



PERRY PUBLIC SCHOOLS
REGISTRATION CHECKLIST

All documents must be provided BEFORE student will be enrolled and can attend.

Student Name: _____

Grade: _____

FOR ALL STUDENTS unless noted IF APPLICABLE:

- ____ Enrollment Form completely filled out with parent/guardian signature on back page – two-sided form
- ____ Approved Home Language Survey
- ____ Birth Certificate – Copy of certified original (*not hospital copy*) (*we can make copy*)
- ____ Child Custody, Military Connections and Concussion Awareness form (one-page form with signature)
- ____ COVID-19 and Face Mask form – if guidelines change over the summer, we will notify parents
- ____ Electronic Device Agreement
- ____ Health Appraisal (Kindergarten only)
- ____ IEP/504 Plan - **if applicable, parent must provide copy from previous school**
- ____ Immunization Record (*we can make copy*) and signed Immunization Consent form
- ____ Internet Publication Authorization
- ____ K-4 Home-School Compact
- ____ Online Learning Form – if guidelines change over the summer, we will notify parents
- ____ Permission Form (field trips, photography, directory information, military recruitment and transcript release – signed - two-sided)
- ____ Release of Records Form with parent/guardian signature (*unless child attended kindergarten in another district*)
- ____ Residency Form **and** documentation
- ____ SAT (HS only)
- ____ Student Network/Acceptable Use with parent/guardian and student signatures – two sided form
- ____ Transportation Form

FOR SCHOOL OF CHOICE STUDENTS:

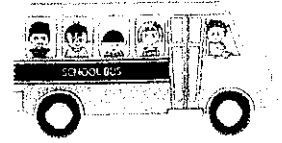
- ____ Schools of Choice Application Form (one for each child)
- ____ Suspension/Expulsion Verification Form, if applicable
- ____ Release of State Aid document from your child(rens) home district – this is the district that you reside in – if application is not made during an open enrollment time frame

OTHER FORMS THAT MAY BE REQUIRED:

- ____ Free/Reduced Lunch Form – Available after July 1st of upcoming school year
- ____ 2021-2022 MHSAA Health Questionnaire – grades 7-12 if playing sports

OFFICE USE

- | | | | |
|------------------------------------|---------------------------------|--------------------------------------|-------------------|
| ____ Enrollment Form | ____ Health Appraisal (KG only) | ____ Release of Records | ____ MCIR entered |
| ____ Approved Home Language Survey | ____ IEP/504 | ____ Residency and documentation | |
| ____ Birth Certificate | ____ Immunization Record | ____ SAT (HS only) | |
| ____ Consent for Immunization | ____ Internet Publication | ____ School of Choice, if applicable | |
| ____ Custody/Concussion/Military | ____ K-4 Home-School Compact | ____ Student Network/Acceptable Use | |
| ____ COVID-19 and Face Mask | ____ Online Learning | ____ Transportation | |
| ____ Electronic Device Agreement | ____ Permission Form | ____ 7-12 MHSAA, if playing sports | |



Welcome to Perry Public Schools!
Kindergarten Registration Form

Please complete and return to principal or teacher before you leave the meeting today. Thank you.

Child's Legal Name _____
(first, middle, last)

Date of Birth _____ Gender _____
(month, day, year)

Nickname to be used at school (if different than legal first name) _____
We are required by the state to use legal name for all reports.

Do you live in the Perry School District Yes No If no, home district _____
We do not bus school of choice students.

Child's Address _____
(street address, city, zip code)

Mother's Name _____ Father's Name _____

Address _____ Address _____

Phone _____ Cell _____ Phone _____ Cell _____

Email Address _____ Email Address _____

If your kindergartner will be a bus student, please list the address and phone number where you want your child to be picked up or dropped off, **only if different from above address.** We do not provide bus service unless childcare is in the Perry district. Please contact our Transportation Department at 517-625-3107.

