

Our Mission: Completely Committed to Kids!™

Welcome to the Huron School District. It is our desire that your family's experience with Huron Schools will be one of fulfillment, enrichment and exceptional opportunities. Below is a checklist of the required documents and information necessary to start the student enrollment process.

The enrollment process must be completed in person by a parent or legal guardian.

Required forms to be completed tonight:

- Student enrollment form
- Student emergency contact form
- Proof of Residency Form
- Language Survey

If applicable:

- Immunization waiver form
- Letter of Intent

Required documents:

- Original birth certificate (with raised seal), student passport or visa
- Official immunization records (all Kindergarteners **must** be compliant with immunizations before they can start school). See enclosed memo regarding how to obtain a non-medical waiver from Health Department. Vision and hearing screenings to be done onsite by the District and Health Department.
- Driver's license of parent/legal guardian, passport or visa (**must have photo on identification**)
- Proof of residency – The following documents are required to prove residency (**2 different proofs along with photo ID are required**):
 - Deed to land/property
 - Utility bill/activation deposit receipt
 - Passport/Visa
 - Closing documents
 - Cable bill/activation deposit receipt
 - Car registration
 - Purchase agreement
 - Home phone bill/activation dep. receipt
 - Voter's registration
 - Current property tax bill
 - Electric bill/activation deposit receipt
- Certified copies of court documents/placement orders, if applicable (appointment of legal guardianship, divorce papers, etc.)

Requirement for non-traditional living arrangements (if applicable): The following forms can be obtained by calling our District office at 734-782-2441.

- Notarized Affidavit of Shared Household Residency
- Notarized Affidavit of Relative Guardianship

If any of the following forms apply, they **DO NOT** need to be completed tonight.

The following forms will be sent home with your child on the first day of school and need to be completed and returned to school:

- Free and reduce meal application (only 1 per family required)
- Authorized to Administer Medication (if applicable)
- Technology Use Agreement
- Student Consent and Agreements
- Volunteer Online Criminal Record Check (if you wish to volunteer in the school/attend field trips)

HURON SCHOOL DISTRICT

STUDENT ENROLLMENT FORM

Student Information Page 1 of 2

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FOR OFFICE USE ONLY

School: _____
UIC # _____
Date of Entry: _____
Verification Document: _____
Teacher/Counselor: _____

Testing for RESA Bilingual Program Yes

Please print clearly:

Registration Date _____ Student Grade _____

Huron Resident Yes No

If non-resident, School District of residency?

STUDENT INFORMATION:

Last Name (as it appears on birth certificate)

First Name (as it appears on birth certificate)

Middle Name

Suffix

Date of Birth (mm/dd/year)

Gender

Male Female

Home Language

Primary Language

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)

Race

The question to the left is about ethnicity, not race. No matter what you selected, please continue to answer the following by marking one or more boxes to indicate what you consider your students' race to be.

- American Indian or Alaska Native Native Hawaiian or Pacific Islander
- Asian Caucasian/White Black/African American

Phone for notification calls (school closings, notifications, etc.)

Cell Home

unlisted

Student Birth Place (city/state)

Student's home address

City

Zip

Student lives with both parents mother only father only parent and step parent other _____

In a single family dwelling either rented or owned by his/her family with another family in their house/apartment a shelter, motel, car or campsite

MALE HEAD OF HOUSEHOLD:

Last Name

First Name

Middle Initial

Relationship to student (circle one)

- Birth Parent Adoptive Parent
Step-father School Guardian
Court Appointed Guardian Other _____

Cell Phone

Home Phone

Unlisted

Work Phone

Ext.

Email address

FEMALE HEAD OF HOUSEHOLD:

Last Name

First Name

Middle Initial

Relationship to student (circle one)

- Birth Parent Adoptive Parent
Step-mother School Guardian
Court Appointed Guardian Other _____

Cell Phone

Home Phone

Unlisted

Work Phone

Ext.

