Forest Area Community Schools
7741 Shippy Road SW
Fife Lake, MI 49633

STUDENT REGISTRATION FORM

(Circle school below for which your child is enrolling.)

Fife Lake Elementary Forest Area Middle School Forest Area High School

Start Date_____ Student Number_____

CONFIDENTIAL

STUDENT INFORMATION (PLEASE PRINT)

Legal Last Name	First Name	Middle Name	Gender M F	Grade

Street Address	Street Name	Apt#	P.O. Box	City	Zip

Home Phone ( )	Unlisted Yes No	Date of Birth Month Day Year

Please circle the phrase that best describes your racial group as generally recognized by your family and/or friends.

American Indian Alaska Native Asian Black or African American Hispanic Latino White

Primary language spoken at home: English Other _____	What language did this student first speak? English Other _____

Is there a current **Order of Protection** or **No Contact Order** which concerns this student? Yes No
If yes, please provide a copy.

PARENT(S) / GUARDIAN INFORMATION

Last Name	**First Name**	**Middle Initial**	Relationship	Email Address

Street Address	Street Name	Apt#	P.O. Box	City	Zip

Home Phone ( )	Cell Phone/Pager ( )	Does this student reside with you? Yes No	Are you legally responsible for this student? Yes No
Place of Employment		Work Phone & Extension ( ) ext.	

Last Name	**First Name**	**Middle Initial**	Relationship	Email Address

Street Address	Street Name	Apt#	P.O. Box	City	Zip

Home Phone ( )	Cell Phone/Pager ( )	Does this student reside with you? Yes No	Are you legally responsible for this student? Yes No
Place of Employment		Work Phone & Extension ( )	

LEGAL/JOINT CUSTODY (IF DIFFERENT THAN ABOVE)

Last Name	**First Name**	**Middle Initial**	Relationship	Email Address

Street Address	Street Name	Apt#	P.O. Box	City	Zip

Home Phone ( )	Cell Phone/Pager ( )	Does this student reside with you? Yes No	Are you legally responsible for this student? Yes No
Place of Employment		Work Phone & Extension ( ) ext.	
Is this address an additional residence for this student during the school week? Yes No		If yes, please explain	

HEALTH INFORMATION Please note any pertinent medical information about this student.

This student's physician	Phone ( )

Special medical / physical / emotional conditions or other pertinent information (including allergies) regarding this student

Please list all medication(s) / treatment(s) this student is currently taking, dose, and time medication is taken

SPECIAL EDUCATION

Has the student ever received any special education services or attended special education classes? **Yes** **No**

If yes, please provide a copy of the current individual education plan (IEP).

SCHOOL HISTORY

Last school this student attended	Date Left

Street address of last school attended City State Zip Code Telephone ( ) Fax ( )

Has this student ever attended any of the following programs: Preschool? Yes No Head Start? Yes No Head Start 4-year old Program? Yes No	Are you applying for schools of choice from outside the Forest Area Schools District? Yes District_____ No

Has this student ever enrolled in a Forest Area Community Schools program before?
Yes No Where_____ Year_____

CHILD CARE

Child care name	Phone ( )	Child Care Name	Phone ( )
Street Address Apt# P.O. Box City Zip		Street Address Apt# P.O. Box City Zip	
Days of the week for child care A.M. P.M Monday Tuesday Wednesday Thursday Friday		Days of the week for child care A.M. P.M Monday Tuesday Wednesday Thursday Friday	

EMERGENCY CONTACTS please list two local emergency contacts.

Last Name **First Name** **Middle Initial**	Relationship
Street Address Street Name Apt# P.O. Box City Zip	
Home Phone ( )	Cell Phone/Pager ( )
Place of Employment	Work Phone & Extension ( ) ext.
Last Name **First Name** **Middle Initial**	Relationship
Street Address Street Name Apt# P.O. Box City Zip	
Home Phone ( )	Cell Phone/Pager ( )
Place of Employment	Work Phone & Extension ( ) ext.

FAMILY INFORMATION Please list all children in the family (by birth order, oldest first).

Name	Gender M F	Date of Birth
Name	Gender M F	Date of Birth
Name	Gender M F	Date of Birth
Name	Gender M F	Date of Birth
Name	Gender M F	Date of Birth
Name	Gender M F	Date of Birth

FAMILY RESIDENCE

If your enrolled student is experiencing a loss of housing, he or she may be eligible for assistance through Forest Area Community Schools, "Students in Transition Empowerment Program (STEP).

