

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. Jennifer Thrush, Principal**
(6th-8th Grade)

Larson Elementary School 539-3259**Ms. Julie Rosekrans, Principal**
(Kdg-5th grade) **Mrs. Andrea Andera, Principal**

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

HARRISON COMMUNITY SCHOOLS

REQUEST FOR SCHOOL RECORDS

Student Name _____

Date of Birth _____

Grade _____

Previous school attended: _____

Address: _____

Records requested:

- ⇒ Student UIC# _____
- ⇒ Official cumulative file
- ⇒ Grades to date
- ⇒ Discipline History
- ⇒ Attendance to date
- ⇒ Current grade level _____

- ⇒ Special Education Files and Psychological Files
- ⇒ Standardized Achievement, Intelligence & Aptitude Test Scores
- ⇒ Record of extra curricular activities

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-5th)
455 W. Spruce Street
Harrison, MI 48625
Attention: Tina Holley or 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