

Kaleva Norman Dickson Schools

4400 North High Bridge Rd.
Brethren, MI 49619
ph 231.477.5353
fax 231.4677.5351

Small School - Big Family



Student Enrollment Packet

Welcome to Kaleva Norman Dickson Schools! We look forward to having you and your child as part of our community. To enroll your child, please complete this information packet in its entirety. This information is necessary for school records, state reporting, emergency information, etc.

In addition to this form, you **MUST** provide the following documentation in order to enroll your child in school:

- 1) **Certified Birth Certificate** (this document must be presented before a child can be permitted to enter/attend school). State Law requires that every student enrolled for the first time in any school district must have a certified copy of his/her birth certificate on file. If a certified birth certificate is not available, other reliable proof of the student's identity and age may act as an affidavit if it is approved by the Kaleva Norman Dickson School District.
- 2) **Immunization Records** (this document must be presented before a child can be permitted to enter/attend school).
- 3) **Legal Documentation** (for custody, guardianship, and court ward status).
- 4) **Vision Screening** (all students must complete vision screening before they are permitted to enter/attend school).
- 5) **Hearing Screening** (all students must complete vision screening before they are permitted to enter/attend school).

For Office Use Only

- | | |
|---|--|
| <input type="checkbox"/> Birth Certificate Received | <input type="checkbox"/> Transportation Department |
| <input type="checkbox"/> Immunization Record Received | <input type="checkbox"/> SE Department |
| <input type="checkbox"/> Custody Papers | <input type="checkbox"/> Release Form Sent/Copy File |
| <input type="checkbox"/> Medication Permission Form | <input type="checkbox"/> MCIR |
| <input type="checkbox"/> Food Service Form | <input type="checkbox"/> PowerSchool |
| <input type="checkbox"/> School of Choice Form | <input type="checkbox"/> UIC Number |
| <input type="checkbox"/> Computer Username/Password | <input type="checkbox"/> Scheduling Setup |

Username: _____

Grade: _____ Room Assignment: _____

Entry Date: ____/____/____

**Kaleva Norman Dickson School District
Enrollment Data Form**

Student Information:

Last Name		First Name		Middle Name
Mailing Address				
Home Street Address				
City		County	Zip Code	Home Phone
Date of Birth	Place of Birth		Gender	
Ethnicity (required): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		Student's Residence is: <input type="checkbox"/> With parent(s)/legal guardian and does not share a house, apartment, or mobile home with relatives or another family <input type="checkbox"/> With parent(s)/legal guardian and does share a house, apartment, or mobile home with relatives or another family <input type="checkbox"/> With parent(s)/legal guardian in a shelter or transition home <input type="checkbox"/> With parent(s)/legal guardian in a motel, car, or campsite <input type="checkbox"/> With grandparents, friends, etc. <input type="checkbox"/> Other (such as foster placement, etc.)		
Suspension/Expulsion Has your child ever been expelled from another school? <input type="checkbox"/> Yes* <input type="checkbox"/> No Is your child currently under suspension from another school? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If you answered yes, please explain the circumstances on the back side of this sheet.</i>		Parent/Guardian Highest Level of Education Mother: <input type="checkbox"/> Less than High School <input type="checkbox"/> High School/GED <input type="checkbox"/> College <input type="checkbox"/> Other: Father: <input type="checkbox"/> Less than High School <input type="checkbox"/> High School/GED <input type="checkbox"/> College <input type="checkbox"/> Other:		

Parent Information:

Father's Last Name		Father's First Name		Father's Employer
Father's Day Phone	Father's Home Phone	Father's Cell Phone	Father's Email	
Mother's Last Name		Mother's First Name		Mother's Employer
Mother's Day Phone	Mother's Home Phone	Mother's Cell Phone	Mother's Email	
Who is the child living with? <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparents <input type="checkbox"/> Other:	Please list other students living at this residence:			
	Name	Grade	School	

Health/Emergency Information:

Family Doctor		Family Doctor's Phone Number
Allergies	Medications	Medical Conditions
Will the student be taking any medications at school? <input type="checkbox"/> Yes <input type="checkbox"/> No * All medications taken at school must be brought to the school by an adult in the original prescription bottle. A medication form must be signed by the parent.		If you answered yes, please list the medications:

*Parents/guardians are the first to be contacted in an emergency.
Please provide additional contacts that can be notified in case the parent/guardian is unable to be contacted.*

Emergency Contact #1	Phone Number
Emergency Contact #1	Phone Number
Emergency Contact #1	Phone Number

Kaleva Norman Dickson School District
Enrollment Data Form

Academic Information:

Name of Last School Attended	Phone Number	Fax Number
School Street Address		
City	State	Zip Code
County		

Student's Current Grade Level
 Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12
 Your child will be registered in the grade level listed above. Upon receipt of academic records, grade level placement may change if records so indicate.

Is the student now or has he/she ever been in Special Education? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered yes, please list the program/label:
Is the student now or has he/she ever recieved Title I services? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered yes, please list the subject area(s):
Is the student now or has he/she ever recieved speech/language therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please list any additional program/services:

Is the student a School of Choice student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered yes, what is the school district of residence?	Has this student ever attended KND School before? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Computer Information (Grades 4-12 only):

All students in grades 4-12 must have a computer password of at least 8 characters. This password also allows students and parents/guardians to access grades online by visiting <https://kndgrades.manistee.org/public/>. Since this password is used to access confidential information, it should be something that is easy to remember, but difficult for someone else to figure out.

Computer Password:

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8 characters minimum

Agreements

Emergency Medical Care - In case of accident or serious illness, I request the school to contact me. If the school is unable to contact me, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Computer Use - I authorize that my student be given access to school computers, the internet and school email. I understand that this access is a privilege and is intended for educational use. All district policies and school handbook policies apply to this access and the use of technology.

Release for Publicatons - I agree t oallow the Kaleva Norman Dickson School District to use photographs of m child for publicatons on district owned wesites, newspaper, or other media sources. I understand taht all photographs used in publications will be within the policies set forth by the school board.

I certify that the information contained in this form is accurate and complete to the best of my knowledge. I also agree to the above listed policies.

Parent/Guardian Signature X	Date
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If you have any questions, please contact the school office.

Kaleva Norman Dickson Schools

231.477.5353

Kaleva Norman Dickson Schools Transportation Form

This form will be used by the Kalev Norman Dickson Schools Transportation Department to establish bus routes. If you have any questions, please contact the Transportation Department at 231.477.5545.

Student's Name	Grade	Phone
Street Address		
City	State	Zip Code
County		

Name of Parent(s) or guardian with whom the student resides

For Office Use Only

Information entered into PowerSchool
 Bus Driver Notified

AM Route: _____ PM Route: _____ Entry Date: ____/____/____

Request for Educational Records

Under provisions of the Privacy Rights of Parents and Students Act, part 1213, subpart D. 99 30 (b), it is not necessary to have the written consent of parents to release records to officials of other school systems in which the student seeks or intends to enroll.

Please send the educational records, including special education/services documentation, of this student:

Student's full name	Student's Date of Birth	Grade Level
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Forward to: Kaleva Norman Dickson Schools
 4400 North High Bridge Road
 Brethren, MI 49619
 Attention: Student Records
 Phone: 231.477.5353
 Fax: 231.477.5351

Parent/Guardian Signature	Date
X	

Request School Records From _____

Address: _____

City/State/Zip: _____

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Date of 1st Request ____/____/____ Date of 2nd Request ____/____/____

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Home Language Survey

Student's Name	Grade	Date of birth ____/____/____
What is your child's native or first language?		
What is the primary language used in your child's home or living environment?		

Parent Language Survey

What language do you prefer to be contacted in?	
Language services needed:	Parent Signature
Oral Interpretation <input type="checkbox"/> Yes <input type="checkbox"/> No	
Written Interpretation <input type="checkbox"/> Yes <input type="checkbox"/> No	