Email address

IF STUDENT "DOES NOT" RESIDE WITH "BOTH BIRTH" PARENTS:

Parent living elsewhere: Birth Mother Birth Father Both birth parents deceased
 Deceased Deceased Other _____

Last Name _____ First Name _____ Middle Initial _____
Address _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____ Unlisted _____ Work Phone _____ Ext. _____

Email address _____

Should the student be release to this parent? Yes No Has legal divorce/custody documents been provided? Yes No
Should this parent be an emergency contact? Yes No Do you want duplicate copies of mailings sent to this parents? Yes No

School District student is transferring from:

School District _____ Name of school _____

Has the student had a long-term suspension or expulsion from another school district? Yes No
If yes, you must complete the Affirmation of Prior Discipline record. Expulsion does not automatically disqualify a student from enrollment but Huron School District reserves the right to review the enrollment and determine the appropriateness of his/her enrollment.

Has the student ever been enrolled in a Special Education Program such as Speech, Title I, 504 Plan, Resource Room, etc? Yes No

If yes, please explain and provide a copy of current IEP

Does your family need translation services for school information? Yes No

Please list all other siblings, ages, grade levels and present schools

Last Name	First Name	Age	Grade Level	Present school (if applicable)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I certify that the information provided is true and accurate, and the address given on this and all enrollment forms is the legal residence of the parent/guardian enrolling the student and is the residence of which the student resides. I understand that it is my responsibility to inform the appropriate school office if and when any of the information set in this form changes.

Parent/Guardian signature _____ Date _____

Parent/Guardian Name (print) _____

HURON SCHOOL DISTRICT

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STUDENT EMERGENCY CONTACT INFORMATION

MILLER ELEMENTARY

Office Use Only:
Grade
Teacher/Counselor

School Year

Please Print Clearly:

Student Last Name (Please Print) First Name Date of Birth (mm/dd/yy)

Student Address:

EMERGENCY CONTACTS: (PLEASE PRINT and list in the order you wish to be called, with Parent/Guardianship first)

1)

Home address (if different than student's)
Relationship to child: Mother Father Other Email address
May your child be released to this contact? Yes No
() Cell Phone () Work Phone Ext () Home Phone

2)

Home address (if different than student's)
Relationship to child: Mother Father Other Email address
May your child be released to this contact? Yes No
() Cell Phone () Work Phone Ext () Home Phone

3)

Home address (if different than student's)
Relationship to child: Mother Father Other Email address
May your child be released to this contact? Yes No
() Cell Phone () Work Phone Ext () Home Phone

If you would like additional contacts, please add the same information to the back of this sheet.

MEDICAL AUTHORIZATION:

In case of an accident or serious illness, if the school is unable to contact me, I hereby authorize the school to take my child to the nearest hospital emergency room/clinic or physician. I/we authorize the attending physician and/or hospital personnel to take action and give treatment they deem advisable for our child's comfort and well-being. I/we agree to pay for any expenses incurred by the emergency.

Physician's Name Physician's Phone Number Hospital Preference

Does your child have any major health problems of which we should be aware?

Such as: (Check all that apply and be sure to complete an Authorization to Administer Medication Form)
 Asthma Bee Sting Allergy Diabetes Epilepsy Epi Pen Hay Fever Heart Condition Hemophilia
 Inhaler Peanut Allergy Seizures Skin disorder ADHD/ADD
 Food Allergy-please explain
 Other conditions that may require treatment or hospitalization

Current medications/treatments:

Signature Parent/Guardian Date

Parent/Guardian Name (Print)

PLEASE CALL YOUR SCHOOL OFFICE TO REPORT ANY CHANGES ON THIS FORM DURING THE SCHOOL YEAR

HURON SCHOOL DISTRICT

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PROOF OF RESIDENCY

Please print clearly:

I _____, declare that I, and my child

_____ physically reside at

Student's name	City	Zip
Address		

Michigan and that I have no other residence than the address listed on this affidavit.

