



Student enrollments are to be completed at the school building that the student will be attending (see below). All student enrollments **MUST BE COMPLETED IN PERSON** by a parent or legal guardian.

Garfield Elementary School	340 Superior Boulevard	Phone: (734) 759-5500
Jefferson Elementary School	1515 15th Street	Phone: (734) 759-5600
Monroe Elementary School	1501 Grove Street	Phone: (734) 759-5800
Washington Elementary School	1440 Superior Boulevard	Phone: (734) 759-6100
Wilson Middle School	1275 15th Street	Phone: (734) 759-5300
Roosevelt High School	540 Eureka Road	Phone: (734) 759-5000

REQUIRED FORMS AND DOCUMENTATION

DOCUMENTATION

Additional documents may be required

- ORIGINAL Birth Certificate¹ of the student (with raised seal), Passport or Visa (for foreign exchange student)
- Official Immunization Records
- Proof of Residency - 3 Proofs are REQUIRED
 - 1) HOMEOWNERS: Current mortgage statement (within 30 days), current property tax bill (within 30 Days), closing papers, deed or signed purchase agreement.
 - RENTERS: Current signed lease/rental agreement or current rent receipt (within 30 days)
 - OTHER: If a student's family resides at a home owned or leased by another individual, a RESIDENCY AFFIDAVIT is REQUIRED. A Residency Affidavit must be completed at the Wyandotte Board of Education, Pupil Accounting Office - 639 Oak St., Wyandotte, MI.
Please note - this is an official document that must be notarized; valid I.D. required.
- 2) VALID Michigan Driver's License or Michigan I.D. Card with **CURRENT ENROLLMENT ADDRESS**
- 3) One (1) of the following - must be CURRENT (within 30 days) and indicate enrollment address:
 - Utility Bill (Gas, Electric, Cable, or Internet)
 - Cellular/Land Line Phone Bill
 - Bank Statement
 - Vehicle Insurance
 - Vehicle Registration
 - Voter's Registration
 - Payroll Check or Stub
 - State or Federal Government Correspondence
- IEP - If student has an Individualized Educational Program, **a copy of the most recent IEP must be taken to the Special Education Office, 639 Oak Street, Wyandotte, MI, prior to enrollment at the school**
- COURT DOCUMENTS - If applicable, certified copies of court orders or placement papers such as Appointment of Legal Guardianship, Custody Agreements, etc.

FORMS:

- Student Enrollment Form
- Authorization for Release of Records - Required for Students Grades 1 - 12 who attended a prior school district
- Affirmation of Prior Discipline Record - Required for Students Grades 1 - 12 who attended a prior school district
- School Emergency Card
- Concussion Awareness Form
- Kindergarten Health Appraisal and Vision Screening
- ² Other Documents as required

¹ The MI Missing Children's Act, MCL 380.1135, requirement

² To enter Kindergarten, all children are required to have a vision screening. Proof of screening or waiver due to religious reasons must be provided.



Wyandotte

PUBLIC SCHOOLS

STUDENT ENROLLMENT FORM

2019-2020

639 Oak Street ~ Wyandotte, MI 48192 ~ 734-759-6014

STUDENT INFORMATION - Enter student's full legal name as it appears on birth certificate

Last Name		First Name	Middle Name/Suffix (Jr., III)
Gender	Date of Birth MM/DD/YYYY	Birth Place (City, State, County)	Grade Entering
Address Number/Street Name/Apartment Number		City/Zip Code	Primary Phone Number

SCHOOL HISTORY - Please complete for last schools attended (including Pre-K)

School Name	City/State	Grade(s)

Part A: Is this student Hispanic/Latino? YES NO
 A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, *regardless of race*

Part B: What is the student's race? Choose one or more

American Indian or Alaska Native
 Black or African American
 White
 Asian
 Native Hawaiian or Other Pacific Islander

Current Living Situation

Own/Rent/Lease: House/Apartment/Trailer/Other
 Temporarily sharing housing with another person due to loss of housing or economic hardship

In a motel, hotel, campground due to lack of other housing

In an emergency or transitional shelter or hospital

Awaiting foster care placement

In living arrangement not listed that is NOT fixed, regular and adequate

Unaccompanied youth and/or runaway

None of the above

MICHIGAN'S BILINGUAL EDUCATION LAW - HOME LANGUAGE SURVEY

1. What Language or Languages are spoken in your child's HOME? Please check all that apply
 English Spanish Arabic Other (Please Specify) _____

2. What language did your child first learn to speak? (Note to Staff: PRIMARY language in MiSTAR)
 English Spanish Arabic Other (Please Specify) _____

3. Was your child born in the United States of America? Check One
 Yes No **If NO, you MUST complete Lines A & B**

A. If not, what country was your child born in? _____

B. What date did your child FIRST ENTER A SCHOOL IN THE UNITED STATES? _____

SPECIAL SERVICES - Please check all that apply

If applicable, most recent IEP must be provided to the Special Education Dept. prior to completing enrollment.

