

Name: _____ Transportation: Yes No (circle)

DOB: _____

Date Entered: _____

Midland Public Schools Developmental Kindergarten

Pre-Registration Forms

Are you in need of before and aftercare? Yes No Campfire: 989-832-2295

School Entrance Form

Immunization Information

* Birth Certificate

(Original birth certificate must be verified and a copy will be made. Passport is also acceptable.)

Proof of Residency: Mortgage/Receipt Rental Receipt, Property Tax

KDG Waiver

Computer use form

Deadline for Submission: March 1st

Submitting this packet does not constitute registration into the Developmental Kindergarten program (Y5).

Parents and guardians will be notified during the second week of March to let them know if their has been placed within the program.

Please deliver to:
The Pre-Primary Center at
Carpenter Street School 1407
West Carpenter Street

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
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)
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 Order of Protection, No Contact Order 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

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.

- I am a student not living with a parent or legal guardian. Shelter: Shelterhouse Open Door
- Campground, park, camper or Car. Where: _____
- Doubled-up or couch surfing due to economic hardship or loss of housing, residing with: Family Friends
- Motel/Hotel Where: _____
- Abandoned apartment or building Where: _____
- In a Foster Care Placement No Yes, Where: _____

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: <input type="checkbox"/> Medication _____ <input type="checkbox"/> Insect Stings _____ <input type="checkbox"/> Foods _____ <input type="checkbox"/> Seafood _____ <input type="checkbox"/> Other _____	Medical devices: <input type="checkbox"/> Brace <input type="checkbox"/> Contact Lenses <input type="checkbox"/> Glasses <input type="checkbox"/> Hearing Aide <input type="checkbox"/> Other _____
	Does student use Epi-Pen or other emergency medications? Yes <input type="checkbox"/> No <input type="checkbox"/> 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? Yes No

Is this student currently receiving special education services? Yes No

Does the student currently receive services under Section 504? Yes No

Has the student ever had a mental health or behavioral residential placement? Yes 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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Preschool Attended:

Check box if student did not attend preschool

Please explain why you feel your child would benefit from the Developmental Kindergarten Program vs. a traditional kindergarten program?

Please share any additional information about your child that will help ensure a positive learning experience for him/her (activity level, personality traits, special needs, etc.).

What do you hope to have your child gain from his/her experience in the MPS Developmental Kindergarten Program?

STUDENT TECHNOLOGY ACCEPTABLE USE AND SAFETY AGREEMENT

To access and use District Technology Resources (see definition in Bylaw 0100), including a school assigned e-mail account and/or the Internet at school, students under the age of eighteen (18) must obtain parent permission and sign and return this form. Students eighteen (18) and over may sign their own forms. Use of District Technology Resources is a privilege, not a right. The Board of Education's Technology Resources, including its computer network, Internet connection and online educational services/apps, are provided for educational purposes only. Unauthorized and inappropriate use will result in loss of this privilege and/or other disciplinary action. The Board has implemented technology protection measures that protect against (e.g., block/filter) Internet access to visual displays/depictions/materials that are obscene, constitute child pornography, or are harmful to minors. The Board also monitors online activity of students in an effort to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. Nevertheless, parents/guardians are advised that determined users may be able to gain access to information, communication, and/or services on the Internet that the Board has not authorized for educational purposes and/or that they and/or their parents/guardians may find inappropriate, offensive, objectionable or controversial. Students using District Technology Resources are personally responsible and liable, both civilly and criminally, for unauthorized or inappropriate use of the Resources. The Board has the right, at any time, to access, monitor, review and inspect any directories, files and/or messages residing on or sent using District Technology Resources. Messages relating to or in support of illegal activities will be reported to the appropriate authorities. Individual users have no expectation of privacy related to their use of District Technology Resources. Please complete the following information:

Student User's Full Name (please print): _____
School: PPC Grade: DK

Parent/Guardian's Name: _____

Parent/Guardian As the parent/guardian of this student, I have read the Student Technology Acceptable Use and Safety Policy and Guidelines, and have discussed them with my child. I understand that student access to the Internet is designed for educational purposes and that the Board has taken available precautions to restrict and/or control student access to material on the Internet that is obscene, objectionable, inappropriate and/or harmful to minors. However, I recognize that it is impossible for the Board to restrict access to all objectionable and/or controversial materials that may be found on the Internet. I will not hold the Board (or any of its employees, administrators or officers) responsible for materials my child may acquire or come in contact with while on the Internet. Additionally, I accept responsibility for communicating to my child guidance concerning his/her acceptable use of the Internet - i.e., setting and conveying standards for my daughter/son to follow when selecting, sharing and exploring information and resources on the Internet. I further understand that individuals and families may be liable for violations. 7540.03 F1/page 2 of 2 [] To the extent that proprietary rights in the design of a web page, site, service or app hosted on Board-owned or District-affiliated servers would vest in my child upon creation, I agree to assign those rights to the Board. Please check each that applies: 0 I give permission for the Board to issue an e-mail account to my child. 0 I give permission for my child's image (photograph) to be published online, provided only his/her first name is used. 0 I give permission for the Board to transmit "live" images of my child (as part of a group) over the Internet via a web cam. 0 I authorize and license the Board to post my child's class work on the Internet without infringing upon any copyright my child may own with respect to such class work. I understand only my child's first name will accompany such class work.

Parent/Guardian's Signature: _____ Date: _____

Student I have read and agree to abide by the Student Technology Acceptable Use and Safety Policy and Guidelines. I understand that any violation of the terms and conditions set forth in the Policy and Guidelines is inappropriate and may constitute a criminal offense and/or may result in disciplinary action. As a user of District Technology Resources, I agree to communicate over the Internet and through the Technology Resources in an appropriate manner, honoring all relevant laws, restrictions and guidelines.

Student's Signature: _____ Date: _____

Teachers and building principals are responsible for determining what is unauthorized or inappropriate use. The principal may deny, revoke or suspend access to and use of the Technology Resources to individuals who violate the Board's Student Technology Acceptable Use and Safety Policy and related Guidelines, and take such other disciplinary action as is appropriate pursuant to the Student Code of Conduct. 12/8/14 1/15/18 © NEOLA 2017

TRANSPORTATION FORM

Student Name: _____

Parent/GuardianName: _____

Contact Telephone: _____

Will you need your student to ride the Midland Public Schools bus?

Yes (If checked, please complete

remainder of form) No (If checked, you
have completed the form)

If yes, where will your student need to be picked up from in the morning?

Home Address: _____

Alternate Location:

Individual/Daycare Name: _____

Street Address: _____

Contact Telephone Number: _____

If yes, where will your student need to be dropped off at in the afternoon?

Home Address: _____

Alternate Location:

Individual/Daycare Name: _____

Street Address: _____

Contact Telephone Number: _____

For office use only:

Building: _____ Teacher: _____

MIDLAND PUBLIC SCHOOLS **Administration of Medication Policy**

Medication Definition: Medication includes prescription, nonprescription and herbal medications and includes those taken by mouth, taken by inhaler, injected (epi-pen), applied as drops to eye or nose, or applied to the skin.

Administration of medication (prescription, nonprescription, and herbal) to a student by a school administrator or an employee designated by the school administrator is allowed if:

