

Memphis Community Schools

34110 Bordman Road
Memphis, MI 48041
810-392-2125

Enrollment Checklist



The following items are required to enroll your child:

- ☐ Birth Certificate
- ☐ Immunization Record
- ☐ 2 Proofs of Residency
ie. Driver's License/Utility Bill
- ☐ Kindergarten Only:
Vision & Hearing Screening
(Must be from the SCC Health Dept.)

If filling this out electronically, either print, sign and bring turn in to the school office, OR you can download the pdf with your changes and send to the email address below (signature would still be needed in person in the office)

Jr/Sr High School Office: swahl@memphisk12.org
Elementary School Office: dwonsey@memphisk12.org



MEMPHIS COMMUNITY SCHOOLS – STUDENT ENROLLMENT FORM

STUDENT INFORMATION

Students Full Name: _____ Grade: _____

Gender: _____ Date of Birth: _____ City, State of Birth: _____

Multiple Birth: ☐ YES ☐ NO *If YES, Birth Order: 1 2 3 4 Resident of District: ☐ YES ☐ NO

*If NO, Resident District: _____

ETHNICITY/RACE

This is a two-part question required by the federal government.

Ethnicity: (Check Only One) ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Race: (Check One or More Regardless of Ethnicity)

☐ American Indian or Alaskan Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

HOME LANGUAGE SURVEY

The following information will be used to determine the number of children eligible for bilingual instruction according to Section 380.1152-1157 School Code of 1995, Michigan's Bilingual Education Law. Note: Indicating a language other than English to any of the below questions will result in your child being assessed for an additional English Language Learner Program.

What Language did your child first learn to speak? _____

Is your child's native language a language other than English? ☐ YES ☐ NO

If YES, what is that language? _____

Is the primary language used in your child's home or environment a language other than English?

☐ YES

☐ NO

IF YES, WHAT IS THAT LANGUAGE? _____

****PRIMARY LANGUAGE MEANS THAT THE DOMINATE LANGUAGE USED BY A PERSON FOR COMMUNICATION***

FAMILY #1

STUDENTS PRIMARY RESIDENCE

ADDRESS: _____ APARTMENT/LOT: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PRIMARY PHONE NUMBER: _____

MAILING ADDRESS (IF DIFFERENT THAN ABOVE): _____

GUARDIAN #1: _____

GUARDIAN #2: _____

Is Guardian #1 in the Armed Forces on ACTIVE Duty? ☐ Yes ☐ No

Is Guardian #2 in the Armed Forces on ACTIVE Duty? ☐ Yes ☐ No

RELATIONSHIP: _____

RELATIONSHIP: _____

CELL PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

WORK PHONE: _____

EMAIL: _____

EMAIL: _____

FAMILY #2

ADDRESS: _____ APARTMENT/LOT: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PRIMARY PHONE NUMBER: _____

GUARDIAN #1: _____

GUARDIAN #2: _____

Is Guardian #1 in the Armed Forces on ACTIVE Duty? ☐ Yes ☐ No

Is Guardian #2 in the Armed Forces on ACTIVE Duty? ☐ Yes ☐ No

RELATIONSHIP: _____

RELATIONSHIP: _____

CELL PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

WORK PHONE: _____

EMAIL: _____

EMAIL: _____

IF STUDENT ALSO RESIDES WITH FAMILY #2, WOULD YOU LIKE TO RECEIVE MAILINGS AT THIS ADDRESS? ☐ YES ☐ NO

ADDITIONAL EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____ HOME PHONE: _____ CELL PHONE: _____

MEDICAL ALERT INFORMATION:

PLEASE LIST BELOW ANY MEDICAL CONDITIONS, ALLERGIES, OR HEALTH CONCERNS YOUR CHILD HAS THAT WE SHOULD BE AWARE OF.
IF YOUR STUDENT HAS MEDICATION THAT NEEDS TO BE OR MAY NEED TO BE TAKEN THROUGHOUT THE SCHOOL DAY, PLEASE FILL OUT THE MEMPHIS PUBLIC SCHOOLS MEDICATION PERMISSION FORM.

