

WHITEHALL DISTRICT SCHOOLS
Shoreline, Ealy, Middle, High School and Home School Partnership
ENROLLMENT FORM

For Office Use Only
Student Number: _____
Student UIC#: _____
Building/Teacher: _____

DATE _____

STUDENT INFORMATION

Student: _____
Last name First Name M.I.

Student Address: _____ City _____ Zip _____

Main Contact #() _____ Student Cell() _____

Enrolling in Grade ____ Birthdate ____/____/____ Birthplace (city/state) _____ Gender (F/M) _____

Does student currently receive Special Education Services: no yes (must sign 30 day placement)

Last school attended _____ city/state/zip _____

Last grade attended _____ Promoted Retained

PARENT/GUARDIAN INFORMATION

With whom does the student reside (Check all that apply):

Parent: Mother Father Step Mother Step Father

Guardian: Legal Guardian Ward of the Court Foster Parent Other Relative Host Family (exchange student)

Contact information of parents or guardian with whom child resides:

Name _____ Cell number () _____

Email address _____ Employer name/number _____ () _____

Name _____ Cell number () _____

Email address _____ Employer name/number _____ () _____

Please List Any Other Children in Family

_____ age _____ age _____

_____ age _____ age _____

Special Conditions

Briefly state any medical conditions or changes in your family situation that we should know about (i.e.: allergies, asthma, divorce, deaths, etc.)

Mandatory forms to be completed:

All buildings: enrollment emergency ca request transportation ferpa residency questionnaire disclosure of discipline
 ethnicity home language survey free/reduced lunch

Shoreline/Ealy: parent/student compact

Middle/High School: concussion athletics participation

Student Ethnicity and Race

Please answer BOTH questions below by marking the appropriate answer

What is your child's race? American Indian or Alaska Native Asian
 Black or African American White
 Native Hawaiian or Other Pacific Islander

Is your child Hispanic/Latino? No yes (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race).

State Board of Education Approved Home Language Survey*

The Whitehall District Schools collects information regarding the language background of each of its students. The information is used to determine the number of children who should be provided bilingual instruction according to Sections 380.1152 - 380.1157 of the School Code of 1995, Michigan's Bilingual Education Law. Would you please help by providing the following information? *Thank you for your cooperation.*

Name of Student _____ Grade _____ Age _____

1. Is your child's native tongue a language other than English? no yes If yes, what 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? _____

Parent/Guardian Signature Address Date

*Primary language means the dominate language used by a person for communication.

**Translation of this survey form in Spanish, Arabic, French, Italian and Ojibwa is available at the Office of Field Services at 517-373-6006.

Disclosure of Prior Discipline Record

All non-resident students requesting admission to the Whitehall School District must complete this disclosure form. A willful false statement will result in a report to the appropriate authorities and may preclude admission to the district.

Please check the applicable statement below, provide all appropriate information, and sign and date this document.

The undersigned affirm(s) that _____ (student name) has never been suspended or expelled from any public or private school in Michigan or any other state.

The undersigned hereby discloses that _____ (student name) has been suspended or expelled from a public or private school in Michigan and/or another state.

If the second statement is checked, explain the circumstances in detail. Provide the name and location of the school(s), date(s) of suspension(s) and/or expulsion(s), and a clear, complete description of the incident(s).

Explanation of Incident

Name and address of school

Dates of suspension/expulsion

Parent/Guardian Signature Date

Home School Partnership Virtual Requirement (to be completed by home school students only)

In order to participate in the Whitehall Home School Partnership Program a student is required to take a minimum of one seated class and two online virtual elective classes.