***Parent/Guardian need to be present for student to be dropped off.**

(name, street address, city, phone number)

Please list names of other children in the family, **including children who are not yet in school:**

<u>Name</u>	<u>DOB and/or Grade</u>	<u>Perry Public Schools Building</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pre-School Experience:

- _____ GSRP (Perry Early Education Program)
- _____ GSRP/Head Start Blend
- _____ Head Start only
- _____ Title 1 preschool
- _____ Private child care center
- _____ Family child care
- _____ Tuition-based preschool
- _____ Early Childhood Special Education classroom
- _____ Developmental Kindergarten/Young 5's
- _____ None

Delivery method:

- _____ School based
- _____ Community based
- _____ Home based

Attended:

- _____ Half Day – 4 days per week
- _____ Half Day – 5 days per week
- _____ Full Day – 4 days per week
- _____ Full Day – 5 days per week
- _____ Served by family child care center

PLEASE COMPLETE OTHER SIDE AND SIGN FORM



Perry Public Schools 2021-2022 Student Enrollment Form

Please return to the Administration Building, 2665 W. Britton Rd., Perry, MI 48872
517-625-3108

Enter Date _____
Teacher _____

Student (Last, First, Middle)		Grade
Date of Birth		Gender
Phone Number	Cell	Home
Student Cell Phone		
Street Address, City, St., Zip		
Mailing Address (if different)		
District of Residence		

Student Resides with: Both Parents Father/Stepmother Mother/Stepfather Father Only Mother Only
 Guardian Relative Foster Court Placed Divorced, Joint Custody Other: _____

Race and Ethnicity 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.

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

- No, not Hispanic/Latino
 Yes, Hispanic/Latino

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

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

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

	Mother's Contact Info	Father's Contact Info
Name		
Relationship to Student		
Home Address		
City, State, Zip		
Home Phone		
Cell Phone		
Occupation		
Employer		
Work Phone and Extension		
Email Address		
**Extra Mailing Requested		
	Secondary Parent Info	Secondary Parent Info
Name		
Relationship to Student		
Home Address		
City, State, Zip		
Home Phone		
Cell Phone		
Work Phone and Extension		
E-Mail Address		

****Mailings will go to the student address. If non-custodial parent would like copies of mailings (report cards), please indicate above.**

Please make sure to fill out address and email boxes.

Please complete and sign the back side





PARENT NOTIFICATION – CHILD CUSTODY LEGAL INFORMATION

As per State and Federal Law (MCL 722.30 and FERPA), Perry Public Schools recognizes the equal rights of parents/guardians as indicated on a certified birth certificate or legal court order. This means that either parent, with proper identification, may have access to the child at school, request and receive information, and be included in the child's educational process.

If parents are legally separated, divorced or have ongoing custody issues, the parental rights of both parties will be equally recognized **unless, and until, a copy of a legal court order is on file** with the District that specifically restricts or denies the non-custodial parent's access to the child at school, the child's school records, or other protective order. This court order must be on file **PRIOR** to any restrictions of a parent's access and information rights are inhibited.

Custodial documents are provided Not applicable

Student Name: _____

Parent/Guardian signature: _____ Date: _____

MILITARY CONNECTIONS of Parent/Guardian, if applicable

Name of Military Parent/Guardian: _____

Status

Active duty, deployed Inactive Injured
 Active duty, not deployed Student Military Identifier only Discharged
 Killed in Action Transitioning out of active duty Retired

Branch

Air Force Air Force Reserve Air National Guard Army
 Army Reserve Army National Guard Navy Navy Reserve
 Marine Corps Marine Corps Reserve Cost Guard Coast Guard Reserve

CONCUSSION AWARENESS MATERIAL ACKNOWLEDGEMENT

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012, that I have received and reviewed the document titled "Educational Material for Parents and Students" provided by Perry Public Schools. Please be sure to review this document with your child!

Participant Name Printed: _____

Participant Signature: _____ Date: _____

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____ Date: _____



RESIDENCY VERIFICATION FOR PRIMARY RESIDENCE

According to the State General Opinion No. 5925, school districts have the right to ask new enrollees to prove residency. By signing this affidavit, you are affirming that the address given on the enrollment form is the legal residence of the student. If you are living with another person without a rental or lease agreement, that person must sign this document and prove their residency. Also they will need to provide a notarized letter stating that you and your child/ren are residing with them. Perry Public Schools has notaries available in the Administration Building.

