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# Midland Public Schools

## *Inspiring Excellence*

600 E. Carpenter Street, Midland, MI 48640 • [www.midlandps.org](http://www.midlandps.org) •  
989.923.5001

Dear Parent/Guardian

Thank you for considering Midland Public Schools for your child's educational journey. We welcome your partnership to help your child reach his or her potential.

Please contact the Pre-Primary Center at Carpenter Street School for information regarding our Pre-School options: 989-923-6411.

The following documents are required for Pre-Registration for grades K through 12. Return this enrollment packet to your home attendance area school, along with the following:

- An original birth certificate (the school office will make a copy)
- A documentation of your residency (utility bill, rent receipt, lease agreement)
- Immunization record

Non-Resident students who are new to the district, are welcome to pre-register with the MPS Administration office, 600 E. Carpenter St., Midland, MI 48640, by following the pre-registration links on the MPS website: [www.midlandps.org](http://www.midlandps.org). For more information, call 989-923-5024. Your acceptance is conditional until MPS receives and reviews all school reports.

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# School Entrance Form

Midland Public Schools  
Midland, MI  
**PLEASE PRINT**

## For School Use Only

Teacher Number	Room No.	Residency verified by	Resident Dist.	Student Number
Entrance Date	Grade	Date	Attendance Area	DOB Verified by

## Student Information

Legal Name: First Name		Middle Name	Last Name		
Preferred Name: First Name/Nickname		Middle Name	Last Name		
Is this student Hispanic/Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	Date of Birth	Multiple Birth (Twin, Triplet, etc)
What is the students' race?		Place of Birth			
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander		Country of Citizenship			
<input type="checkbox"/> Asian <input type="checkbox"/> White		Alien Registration Number			Entry date into U.S. (if within 12 months)
<input type="checkbox"/> Black or African American					
Home Language Information					
1. Is your student's primary language a language other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes, Please Specify _____					
2. Is there a language other than English spoken regularly in the home? <input type="checkbox"/> No <input type="checkbox"/> Yes, Please Specify _____					
Do you wish to have your student tested for potential tutoring in English as a second language? <input type="checkbox"/> Yes <input type="checkbox"/> No, we refuse ESL Services					
Is there a current <b>Order of Protection, No Contact Order</b> or other safety factors concerning this student? <input type="checkbox"/> Yes, please provide documentation <input type="checkbox"/> No					

## Physical Address

## Mailing Address (if different than physical address)

Apt Number	Street	Apt Number	Street	P.O. Box
City	Zip	City	State	Zip
<p>If your student is experiencing a loss of housing, foreclosure, eviction, or has had to move due to hardship, he or she may be eligible for assistance. This program requires school districts to remove any barriers to the immediate enrollment, attendance, full participation, and success of students, preK-12th grade, who lack a "fixed, regular, and adequate overnight residence." If eligible, students protected under the McKinney-Vento Act are entitled to immediate enrollment into school even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. The federal McKinney-Vento Homeless Assistance Act, Title IX Part A, of the Every Student Succeeds Act of 2015 includes a definition of who is considered "homeless" or as more commonly referenced "in transition" for the purposes of the Act and, therefore, eligible for the rights and protections it provides.</p> <p><input type="checkbox"/> I am a student not living with a parent or legal guardian. <input type="checkbox"/> Shelter: <input type="checkbox"/> Shelterhouse <input type="checkbox"/> Open Door</p> <p><input type="checkbox"/> Campground, park, camper or Car. Where: _____</p> <p><input type="checkbox"/> Doubled-up or couch surfing due to economic hardship or loss of housing, residing with: <input type="checkbox"/> Family <input type="checkbox"/> Friends</p> <p><input type="checkbox"/> Motel/Hotel Where: _____</p> <p><input type="checkbox"/> Abandoned apartment or building Where: _____</p> <p><input type="checkbox"/> In a Foster Care Placement <input type="checkbox"/> No <input type="checkbox"/> Yes, Where: _____</p>				

## Custodial Guardian

First Name		Middle Name	Last Name	
Relationship to student (father, mother, etc)	Employer	Email Address		
Education Level Completed	Apt Number	Street		
P.O. Box	City	State	Zip	Active Military? <input type="checkbox"/> Yes
Home Phone	Work Phone	Extension	Cell Phone	Pager

