

MANISTEE AREA PUBLIC SCHOOLS

Student Registration Form

STUDENT INFORMATION (PLEASE PRINT)

Legal Last Name		First Name		Middle Name		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade
Street Address		Street Name		Apt#	P.O. Box	City	Zip
Home Phone ()		Unlisted <input type="checkbox"/> Yes <input type="checkbox"/> No	MONTH	Date of Birth DATE	YEAR	Social Security Number	
Is this student Hispanic/Latino? <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino		What is this student's race? <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White			
Is the student's native language a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No			Family Housing (Select Residency if Applicable) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Foster Care <input type="checkbox"/> Doubled-Up <input type="checkbox"/> Hotel / Motel <input type="checkbox"/> Shelter <input type="checkbox"/> Other (please explain)				
Is a language other than English spoken in the student's home or environment? <input type="checkbox"/> Yes <input type="checkbox"/> No			Any other financial or living hardship the school should be aware of:				
Is there a current <u>Order of Protection</u> or <u>No Contact Order</u> which concerns this student? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy							

PARENT/GUARDIAN INFORMATION

Last Name		First Name		Middle Initial	Relationship	Email Address	
Street Address		Street Name		Apt#	P.O. Box	City	Zip
Home Phone ()		Cell Phone ()		Does this student reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally responsible for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Place of Employment						Work Phone and Extension () ext.	

Last Name		First Name		Middle Initial	Relationship	Email Address	
Street Address		Street Name		Apt#	P.O. Box	City	Zip
Home Phone ()		Cell Phone ()		Does this student reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally responsible for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Place of Employment						Work Phone and Extension () ext.	

LEGAL/JOINT CUSTODY (IF DIFFERENT THAN ABOVE)

Last Name		First Name		Middle Initial	Relationship	Email Address	
Street Address		Street Name		Apt#	P.O. Box	City	Zip
Home Phone ()		Cell Phone ()		Does this student reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally responsible for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Place of Employment						Work Phone and Extension () ext.	
Is this address an additional residence for this student during the school week? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, please explain			

	Office Use Only	
School	Teacher	Start Date

DAY CARE PROVIDER (IF APPLICABLE)

Name:					Phone ()	
Street Address	Street Name	Apt#	P.O. Box	City	Zip	

HEALTH INFORMATION Please note any pertinent medical information about this student

This student's primary care physician		Phone ()
Special medical / physical / emotional conditions or other pertinent information (including allergies) regarding this student		Student wears Urgent Care Bracelet <input type="checkbox"/> Yes <input type="checkbox"/> No

SCHOOL HISTORY

Last school this student attended					Date Left	
Street address of last school attended		City	State	Zip Code	Telephone	Fax
Has this student ever attended any of the following programs:					Are you applying for schools of choice from outside the MAPS District?	
Tuition based / Private Preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No		Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No		Great Start Readiness Program <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes District _____ <input type="checkbox"/> No
Has this student ever enrolled in a Manistee Area Public Schools program before?						
<input type="checkbox"/> Yes <input type="checkbox"/> No Where _____					Year _____	

SPECIAL EDUCATION / 504

Has this student ever received any special education services or 504 plan or attended special education classes?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If new enrollment, please provide a copy of the current individual education plan (IEP).		

EMERGENCY CONTACTS If we are unable to contact you, please list two emergency contacts to act as your agent

Last Name	First Name	Middle Initial	Relationship		
Street Address	Street Name	Apt#	P.O. Box	City	Zip
Home Phone ()		Cell Phone ()			
Place of Employment				Work Phone and Extension () ext.	

Last Name	First Name	Middle Initial	Relationship		
Street Address	Street Name	Apt#	P.O. Box	City	Zip
Home Phone ()		Cell Phone ()			
Place of Employment				Work Phone and Extension () ext.	

ALERTNOW NOTIFICATIONS

Phone Number ()	Email Address	<input type="checkbox"/> Opt-Out
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FAMILY INFORMATION Please list all children in the family (by birth order, oldest first)

Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth / /
Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth / /
Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth / /
Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth / /

CONCUSSION HISTORY

- Yes, I do know of previous concussion history for my child
 No, I do not know of previous concussion history for my child
 I understand that if my child shows symptoms of concussion, I should seek medical care and inform the school.