Parent/Guardian Signature Date

WHITEHALL DISTRICT SCHOOLS

Shoreline, Ealy, Middle, High School and Home School Partnership

EMERGENCY FORM

For Office Use Only

Student Number: _____

Student UIC#: _____

Building/Teacher: _____

Student: _____ Gender F M
Last name First Name Middle

Student Address: _____ Birthdate ____/____/____
Street City Zip

Student Cell (____) _____ (if applicable)

Student living with (Check all that apply):

Parent: Mother Father Step Mother Step Father
Guardian: Legal Guardian Ward of the Court Foster Parent Other Relative Host Family (exchange student)

CONTACT INFORMATION FOR WHOM CHILD LIVES WITH:

Name _____ Cell # (____) _____

Home # (if different from cell) (____) _____ Email address _____

Place of Work _____ Work number (____) _____ Work email _____

Name _____ Cell # (____) _____

Home # (if different from cell) (____) _____ Email address _____

Place of Work _____ Work number (____) _____ Work email _____

If parents are divorced or legally separated and students reside at both residences, please list this additional information below. We will do our best to accommodate any mailings to both addresses. Please let the office know of any custody issues and submit any legal documentation necessary.

Parent/Guardian name of second household _____ Address _____ Phone # _____

IF PARENT/GUARDIAN CANNOT BE REACHED IN EVENT OF EMERGENCY PLEASE CALL:

1. _____ (____) _____
Name Relationship Phone#

2. _____ (____) _____
Name Relationship Phone#

3. _____ (____) _____
Name Relationship Phone#

DOCTOR / HOSPITAL / MEDICAL INFORMATION: Any medical condition or allergy we should be made aware of: _____

Name of Doctor: _____ Phone: (____) _____

Hospital Preference: _____ Phone: (____) _____

Signature: _____ Relationship to Student _____

*The above signature is an indication by parents or guardian that school officials have the authority to decide emergency care for their children while in school attendance.

OPT IN AGREEMENT

I understand by signing this statement the school district may communicate with me through my contact information, including emails, automated phone calls and/or text messages.

Parent/Guardian Signature

Student Signature

Date

HANDBOOK

My signature acknowledges that I have read the school handbook online at (www.whitehallschools.net) or have requested and received a copy of the handbook. I am responsible for abiding by the guidelines and regulations for student conduct contained therein.

Student Signature

Date

TECHNOLOGY ACCEPTABLE USE AGREEMENT

My signature acknowledges that I have read the Technology Acceptable Use Agreement online at www.whitehallschools.net or have requested and read a copy of the agreement. I am responsible for abiding by the guidelines and regulations for student conduct therein.

Parent/Guardian Signature

Student Signature

Date

CHROMEBOOK *(not applicable to all grades)*

My signature acknowledges that my child and I have read and agree to the terms of the Chromebook Policy.

Parent/Guardian Signature

Student Signature

Date

FIELD TRIP PERMISSION

My signature acknowledges that I give my child permission to go on all field trips during the current school year. I understand that I will be notified of all school field trips through the school newsletter or notes sent home by the teacher and that students will be transported by school vehicle or private vehicle operated by the teacher and/or staff member.

Parent/Guardian Signature

Date

LOCKER ASSIGNMENT *(not applicable to all grades)*

In accepting a locker assignment and using the locker, I understand I am fully responsible for all of its contents. I agree that the principal of this building, or his representative, has the joint use and control of it and may open this locker and examine any of the items or contents thereof at any time. This agreement will be in effect as long as I am assigned to a locker.

Student Signature

Date

MILITARY STATEMENT

Is at least one parent a full-time member of the Armed Forces on active duty? no yes

If yes: Name of Armed Forces Branch _____ Name of Parent(s) _____

STUDENT RESIDENCY QUESTIONNAIRE

School: _____ Grade: _____ Date: _____

Student Name: _____ Birth date: _____

Please list all of your children (even those not yet in school) currently living with YOU: (continue on back if more space is needed)

Name: _____ Birth date: _____ School: _____

Name: _____ Birth date: _____ School: _____

Information provided on this form is confidential. If this student is **not** living with his/her biological/adopted parent or legal guardian, please indicate the circumstances here:

What is your current living situation? (Based on your situation, your child may be eligible for additional services)

_____ **I own or rent my own home/apartment.** If you checked this box, **STOP** here...you do not need to answer any additional questions

_____ **Sharing the housing of other persons due to:** (check one)

Loss of housing due to eviction, foreclosure, or other economic hardship

Explain: _____

Long-term, cooperative living arrangement to save money or a similar reason

_____ **At a motel, hotel, campground or similar setting due to:** (check one)

Lack of alternative adequate accommodations

It being a convenient living arrangement, or waiting for apartment or house to be ready

