

CASS CITY PUBLIC SCHOOLS

NEW STUDENT REGISTRATION

If Living in the Cass City School District:

- Complete the forms included in this packet
 - Must have a certified birth certificate of the student enrolling
(Cannot accept a copy)
 - Must have a complete immunization record
 - Must have a complete updated transcript from your previous school or withdrawal grades if you are enrolling during the school year.
 - If you are an active athlete, bring information which will help in transferring schools. Ex: completed physical
- * *Turn in the above completed information to Cass City High School then:*
- Make an appointment by calling 989-872-2148 to see Dean of Students - Mrs. Hempton for the 2013-2014 school year.

If living out of School District (School of Choice)

- Complete the appropriate form provided in the office.
- This must be approved by the superintendent before registering.

**CASS CITY JR./SR. HIGH SCHOOL
REQUEST FOR SCHOOL RECORDS**

Student Name	Date of Birth	Grade
Previous School Attended: _____		
Address: _____		

Phone		Fax

- Records requested:**
- Attendance Information (include dates of withdrawal)
 - Health Records & Immunization Record
 - Discipline History
 - Test Scores
 - UIC Code
 - Transcript (also include student's grades to date, which include the period since the last grade report through the withdrawal date)
 - Special Education Files & Psychological files

• **PLEASE FAX TRANSCRIPT TO 989-872-2068 TO EXPEDITE OUR PROCESS.**

In sending this form, we are requesting information about one of your former students. Before we formally enroll the student, we are requesting that you answer the questions below about the above student.

1. Has the above named student been suspended or expelled from your school district? _____
If yes, please explain: _____

2. Is disciplinary action pending against this student? _____ If yes, please explain: _____

3. Was this student in a special education program in your school district? _____
If yes, please give student's current placement: _____

4. Student's last date of entry to your school? _____

Parent Release Form: As parent or legal guardian for the above named student, I hereby authorize the release of all school records to Cass City Jr./Sr. High School and request that they be sent to the above address at your earliest convenience.

According to the Final Regulations-Family Educational rights & Privacy Act (Buckley Amendment) dated 6-17-76, it is no longer necessary to obtain written consent to release records. It states that school officials, including teachers within the educational system in which a student intends to enroll, may receive a students record without parental consent for such release.

Parent/Guardian Signature Date

PLEASE SEND RECORD TO: Cass City Jr./Sr. High School
4868 North Seeger St
Cass City, Michigan 48726
Attn: Guidance

Cass City Public Schools Registration Form

Date: _____

Student Name: _____

Gender: _____

Male Female

Address: _____

Grade: _____

Birthdate: _____

Birthplace: _____

City

State

Enrollment Date: _____

1st day student will attend school

Social security # _____

Ethnicity: Is this student Hispanic or Latino (Circle one)

Race: (use %'s to rank ethnic groups that apply)

_____ American Indian or Alaska Native

_____ Native Hawaiian or Other Pacific Islander

_____ Asian American

_____ White

_____ Black or African American

_____ Hispanic or Latino

Has your child been enrolled in special education classes? ___ Yes ___ No

*If yes, complete the attached temporary placement form

Parent's email address: _____

Needed for family access and teacher correspondence

Residency Information:

Is the student a resident of Cass City Public Schools? ___ Yes ___ No

If Not, Have you applied through school of choice? ___ Yes (attach copy of application) ___ No

What district do you live in? _____ County _____ Township _____

Where is the student living now? Check one:

in a one family dwelling

in a RV park or campsite

other _____

in a car

in a motel or hotel

in a shelter

with more than one family in a house or apartment

unaccompanied youth

with friends/family (other than parent/guardian)

foster child

ward of court

With whom does the student reside: _____

Ex: mother/father, mother/stepfather, father/stepmother, foster parent, grandparents, aunt/uncle, friend of family

Does student need transportation? If so, name crossroads: _____

Pick up address: _____ on _____ (days of week)

Drop off address: _____ on _____ (days of week)

District Transferring From: _____

School Name

Address

Phone #

Fax #

Brought in copy of Immunizations Yes No

Brought in copy of Birth Certificate Yes No

Does your child have any medical alert information: Including: allergies asthma diabetes

Other Explain: _____

Parent/Guardian information: WHERE STUDENT RESIDES:

Head of household

Guardian 1 Name: _____ Relationship to student: _____

Primary Phone #: _____ E-Mail address: _____

Guardian 2 Name: _____ Relationship to student: _____

Primary Phone #: _____ E-Mail address: _____

Marital Status: _____

Married/Divorced/Single

Guardian 1 Employer's Name _____ Guardian 2 Employer's Name _____

Work Phone # _____ Work Phone # _____

Is either of your parent/guardian in the military? Yes No Relationship: _____ Branch: _____

_____ ● _____ ● _____ ● _____ ● _____ ● _____ ● _____ ● _____ ●

Parent/Guardian information: For divorced, separated or non-custodial parents/guardians

Guardian 1 Name: _____ Relationship to student: _____

Primary Phone #: _____ E-Mail address: _____

Guardian 2 Name: _____ Relationship to student: _____

Primary Phone #: _____ E-Mail address: _____

Marital Status: _____

Married/Divorced/Single

Guardian 1 Employer's Name _____ Guardian 2 Employer's Name _____

Work Phone # _____ Work Phone # _____

*Home Address : _____

Street

City

Zip code

_____ ● _____ ● _____ ● _____ ● _____ ● _____ ● _____ ●

Emergency contacts: Family/friends in case of emergency and cannot contact parent/guardian

Name: _____ Relationship to student: _____

Home Phone: _____ Cell Phone: _____

Emergency contacts: Family/friends listed in case of emergency and cannot contact parent/guardian

Name: _____ Relationship to student: _____

Home Phone: _____ Cell Phone: _____

This form has been completed by _____

Signature

Relationship

PERMISSION FOR TEMPORARY PLACEMENT

(To be used only for students transferring into the school district from an appropriate special education program in another school district or institution.)