Special Education w/IEP (Complete Medicaid Consent Form)
 Speech w /IEP
 504 Plan
 Bi-Lingual English Language Services

BEHAVIOR HISTORY - Please check all that apply

Behavior Issues Expulsion
 Long-Term Suspension Other: _____

Behavior history does not automatically disqualify a student from enrollment, however, Wyandotte Public Schools reserves the right to review and determine the student's appropriate placement.

Local ID#: _____	Initials: _____	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> SOC Approval
Registration Date: _____		<input type="checkbox"/> Immunizations	<input type="checkbox"/> Concussion Form
School Attending:	<input type="checkbox"/> Garfield <input type="checkbox"/> Monroe <input type="checkbox"/> Wilson	<input type="checkbox"/> Records Release	<input type="checkbox"/> Residency Documents
	<input type="checkbox"/> Jefferson <input type="checkbox"/> Washington <input type="checkbox"/> Roosevelt	<input type="checkbox"/> Copy to Pupil Acctng	<input type="checkbox"/> Other: _____



PARENT/GUARDIAN INFORMATION

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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(1) Parent/Guardian - Last Name, First Name

Primary Phone Number

Employer/Occupation

Work Phone Number

Does Student Reside w/Parent/Guardian?

Relationship to Student

Yes No

Email Address

(2) Parent/Guardian - Last Name, First Name

Primary Phone Number

Employer/Occupation

Work Phone Number

Does Student Reside w/Parent/Guardian?

Relationship to Student

Yes No

Email Address

(3) Parent/Guardian - Last Name, First Name

Primary Phone Number

Employer/Occupation

Work Phone Number

Does Student Reside w/Parent/Guardian?

Relationship to Student

Yes No

Email Address

SIBLING(S) CURRENTLY ATTENDING WYANDOTTE SCHOOLS

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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Last Name/First Name

Grade

School Attending

Date of Birth MM/DD/YYYY

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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Last Name/First Name

Grade

School Attending

Date of Birth MM/DD/YYYY

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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Last Name/First Name

Grade

School Attending

Date of Birth MM/DD/YYYY

PARENT/GUARDIAN ACKNOWLEDGEMENT

I certify that the information provided herein is current and true, and by my signature below, acknowledge Wyandotte Public Schools' lawful right to withdraw my child from enrollment and to charge prorated tuition to the family of any student who has been found to misrepresent residency in the Wyandotte Public Schools.

Parent/Guardian Signature

Date

Parent/Guardian Name (Printed)



AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

STUDENT NAME - Last Name, First Name

Date of Birth MM/DD/YYYY

STUDENT NAME - Last Name, First Name

Date of Birth MM/DD/YYYY

STUDENT NAME - Last Name, First Name

Date of Birth MM/DD/YYYY

STUDENT NAME - Last Name, First Name

Date of Birth MM/DD/YYYY

STUDENT NAME - Last Name, First Name

Date of Birth MM/DD/YYYY

STUDENT NAME - Last Name, First Name

Date of Birth MM/DD/YYYY

Request to disclose and/or release the following student records:

- Academic, Discipline, Health/Medical, Achievement Test Results, Social Work, 504 Plan, IEP, Psychological Evaluation & Test Results, M.E.T. Report, IEP Evaluation Review, English Language Proficiency Test Results (WIDA), Other(s)

TO BE FILLED OUT BY NEW SCHOOL:

In compliance with Family Educational Rights and Privacy Act, FERPA, the undersigned requests information relative to the above name student(s) educational record(s) to be RELEASED TO:

School Requesting:

Contact:

School Address:

Phone: Fax:

TO BE FILLED OUT BY PARENT/GUARDIAN:

In compliance with Family Educational Rights and Privacy Act, FERPA, the undersigned requests information relative to the above name student(s) educational record(s) to be RELEASED FROM:

PREVIOUS SCHOOL NAME:

SCHOOL ADDRESS:

SCHOOL PHONE #: SCHOOL FAX #:

I, _____, parent/guardian of the above named student(s) authorize the above named entity and its authorized employee to disclose and/or release any and all student record information related to the above named student(s) to the person/entity identified above. I hereby indemnify and hold harmless the Wyandotte Board of Education, and its officers, employees, and agents in both their individual and official capacities, from liability of any nature resulting from the disclosure/release of the information.