_____ **In an emergency or transitional shelters** (domestic violence or homeless shelters or transitional housing)

_____ **In a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans**

_____ **In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar setting**

How long do you anticipate living at this location? _____

Current Address: _____

Phone Number: _____

Parent/Guardian/Unaccompanied Youth Signature Date: _____

WHITEHALL DISTRICT SCHOOLS
KINDERGARTEN TRANSPORTATION SCHEDULE FORM

Student Name: _____ Date: _____

Home Address: _____ City: _____

Phone: (____) _____ Cell: (____) _____ Grade: _____

IS SCHOOL BUS TRANSPORTATION NEEDED?: YES or NO (circle)

DOES SOMEONE NEED TO BE PRESENT AT THE BUS STOP TO MEET THIS CHILD?: YES or NO

By requesting to be present, the designated person must be at the bus stop, not waiting inside a car or in a house. If you are not at the stop, the driver will not drop your child. If you stated that your child cannot be left at the designated stop without supervision, your child will be returned to school.

Names of individuals that can accept your child: _____

IMPORTANT

Students are provided with transportation to and from bus stops near their home. Students may be required to walk up to ½ mile to their bus stop. Students will be allowed only one designated pick-up address and only one designated drop-off address. (ie: Pick-up address of 111 Daycare Lane Mon-Fri, drop-off of 2222 Home Address Drive Mon-Fri). For the safety of all students, no daily changes will be permitted.

Student's pick-up address: _____ Phone#: _____
Home ___ Daycare ___

Student's drop-off address: _____ Phone #: _____
Home ___ Daycare ___

Effective dates: We are in the process of preparing information to be used to establish bus routes for the fall. Therefore, please provide your childcare information as soon as possible to assist us in establishing our tentative bus routes. Each year we update our childcare provider information.

There will be no major changes to bus stops or bus routes from mid August until late September. This time is needed to establish bus stops, times, and to effectively communicate any changes to parents and students. During the school year if a permanent change in childcare provider information is necessary, please come to school to complete a new Kindergarten Transportation Schedule Form.

Parent/Guardian Signature

Date

PLEASE RETURN THIS FORM TO YOUR SCHOOL OR THE BUS GARAGE EVEN IF YOUR CHILD DOES NOT REQUIRE TRANSPORTATION. FAX NUMBER (231) 893-1061

NO TRANSPORTATION WILL BE PROVIDED IF THIS FORM IS NOT RETURNED.

WHITEHALL DISTRICT SCHOOLS

FERPA Opt-Out Form

The Family Educational Rights and Privacy Act (also known as "FERPA") is a federal law that protects the privacy of educational records, and is described in Board Policy 8330 on our district website (www.whitehallschools.net). A copy of the notice may also be obtained by contacting your child's school office.

In accordance with the Federal Educational Rights and Privacy Act of 1974 (FERPA), as amended, a student's education records are maintained as confidential and, except for a limited number of special circumstances listed in that law, will not be released to a third party without the parent/student's prior written consent. The law, however, does allow schools to release student "directory information" without obtaining the prior consent of the parent/student. If you do not want the release of certain types of directory information without your prior consent, you may choose to "opt-out" of this FERPA exception.

Occasionally the press and other publicly supported institutions including alumni groups, colleges, military recruiters, and school-related activity sponsors could ask for the following types of directory information: student's name, grade, major field of study, extracurricular participation, achievement awards, information to the military, student picture, student picture on district website. If for any reason you do not wish to have this information released, please fill out the form below and return to the school office.

Only those parents who want to exclude information should return this form.

Mark the items below to be excluded, and return to the school office. Thank you.

