



Webberville Community Schools

309 E. Grand River Ave. Webberville, MI 48892
www.webbervilleschools.org | 517-521-3422

NEW STUDENT ENROLLMENT CHECKLIST

Welcome to Webberville Schools! We are glad you've chosen our district for your child's education. Along with this enrollment form, these documents are required to complete the enrollment process for new students only.

- ☐ Student's immunization record or waiver
- ☐ School of Choice form (if outside of district)
- ☐ Records Request (if transferring)
- ☐ Student's birth certificate
- ☐ Proof of address, such as: driver's license, W-2, public assistance documents, pay stub, government mail, utility bill, mortgage/lease, etc.

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ENROLLMENT FORM**STUDENT INFORMATION**

Student's Name: _____
Last First M.I.

Street Address: _____
Street City/State/Zip

Mailing Address: _____
Street City/State/Zip

Would you like mail sent to an additional address? If yes, please list:

Mailing Address: _____
Street City/State/Zip

Student's Mobile Phone (if applicable): _____

Grade: _____ Nickname: _____ Birth Date: _____ Age: _____ Gender: _____

Resident (check one): ☐ In-District ☐ School of choice ☐ Other: _____

If the student is a ward of the court placed in our district, please list the referring county agency:

Ethnicity (please check one): ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Race (Check all that apply):

☐ Alaskan/American Indian ☐ Asian ☐ Pacific Islander ☐ Black/African American ☐ White

Any primary language other than English spoken in your home?

☐ No ☐ Yes Language: _____

School History and Attendance

Has your student previously attended another school? ☐ No ☐ Yes

If yes, date student left school: _____ Last grade: _____

Previous School District : _____

Previously homeschooled? ☐ No ☐ Yes Is your student currently homeschooled? ☐ No ☐ Yes

Special Services:

☐ IEP/Special Education ☐ 504 Plan ☐ Speech/Language

☐ Social Work ☐ Other: _____

Please describe: _____

Has your student participated in supplementary education programs such as extra help with reading, math and/or language arts?

If yes, which subject(s)? ☐ Reading ☐ Math ☐ Language Arts

Please describe: _____

Suspensions/Expulsions:

Is your student currently under suspension or expulsion from school? ☐ No ☐ Yes _____ Initials

Has your student ever been under suspension or expulsion from school? ☐ No ☐ Yes _____ Initials

If you have answered yes, state the reason(s): _____

Parent/Guardian Signature _____ Printed Name: _____ Date: _____

For Office Use Only Name: _____ Start Date: _____ Birth Cert: _____ Residency: _____ Imm Record: _____ Record Release: _____ Attend Record: _____ Behav Record: _____ SOC approval: _____ IEP Fwd: _____ Intake By: _____

FAMILY & EMERGENCY CONTACTS

Student Name: _____ Grade: _____

Biological Father:

Name: _____ Preferred Emergency Alert Contact? ☐ Yes ☐ No
Resides with student? ☐ Yes ☐ No If no, address: _____
Place of Employment: _____
Home Phone: _____ Work Phone: _____ Ext: _____
Mobile Phone: _____ Email: _____

Biological Mother:

Name: _____ Preferred Emergency Alert Contact? ☐ Yes ☐ No
Resides with student? ☐ Yes ☐ No If no, list address: _____
Place of Employment: _____
Home Phone: _____ Work Phone: _____ Ext: _____
Mobile Phone: _____ Email: _____

Additional parent/guardian contact:

Name: _____ Preferred Emergency Alert Contact? ☐ Yes ☐ No
Resides with student? ☐ Yes ☐ No If no, list address: _____
Place of Employment: _____
Home Phone: _____ Work Phone: _____ Ext: _____
Mobile Phone: _____ Email: _____

Additional parent/guardian contact:

Name: _____ Preferred Emergency Alert Contact? ☐ Yes ☐ No
Resides with student? ☐ Yes ☐ No If no, list address: _____
Place of Employment: _____
Home Phone: _____ Work Phone: _____ Ext: _____
Mobile Phone: _____ Email: _____

Is there a court order that restricts either parent from contact with your student or access to student records? ☐ No ☐ Yes
(If such a court order exists, it is the Parent's/Guardian's responsibility to provide a copy of this court order to the school. It must be on file in the school's office to act on any restrictions.)

Emergency Alert Contact: *(Do not include Parents/Guardians. listed above)*

In case of an emergency situation where a parent or guardian could not be reached, I authorize the district to release any and all identifiable information about my student to the following persons. By initialing, I authorize this person to pick up my student on my behalf.

		Relationship	Pick Up Student (Initial below)
1st: _____	Phone: _____	_____	_____
2nd: _____	Phone: _____	_____	_____
3rd: _____	Phone: _____	_____	_____

I understand to change this information I must submit a written request to my school.

Sibling Information: List any brothers, sisters, stepbrothers, and stepsisters younger than 20 years of age:

First & Last Name	Birth Date	School	Grade (if applies)	Same Address?
_____	_____	_____	_____	☐ Yes ☐ No
_____	_____	_____	_____	☐ Yes ☐ No
_____	_____	_____	_____	☐ Yes ☐ No
_____	_____	_____	_____	☐ Yes ☐ No

X _____
SIGNATURE of Parent or Guardian PRINTED Name of Parent, or Guardian Date

AUTHORIZATIONS

Student's Name: _____
Last First Middle

Text Message Authorization:

Webberville Schools uses an automated app system, Appazur, to provide emergency communications and district updates to students and family. I authorize the District and the School to send communications via sms message. I understand that I can opt out of receiving these messages at any time by replying STOP to the message or by contacting the main office.