PHYSICIAN: _____
DENTIST: _____
HOSPITAL: _____

SIBLING INFORMATION

STUDENT NAME: _____ SCHOOL: _____

STUDENT NAME: _____ SCHOOL: _____

STUDENT NAME: _____ SCHOOL: _____

SPECIAL EDUCATION INFORMATION

If your student receives Special Education Services, please provide documentation of the current plan to the school.

DOES YOUR CHILD CURRENTLY RECEIVE SPECIAL EDUCATION SERVICES? ☐ YES ☐ NO

IF YES, PLEASE COMPLETE THE 30 DAY PLACEMENT FORM AND CHECK ALL THAT APPLY:

☐ IEP ☐ SPEECH/LANGUAGE ☐ PHYSICAL THERAPY ☐ OCCUPATIONAL THERAPY ☐ SOCIAL WORK

DOES YOUR CHILD HAVE A CURRENT 504 PLAN? ☐ YES ☐ NO

PLEASE LIST ANY OTHER SPECIAL NEEDS YOUR CHILD MAY HAVE: _____

PERMISSION FOR PUBLICATION OF STUDENT NAME/PHOTO/VIDEO

MEMPHIS PUBLIC SCHOOLS LIKE TO RECOGNIZE STUDENTS FOR THEIR EFFORTS AND ACCOMPLISHMENTS IN A VARIETY OF WAYS. WE MAY USE YOUR CHILDS NAME/PHOTO/OR VIDEO USED ON CLASSROOM WEBPAGES, SCHOOL/DISTRICT MEDIA SITES, ELECTRONIC NEWSLETTERS AND SOCIAL MEDIA SITES (SCHOOL FACEBOOK OR TWITTER).

- ☐ I GIVE PERMISSION FOR MY CHILDS NAME/PICTURE/VIDEO PUBLISHED ON SCHOOL/DISTRICT WEBPAGES, NEWSLETTERS, OR SOCIAL MEDIA.
- ☐ I **DO NOT** GIVE PERMISSION FOR MY CHILDS NAME/PICTURE/VIDEO PUBLISHED ON SCHOOL/DISTRICT WEBPAGES, NEWSLETTERS, OR SOCIAL MEDIA

PARENTAL CONSENT FOR ENROLLMENT

YOUR SIGNATURE BELOW INDICATES THAT YOUR CHILD HAS NOT PREVIOUSLY BEEN EXPELLED FOR WEAPONS, DRUGS, OR ANY OTHER FELONY CHARGES FROM ANOTHER DISTRICT.

I CERTIFY THAT ALL OF THE STATEMENTS CONTAINED HEREIN AND ON ANY ATTACHMENTS ARE TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH. FALSE STATEMENTS MAY JEOPARDIZE ENROLLMENT STATUS IN THE DISTRICT.

PARENT/GUARDIAN SIGNATURE

DATE

OFFICE USE ONLY:

DATE OF ENTRY _____ STUDENT ID# _____ STUDENT UIC# _____

BIRTH CERT. _____ IMMUNIZATION _____ COMPUTER USE FORM _____ CONCUSSION FORM _____ RESIDENCY PROOFS _____

RELEASE OF RECORDS FORM _____ P2P FORM TO SPED OFFICE _____ COPIES TO: TRANSPORTATION _____ FOOD SERVICES _____

Memphis Community Schools

34110 Bordman Rd., Box 201, Memphis, MI 48041

Telephone (810) 392-2151 Fax (810) 392-3614

REQUEST FOR RECORDS

Date: _____

Name of School Last Attended: _____

School Address: _____

School Phone Number: _____

Request for STUDENT'S CUMULATIVE FOLDER, SPECIAL EDUCATION RECORDS, and SECTION 504 PLANS AND STUDENT ASSISTANCE TEAM FILES.

The student listed below has enrolled in our school. Forward the cumulative record forward and with any medical, neurological, psychological or psychiatric records you have to the above address.

Please fax the following information ASAP Record Information/Transcript of cumulative grades/withdrawal grade/Current/Most recent IEP to: 810-392-3614

Student's Name	Age	Birthdate	Grade
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Does your Child receive Special Education Services?