## Custodial Guardian

First Name		Middle Name	Last Name	
Relationship to student (father, mother, etc)	Employer	Email Address		
Education Level Completed	Apt Number	Street		
P.O. Box	City	State	Zip	Active Military? <input type="checkbox"/> Yes
Home Phone	Work Phone	Extension	Cell Phone	Pager

## Non-Custodial Guardian

First Name		Middle Name	Last Name	
Relationship to student (father, mother, etc)	Employer	Email Address		
Education Level Completed	Apt Number	Street		
P.O. Box	City	State	Zip	Active Military? <input type="checkbox"/> Yes
Home Phone	Work Phone	Extension	Cell Phone	Pager

Other children in household (please begin with oldest child)

Full Name (Last, First, Middle)	Gender	Date of Birth	Age	Grade
Full Name (Last, First, Middle)	Gender	Date of Birth	Age	Grade
Full Name (Last, First, Middle)	Gender	Date of Birth	Age	Grade
Full Name (Last, First, Middle)	Gender	Date of Birth	Age	Grade

Emergency Contact

First Name		Middle Name		Last Name	
Relationship to student (uncle, aunt, family friend, etc)		Apt Number	Street		
P.O. Box	City			State	Zip
Home Phone		Work Phone	Extension	Cell Phone	Pager

Emergency Contact

First Name		Middle Name		Last Name	
Relationship to student (uncle, aunt, family friend, etc)		Apt Number	Street		
P.O. Box	City			State	Zip
Home Phone		Work Phone	Extension	Cell Phone	Pager

Emergency Contact

First Name		Middle Name		Last Name	
Relationship to student (uncle, aunt, family friend, etc)		Apt Number	Street		
P.O. Box	City			State	Zip
Home Phone		Work Phone	Extension	Cell Phone	Pager

Health/Medical Information

Family Doctor		Phone
Immunizations: Please attach current immunization records. We must have current immunization information or a waiver to complete your students registration.	Allergies or reactions to:	Medical devices:
	<input type="checkbox"/> Medication _____	<input type="checkbox"/> Brace
	<input type="checkbox"/> Insect Stings _____	<input type="checkbox"/> Contact Lenses
	<input type="checkbox"/> Foods _____	<input type="checkbox"/> Glasses
	<input type="checkbox"/> Seafood	<input type="checkbox"/> Hearing Aide
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____
Does student use Epi-Pen or other emergency medications? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, will it be at school? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Health alerts, Please explain:

Does student have any chronic health problems?

<input type="checkbox"/> Asthma	<input type="checkbox"/> Blood	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Cancer	<input type="checkbox"/> Convulsions/Seizures	<input type="checkbox"/> Cystic Fibrosis
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hearing	<input type="checkbox"/> Immuno-Deficiency	<input type="checkbox"/> Neurological	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Psychological
<input type="checkbox"/> Sickle Cell Anemia	<input type="checkbox"/> Speech	<input type="checkbox"/> Vision	<input type="checkbox"/> Other _____		

Is this condition potentially life threatening? ☐ Yes ☐ No If yes, please describe below

A history of mental health concerns; worries, anxiety, fears, depression? ☐ Yes ☐ No If yes, please describe below

Medical Notes, Descriptions, Diagnosis


**Last School Attended**

School Name		Street Address		
City	State	Zip	Withdraw Date	Type of School <input type="checkbox"/> Public <input type="checkbox"/> Private

**3 year old preschool setting**

Name of preschool/Daycare	How many days a week	Name of preschool/Daycare	How many days a week
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**4 year old preschool setting**

Name of preschool/Daycare	How many days a week	Name of preschool/Daycare	How many days a week
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**Young 5 setting**

Name of preschool/Daycare	How many days a week	Name of preschool/Daycare	How many days a week
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**Enrollment**

Has this student ever received any special education services or attended special education classes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this student currently receiving special education services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student currently receive services under Section 504?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the student ever had a mental health or behavioral residential placement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to any of the above, please provide a copy of the current documentation.		

**Discipline**

Public Act 328 (effective January 1, 1995) requires public school districts to expel any student who possesses a dangerous weapon in a weapon-free school zone or commits either arson or rape in a school building or on school property (including school buses and/or other school transportation).

A dangerous weapon is defined as "a firearm, dagger, dirk, stiletto, knife with blade over three (3) inches in length, pocket knife opened by a mechanical device, iron bar, or brass knuckles or other devices designed to or likely to inflict bodily harm, including, but not limited to, air guns, and explosive devices."