School Building: (circle one) Ealy Shoreline Middle School High School

Student's Name: _____ Student's Grade: _____

Parent's Signature: _____ Date: _____

By signing this form, I indicate that I do not want the following information released for my child:

- | | |
|-------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Student's address | <input type="checkbox"/> Picture on the district website |
| <input type="checkbox"/> Major field of study | <input type="checkbox"/> Grade placement |
| <input type="checkbox"/> Achievement awards | <input type="checkbox"/> Extracurricular participation |
| <input type="checkbox"/> Picture in yearbook | <input type="checkbox"/> Information to military |
| <input type="checkbox"/> Picture in media releases | <input type="checkbox"/> Weight & height for athletic rosters |
| <input type="checkbox"/> Picture on social media (Facebook) | <input type="checkbox"/> Immunizations |

Incoming Young 5/Kindergarten Parent Input Form

2023-24

Student Name:

Birthdate:

Male Female

Parent Name:

Email:

Phone:

I am interested in Kindergarten

I am interested in Young 5

1. Please describe the special needs of your child regarding a classroom placement (Special education or medical):

Yes No I need to meet with office staff regarding this before school starts.

2. Please share student strengths:

3. Please share any areas of concern:

4. Describe the characteristics of adults who work well with your child:

5. Is there anything else you would like us to consider or know about when placing your child in a classroom for this fall?

6. We know how important mental health is for our students and families. If there is anything that you would like to share that might be impacting your child's level of stress or anxiety, please feel free to share. Possibilities could include divorce, custody issues, family incarceration, sexual or physical abuse, mental health issues in the family, etc. This information is confidential. You can also make an appointment to speak to the principal, Beth Whaley, if you would feel more comfortable with that.



Shoreline Elementary School *Parent – Student – School Compact*

Statement of Commitment:

As staff, parents and community, we partner together on behalf of children to provide quality educational experiences that lead to high levels of achievement. We recognize that education takes place within the home, the school, and the world in which our children live.

What Shoreline Elementary will do for your child...

- Foster a relationship among children, teachers, and paraprofessionals, which results in positive educational growth through curriculum support.
- Provide supplementary learning opportunities that are integrated within classroom activities.
- Involve parents and staff in the planning of ongoing improvements to the Title I programs.
- Use individual student data to make decisions regarding eligibility, services, and progress.
- Provide individual or small group work with your student to address any academic problems that your child is having in school.
- Hold high expectations for all staff who work at our school.
- Communicate with parents and students about progress toward expected levels of achievement.
- Use data to evaluate the effectiveness of our Title I program.

Ms. Beth Whaley
Principal, Shoreline Elementary

Mr. CJ Van Wieren
Title I Director

What parents agree to do in support of their child's education...

(Check all below you agree to do).

- See that my child attends school regularly and is on time.
- Be a source of encouragement and positive support to my child.
- Help my child establish a healthy routine and expectation for homework completion.
- Attend conferences, school meetings, PTO, programs, and events whenever possible.
- Maintain ongoing communication with my child's teacher.
- Read with my child and provide time for my child to read for enjoyment.
- Limit and monitor my child's TV, movie, and video game time.
- Encourage healthy habits at home including daily play and physical activity.

Print Student Name _____

Teacher _____

Parent Signature _____

Date _____

This compact is reviewed annually by parents and revisions are made at that time based on parental feedback and consensus. Revised 4-2022

Shoreline Allergen-Free Snacks

2023-24

Severe Peanut Allergy

We have a student with a life-threatening peanut/tree nut allergy in the building this year.

Our entire building must be peanut-free.

- ❖ Please be mindful if you are packing your child's lunch, it cannot contain peanut butter or products made with peanut oil. If you accidentally send a PB sandwich, we may replace it with a sunbutter and jelly sandwich.
- ❖ To verify that the snack is nut-free, keep an eye out for phrases like "May Contain Peanut or Tree Nuts," "Manufactured in a plant with peanut or tree nuts," "Contains Peanut or Tree Nut Ingredients."

For Classroom Snacks:

- Any kind of fruit
- Go-Go Squeeze Fruit Pouches
- Delmonte Fruit Cups
- Applesauce
- Fruit snacks
- Fruit Roll-Ups
- Fruit-By-The-Foot
- Any kind of vegetable
- Original Goldfish crackers (NOT flavor-blasted, rainbow, etc.)
- Pirate Booty Popcorn-Plain
- Skinny Pop Popcorn-Plain
- Annie's Graham Bunnies
- Teddy Grahams
- Unglazed Animal Crackers
- Pretzels
- Belvita Cookies, Soft-Baked Cookies, etc.

