



Stephenson Area Public Schools

W526 Division Street – P.O. Box 509
Stephenson, Michigan 49887
Phone 906-753-2222 Fax 906-753-2326

NEW STUDENT REGISTRATION

Welcome to Stephenson Area Public Schools!

We are very excited to have your child attending Stephenson Area Public Schools! Please see below for a list of items that you will need to bring from home in order to complete your child's registration.

The following documents need to be turned in with this enrollment packet.

1. Signed registration forms
2. Child's original birth certificate (we make a copy)
3. Proof of residency – current utility bill, mortgage or rental agreement
4. Parent/Guardian photo ID
5. Up-to-date immunization record
6. Green Physical Form, including documentation of hearing and vision screening (Kindergarten only)
7. Custody Agreement/Delegation of Parental Authority documentation (if applicable)
8. School of Choice Forms (if applicable)
9. Verification of Prior Discipline Record (if applicable)

Documents can be faxed or emailed to ptroutt@stephenson.k12.mi.us.

If you have any questions, please contact the office at 906-753-2222 ext. 100.

Thank you for your cooperation!

Sincerely,

Christian Londo
K-12 Principal



Stephenson Area Public School
W526 Division Street
Stephenson, MI 49887
Phone: 906-753-2222

STUDENT REGISTRATION FORM

Legal Name

(Last, First, Middle)

Grade

Home Address

Mailing Address (If Different)

Home Phone

Gender

Male

Female

Student's Date of Birth

Place of Birth

(mm/dd/yyyy)

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

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

No, not Hispanic/Latino

Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter which box you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

Part B: What is the student's race? (Choose one or more)

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South American, including Central America.)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

NOTE: Both parts A and B **MUST** be completed. We encourage you to select an answer for **both** parts. If either part (A or B) is not answered, the U.S. Department of Education **requires** the school district to supply an answer on your behalf.

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HOME LANGUAGE SURVEY

Michigan welcomes families of all language backgrounds. Speaking more than one language is a valuable asset!

Please answer the two questions below. If your response to either question is a language other than English, the school district will give an assessment to see if your student may benefit from English language support.

What language is used most at home?

What language is used most by the student?

Legal Parent(s)/Guardian(s)

Custody of Student Parents (same household) Joint Mother Only Father Only Legal Guardian

Is your family an active military family? Yes No

Family and Contact Information

Father/Guardian Name

Mother/Guardian Name

Address (If different from student)

Address (If different from student)

State of Birth

State of Birth

Home Phone

Home Phone

Cell Phone

Cell Phone

E-mail

E-mail

Work or Daytime Phone

Work or Daytime Phone

Highest Level of Education Completed

Highest Level of Education Completed

Place of Employment

Place of Employment

Occupation

Occupation

Stepparent's Name (If applicable)

Stepparent's Name (If applicable)

Please list all other people with whom the student resides (please include birth date for children and grade, if applicable).

Emergency Contact Information: In case of an emergency, **we will attempt to contact parent/guardian first.** In event we cannot do this, please provide names of relatives or close friends **(other than parents)** that we may contact and that you give permission to pick up your child.

1. Name

Relationship

Phone Number(s)

2. Name

Relationship

Phone Number(s)

Please list names of any others (at least 18 years old) who are authorized to pick up your child.

Name and Address of Last School Attended

Has student been involved in Special Education (IEP or 504), Title I or any other Special Classes?

Yes No If yes, please list:

Parent/Guardian Signatures

I attest that the information contained herein is correct to the best of my knowledge.

Parent/Guardian Name (Please print)

Parent/Guardian Signature **X**_____

Date signed



STUDENT RESIDENCY QUESTIONNAIRE

(Your child may be eligible for additional educational services through McKinney-Vento Assistance Act.)

Student Name(s)

- | | | |
|--|-----|----|
| 1. Is the student's current address a temporary living arrangement? | Yes | No |
| 2. Is this temporary living arrangement due to loss of housing or economic hardship? | Yes | No |

If you answered YES to the above questions, please complete #3.

If you answered NO, please continue to #4.