Please Check One:

☐ Student has not been expelled from another school.

☐ Student has been expelled from another school or has expulsion charges pending. Please explain below.

☐ Is currently or previously been suspended from another school. Please explain below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Directory Information**

The Board designates as student "directory information" a student's name, address, telephone number, date and place of birth, photograph, year book pictures, video and/or electronic images, major field of study, participation in officially recognized activities and sports, height and weight, if a member of an athletic team, dates of attendance, date of graduation, awards received, honor rolls, and scholarships. If you have any objections regarding the release of this information about your child, please notify the school your child will be attending in writing.

**Parent Consent**

In case of illness, accident, or injury serious enough to warrant immediate medical attention, I hereby give permission to transport the above named child to the nearest hospital. I understand I am responsible for any and all costs incurred.

The Board may establish online access for the parents or the eligible student to the student's confidential academic and attendance records. Please be reminded that the account and confidential information about the student is only as secure as the parents or student keeps their information. The parent, eligible student, or unauthorized party will hold neither the District nor its employees responsible for any breach of this information.

I understand, for the health, safety, and/or educational needs of my child, information may need to be shared with individuals working with my child. Typically, this would include the building administrator, secretary, teachers, aides, counselors, school social workers, noon duty staff, transportation staff, technology staff, school nurse, truancy program coordinator, and school resource officer.

I understand that Midland Public Schools will release my child's immunization record and personally identifiable information to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. You may withdraw your consent to share this information by notifying your child's school in writing at any time.

There may be an occasion for enrollment in a virtual class. I hereby give permission to allow my child to enroll in a class that is taught in that format.

**I understand that:**

1. Midland Public Schools will request records for this student from previous school(s); and
2. enrollment is conditional until records are received and reviewed by the district; and
3. if student records received from the previous school(s) are not as represented, this student may be excluded from Midland Public Schools immediately without further recourse.

Parent/Guardian Signature	Date
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## Release of Student Records

Previous School: \_\_\_\_\_

City and State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Did student Receive (check all applicable) \_\_\_\_ Special Education \_\_\_\_ Speech/language \_\_\_\_ English as Second Language

Has the student been expelled from another school district? \_\_\_\_\_

**Please fax transcript as soon as possible and mail student's complete file, which includes the following:**

- ✓ Official Transcript (High School)
- ✓ Standardized Test Scores
- ✓ Discipline/Attendance records
- ✓ Immunization records
- ✓ Special Education records
- ✓ Withdrawal grades (if student left before end of semester)
- ✓ Any other applicable student records