DIRECTORY INFORMATION

The Board designates as student "directory information" a student's name, address, telephone number, date and place of birth, photograph, video and/or electronic images, major field of study, participation in officially recognized activities and sports, height and weight, if a member of an athletic team, dates of attendance, date of graduation, awards received, honor rolls, and scholarships. If you have any objections regarding the release of this information about your child, please notify the school your child will be attending in writing.

In case of illness, accident, or injury serious enough to warrant immediate medical attention, I hereby give permission to transport the above named child to the nearest hospital. In the event that you are unable to reach me or the above named emergency contacts, I understand I am responsible for any and all costs incurred.

The Board may establish online access for the parents or the eligible student to the student's confidential academic and attendance records. Please be reminded that the account and confidential information about the student is only as secure as the parents or student keeps their information. The parent, eligible student, or unauthorized party will hold neither the District nor its employees responsible for any breach of this information.

I understand, for the health, safety, and/or educational needs of my child, information on the questionnaire, health appraisal (physical), and/or emergency card may need to be shared with individuals working with my child. Typically, this would include the building administrator, secretary, teachers, aides, counselors, noon duty staff, transportation staff, and truancy program coordinator.

★ Signature of Parent or Guardian _____

Date _____

MANISTEE AREA PUBLIC SCHOOLS

KENNEDY ELEMENTARY SCHOOL
1309 MADISON RD.
MANISTEE, MI 49660
(231) 723-3271
FAX # (231) 723-5879

DATE _____

CONSENT TO RELEASE STUDENT RECORDS (CA-60) FILES

_____ Student's Name _____ Grade _____ Birth Date _____

I hereby authorize:

Name of School _____

Address of School _____

City _____ State _____ Zip _____

Phone number _____ Fax number _____

To provide all information for the above named student including: Cumulative records, medical and health information, special education records, psychological tests and any other evaluation or educational test materials. Grades to date from each class would be especially helpful if transferring during the school year. Please send to: Kennedy Elementary School

Att: Carly Cheever
1309 Madison Rd.
Manistee, MI 49660

Please provide UIC# _____

____ Please fax current immunization record and birth certificate.

Sincerely,

Parent/Guardian or Authorized School Personnel



Kennedy Elementary
1309 Madison Rd., Manistee, MI 49660
(231) 723-3271 ■ Fax (231) 723-5879
Joanie Wiersma, Principal
chipslead.org/kennedy

Dear Kennedy Elementary School Parents:

We would like to personally welcome you to the 2022-23 school year at Kennedy Elementary. We are happy your child will be joining us for a great year!

Kennedy Open House: Thursday, August 25th, 5:00-7:00 pm
**** NOTE NEW LOCATION** 1309 Madison Rd.**

This open house will be a great opportunity to see our "new" facility, meet your child's teacher, for the students to see their classrooms, and for parents to learn about the educational programs and activities for the 2022-2023 school year.

The first day of school: Tuesday, August 30th

Currently, classes are scheduled to start at 7:50 am T-F, with Late Start Mondays starting at 8:50 am.

Other forthcoming communications will include updates for **drop-off** and **pick-up**, **safe school planning**, and an updated **classroom supply list**. Common questions and answers are updated daily at CHIPSLEAD.org.

Please notify the school office at this meeting if there are any changes in your address, phone number, childcare address, etc. Address/Daycare changes often involve bus changes—it is much easier to make changes before the first day of school. Also, if you would like the office to dispense medication to your child, please call our office **before** the first day of school to schedule an opportunity to drop off the medication and complete the necessary form.

Please feel free to call us if there is anything we can do to help you prepare for the school year. Your interest, involvement, support, and parental guidance are very important to your child's academic success. Please feel free to contact us at school @ 723-3271 or by our email information below.

Sincerely,

Joanie Wiersma, Principal
jwiersma@manistee.org

Carly Cheever, Secretary
ccheever@manistee.org

Need reliable and accessible health care? Call the MAPS Child and Adolescent Health Center located at MMHS 887-4801 for health care, behavioral health, child wellness, and referrals for dental, eye, and ear care too.