

Menominee High School

Please circle all that apply
Walk Parent Transfer Ride Bus

ENROLLMENT FORM

Counselor: _____ Student Number Assigned by School: _____

Student Information:

Last Name	First Name	Middle Name	Birth Date	Age	Gender	Grade
Street Address			Home Phone		Cell Phone	
Mailing Address (if different - P.O. Box etc.)				Student's Birthplace (City, State)		
City	Zip Code	Township		County of Residence		

Special Needs:

Indicate any known special needs:	Health	Handicap	Allergies	Vision	Hearing
Special Ed (please explain)					

Residency Status:

<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident (School of Choice)	Resident District:
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Family:

	Mother	Father	Step Parent	Guardian
Name				
Occupation/Employer				
Education Status				
Marital Status				
Resides with - please indicate with check - <i>Custodial documents must be attached if applicable</i>				
If divorced, please check	<input type="checkbox"/> sole legal custody <input type="checkbox"/> joint custody	<input type="checkbox"/> sole legal custody <input type="checkbox"/> joint custody		
Daytime Telephone / Place				
E-Mail Address				
Cell Phone				
Request for Duplicate Mailing of report card:	Name: _____			
Relationship: _____	Street Address: _____			
Phone: _____	City, State, Zip Code: _____			

Other Children in Family:

First/Last Name	Birth Date	School Attending

PLEASE TURN OVER & COMPLETE BACK SIDE

Emergency Information: (Please list someone other than parents - we will call parents first.)

Name	Relationship	Phone

School Child Last Attended:

Name of School	
Address (Street, City, State, Zip Code)	
Phone	

Yes No Have you been expelled or are you in the process of being expelled from your most recent School/s?

Primary Language

Is English the Primary Language spoken at home? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, which language is spoken in the home? _____
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Has this student ever received ESL (English as Second Language) Services? Yes No
If yes, from which school: _____

Are you migrant workers? Yes No

Migrant Worker means the student or student's family moved within the preceding 36 months for the purpose of finding seasonal or temporary employment directly related to producing or processing crops or livestock, or dairy farm employment, planting or harvesting trees, or catching shell fish or fish in natural water, i.e., meat packing plant, dairy or tree farms, ranches, etc. If in doubt, answer yes.

Ethnic Code: (Use 1, 2, 3 to rank primary and secondary ethnic groups)

<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Hispanic

Automated Alert Call System / Power Announcement

To edit the phone numbers and email addresses you would like to received alerts on please log on to your parent Power School account at <http://pwrschl.menominee.k12.mi.us/public>.

If you do not have access to the internet please contact your child's building office to update your alert contact information.

Parent Signature: _____ Date: _____

For Office Use Only:

I have enrolled _____ and checked
<input type="checkbox"/> Birth Certificate / Hospital Certificate / Signed Affidavit
<input type="checkbox"/> Date of First Immunization _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Health Insurance:
<input type="checkbox"/> Proof of Residency (check one)
<input type="checkbox"/> Driver's License <input type="checkbox"/> Rental Agreement <input type="checkbox"/> Utility Bill / Bank Statement <input type="checkbox"/> Property Tax Receipt <input type="checkbox"/> Other
<input type="checkbox"/> Custodial Arrangement / Delegation of Parental Authority
School Signature _____ Date _____

Menominee Area Public Schools
1730 L..h Street
Menominee, MI 49858
906-863-9951

PERMISSION FORM

2015-2016

Please complete this form and return it to your child's building office.
Access building handbooks and policies at each building web site at <http://www.menomineeschools.org>

Student's Name _____

Parent's Name _____

Address _____

Home Phone _____

City, State, Zip _____

I do not have internet access at home.

Junior High School

Menominee High School

CODE OF CONDUCT & STUDENT HANDBOOK REVIEW

I agree that I have read and reviewed the MAPS Code of Conduct & Student Handbook as provided to me by Menominee Area Public Schools and that I will abide by the rules and policies as set forth in the code.

Student Signature _____

Date _____

Approval of Parent/Guardian _____

Date _____

ATHLETIC CODE OF CONDUCT REVIEW (Needed for Junior High and High School Athletes only)

I agree that I have read and reviewed the Athletic Code of Conduct as provided to me by Menominee Area Public Schools and that I will abide by the rules and policies as set forth in the code 365 days a year on or off school property.

Student Signature _____

Date _____

Approval of Parent/Guardian _____

Date _____

TECHNOLOGY ACCEPTABLE USE POLICY

I agree to follow the rules outlined in the Menominee Area Public Schools Technology Acceptable Use Policy. If this area is not signed, your student is not allowed to use the computer while at school.

Student Signature _____

Date _____

Approval of Parent/Guardian _____

Date _____

ON-LINE TOOLS PERMISSION

I grant permission for my child to obtain a log in and password for web sites used in the educational process as instructed by teachers for course work. Students may email, post documents, images, and video as part of their learning. All work is expected to be filtered, monitored and to fall under the district Acceptable Use Policy.

Student Signature _____

Date _____

Approval of Parent/Guardian _____

Date _____

PERMISSION TO PHOTOGRAPH

I grant permission for Menominee Area Public Schools to photograph and/or videotape my child and my child's work as part of the educational program produced by the district. This may include, but not be limited to, newsletters, media releases, marquee, and website information. I understand that my child's image, name, school, and grade may be revealed. Photos may be taken at various times throughout the year without advance notice.

Student Signature _____

Date _____

Approval of Parent/Guardian _____

Date _____

FIELD TRIP PERMISSION

I grant permission for my child to participate in field trips sponsored by Menominee Area Schools which will take my child away from the school premises. I understand this approval is for the school year and I will be notified by my child's teacher prior to each field trip.

Student Signature _____

Date _____

Approval of Parent/Guardian _____

Date _____

By signing this form, you agree to abide to the district's Code of Conduct and operational guidelines. Return to school office as requested.

Student / Family Residency Questionnaire

A student may be eligible for additional educational services through Title I Part A, Title I Part C-Migrant, and/or Federal McKinney-Vento Assistance. Eligibility can be determined by completing this questionnaire.

Check the box that describes your current living situation

- A. Own/Rent my own home or apartment
- B. Doubled Up: Sharing the housing of others due to loss of housing or economic hardship
- C. Staying in a Shelter
- D. Staying in Transitional Housing (awaiting permanent housing)
- E. Awaiting foster care/temporary foster care placement, or currently in first six months of foster care
- F. Temporarily living in a motel or hotel
- G. Unsheltered
- H. Unaccompanied Youth: not in the physical custody of a parent or guardian

4. Student Name

First	Middle	Last	M/F	D.O.B.	Grade	School Name

Print Parent/Guardian/Student Name _____ Signature _____ Date _____

(Area Code) Phone number _____ Street/Contact Address _____ City _____ State _____ Zip _____

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School Use Only

- Free or Reduced Price Meals form submitted
- Transportation Assistance
- Assessment

Based on the above information and a brief interview with this family, I attest that to the best of my knowledge they are eligible for benefits under the McKinney-Vento Act:

Print _____ Name *(required)* _____ Title _____ Signature *(required)* _____ Date _____

- Copies to:
- 1. District Homeless Liaison
 - 2. School Data Entry Person for MSDS
 - 3. Title 1 Director
 - 4. Food and Nutrition Services Dept.