Students in Transition Empowerment Program (STEP) is a free program administered by Forest Area Community Schools that ensures the educational rights of families and youth, who lack fixed, regular, and adequate housing as required by the McKinney-Vento Homeless Assistance Act. The STEP program works with eligible students who have lost permanent housing due to foreclosure, eviction, or reasons related to economic hardship to locate and coordinate available services based on each student's individual needs. The goal of the program is to ensure school stability, remove barriers to full participation in their education, and support academic achievement while children are in residential transition.

Northwest Michigan STEP Program:
The Northwest Michigan Students in Transition Empowerment Program (NWM STEP), a consortium of 20 public school districts within the five-county Grand Traverse area, will address the complex needs of students who have been identified as "homeless." District liaisons improve accountability of eligible students and provide specialized support and advocacy to ensure academic success and a successful transition to adulthood.

Contact Mr. Josh Rothwell, liaison of STEP program, Forest Area Community Schools, if you should lose your housing due to foreclosure, eviction, economic hardship, or similar reason or if you know someone who may need assistance

The McKinney-Vento Homeless Assistance Act, reauthorized by Title X, Part C, of the No Child Left Behind Act, requires school districts to remove any barriers to the attendance, full participation, and success of students, Pre-K through grade 12, who lack a "fixed, regular, and adequate overnight residence." **The federal law 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.**

CONFIDENTIAL INFORMATION

Based on the above definition, please indicate your child's living situation below if: (1) this describes your child's current living situation; OR (2) the student enrolling is not living with a parent or legal guardian.

_____ With relatives or friends due to economic hardship or loss of housing

_____ Train or bus stations, park, or car

_____ Motel/hotel

_____ Campground

_____ Abandoned apartment or building

_____ Foster Care, if less than 6 months in the same placement

_____ Other Describe

_____

DIRECTORY INFORMATION

The Board designates as student "directory information" a student's name, address, telephone number, date and place of birth, photograph, 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, in writing, the school your child will be attending .

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. In the event that you are unable to reach me or the above named emergency contacts, I understand I am responsible for any and all costs incurred.

The Board may establish online access for the parents or the eligible students 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 breech of this information.

I understand, for the health, safety, and/or educational needs of my child, information on the questionnaire, health appraisal (physical), and/or emergency card may need to be shared with individuals working with my child. Typically, this would include the building administrator, Principal, Dean of Students, secretaries, teachers, aides, counselors, noon duty staff, and transportation staff.

Signature of Parent(s) or Guardian(s)

_____ **Date**_____

_____ **Date**_____

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231-369-4191

PUBLIC ACT 328

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."

Pursuant to 1995 Public Act 328 _____ _____
(student name) (date of birth)

Circle One:

1. Has not been expelled from another school.

2. Has been expelled from another school (or has expulsion charges pending).

3. Is currently under suspension from another school.

If you checked box 2 or 3, please explain the circumstances below:
_____
_____
_____

I understand that pursuant to 1995 Public Act 328 that:

1. Forest Area Community Schools will request records for the above named student's previous school(s); and

2. Enrollment is conditional until records are received and reviewed by the school; and

3. If student records received from the previous school(s) are not as represented above, the above named student may be excluded, from Forest Area Community Schools, immediately without further recourse.

_____ _____
Signature of parent/guardian (or student if 18 years of age or more) Date

Forest Area Community Schools

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Permission to Release Official Records

Student Name: _____ Today's Date_____
Birth Date: _____ Age:_____
Former School: _____ Last Grade Completed _____
School Mailing Address: _____
_____

Please send the above named student's complete school records including:

- Official administrative record
  - name, birth date, place of birth
  - grades, class standing, last grade completed
  - Attendance and citizenship record
  - CA-60
- Standardized achievement, aptitude and intelligence test scores.
- Special education records (IEPC, diagnostic reports, medical records)
- **UIC Code Number**

_____ _____
Parent/Guardian/Student (if 18 years of age) Date

SEND RECORDS TO:

School Name:_____

Street Address:_____

City:_____

State:_____Zip Code_____

FOR OFFICE USE ONLY:

Date sent: _____

Date Received:_____

Forest Area Community Schools

Consent for Disclosure of Personally Identifiable Information and Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the student's name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information and immunization information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize Forest Area Community School to 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. This includes any immunization information and limited personally identifiable information from the school.

