



TSD KDG ENROLLMENT CHECKLIST

Today's Date _____

STUDENT NAME	Has your student ever attended or been serviced by the Troy School District? YES NO	
PARENT ID	YES	NO
CONTACT TELEPHONE #		
SIBLINGS CURRENTLY IN DISTRICT? (Name/Current Building)	YES	NO (For PS Connection)
FIRST STEP COMPLETED https://ecollect.accelaschool.com/troysd Parent sent instruction from pssupport@troy.k12.mi.us	YES	NO
ID NUMBER		
BUILDING (check map to confirm attendance building)		
CHILD ATTEND PRESCHOOL? (Name & Address)	YES	NO
Concussion Form	YES	NO
Technology Use Form	YES	NO
Immunization Consent	YES	NO
Virtual Approval		
KDG WAIVER* (Required if they turn "5" between Sept 2 nd - Dec 1 st of school year they begin attending)	YES	NO *Enrollment is NOT complete until the parent/legal guardian meets with building principal and waiver is signed by both parties.
STUDENT CONTACTS	YES	NO
BIRTH CERTIFICATE and	YES	NO
PASSPORT if born out of the country	YES	NO
IMMUNIZATION RECORD (Legible)	YES	NO
VISION SCREENING (Submit by 1 st day of school)	YES	NO
PARENT KDG QUESTIONNAIRE COMPLETED	YES	NO
PROOFS OF RESIDENCY	Please ask the following: Current Resident? Moving from another city/state/country? In the process of moving?	
Own/Rent Other Property?	YES	NO If Yes, Where?
Closing/Residential Exemption (PRE)/Rescind (New Homeowner)	YES	NO
Current Property Tax Stmt/Bill (Current Homeowner)	YES	NO
Lease* (Must include Parent/Guardian and Student's Name)	YES	NO *Lease Expiration Date: *Landlord's Telephone #:
Residential Affidavit (Include Expiration Date)	YES	NO
Utility Bills (2) (2 from Homeowner and 2 miscellaneous personal mail from Parent if used with Residential Affidavit)	YES	NO
ALLERGIES/ MEDICAL NEEDS	YES	NO Medication Form Provided: YES / NO
SPECIAL ED SERVICES: IEP? Speech – Social Work?	YES	NO Copy Provided: YES / NO Please List:
ELL (Please inform parent that an EL rep will contact them for testing PRIOR to receiving a schedule or being able to start at the building)	YES	NO Language: Ethnicity:
IMMIGRANT	YES	NO Date Entered US:
McKinney-Vento/Free and/or Reduced Lunch	YES	NO Building to Supply Application: YES / NO
SPECIAL NOTES		

<input type="checkbox"/> NON-RESIDENT	<input type="checkbox"/> SCHOOLS OF CHOICE
<input type="checkbox"/> RESIDENT	District Of Residence _____
<input type="checkbox"/> CHARTER SQUARE PLACEMENT	<input type="checkbox"/> SOMERSET PLACEMENT