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### **High Schools**

#### **H. H. Dow High School**

3901 North Saginaw Rd  
Midland, MI 48640  
Registrar: Joe Moore  
Ph: (989) 923-5386  
Fax: (989) 923-5301

#### **Midland High School**

1301 Eastlawn Dr.  
Midland, MI 48642  
Registrar: Karen Decker  
Ph: (989) 923-5181  
Fax: (989) 923-5100

### **Middle Schools**

#### **Jefferson Middle School**

800 W. Chapel Ln  
Midland, MI 48640  
Admin Asst: Lisa Rabie  
Ph: (989) 923-5875  
Fax: (989) 923-5800

#### **Northeast Middle School**

1305 E. Sugnet Rd  
Midland, MI 48642  
Admin Asst: Barb Camp  
Ph: (989) 923-5775  
Fax: (989) 923-5780

### **Elementary Schools**

#### **Adams Elementary School**

1005 Adams Dr  
Midland, MI 48642  
Admin Asst: Wendy Sekely  
Ph: (989) 923-6040  
Fax: (989) 923-6035

#### **Central Park Elementary**

1400 Rodd St  
Midland, MI 48640  
Admin Asst: Amy Crowley  
Ph: (989) 923-6416  
Fax: (989) 923-6876

#### **Chestnut Hill Elementary**

3900 Chestnut Hill Dr  
Midland, MI 48642  
Admin Asst: Joanne Coates  
Ph: (989) 923-7838  
Fax: (989) 923-6630

#### **Plymouth Elementary**

1105 East Sugnet Rd  
Midland, MI 48642  
Admin Asst: Joni Wing  
Ph: (989) 923-7618  
Fax: (989) 923-7665

#### **Siebert Elementary School**

5700 Siebert Street  
Midland, MI 48640  
Admin Asst: Sarah Duley  
Ph: (989) 923-7837  
Fax: (989) 923-7835

#### **Woodcrest Elementary School**

5500 Drake Street  
Midland, MI 48640  
Admin Asst: Katrina Kolarik  
Ph: (989) 923-7942  
Fax: (989) 923-7919

### **Pre-Primary Center**

1407 W Carpenter St.  
Midland, MI 48640  
Admin Asst: Amy Gates  
Ph 989-923-6411  
Fax: 989-923-6410

**Series 3000: Operations, Finance, and Property**  
**3100 General Operations**

**3116-F-1 Agreement for Acceptable Use of Technology Resources Students**  
**Grades DK-5**

Midland Public Schools

District Name

Student Name

**Student:**

I understand that I may be permitted to use the school's computers, electronic devices, and Internet at school and at home under the following school rules for computer and Internet use. I promise that:

- I will only use the computers, electronic devices, and Internet for schoolwork.
- I will only use the computers, electronic devices, and Internet as directed by my teacher or other school employee.
- I will not use the Internet to try to look at websites that I know are for adults only or that I know I should not access.
- If I accidentally access a website that I know I should not look at, I will tell my parent/guardian or teacher right away.
- If someone sends me something on the Internet that I know is inappropriate, I will tell my parent/guardian or teacher right away.
- I will not use the school's computers, electronic devices, or Internet to bully or harm any other person.
- If someone else uses the computers, electronic devices, or Internet to bully or harm me, I will tell my parent/guardian or teacher right away.
- I will not damage the school's computers, electronic devices, or cause problems with the computers, electronic devices, or Internet on purpose.
- I will give the school's computers and other electronic devices back to the school at the school's request.
- I will not use the school's computers, electronic devices, or Internet to cheat on my schoolwork.
- I will not copy anything that I see on the school's computers, electronic devices, or Internet and pretend that it is my own work.
- I will keep my password secret from everyone except my parent/guardian.
- I understand that the school can see everything that I do on the school's computers, electronic devices, and Internet.
- I understand that the school has filters on its computers, electronic devices, and Internet, which means I might not be able to see some information. I will not try to interfere with those filters.
- I will follow all of these rules. I will also follow any directions that my teacher or other school employee gives me about my use of the school's computers, electronic devices, or the Internet.

I understand that if I break any of these rules, I may be disciplined, and I may also lose my computer, electronic device, and Internet privileges.



**3116-F-1 Agreement for Acceptable Use of Technology Resources Students  
Grades DK-5**

I have read this Agreement and agree that as a condition of my child's use of the school's Technology Resources, which include: (1) internal and external network infrastructure, (2) Internet and network access, (3) computers, (4) servers, (5) storage devices, (6) peripherals, (7) software, and (8) messaging or communication systems, I release the school and its board members, agents, and employees, including its Internet Service Provider, from all liability related to my child's use or inability to use the Technology Resources. I also indemnify the school and its board members, agents, and employees, including its Internet Service Provider, for any fees, expenses, or damages incurred as a result of my child's use, or misuse, of the school's Technology Resources.

I have explained the rules listed above to my child.

I authorize the school to consent to the sharing of information about my child to website operators as necessary to enable my child to participate in any program, course, or assignment requiring such consent under the Children's Online Privacy Protection Act.

I understand that data my child sends or receives over the school's Technology Resources is not private. I consent to having the school monitor and inspect my child's use of the Technology Resources, including any electronic communications that my child sends or receives through the Technology Resources.

I understand that the school does not warrant or guarantee that its Technology Resources will meet any specific requirement or that they will be error free or uninterrupted; nor will the school be liable for any damages (including lost data, information, or time) sustained or incurred in connection with the use, operation, or inability to use the Technology Resources.

I agree that I will not copy, record, or share, or allow my child to copy, record, or share, any information sent to my child via the school's Technology Resources that includes personally identifiable information about any other child including, without limitation, videos, audio, documents, or other records that identify another student by name, voice, or likeness.

I understand and agree that my child will not be able to use the school's Technology Resources until this Agreement has been signed by me and returned.

I agree that my child will return all Technology Resources to the school in good working order immediately on request and that I am responsible for any damage to the Technology Resources beyond normal wear and tear.

I have read this Agreement and agree to its terms.

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Parent/Guardian Signature

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Date

**cc: parent/guardian, student file**