Student's Name:_____Birth Date_____

Signature of Parent/Guardian
or Eligible Student: _____Date _____

Printed Parent/Guardian Name: _____

Forest Area Community Schools

STUDENT NETWORK AND INTERNET ACCEPTABLE USE AND SAFETY AGREEMENT

TO PARENTS:

To access e-mail and/or the Internet at school, students under the age of eighteen (18) must obtain parent permission and must sign and return this form. Students eighteen (18) and over may sign their own forms.

Use of the Internet is a privilege, not a right. The Board's Internet connection is provided for educational purposes only. Unauthorized and inappropriate use will result in a cancellation of this privilege.

The Board has implemented technology protection measures which block/filter Internet access to visual displays that are obscene, child pornography or 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 which the Board of Education has not authorized for educational purposes and/or which they and/or their parents/guardians may find inappropriate, offensive, objectionable or controversial. Parents/Guardians assume this risk by consenting to allow their students to participate in the use of the Internet. Students accessing the Internet through the school's computers assume personal responsibility and liability, both civil and criminal, for unauthorized or inappropriate use of the Internet.

The Board has the right to monitor, review and inspect any directories, files and/or messages residing on or sent using the Board's computers/networks. Messages relating to or in support of illegal activities will be reported to the appropriate authorities.

Please complete the following information:

Student Users Full Name (please print)_____

School:_____Grade:_____

Parent/Guardian's Name:_____

As the parent/guardian of this student, I have read the Student Network and Internet 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 minor. 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/or exploring information and resources on the Internet. I further understand that individuals and families may be liable for violations.

To the extent that proprietary rights in the design of a web site hosted on the Board's servers would vest in my child upon creation, I agree to assign those rights to the Board.

Please check each that applies:

- ☐ I give permission for my child to use and access the Internet at school and for the Board to issue an Internet/e-mail account to my child.
- ☐ I give permission for my child's image (photograph) to be published online, provided only his/her first name is used.
- ☐ 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.
- ☐ 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 classwork.

Parent/Guardian signature_____Date_____

TO STUDENT:

I have read and agree to abide by the Student Network and Internet 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 my constitute a criminal offense. As a user of the Board's computers/networks and the Internet, I agree to communicate over the Internet and the Network 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 the Network/Internet to individuals who violate the Board's Student Network and Internet Acceptable Use and Safety Policy and related Guidelines, and take such other disciplinary action as is appropriate pursuant to the Student Code of Conduct.

Forest Area Community Schools
TRANSPORTATION FORM

7741 Shippy Rd., SW
Fife Lake, MI 49633
(231) 369-4191
Superintendent: Joshua T. Rothwell
jrothwell@forestarea.org

Student Names:	Grade:
1.	
2.	
3.	
4.	

Street Address:	
City:	

Parent/Guardian Names:	Phone #:	Relationship:
1.		
2.		
3.		
4.		