- The request to administer the medication should be completed and signed by the student's parent or guardian.
- The request for medicine must include the written instructions for the medication signed by the prescribing physician. The prescribing physician must authorize any changes in medication.
- Administration of medication by a school staff member must be done in compliance with a physician's written instructions and signed by a parent or guardian, for either prescription or nonprescription medicine. Administration of the medicine shall be done in the presence of another adult and a log of the medication administration shall be maintained. In a life-threatening emergency an individual may administer the medication, record this into the log and notify the school administrator.
- Parental or guardian request/permission and physician's instructions shall be renewed annually, or more often if necessary.
- Medication shall be stored in a secure location in a labeled container as prepared by the pharmacy, physician or pharmaceutical company and include the pupil's name, the name of the medication, dosage and frequency of administration. This container will be kept at the school for the duration of the administration.
- Non-prescription medications will not be given for more than the amount listed on the package without a note from a physician.
- All controlled-substance medications will be counted and recorded in the medication administration log upon receipt from the parent/guardian. The medication will be recounted on a regular basis (monthly or bi-weekly) and be reconciled with the medication administration log.

Self-Administration

Self-Administration means that the pupil is able to consume or apply prescription, non-prescription and herbal medication in the manner directed by a physician without additional assistance or direction. Self-possession means that the pupil may carry medication on his/her person to allow for immediate and self-determined administration

- The student's parent/guardian must provide written permission and request the school to allow student to self-possess and self-administer medication (prescription and/or nonprescription), except when prohibited by law.
- The request must include the written instructions for the medication and state that the student may self-possess and/or self-administer the medication. This request must be signed by the prescribing physician.
- Medication that a pupil possesses must be labeled and prepared by a pharmacy or pharmaceutical company and include the dosage and frequency of administration
- The parental or guardian request/permission and physician's instructions shall be renewed annually, or more often if necessary.
- Sharing of prescribed or non-prescribed medication is prohibited.
- Controlled substances (e.g., Ritalin or codeine) shall not be self-administered.
- Non-prescription medications will not be given for more than the amount listed on the package without a note from a physician.

The *Administration of Medications* policy and procedure plan shall be communicated to parents, guardians and physicians on an annual basis.

Additional Information

- If there is a question on the appropriateness of administering a particular type of medication or procedure, the involved employee should contact the building administrator who will seek further clarification.
- Medication should be brought to school by the parent/guardian unless other safe arrangements are necessary and possible.
- The school may set a designated time for administration of medication. The parent/guardian should be informed of this designated time and communicate this to the family physician when he/she writes instructions for administration of the medication. Exceptions to the designated time will be dealt with on an individual basis.
- Dividing a dose of medication is not the responsibility of the school personnel (e.g., pill-splitting, liquid dosage).
- Expiration dates on prescription medications, epi-pens, and inhalers shall be checked at least twice a year.

Medication Log

- A log of Medication administration shall be kept in the school office and filed in a pupil's permanent record at the end of each school year.
- The Medication Log shall include the pupil's name and the name and dosage of the medication. It should also include a place for the individual administering medication to record the date and time, the signature of individual administering the medication and the signature of the adult witness.
- Prescription Accounting should be included on the Medication Log.
- If an error is made in recording, the individual who administered the medication shall cross out, initial the error, and make the correction in the log.

School Staff Training

- Training will be provided in the following situations:
 - When new staff is assigned to administer medications,
 - When special circumstances require procedures that fall outside the regular procedures,
 - When requested by building personnel.



Midland Public Schools

Inspiring Excellence

600 E. Carpenter St., Midland MI 48640
Phone: (989)923-5001 Fax (989)923-
5003

Parent Notification Regarding Child Custody

As per State and Federal law (MCL 722.30 & FERPA), please be advised, Midland Public Schools recognizes the legal rights of parents and guardians as indicated on a certified birth certificate or legal court order.

In cases where parents/guardians are legally separated, divorced and/or those parents who simply have ongoing custody issues between them, the parental rights of both parties will be equally recognized by your child's school, unless and until a parent/guardian has a legal court order that specifically restricts or denies the non-custodial parent's access to the child at school, the child's school records, or other protective order.

To accommodate a custodial parent's request to deny non-custodial parent's rights to access or information on a child, the school must have a copy of the most recent court order on file that indicates one parent's access and information rights are inhibited. Otherwise, either parent, with proper identification, may have access to the child at school, request and receive information and be included in the child's educational process.

