



Welcome to Ionia Public Schools

New Student Enrollment K-12 Guidelines

Student #: _____

School: _____

ALL Students: Call 616-527-9280 or come to the Administration Office located at 250 E. Tuttle Road in the Ionia Educational Center.

When registering your child/children, one or both parents/guardian(s)/legally responsible adult(s) should plan on coming.

1. You should bring the following items with you:

- A. **Legal Birth Certificate** (issued by either the state or county where student was born)
- B. Bring **immunization records**. Proof will be needed that your student's immunizations are up-to-date.
- C. **Proof of Residency**. Acceptable documentation include: drivers license, rent receipt, utility bill, cable/satellite bill
- D. If your student has been in a **special education program**, you should bring a copy of the latest IEP meeting.
- E. If your student receives any **special services** (Title I, Speech, etc.), please be prepared to provide information related to the specific services that your student receives.
- F. **Proof of Guardianship/Parentage** which may include power of attorney, guardianship or court order(s) may be requested by Ionia Public Schools. Please be prepared to present them if necessary. If divorced, please provide a copy of custody settlement.
- G. A copy of the **latest report card or a transcript of grades** would be very helpful in making a schedule of classes for your child.
- H. If your student is attending another school other than or in addition to Ionia Public Schools, or is being home schooled and wishes to attend Ionia Public Schools part-time, please provided documentation describing curriculum and/or programs followed.

It will be necessary to fill out the following papers:

- A. Request for Complete Student Records
- B. If needed--Previous Enrollment/Temporary Placement in Special Education form
- C. If needed--Medication Release and Administration Form
- D. Optional—Application for Free and Reduced Meals
- E. Electronic Information Access & Use Policy

The following information is to be completed at the initial contact.

Parent: _____

Student(s): _____ Age: _____

Student(s): _____ Age: _____

Student(s): _____ Age: _____

Student(s): _____ Age: _____

Student(s): _____ Age: _____

Student(s): _____ Age: _____

Address: _____

Phone: _____

Registration Appointment Date: _____

Time: _____

Michigan Missing Children's Act, MCL 380.1135 of the Revised School Code, requires that a person enrolling a pupil in school provide the local or intermediate school district with a certified copy of the pupil's birth certificate or other reliable proof of the pupil's identity. The pertinent part of the law states the following:

- (1) Upon enrollment of a student for the first time in a local or intermediate school district, the district/ISD shall notify in writing the person enrolling the student that within 30 days he/she shall provide the local or intermediate school district either:
 - (a) A certified copy of the student's birth certificate, or
 - (b) Other reliable proof, as determined by the school district, of the student's identity and age, and an affidavit explaining the inability to produce a copy of the birth certificate.
- (2) If a person enrolling a student fails to comply with subsection (1), the local or intermediate school district shall notify the person enrolling the student in writing that, unless he or she complies within 30 days after the notification, the case shall be referred to the local law enforcement agency for investigation. If the person enrolling the student fails to comply within that 30-day period, the local or intermediate school district shall notify the local enforcement agency.
- (3) The local or intermediate school district shall immediately report to the local law enforcement agency any affidavit received pursuant to this section that appears inaccurate or suspicious in form or content

The school district has the authority to determine the type of "other reliable proof" that the district will accept to prove a pupil's identity or age when a copy of the pupil's birth certificate is not available. Examples of "other reliable proof" that may be accepted are: baptismal certificate indicating date and place of birth; court records; county, military, or immigration records; doctor or hospital records with sworn statements; certain family records; life insurance policy; a sworn statement from a parent or guardian which must be notarized.

By signing below, you indicate that you have read and understand this document.

Parent/Guardian(s) Signature: _____

Date: _____

Special Education Students Only

Has this student ever been placed in special education classes? YES NO

If yes, what special services did the student received at previous school: Speech Resource Room Social Work
 Full Day Special Education

Does special education student require any of the following:

- Walks to school Walks to regular bus stop Needs bus stop at home Walks to bus unassisted
- Walks to bus, needs assistance Needs to be carried Requires car seat Requires a booster seat Requires special restraint
- Wheelchair Requires Attendant Special equipment/device: _____
- Needs to be met at school Needs to be met at bus stop/home
- Other equipment to transport (e.g. walker, lap tray, oxygen, suction equipment, etc.): _____
- Other special needs or considerations _____

Student's Name: _____ Date of Birth: _____

Principal Approval: _____ Date: _____

Definition of Instruction That Can Be Offered to a Nonpublic Part-Time and/or Home Schooled Student: Only nonessential elective courses for pupils in grades 1 through 12 can be offered. Examples of nonessential elective courses include band, art, computers, life skills, career and technical education, vocational education, physical education, driver's education, and advanced placement level courses.