Start Date:	_____	**Driver/ Route:**	_____

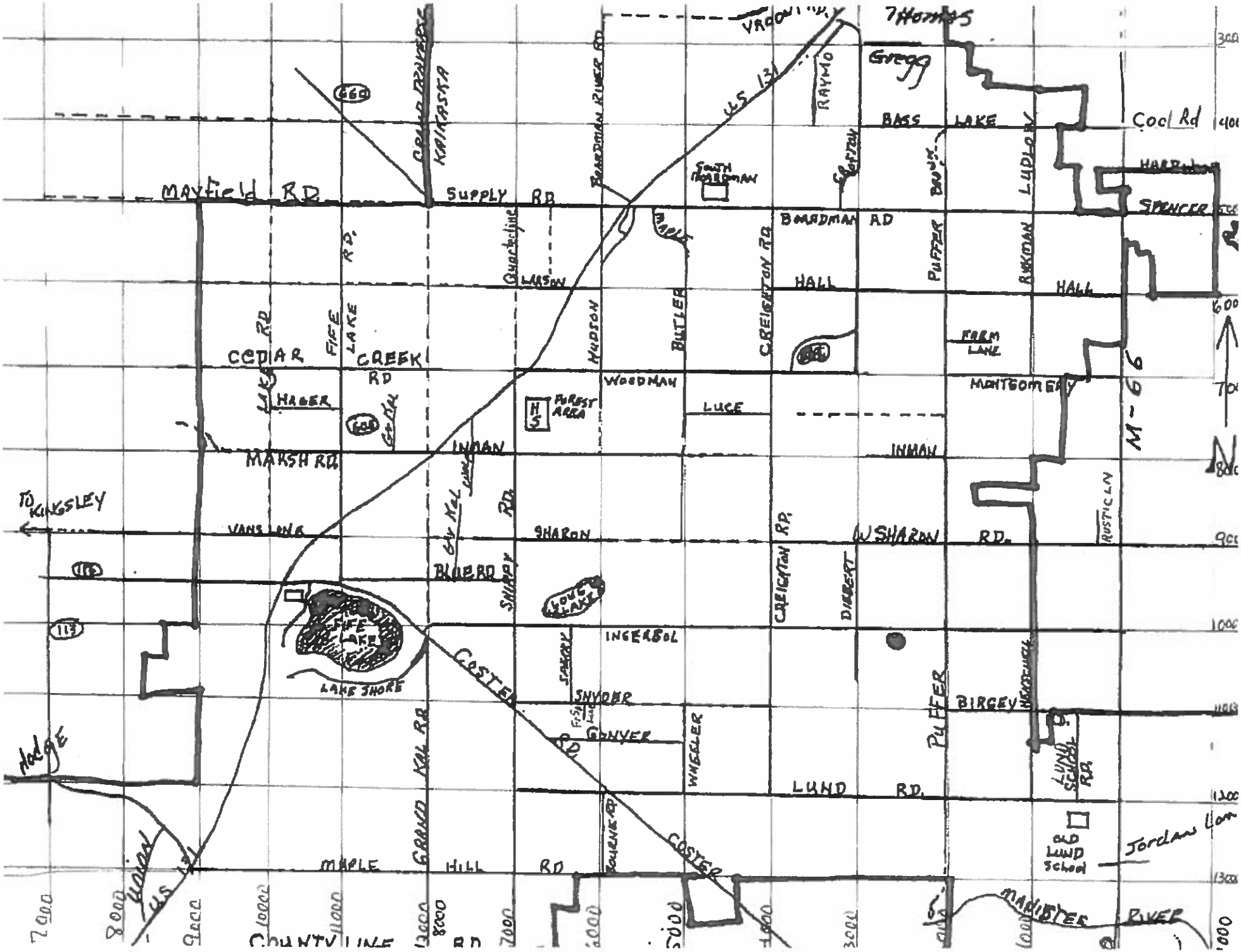
Please give directions to your home. Include any information that will be helpful to the bus driver.

What are the nearest crossroads/streets:

On the map on the back of this form, please designate the location of your home.

☐ PERMANENT **PARENT** A.M. DROP-OFF

☐ PERMANENT P.M. **PARENT** PICK -UP


Mayfield RD
Supply RD
Grand Rapids
Kalkaska
Boardman River Rd
US 131
Raymo
Gregg
Bass Lake
Cool Rd
Ludlow
Spencer
Boardman RD
Puffer
Rykoan
Hall
Farm Lane
Montgomery
M-66
Creighton Rd
Butler
Hudson
Woodman
Luce
Inman
Cedar Creek RD
Fife Lake
Harber
Forest Area
Marsh RD
To Kingsley
Vans Lane
Sharon
W Sharon RD
Rustic Ln
Blue Rd
Sharp Rd
Lake Shore
Coster
Ingersol
Snyder
Conver Rd
Wheeler
Birgey
Lund Rd
Lund School Rd
Old Lund School
Jordan Lake
Hodge
Maple Hill Rd
Grand Kal Rd
Marbles River
County Line Rd
Good
7 Homes

_____ ***SCHOOL DISTRICT (NORTH ED)***
COOPERATIVE SCHOOLS OF CHOICE PROGRAM APPLICATION FOR PARTICIPATION (FY2022-23)

Received Date:_____
Approved ☐ ***Yes*** ☐ ***No***

Initials: __ Date: ____

Student Name:_____

APPLICANT INFORMATION: (1 APPLICATION PER STUDENT TO BE COMPLETED BY PARENT/GUARDIAN)