A. Because the appropriate programs and services are currently available I grant permission

to _____
School District

to immediately implement _____ current IEP.
Student's Name

Signature of Parent/Guardian/Adult Student

Date

Agency Representative

Position

Date

~OR~

3. I grant permission to Cass City Public Schools
School District

to temporarily place _____ in the program for
Student's Name

the Secondary Resource R340.1749b
Type of Program Special Education Code Rule #

at Cass City High School

I understand that this placement is temporary and can only be made when there is sufficient evidence that the above-named person is eligible for special education programs and/or services in accordance with the Michigan Special Education Code.

Further, I understand that within 30 school days from the date of my signature, an Individualized Education Planning Committee (IEPC) shall be convened to make recommendations for future programming. This timeline may be extended if the school district and parent mutually agree.

Signature of Parent/Guardian/Surrogate/Student

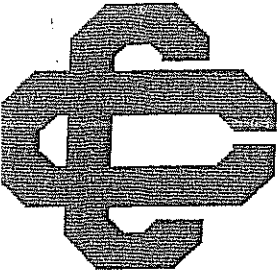
Date

Agency Representative

Position

Date

If parent does not provide consent for placement, then the school district will implement the student's current individualized education program to the extent possible and an individualized education program team meeting shall be convened to develop a new individualized education program as soon as possible, but not later than 30 school days.



Cass City Public Schools

4868 North Seeger Street
Cass City, MI 48726
Phone: 989-872-2200
Fax: 989-872-5015
www.casscityschools.org

*Learning from the past.
Making the most of the present.
Preparing for the future.*

Jeffrey L. Hartel
Superintendent
989-872-2200

Chad Daniels
Jr./Sr. High School
Principal
989-872-2148

Don Markel
Assistant Principal
Athletic Director
989-912-1836

Aaron Fernald
Elementary School
Principal
989-872-2158

Lyle Severance
Technology Director
989-912-1843

Mike Klosowski
Chief Financial Officer
989-912-1846

Shari Bock
Food Service Director
989-872-5729

David Barnes
Building Maintenance
989-912-1837

Andy Schuette
Grounds Supervisor
989-872-2200 x3512

Requirements for enrolling new and transfer students into Michigan schools have changed as a result of Public Act 84 of 1987. School officials are now required to see a certified copy of a child's birth certificate within 30 days of enrollment. If after 30 days a certified birth certificate has not been forwarded a written notice is sent to the parent or guardian. If 30 days from the date of the notice, the school has not yet received a copy of the certified birth certificate, schools are required by law to refer the matter to a local law enforcement agency.

This letter being sent to your law enforcement agency is the Cass City Public Schools record of compliance with Public Act 84 of 1987.

The following information pertains to the student we have not received certified birth records from.

Student Name: _____

Parent or Guardian: _____

Address: _____

Telephone: _____

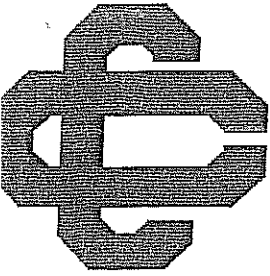
Your attention to this matter is appreciated. Thank you.

Sincerely,

Jeff Hartel
Superintendent of Schools

MISSION STATEMENT

All School personnel will accept the responsibility to provide the opportunity for all students to be productive in a global society.



Cass City Public Schools

4868 North Seeger Street
Cass City, MI 48726
Phone: 989-872-2200
Fax: 989-872-5015
www.casscityschools.org

*Learning from the past.
Making the most of the present.
Preparing for the future.*

Jeffrey L. Hartel
Superintendent
989-872-2200

Chad Daniels
Jr./Sr. High School
Principal
989-872-2148

Don Markel
Assistant Principal
Athletic Director
989-912-1836

Aaron Fernald
Elementary School
Principal
989-872-2158

Wyle Severance
Technology Director
989-912-1843

Mike Klosowski
Chief Financial Officer
989-912-1846

Shari Bock
Food Service Director
989-872-5729

David Barnes
Building Maintenance
989-912-1837

Andy Schuette
Bonds Supervisor
989-872-2200 x3512

For the purposes of birth date certification as stated in Michigan Public Act 84 of 1987.

I, _____, do swear or affirm that

_____ was born on _____
(month, date, year)

and that I am unable to furnish a certified copy of the student's birth certificate for the following reason(s):

Signature

Date

Subscribed and sworn to before me on
This _____ day of _____, 20____.

Notary Public in and for the County of _____,
State of Michigan. My
commission expires: _____.

MISSION STATEMENT

All School personnel will accept the responsibility to provide the opportunity for all students to be productive in a global society.

Cass City Public Schools
No Child Left Behind

STATE BOARD OF EDUCATION APPROVED
HOME LANGUAGE SURVEY*

The school district is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1152-380.1157 of the School Code of 1995, Michigan's Bilingual Education Law. Would you please help by providing the following information?

Thank you very much for your cooperation.

Name of Student _____ Grade _____ Age _____

School Building _____

1. Is your child's native tongue a language other than English?
 Yes No What is that language? _____
2. Is the primary language¹ used in your child's home or environment a language other than English?
 Yes No What is that language? _____

Signature of Parent or Guardian _____ Address _____ Date _____

¹"Primary language" means the dominant language used by a person for communication.
*Translation of this survey form in Spanish, Arabic, French, Italian and Ojibwa is available at the Office of Field Services at 517-373-6066