

# 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
- Black or African American
- Native Hawaiian or Other Pacific Islander

- Asian
- White

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 \_\_\_\_\_

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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](http://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](http://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: \_\_\_\_\_

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 our district website ([www.whitehallschools.net](http://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.

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**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                        |