Speech-Language

Resource Room

Center Based

Does your Child have an IEP?

Yes No

Does your Child have an active Section 504 Plan?

Yes No

Does your Child receive Supplemental Support Services?

Academic Intervention Supports

Behavioral Intervention Supports

English Language Learner

When necessary, it is the policy of Memphis Community Schools to assess the academic achievement level of any new student to determine the best possible placement and programs for your child. Your signature below indicates knowledge that this testing may be administered to your child and record released from the former school.

Parent/Principal Signature

Date

Memphis Community Schools

Consent for Disclosure of 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 from your child's education records is disclosed to the health department.

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

I authorize Memphis Community Schools to release my child's immunization record 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: _____ Date of Birth: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Parent/Guardian Name: _____

Please return this form to your child's School Office



Phone (810) 392-2151

Fax (810) 392-3416

Family Educational Rights and Privacy Act (FERPA)

Model Notice for Directory Information

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that Memphis Community Schools, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Memphis Community Schools may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow Memphis Community Schools to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production
- The annual yearbook
- Honor roll or other recognition lists
- Graduation programs
- Sports activity sheets, such as for wrestling, showing the weight and height of team members.
- Board Minutes (Student of the Month Award, Athletic or Academic Achievements, etc.)
- Website, LED Sign, Social Media

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the *Elementary and Secondary Education Act of 1965* (ESEA) to provide military recruiters, upon request, with three directory information categories – names, addresses, and telephone listings – unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.¹

If you do not want Memphis Community Schools to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing. Memphis Community Schools has designated the following information as directory information

Student's name

-Address

-Telephone listing

-Electronic mail address

-Photograph

-Date and place of birth

-Major field of study

-Dates of attendance

-Grade level

-Participation in officially

recognized activities and sports

-Weight and height of members of athletic teams

-Degrees, honors, and awards received

-The most recent educational agency or institution attended

-Student ID number, user ID, or other unique personal identifier used to communicate in electronic systems that cannot be used to access education records without a PIN, password, etc

¹ These laws are: Section 9528 of the Elementary and Secondary Education Act (20 U.S.C. § 7908), as amended, and 10 U.S.C. § 503(c), as amended.



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VERIFICATION OF RESIDENCY

I, _____ declare that I physically reside at:

(Address)

(City, State, Zip)

(Phone Number)

I also declare that I am in compliance with the State of Michigan Revised School Code for resident students. "District of residence" means the district in which a student's custodial parent or parents or legal guardian resides [MCL 388.1603]. If a student's parent or legal guardian reside in different districts, either district may enroll the student as a resident, regardless of which parent or legal guardian has custody [MCL 380.1148a]. A student who has reached age 18 or who is an emancipated minor is a resident of the district in which he or she resides.

In order to affirm my residence in Memphis Community Schools, I have presented certain documentation with my address to school officials. I declare that this documentation is true and accurate. Further, I am aware that the deliberate falsification of information for school attendance purposes is unlawful. I also understand that if residency changes, I must immediately notify the appropriate Memphis Community Schools official.

I am aware also of the policy of Memphis Community Schools, which is that if a student is found to have established residence in our district by using false or inaccurate information, the student will be immediately dismissed from school.

Print Name: _____
(Parent/Legal Guardian)

(Child's Name)

Signature: _____
(Parent/Legal Guardian)

Proof of residence – two required
Driver's License
Purchase/Lease Agreement
Utility Bill
Tax Bill

Date: _____



BUS TRANSPORTATION FORM

PARENTS/GUARDIANS MUST FILL OUT THIS FORM COMPLETELY
AND RETURN IT TO THE OFFICE.

**If this form is not returned by the second week of August, your student(s)
will not be placed on a route until after the first five days of school.**

Students Name

Bus# _____
(for office use only)

PICK UP

_____ My Child **will** require transportation to school each day

_____ My child **will not** require transportation to school each day

Address of pick up location:

DROP OFF

_____ My child **will** require transportation from school each day

_____ My child **will not** require transportation from school each day

Address of drop off location:

Parent signature _____ Date _____