YES _____ NO

IF NOT, WHAT DISTRICT DO YOU LIVE IN? _____

WHAT COUNTY DO YOU LIVE IN? _____ TOWNSHIP? _____

WHERE IS THE STUDENT LIVING NOW? (check one box)

in a one family dwelling with more than one family in a house or apartment
 in a car in a trailer park or campsite with friends/family members (other than parent/guardian)
 in a shelter in a motel or hotel none of the above _____

WITH WHOM DOES THE STUDENT RESIDE: _____
i.e. (MOTHER & FATHER) - (MOTHER & STEP-FATHER) - (FATHER & STEP-MOTHER) -(FOSTER PARENTS) - (GRANDPARENTS)

RESIDENCY VERIFICATION AFFIDAVIT:

According to State Attorney General Opinion No. 5925, school districts have the right to ask new enrollees to prove residency. By signing the affidavit, you are affirming that the address given on all enrollment forms is the legal residence of the parent/guardian enrolling the student and is the residence of the student.

Verification of residency may be made with any two of the following (circle): Drivers license or registration lease agreement Moving Bill Insurance Forms Purchase agreement Utility Bill Other _____

PARENT SIGNATURE

DATE

PARENT/GUARDIAN INFORMATION:

HEAD OF HOUSEHOLD WHERE STUDENT RESIDES:

NAME: _____ RELATIONSHIP TO STUDENT: _____
i.e. FATHER, MOTHER, ETC

DATE OF BIRTH: _____ GENDER: _____ MARITAL STATUS: _____
MALE/FEMALE MARRIED/DIVORCED/SINGLE

E-MAIL ADDRESS: _____

OCCUPATION: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____
STREET ADDRESS CITY MI ZIP CODE

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

RECEIVE COPIES OF STUDENT INFORMATION (PROGRESS REPORTS, REPORT CARDS, ETC) YES NO



SECONDARY GUARDIAN OF HOUSEHOLD WHERE STUDENT RESIDES:

NAME: _____ RELATIONSHIP TO STUDENT: _____
i.e. FATHER, MOTHER, ETC

DATE OF BIRTH: _____ GENDER: _____ MARITAL STATUS: _____
MALE/FEMALE MARRIED/DIVORCED/SINGLE

E-MAIL ADDRESS: _____

OCCUPATION: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____
STREET ADDRESS CITY MI ZIP CODE

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

RECEIVE COPIES OF STUDENT INFORMATION (PROGRESS REPORTS, REPORT CARDS, ETC) YES NO

COMMENTS: _____

OTHER CHILDREN LIVING IN HOUSEHOLD:

_____	_____	_____	_____
NAME	AGE/GRADE	School Attending	Relationship to Student
_____	_____	_____	_____
NAME	AGE/GRADE	School Attending	Relationship to Student
_____	_____	_____	_____
NAME	AGE/GRADE	School Attending	Relationship to Student
_____	_____	_____	_____
NAME	AGE/GRADE	School Attending	Relationship to Student
_____	_____	_____	_____
NAME	AGE/GRADE	School Attending	Relationship to Student
_____	_____	_____	_____
NAME	AGE/GRADE	School Attending	Relationship to Student

LAST SCHOOL LAST ATTENDED: _____

ADDRESS: _____
STREET ADDRESS CITY MI ZIP CODE

LAST DATE OF ATTENDANCE AT PREVIOUS SCHOOL: _____

DID STUDENT "FORMALLY" CHECK OUT OF PREVIOUS SCHOOL? YES NO

DID STUDENT ATTEND PRESCHOOL? YES NO

IF YES, PLEASE CHECK ONE OF THE FOLLOWING BOXES: GREAT START READINESS PROGRAM (GSRP), HEADSTART, EARLY CHILDHOOD SPECIAL EDUCATION CLASSROOM (ECSE), YOUNG FIVES/DEVELOPMENTAL KINDERGARTEN, CHILD CARE-HOME BASED, CHILD CARE-CENTER, FAMILY/RELATIVE CARE, TUITION-BASED PRESCHOOL, NO PRIOR CARE/PROGRAM.

HAS YOUR CHILD EVER BEEN ENROLLED IN A SPECIAL EDUCATION CLASSROOM SETTING? _____

IF YES, PLEASE CHECK ALL THAT APPLY: SPECIAL ED CLASSES SPEECH OT/PT SOCIAL WORK
 504 PLAN OTHER _____

WILL THE STUDENT BE DRIVING A VEHICLE TO SCHOOL? YES NO

AFFIRMATION OF PRIOR DISCIPLINE RECORD

DIRECTIONS: Check the applicable paragraph, provide all appropriate information and sign this document.

Paragraph 1:

The undersigned affirm that _____ has not been suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

Paragraph 2:

The undersigned affirms that _____ has been suspended or expelled from a public or private school in Michigan or another state or for one or more offenses involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for an act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

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

 STUDENT SIGNATURE DATE

 PARENT/GUARDIAN SIGNATURE DATE



Name of sending (former) School District: _____

- Sending School - Please check one:
- 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.

The student has been involved in offenses involving weapons, alcohol or drugs, or willful infliction of injury to persons or act of violence against persons and/or property committed on school premises, at a school sponsored activity, or on a public or private conveyance providing transportation to or from school or a school sponsored activity, please forward appropriate disciplinary documentation.

 SIGNATURE OF SENDING DISTRICT ADMINISTRATOR TITLE DATE

HARRISON COMMUNITY SCHOOLS

REQUEST FOR SCHOOL RECORDS

Student Name _____

Date of Birth _____

Grade _____

Previous school attended: _____

Address: _____

Records requested:

- | | |
|-----------------------------|---|
| ⇒ Student UIC# _____ | ⇒ Special Education Files and Psychological Files |
| ⇒ Official cumulative file | ⇒ Standardized Achievement, Intelligence & Aptitude Test Scores |
| ⇒ Grades to date | ⇒ Record of extra curricular activities |
| ⇒ Discipline History | |
| ⇒ Attendance to date | |
| ⇒ Current grade level _____ | |

In sending this form, we are requesting information about one of your former students. Before we formally enroll the student, we are requesting that you answer the questions below about the above student.

1. Has the above named student been suspended or expelled from your school district? _____
If yes, please explain: _____

2. Is disciplinary action pending against this student? _____ If yes, please explain: _____

3. Was this student in a special education program in your school district? _____ If yes, please give student's current placement: _____
4. Student's last date of entry to your school? _____ When was the student's last day of attendance at your school? _____

Parent Release Form: As parent or legal guardian for the above named student, I hereby authorize the release of all school records to the Harrison Community Schools and request that they be sent to the address below at your earliest convenience.

Parent/Guardian Signature

Date

PLEASE SEND RECORDS TO:

Larson Elementary (K-2nd)
455 W. Spruce Street
Harrison, MI 48625
Attention: Tina Holley

Hillside Elementary (3rd-5th)
201 N. Fourth Street
Harrison, MI 48625
Attention: Carol Mason

Harrison Middle School (6th-8th)
710 S. Fifth Street
Harrison, MI 48625
Attention: Sheryl Huckins

Harrison High School (9th-12th)
700 S. Fifth Street
Harrison, MI 48625
Attention: Marsha Henry

Harrison Alternative Education (9th-12th)
700 S. Fifth Street
Harrison, MI 48625
Attention: Marsha Henry