

New Students Enrolling in **WHITEHALL DISTRICT SCHOOLS**

Please complete the following pages and bring with you to the school office that you're enrolling in, along with the following items:

- **Birth Certificate** - with original seal
- **Proof of Residency** - this may consist of a lease/purchase agreement, a utility bill or bank statement. Needs to show physical address, and may not consist of a screenshot
- **Immunization Record**
- If you have special education services, a copy of **most recent IEP**

After all enrollment materials have been received, we will begin the registration process for your child. This may take a few days and we will contact you as soon as possible.

*If you do not live in the Whitehall school district and have not obtained Schools of Choice paperwork, contact the district office at 893-1010.



WHITEHALL DISTRICT SCHOOLS

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

ENROLLMENT FORM

For Office Use Only Date: _____

Student Number: _____

Student UIC#: _____

Building/Teacher: _____

DATE _____

STUDENT INFORMATION

Student: _____
Last name First Name Middle

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?

☐ White

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ American Indian or Alaska Native

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*

Michigan welcomes families of all language backgrounds. Speaking more than one language is a valuable asset! Please answer the three questions below. If your response to any of the questions is a language other than English, the school district will give an assessment to see if your student may benefit from English language support.

Name of Student _____ Grade _____ Age _____

1. What language is used most at home? _____

2. What language is used most by the student? _____

3. In which language do you prefer to receive communication from the school? _____

*If you need this form translated in another language, please inform a secretary at your child's school.

Schooling Outside of the U.S.

4. Was the student born outside the U.S. or Puerto Rico? ☐ no ☐ yes

If yes, when did the student enter U.S. schools?

(If less than 3 years, mark student as Immigrant in MSDS).

Parent/Guardian Signature

Address

Date

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) _____

WHITEHALL DISTRICT SCHOOLS

REQUEST FOR STUDENT CA-60 RECORDS

Date: _____

Information is requested on the following student:

Student Name: _____ Current Grade: _____

Date of Birth: ____/____/____

Previous School Name and Numbers:

School Name

Fax number

Phone number

The above student is transferring to Whitehall District Schools. Please mail his/her CA-60 cumulative record and all related information pertaining to the student to the building selected below. Thank you.



CJ Van Wieren, Superintendent
Whitehall District Schools

☐

Shoreline Elementary

Attn: Student Records
205 Market Street
Whitehall, MI 49461
P: 231-893-1050 F: 231-893-4705

☐

Ealy Elementary

Attn: Student Records
425 Sophia Street
Whitehall, MI 49461
P: 231-893-1040 F: 231-894-9060

☐

Whitehall Middle School

Attn: Student Records
401 S. Elizabeth Street
Whitehall, MI 49461
P: 231-893-1030 F: 231-894-6844

☐

Whitehall High School

Attn: Student Records
3100 White Lake Dr.
Whitehall, MI 49461
P: 231-893-1020 F: 231-893-2923

☐

Parents are currently here to enroll the student. Please fax the requested documents below upon receipt of this form, so we may begin the enrollment process. We appreciate your help. Thank you.

Parent / Guardian Signature

Date

WHITEHALL DISTRICT SCHOOLS

STUDENT RESIDENCY QUESTIONNAIRE

School: _____ Grade: _____ Date: _____

Student Name: _____ Birth Date: _____

Please list all of your preschool and school-aged children 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: _____

Bus Rules

RIDING THE BUS IS A PRIVILEGE. HELP US MAKE IT A GREAT RIDE.

- 1.** The driver has the same authority in the control of children on the bus as the teacher has in the classroom. **Cooperation with the driver is expected at all times**
- 2.** It is the student's responsibility to **be at the bus stop at least 5 minutes prior to the posted bus pick up time**. The driver is responsible for maintenance of this schedule and cannot wait for tardy students.
- 3. FOR SAFETY and SECURITY REASONS**, Students will have only 1 pickup and 1 drop off location. Students are NOT allowed to ride any other bus without written consent from the bus garage. This is strictly enforced for safety reasons.
- 4.** Windows are to be used for ventilation and visibility only. Body parts must never be extended, even partially, out a window. There is to be no shouting through windows or throwing objects out of the windows.
- 5.** Smoking or using any device that creates a spark or flame is prohibited.
- 6. Teasing, poking, fighting, foul language, vandalism, littering and spitting are prohibited.** Students acting in this manner will receive immediate suspensions from the bus. **Keep your hands to yourself.**
- 7.** Distracted driving is the leading cause of traffic accidents. It is the responsibility of riders to **use quiet voices**, to **stay seated** and to **keep the aisle way clear**.
- 8.** Seats may be assigned by the driver at any time.
- 9. Eating and Drinking is not allowed on the bus.** If the driver sees you with food and asks you to put it away, please respect this request.
- 10.** For everyone's safety, riders must **stay seated until the bus comes to a complete stop**.