Applicant Student Name:_____ Student Grade (entering FY22-23)_____
Student Birth Date:_____ Please check one: Male ☐ Female ☐
District of Residence: _____ Last School attended _____
Sibling #1 Name: _____ Student Grade (entering FY22-23)_____
Student Birth Date:_____ Please check one: Male ☐ Female ☐
District of Residence:_____ Last School attended _____

Sibling #2 Name:_____ Student Grade (entering FY22-23)_____
Student Birth Date:_____ Please check one: Male ☐ Female ☐
District of Residence:_____ Last School attended _____

REASON(S) FOR SEEKING TO ENROLL IN THE _____ *School DISTRICT*: _____
_____
_____

Parent/Guardian: County: _____
Parent/Guardian Name:_____ Address: _____
Telephone:_____ City & Zip:_____
Are any siblings currently enrolled/attending the _____Schools District? ☐ Yes ☐ No
If yes, please list name and grade: _____
Has the student ever been suspended, expelled, convicted of a felony, or otherwise excluded for disciplinary reasons? ☐ Yes ☐ No
If yes, please provide an explanation: _____
_____
_____

HAS THE STUDENT EVER BEEN TESTED FOR SPECIALIZED SERVICES? ☐ Yes ☐ No
OR DO THEY RECEIVE SPECIALIZED ASSISTANCE IN SCHOOL? ☐ Yes ☐ No If Yes, please provide an explanation: _
_____

Please read and acknowledge the following by checking the boxes and signing below:

☐ I have been provided a copy of the open enrollment policy and understand and will abide by all of its provisions.
☐ I understand that I am committing to enroll the above named student for a period of not less than one academic year.
☐ I understand, and agree that per the terms of the agreement, the student's residence school district is not obligated to re-enroll them until the beginning of the next academic semester or trimester.
☐ I understand transportation will be the responsibility of the parent/guardian.
☐ I understand Michigan High School Athletic Association regulations apply to all high school age transfers.
☐ I understand that misrepresenting or withholding information on the application may cause my application to be withdrawn or rejected.
☐ I agree to hold the _____ District, and any of their employees, and their Board of Education harmless for any decision in the admission process.

Records, including disciplinary and attendance, will be requested from student's previous school. Do you give permission for all the student's records to be released? ☐ Yes ☐ No

Parent Signature: _____Date: _____

RESIDENT SCHOOL DISTRICT INFORMATION: *(To be completed by resident school administrator) This application must be delivered to the resident school district to be completed and will be returned by the resident district to the enrolling district.*

Has the student ever been suspended, expelled, convicted or a felony, or otherwise excluded for disciplinary reasons? ☐ Yes ☐ No
If yes, please provide an explanation: _____
_____

Has the student ever been tested for specialized services? Or do they receive specialized assistance in school? ☐ Yes ☐ No
If yes, please provide an explanation: _____
_____

Completed by: _____Date: _____Resident School: _____ ***Schools***

Signature/Superintendent Releasing Student: _____ Date of Release:_____

Signature/Accepting Superintendent: _____ Date: _____

Applicants for admission as non-resident students and their parents/guardians are hereby notified that the _____School District does not discriminate on the basis of race, color, national origin, gender, religion, or disability in admission or access to programs, activities, or policies.

OMB Number: 1810-0021
Expiration Date: 05/03/2016

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202

TITLE VII STUDENT ELIGIBILITY CERTIFICATION

Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program**. This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

NAME OF CHILD _____ Date of Birth _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP_____

Tribe, Band or Group is: (check one)

_____ **Federally Recognized, Including Alaska Native** _____ **State Recognized** _____ **Terminated** _____ **Organized Indian Group Meeting #5 of the Definition Above**

Name of individual with tribal membership: _____

Individual named is (check one): _____ **Child** _____ **Child's Parent** _____ **Child's Grandparent**

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) _____ **OR**

Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

_____

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ **DATE** _____

Mailing Address _____ Telephone _____

Notice: Public Reporting Burden Notice on Reverse Side

PAPERWORK BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3E200, Washington, D.C. 20202-6335.

Forest Area Community Schools

7741 Shippy Road SW
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231-369-4191

ENROLLMENT CHECKLIST

____ Student Registration Form

____ Immunizations

____Health Appraisal

____ Current IEP (if appropriate)

____ Health History (Early Childhood-Elementary only)

____ Open Enrollment Form/Schools of Choice Form

____ Birth Certificate (Certified Copy)

____ Free & Reduced Lunch Application (one per family)

____School Bus Form