I have also provided the following documents to prove my residency has been established in the Huron School District, Michigan:

- Driver's license of parent/legal guardian, passport or visa (**must have photo on identification**)
- Proof of residency – The following documents are require to prove residency (**2 different proofs along with photo ID are required**):
 - Deed to land/property Utility bill/activation deposit receipt
 - Passport/Visa Closing documents Cable bill/activation deposit receipt
 - Car registration Purchase agreement Home phone bill/activation dep. receipt
 - Voter's registration Current property tax bill Electric bill/activation deposit receipt
- Certified copies of court documents/placement orders, if applicable (appointment of legal guardianship, divorce papers, etc.)

I declare that I reside at this residence and will be available for contact by Huron School District at this address. I also declare that I am in compliance with Section 340.385 of the State of Michigan General School Laws. These laws state: "The purpose for which a child is placed in a licensed home or in the home of relatives in the school district **must be for the purpose of establishing a suitable home and not for an educational purpose.**"

I understand that if statements made on this affidavit change, my application will be open for review as to the continued enrollment of my child(ren) in the Huron School District. I also understand that if my address changes, I will immediately notify the school district, complete a Change of Address form and provide the necessary proofs of residency. I further understand that if the statements made on this affidavit are false, the enrollment of by child(ren) will be immediately terminated, and I may be subject to prosecution under the laws of the State of Michigan.

Parent/Guardian signature _____ **Date** _____
Parent/Guardian name (printed) _____

- If you have a guardian enrolling a students, a copy of the "original" court documentation **must be** provided.

FOR OFFICE USE ONLY:
The above documents were verified by: _____
School District Employee signature

**STATE BOARD OF EDUCATION
APPROVED HOME LANGUAGE SURVEY***

The Huron School District is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1151 – 380.1158 of the School Code of 1976, Michigan's Bilingual Education Law. Would you please help by providing the following information?

Thank you very much for your cooperation.

Name of Student _____ Grade _____ Age _____

School Building: **Miller Elementary School**

1. Is your child's native tongue a language other than English?

Yes No

What is that language? _____

2. Is the primary language¹ used in your child's home or environment a language other than English?

Yes No

What is that language? _____

Signature of Parent or Guardian _____ Address _____ Date _____

¹"Primary language" means "the dominant 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.

Dear Parent/Guardian:

Key Points Regarding Claiming a Nonmedical Waiver for Michigan Schools and Licensed Childcares

Michigan recently modified the administrative rules that change how nonmedical waivers for immunizations will be processed for school/childcare programs. The new rule went into effect on January 1, 2015.

With Michigan having one of the highest waiver rates in the country, a proactive approach has been established to help inform everyone regarding the benefits of vaccinations and the risks of disease. Some counties in Michigan have waiver rates as high as 20.7%. This means that more than 20% of the students in those counties haven't gotten all their vaccines. Some school buildings have even higher waiver rates. The hope is that the new rule will help answer any questions/concerns one may have regarding immunizations.

Key Points

- The new rule applies to all children who are enrolled in a public or private:
 - Licensed childcare, preschool, and Head Start programs
 - Kindergarten, 7th grade, and any newly enrolled student into the school district
- The new rule does not take away your right to obtain a nonmedical waiver.
- Nonmedical waivers (religious or philosophical (other) objections) will need to be obtained from a county health department; the schools/childcare centers will not have them.
- Parents/Guardians must follow these steps when requesting a nonmedical waiver:
 - Contact your county health department for an appointment to speak with a health educator.
 - During the visit, there will be an opportunity to have a discussion about immunizations with the county health department staff.
 - If at the end of the visit, you request a nonmedical waiver for your child, you will receive a copy of the current, certified (stamped and signed) State of Michigan Nonmedical Waiver Form.
 - Schools/childcare centers will only accept the current, official State of Michigan form (Current date: January 1, 2015).
 - Forms cannot be altered in any way (such as crossing information out).
 - Take completed, certified waiver form to your child's school or childcare center.
- If your child has a medical reason (a true contraindication or precaution) for not receiving a vaccine, a physician must sign the State of Michigan Medical Contraindication form; this form is available at your doctor's office (not the county health department).
- Based on the public health code, a child without either an up-to-date immunization record, a certified nonmedical waiver form or a physician signed medical waiver form can be excluded from school/childcare.