Courses that are considered essential to a pupil's curriculum are, and thus are *not eligible*, include mathematics, English, social studies, science, and writing.



IONIA PUBLIC SCHOOLS STUDENT REGISTRATION FORM

Legal Name: _____ Preferred Name: _____
Last First Middle

Address: _____ City _____ Zip _____

Home Phone # () _____ Gender: Female Male

Date of Birth ___/___/___ Place of Birth _____ Entering Grade: _____

Race & Ethnicity: Both Part A and Part B of the question **must** be answered.

Part A: Is this student Hispanic/Latino? (select only one)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

Part B: What is the student's race? (select one or more regardless of ethnicity):

- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or Other Pacific Islander
- White

What school district does the student live in—if other than Ionia Public Schools: _____

Student lives with: (check all that apply)

- Father Only
- Mother Only
- Relative _____
- Both Parents
- Divorced, Joint Custody
- Foster Home _____
- Father/Stepmother
- Legal Guardian
- Mother/Stepfather
- Other

| |
|-------------------------------------|
| Father's Name: _____ |
| Home Phone # _____ |
| Cell Phone # _____ |
| Email _____ |
| Address: _____ |
| City: _____ Zip: _____ |
| Mailing Address: _____ |
| City: _____ Zip: _____ |
| Place of Work: _____ |
| City _____ Phone # _____ ext. _____ |

| |
|-------------------------------------|
| Mother's Name: _____ |
| Home Phone # _____ |
| Cell Phone # _____ |
| Email _____ |
| Address: _____ |
| City: _____ Zip: _____ |
| Mailing Address: _____ |
| City: _____ Zip: _____ |
| Place of Work: _____ |
| City _____ Phone # _____ ext. _____ |

| |
|-------------------------------------|
| Step-Father/Guardian's Name: _____ |
| Home Phone # _____ |
| Cell Phone # _____ |
| Email _____ |
| Address: _____ |
| City: _____ Zip: _____ |
| Mailing Address: _____ |
| City: _____ Zip: _____ |
| Place of Work: _____ |
| City _____ Phone # _____ ext. _____ |

| |
|-------------------------------------|
| Step-Mother/Guardian Name: _____ |
| Home Phone # _____ |
| Cell Phone # _____ |
| Email _____ |
| Address: _____ |
| City: _____ Zip: _____ |
| Mailing Address: _____ |
| City: _____ Zip: _____ |
| Place of Work: _____ |
| City _____ Phone # _____ ext. _____ |

Student is currently living?



- With his/her family in a single family dwelling either rented or owned by his/her family In a shelter
 In a motel, car, or campsite With another family in their house or apartment With friends of family members

Other Children In Family

| | | | | | |
|------------|-----------|-------|------------|-----------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| First Name | Last Name | Age | First Name | Last Name | Age |
| _____ | _____ | _____ | _____ | _____ | _____ |
| First Name | Last Name | Age | First Name | Last Name | Age |

Does your child speak or understand a language other than English? YES NO

If yes, what is that language? _____

If yes, is that language the first one the child/ward learned to speak or understand? YES NO

Is there a language other than English spoken regularly in the home or environment? YES NO

If yes, what is the language? _____

Yes No Student will be picked up or dropped off by the bus at a site other than their home. If the student will be picked up or dropped off at a day care provider, please fill out information completely in order that your student's transportation needs can be more accurately determined.



Day Care Provider: _____ Phone # _____

Address: _____

Days / Times Attending Day Care: _____

Health Concerns:

Allergies : _____

Asthma Blind Deaf Diabetes Heart Disease Hemophilic Non-Verbal Chronic Respiratory Problems

Allergies Bee Sting Penicillin Other: _____

Seizures Frequency: _____ Duration: _____

Special Needs/Considerations: _____

Medication: No Yes If yes, name of medication, dosage given and time given: _____

Emergency Contact Person (Please list friends or relatives that the school may contact in case of illness or emergency.)

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Family Doctor: _____ Phone # _____

Has your student been suspended from school YES NO **or expelled from school?** YES NO

I verify that I can make the decision as to execution of permission/acknowledge of forms for school documents, trips, and activities, receipt of education records; and participation in IEPC or Section 504 Plan Meeting. I also understand that Ionia Public Schools may request proof of parentage/guardianship which may include power of attorney, guardianship or court order(s).

Parent/Guardian's Signature: _____ **Date** _____

Applicants for admission as students and their parents/guardians are hereby notified that the District does not discriminate on the basis of race, color, national origin, sex, religion, lack of English language skills, age, height, weight, or marital status or disability in admission or access to programs, activities or policies. Any person having inquiries concerning the District's compliance with the regulations implementing Title VI, Section 504 of the Rehabilitation Act or the Americans With Disabilities Act are directed to contact the Associate Superintendent, 250 E. Tuttle Road, Ionia, MI 48846.