For Birthday Treats:

- Oreos
- Suckers
- Non-Food Trinkets (pencils, squishies, stickers, bracelets, etc.)

Shoreline Drop-Off & Pick-Up Information

2023-24

Start Time: 8:35

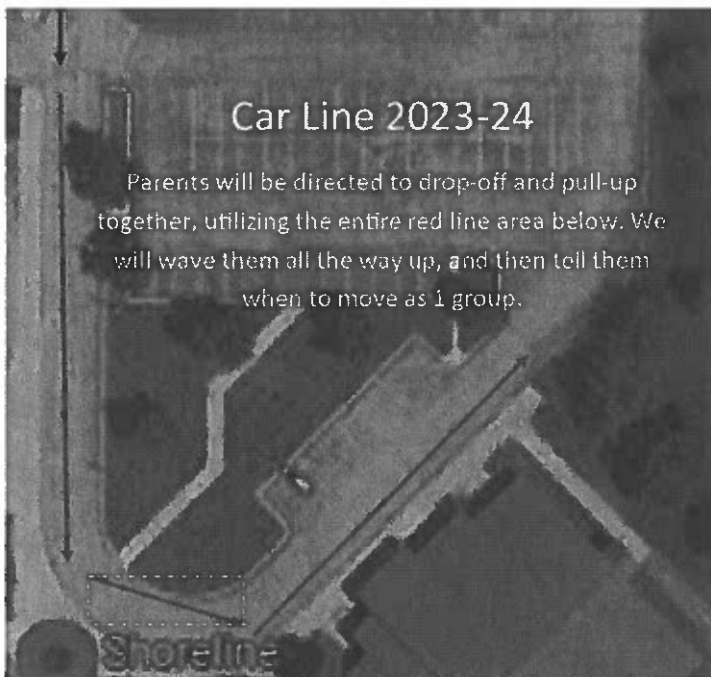
- **Parent Drop Off:**

- All parents drop in FRONT-we cannot use the back parking lot because of the road construction on Mears Rd.
- *8:30 - All kids will enter through the front doors.* You may allow your child to exit the car when Ms. Whaley opens the doors at 8:30. There will be no supervision prior to 8:30.
- Please allow your child to enter the building independently.
- Each car will be provided with a mirror hanger with your teacher's name. Please be sure that it is visible.

- **Buses:** Students riding the bus will be let off the buses at 8:30 and entering through the front doors. Young 5 and Kindergarten students will have bus information tags on their backpacks. Please be sure that they stay attached.

- There will be staff members assigned to specific locations, outside and inside the school, to assist all students getting to their classrooms.

- Drop-off will occur with multiple cars at the same time. Staff will direct



parents to drive forward to the end of the drop-off line, regardless of grade-level. Students will be dropped off along the entire length of the sidewalk, from the staff parking lot entrance to the end of the 1st grade wing. Please follow staff directions with this system. We will only use the right lane. Do not use the left lane to pass cars ahead of you in line.

End Time: 3:45

- **Parent Pick-Up:**

- If your pick-up plans change (time of pick-up, riding the bus instead, etc.), you must contact the office by 2:30pm.
- All parents pick-up in FRONT-we cannot use the back parking lot because of the road construction on Mears Rd.
- Please allow your child to enter your car quickly from the passenger side door. If you need to assist them with their car seat, pull ahead and park in the parking lot. Do not do this in the carline.
- Each car will be provided with a mirror hanger with your teacher's name. Please be sure that it is visible.
- If you have multiple children at Shoreline, a staff member will walk your student(s) to the oldest child in the building and you will pick them up at the oldest child's location.
- If you have a student at Ealy, pick them up first, as they are released earlier. Join the carline at Shoreline after that.
- Students will be located in the locations below. Please continue to



pull forward, and your child will be brought to you. Do not stop by your student.

- **Buses:** Students riding the bus will be walked to their appropriate bus by assigned school staff. Each bus line has an adult to supervise while waiting for the bus arrival.
 - Any transportation changes should be called into the office by 2:30pm.
 - Young 5 and Kindergarten students will have bus information tags on their backpacks. Please be sure that they stay attached.