For more information, please visit www.michigan.gov/immunize > then click on *Local Health Departments* > then click on *Immunization Waiver Information*. There is a list of all the county health departments on this website, along with their addresses and phone numbers.

Information for Parents/Guardians

New Michigan School and Licensed Childcare Immunization Rule for Claiming a Nonmedical Waiver for Immunizations

In 2014, Michigan modified the administrative rules that changed how nonmedical waivers for immunizations will be processed for school and childcare programs. The new rule went into effect on January 1, 2015.

Frequently Asked Questions:

Why is this rule change important?

Michigan has one of the highest waiver rates in the country. Some counties in Michigan have waiver rates as high as 20.7%. This means that more than 20% of the students in those counties haven't gotten all their vaccines. Some school buildings have even higher waiver rates. This leaves communities vulnerable to diseases such as measles, chickenpox, and pertussis (whooping cough). Immunizations are one of the most effective ways to protect children from harmful diseases and even death.

What has the new rule changed for parents/guardians?

Parents/guardians who want to claim a nonmedical waiver will have an opportunity to have a discussion about immunizations with county health department staff and receive information on the benefits of vaccination and the risks of vaccine-preventable diseases. The new rule does not take away a parent's/guardian's right to obtain a nonmedical waiver.

What is a nonmedical waiver?

A nonmedical waiver is a parent's/guardian's written statement indicating their religious or philosophical (other) objections to a particular vaccination(s).

Who does this new rule apply to?

The new rule applies to all children who are enrolled in a public or private:

- Licensed childcare, preschool, and Head Start programs
- Kindergarten, 7th grade, and any newly enrolled student into the school district

What does certified, nonmedical waiver mean?

Certified, nonmedical waiver means that the official State of Michigan Immunization Waiver Form (current date: January 1, 2015) is used and the county health department stamp and signature of the authorizing agent (county health department staff) completing the immunization education with the parent/guardian is on the form.

Can a parent /guardian obtain a certified, nonmedical waiver form from the school, childcare center, or healthcare provider?

No, the certified nonmedical waiver can only be obtained at a county health department.

How does a parent/guardian obtain a certified, nonmedical waiver?

Parents/guardians will need to contact their county health department to receive immunization waiver education and to obtain a certified, current State of Michigan Immunization Waiver Form.

What if my child has a medical contraindication to a vaccine?

This new rule does not change the existing process for medical contraindications for vaccination. If your child has a medical reason (a true contraindication or precaution) for not receiving a vaccine, a physician must sign the State of Michigan Medical Contraindication form, which is available at your doctor's office (not the county health department). This form must be completed and signed by a physician before it can be submitted to the school or childcare center.

What documentation will parents/guardians need to submit to their school or childcare center?

1. Parents/guardians will need to submit documentation of one of these items to the school or childcare center:
 - A completed, certified State of Michigan Nonmedical Immunization Waiver form, or
 - A physician signed State of Michigan Medical Contraindication form, or
 - A complete immunization record

If a completed immunization record or a certified waiver form are not turned in, then the student can be excluded from school or childcare based on the public health code, unless the student is in a dose waiting (provisional) period. Dose waiting period means that the student still needs an immunization for school/childcare, but is not recommended to receive that dose at that time.

2. Waiver forms that are altered in any way (such as information on the form is crossed out) cannot be accepted by the schools/childcares.

Where can I find more information?

For more information, please visit www.michigan.gov/immunize > then click on *Local Health Departments* > then click on *Immunization Waiver Information*.

There is a list of all the county health departments on this website, along with their phone numbers and addresses.