Student's Name: _____

Primary Address: _____

Resident

Non-Resident (School of Choice)

If Non-Resident, resident school district: _____

ONE PROOF OF RESIDENCY IS REQUIRED (address must be visible and readable)

A copy will be made and placed in your child's school file. The original will be returned to you. After a copy is made, you will be able to black out sensitive information such as amount due.

____ Driver's license

____ Cell Phone Bill

____ Utility Bill

____ Moving Bill

____ Insurance Info

____ Lease

____ Voter Registration

____ Other _____



PERRY PUBLIC SCHOOLS

2665 W Britton Road, Perry MI 48872 – 517-625-3108

www.perry.k12.mi.us

2021-2022 SCHOOLS OF CHOICE APPLICATION

Application accepted during:
____ 1 st Open Enrollment
____ 2 nd Open Enrollment
____ Child of staff member

Application deadline is the Friday of the first week of school for the full year or the Friday of the start of 2nd semester. Although parents may apply at any time, by law, districts may only officially accept new students during the School of Choice Application Window. **Transportation is not provided for school of choice students.** Please return this form to the above address.

<u>STUDENT NAME</u>	<u>ENTERING GRADE</u>	<u>BIRTHDATE</u>	<u>HAS THIS STUDENT EVER BEEN EXPELLED/SUSPENDED</u>
_____	_____	_____	YES _____ NO _____

SCHOOL DISTRICT WHERE STUDENT CURRENTLY RESIDES

Byron _____ Corunna _____ Durand _____ Laingsburg _____ Morrice _____ New Lothrop _____
 Owosso _____ Other _____

Does student receive special education services: Yes _____ No _____

REASON WHY PARENT DESIRES STUDENT TO ATTEND PERRY PUBLIC SCHOOLS

NAME OF PARENT/GUARDIAN _____

STREET ADDRESS _____

CITY, STATE AND ZIP CODE _____

COUNTY _____ TELEPHONE NUMBER () _____

WAIVER AND RELEASE

The undersigned parent or guardian agrees to waive, discharge and release any claim, demand or cause of action against the local school district Board of Education, individual Board members, and employees related in any way to:

- Determination to accept or deny this application for enrollment as a non-resident student
- My child's academic achievement or co-curricular participation
- The discipline of my child related to his/her behavior
- I understand that my child may be denied enrollment if he/she has been suspended/expelled for any reason from current or previous school districts

NOTE: If your application for enrollment is accepted and the student is eligible for special education programs and services under the requirements of Section 105c(18) of the State School Aid Act of 1997, actual enrollment cannot occur until this district reaches a written agreement with the district in which you reside. This agreement is for the purpose of providing a free appropriate public education to the student and must include an agreement between both districts related to responsibility for the payment of the added costs of special education programs and services for the student. If an agreement cannot be reached, enrollment is not allowed.

Parent/Guardian Signature

Date

Perry Public Schools Superintendent

Date

Accepted _____ Denied

*Superintendent of Resident District

Date

Accepted _____ Denied

*Signature of superintendent of Resident District is only needed if application is outside School of Choice application window.



KINDERGARTEN TRANSPORTATION INFORMATION

The following is general information about transporting your Kindergartner.

- Your student(s) will ride to and from school with other students in grades K-12.
- Your child will be seated in the front of the bus, designated for Kindergartners and First graders only.
- Someone must be at the stop to receive your student(s). If no one is at the bus stop, we will bring your child back to the garage and a call will be made. You will need to pick up your student(s) at the bus garage after the driver is done with their route. The bus garage address is: 310 Keeney Street, Perry, MI 48872.
- We cannot release your student(s) with another student unless you have given written consent to do so.
- Any change in address or childcare is to be reported via a "Transportation Schedule" form which is available on the District's website under Departments, then click Transportation. The form needs to be filled out and either emailed to: brandtv@perry.k12.mi.us or given to the elementary office. Please allow five (5) business days for changes to be made.