Parent/Guardian Signature: Date:

Parent/Guardian Address:



PRIOR DISCIPLINE RECORD

2019-2020

639 Oak Street ~ Wyandotte, MI 48192 ~ 734-759-6014

PLEASE COMPLETE ONLY FOR GRADES 1 12

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

The School District of the City of Wyandotte (Wyandotte Public Schools) Rights and Responsibilities govern the behavior of students who attend Wyandotte Public Schools. The Rights and Responsibilities provides that a student who engaged in misconduct resulting in expulsion or long-term suspension in another school system, or who has withdrawn from said school system before such misconduct was established by an appropriate hearing, which misconduct, if true, is of sufficient gravity to pose a threat to the health or welfare of students or district personnel, or makes the presence of the student in the school district disruptive to the educational process, may be subject to a suspension or expulsion due process hearing prior to admission to Wyandotte Public Schools. Such conduct, if established, may make a student ineligible to enroll in and attend Wyandotte Public Schools. In order to process the student's enrollment, the parent or legal guardian, if the student is under 18 years of age, or student, if the student is 18 or older, must answer the questions below:

Student LEGAL Last Name, First Name

Gender

Date of Birth MM/DD/YYYY

1) Has the student had a long-term suspension, more than 10 days, or expulsion from another school district?
[] NO [] YES If yes, please indicate the name of the school district and explain the circumstances below:

2) Has the student withdrawn from a school district in lieu of being charged with conduct that may have resulted in a long-term suspension or expulsion?
[] NO [] YES If yes, please indicate the name of the school district and explain the circumstances below:

3) Other, please explain:

Parent/Guardian Signature (Student Signature if over 18 years of age)

Date

Parent/Guardian/Student (over 18) Name (Printed)



The Michigan Department of Education (MDE) is participating in a national initiative to support the children of military families. As part of this endeavor, MDE requests that local school districts identify military connected students. To comply with this initiative, please complete the below information and return to the school office if your child has a parent or legal guardian currently serving in any component of the Army, Navy, Air Force, Marines, Coast Guard, Michigan National Guard or in any Reserve United States forces or on Active Duty.

Is the parent/guardain of the student(s) in Active Military Duty as described above? Yes No

IF YES, PLEASE FILL OUT THE INFORMATION BELOW:

SCHOOL ATTENDING:

Student Last Name	Student First Name	Date of Birth	Gender

Parent/Guardian Signature

Date

IF NO, PLEASE INDICATE BELOW:

The parent/guardian of student(s) IS NOT in Active Military Duty as described above.

Parent/Guardian Signature

Date



Wyandotte

PUBLIC SCHOOLS

639 Oak Street ~ Wyandotte, MI 48192 ~ 734-759-6014

CONCUSSION AWARENESS EDUCATIONAL MATERIAL ACKNOWLEDGEMENT

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received the "Concussion Fact Sheet for Parents" provided by Wyandotte Public Schools.

Student Name Printed

Parent/Guardian Name Printed

Date

Student Signature

Parent/Guardian Signature

Date

Students and parents/guardians: Please review and keep the "Concussion Fact Sheet for Parents" for future reference.

Return this signed form to your child's school. This form will be kept on file for the duration of enrollment or age 18 and should only need to be completed once for each student.

CONCUSSION FACT SHEET FOR PARENTS



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

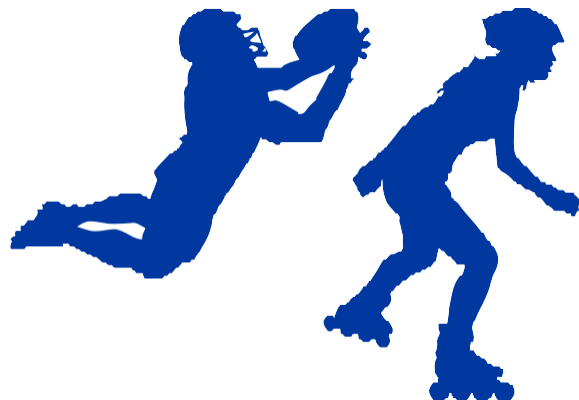
If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

SIGNS OBSERVED BY PARENTS/ GUARDIANS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes



DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
 - However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. SEEK MEDICAL ATTENTION RIGHT AWAY.

A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

2. KEEP YOUR CHILD OUT OF PLAY.

Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon - while the brain is still healing - risk a greater chance of having a second concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

3. TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION.

Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

HOW CAN I HELP MY CHILD RETURN TO SCHOOL SAFELY AFTER A CONCUSSION?

Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer

Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms. As your child's symptoms decrease, the extra help or support can be removed gradually.



JOIN THE CONVERSATION [L➔ www.facebook.com/CDCHeadsUp](https://www.facebook.com/CDCHeadsUp)

TO LEARN MORE GO TO [>> WWW.CDC.GOV/CONCUSSION](https://www.cdc.gov/concussion)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).