These rules are not all inclusive. Students and parents/guardians are required to read through the student handbook as it relates to TRANSPORTATION. It is important that all riders understand their responsibilities so that everyone can have a safe and successful ride to and from school.

Please sign and date this document to acknowledge your student's responsibility.

Student Name: _____ Date: _____

Parent Signature: _____

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. (i.e.: 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.

Please take a moment to fill out the survey to let us know whether or not your child will need our transportation services.

You will need your student ID number for each of your children to enter into the form. (New enrollees, you'll receive your number in August, so instead, please use your child's last,first name combo as his/her student ID number on the form.)

You will fill out this survey once for each of your children who will ride the bus.

If you have any questions, please call the Transportation Department at 231-893-1060.

Thank you for your help.

<https://forms.gle/JA2vR841egguCHKv9>



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 |

EDUCATION BENEFITS FORM SY 2025 - 2026

District: Whitehall District Schools

School: _____

Part A: STUDENT INFORMATION - Complete for each student Pre-K through 12th Grade

Student's Last Name	Student's First Name	Grade Level	School	Identify H if Homeless M if Migrant R if Runaway F if Foster

Part B: BENEFITS RECEIVED (if applicable)

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name: _____ Case Number: _____

Part C: HOUSEHOLD SIZE	Part D: ANNUAL HOUSEHOLD INCOME - Select the appropriate range of combined annual income for all people in the household (Include all income before taxes)		
<input type="checkbox"/> 1 →	<input type="checkbox"/> At or below \$20,345	<input type="checkbox"/> Between \$20,346 and \$28,953	<input type="checkbox"/> At or above \$28,954
<input type="checkbox"/> 2 →	<input type="checkbox"/> At or below \$27,495	<input type="checkbox"/> Between \$27,496 and \$39,128	<input type="checkbox"/> At or above \$39,129
<input type="checkbox"/> 3 →	<input type="checkbox"/> At or below \$34,645	<input type="checkbox"/> Between \$34,646 and \$49,303	<input type="checkbox"/> At or above \$49,304
<input type="checkbox"/> 4 →	<input type="checkbox"/> At or below \$41,795	<input type="checkbox"/> Between \$41,796 and \$59,478	<input type="checkbox"/> At or above \$59,479
<input type="checkbox"/> 5 →	<input type="checkbox"/> At or below \$48,945	<input type="checkbox"/> Between \$48,946 and \$69,653	<input type="checkbox"/> At or above \$69,654
<input type="checkbox"/> 6 →	<input type="checkbox"/> At or below \$56,095	<input type="checkbox"/> Between \$56,096 and \$79,828	<input type="checkbox"/> At or above \$79,829
<input type="checkbox"/> 7 →	<input type="checkbox"/> At or below \$63,245	<input type="checkbox"/> Between \$63,246 and \$90,003	<input type="checkbox"/> At or above \$90,004
<input type="checkbox"/> 8 →	<input type="checkbox"/> At or below \$70,395	<input type="checkbox"/> Between \$70,396 and \$100,178	<input type="checkbox"/> At or above \$100,179

*** Special Instructions for households with more than 8 people: DO NOT check the boxes above. Instead, fill in items below:**

Household size (# people): _____ Total annual income: _____

Part E: CERTIFICATION - The head of household or adult designee who completed this form must complete this certification section

I certify (promise) that all information on this form is true and that all income is reported to the best of my knowledge. I understand that this form may impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

(Signature) _____ (Printed Name) _____ (Date) _____

(Address) _____ (City) _____ (Zip) _____

(Email Address) _____ (Home Phone) _____ (Work Phone) _____

Do NOT fill out this section. This is for school use only.

Status: F _____ R _____ N _____ Determining Official's Signature: _____ Date: _____

INSTRUCTIONS FOR COMPLETING THE EDUCATION BENEFITS FORM

This form is used to determine eligibility for state benefits for which your child(ren)'s school may qualify. Please complete, sign, and return this form to your child's school.

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (FAP), FAMILY INDEPENDENCE PROGRAM (FIP), OR FDPIR PLEASE FOLLOW THESE INSTRUCTIONS:

Part A: Student Information - For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received: If any household member, including adults, receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR), provide the name and case number. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Part C: Size of Family - Enter the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Total Monthly Household Income - Skip this part

Part E: Certification - Sign the form. Print your name and Date.

IF YOUR HOUSEHOLD DOES NOT RECEIVE BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (FAP), FAMILY INDEPENDENCE PROGRAM (FIP), OR FDPIR PLEASE FOLLOW THESE INSTRUCTIONS:

Part A: Student Information - For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received: Skip this part.

Part C: Size of Family - Enter the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Total Monthly Household Income - Enter monthly income for all household members for each type of income that applies. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc. If you have no income for a category, circle NONE. Add lines though 1 through 6 and enter the Total Monthly Household Income.

Part E: Certification - Sign the form. Print your name, date, and contact information.