3. Where is the student presently living? (Check one box)

Temporarily with another family in a house or apartment due to loss of housing or economic hardship

With an adult that is not a parent or legal guardian, or alone without an adult

Moving from place to place

In a hotel/motel

Staying in a shelter (family shelter, domestic violence shelter, youth shelter)

Waiting foster care placement or in a new foster care placement (less than 6 months)

In a car, park, campground, abandoned building or any other inadequate accommodation

In an emergency/transitional shelter

Unknown nighttime residence

Other

4. Please check your relationship to the student:

Parent

Legal Guardian

Power of Attorney

Adult Caring for Student

Youth living without being in the physical custody or a parent or legal guardian.

Signature _____

Date



Stephenson Area Public School -

Tribal Affiliation Questionnaire

NOTE: Responding to this questionnaire is optional. The information collected will support coordination and communication with Tribal Nations and help the district determine its eligibility to apply for additional funding to support Indigenous learners.

Student Full Legal Name: _____

Parent/Guardian Name(s): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Grade: _____ Birth Date: _____

For this data collection, tribal affiliation refers to an individual with ties to one or more Indigenous Nations through citizenship, membership, enrollment, or descendancy.

Question A: Is this student tribally affiliated?

Yes, the student is tribally affiliated

No, the student is not tribally affiliated

Question B: If the student is tribally affiliated, what is their primary tribal affiliation?
(Choose only one)

Bay Mills Indian Community

Grand Traverse Band of Ottawa and Chippewa Indians

Hannahville Indian Community

Keweenaw Bay Indian Community

Lac Vieux Desert Band of Lake Superior

Chippewa Indians of Michigan

Little River Band of Ottawa Indians

Little Traverse Bay Band of Odawa Indians

Match-e-be-nash-she-wish Band of Pottawatomi Indians of Michigan

Nottawaseppi Huron Band of the Potawatomi

Pokagon Band of Potawatomi Indians

Saginaw Chippewa Indian Tribe of Michigan

Sault Ste Marie Tribe of Chippewa Indians

Not Listed

Stephenson Area Public 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 students 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. 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 Stephenson Area Public 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
or Eligible Student: _____ Date: ____/____/____

Printed Parent/Guardian Name: _____



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BUS REGISTRATION

(One per family)

Current Bus # (if applicable): _____

Student Name

Grade

Parent Name

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Address: _____

Street

City, State, Zip

Home Telephone # _____ Cell Phone # _____

Is the drop off/pick up location different than address listed above? Yes No

If yes, please explain: _____

Parent Understanding:

I realize that bus service to and from school is a privilege. Should my child/children's behavior fail to comply with the rules stated in the Stephenson Area Public Schools Student/Teacher Handbook they will be subject to disciplinary action which could result in termination of bus service.

X _____

Signature of Parent/Guardian

Date

(for office use only)

Bus Number: _____ Est. Pick-Up Time: _____ Est. Drop-Off Time: _____



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VERIFICATION OF PRIOR DISCIPLINE RECORD

Directions: Check the applicable paragraph, provide all appropriate information and sign this document. A willful false statement on this affirmation will result in a report to the appropriate authorities and possible removal from Stephenson Area Public Schools.

Paragraph 1:

The undersigned affirms that _____ **has not been** suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school-sponsored activity or on a public or private conveyance providing transportation to and from a school or school-sponsored activity.

Paragraph 2:

The undersigned affirms that _____ **has been** suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school-sponsored activity or on a public or private conveyance providing transportation to and from a school or school-sponsored activity.

If you checked paragraph 2, explain the circumstances in detail below. Include the school name, dates of suspensions or expulsion, and a description of the incident that gave rise to the suspension or expulsion.

Signature of Student _____ Date _____

Signature of Parent/Guardian _____ Date _____

FORMER SCHOOL DISTRICT PLEASE COMPLETE:

Name of School District: _____

Please check one According to our records, we can verify that the information provided by the parent/student is correct.

According to our records, the information provided by the parent/student is incorrect.

***If the student was involved in any of the offenses outlined above, please forward the appropriate disciplinary documentation.**

Date

District Administrator Signature and Title