Parent/Guardian Initials: _____

Media Release Authorization:

During the school year, Webberville Schools may take digital images and/or videos of students at school-related activities to use in various publications; including, but not limited to yearbook, website and district social media accounts. I understand that if I do not want my student's image/video included in these publications, it is my responsibility to contact the main office.

Parent/Guardian Initials: _____

Equipment User Agreement:

I have read and understand the equipment/device agreement provided to me by Webberville Schools (found at www.webbervilleschools.org, under the Middle School or High School Tab or in the MS/HS Office) and acknowledge my responsibility in the care, use and handling of school-issued electronic devices. I understand that if my student's Chromebook is damaged and the fault is determined to be the fault of the student, I may be charged for repair or replacement of the Chromebook.

Parent/Guardian Initials: _____ Student Initials: _____

Internet User Agreement:

I have read and understand the Student Acceptable Use of Technology Policy (found at www.webbervilleschools.org, under the Middle School or High School tab or in the MS/HS Office) and agree to its terms and conditions. I acknowledge my responsibility in the school-appropriate use of district technology and internet access. I understand that these policies are included for reference in the student handbook and are supported by the Webberville Schools Board of Education.

Parent/Guardian Initials: _____ Student Initials: _____

Walking Field Trip Permission:

I consent to my child's participation in field trips that involve walking to locations in close proximity to the school, and hereby waive all claims against the District of its employees for any injury, accident, illness, or death occurring or by reason of the field trip. I understand that this waiver of claims will bar any claim or lawsuit against the District or its employees. The undersigned acknowledges that he/she has reviewed the form carefully and agrees to its contents and signed the form voluntarily.

Parent/Guardian Initials: _____

Student Handbook & Discipline Policy:

My student and I have read, understand, and agree to abide by the information contained in the Webberville Student Handbook & Discipline policies. (found at www.webbervilleschools.org, under the Middle School or High School tab or in the MS/HS Office.)

Parent/Guardian Initials: _____ Student Initials: _____

Concussion Awareness:

By my signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received the Concussion Fact Sheet for Parents and/or Students (found at www.webbervilleschools.org, under the Middle School or High School tab or in the MS/HS Office).

Parent/Guardian Initials: _____ Student Initials: _____

Acknowledgements and Signature:

I certify that the information provided on this form is true and correct to the best of my knowledge. I understand that it is my responsibility to inform the appropriate school office if/when there is a change to any information on this form. By signing this Enrollment Form, I accept and agree that any incorrect information could lead to dismissal of my student.

X _____
SIGNATURE of Parent or Guardian PRINTED Name of Parent, or Guardian Date

X _____
SIGNATURE of Student PRINTED Name of Student Date



STUDENT HEALTH FORM

Student's Name: _____
Last First Middle

Grade: _____ Birth Date: _____ Age: _____ Gender: _____

Medical Plan:

Does your child have a health condition that is life threatening? ☐ No ☐ Yes

Does your student have an existing 504 medical plan? ☐ No ☐ Yes

Medication:

Does your student take medications during the school day? ☐ No ☐ Yes Reason _____

*****If yes, doctor's instructions must be provided, along with original container*****

Does your student need an Epi-pen? ☐ No ☐ Yes Reason _____

<u>Medication</u>	<u>Dose</u>	<u>Time/Instructions</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Health Information:

Physician's Name _____ Phone _____ Date of Last Visit _____

Dentist's Name _____ Phone _____ Date of Last Visit _____

Hospital Preference _____

Does your student have asthma? ☐ Yes ☐ No Does he/she use an inhaler? ☐ Yes ☐ No

Does your student have any of these allergies?

Allergy- Bee Sting? ☐ Yes ☐ No

Allergy- Food? ☐ Yes ☐ No If yes, specify: _____

Allergy- Medication? ☐ Yes ☐ No If yes, specify: _____

Allergy- Other? ☐ Yes ☐ No If yes, specify: _____

Please list additional health issues here:

Over-the-Counter Medication Authorization:

I understand if my student needs over-the-counter medication (acetaminophen, ibuprofen, tums), it must be provided in the original container, labeled with my student's name. I give the school staff permission to administer this medication as directed. All medication must be kept in the school office.

X _____
SIGNATURE of Parent/Guardian/Other Date

Emergency Medical Treatment Authorization:

In case of illness or injury of my student, I understand the school will attempt to contact parents or guardians first, followed by other persons I have listed as authorized to receive information, make certain medical decisions and have my student re-eased to their custody. If none is available, the school is authorized to make whatever arrangements are deemed necessary to maintain my student's health including, but not limited to, emergency medical treatment. I verify that the information provided on this form is accurate and current.

X _____
SIGNATURE of Parent/Guardian/Other PRINTED Name of Parent/Guardian/Other Date

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TRANSPORTATION FORM

Student's Name: _____ Grade: _____
Last First Middle

Today's Date: _____ Start Date: _____

New Student? ☐ Yes ☐ No

Transportation Needed? ☐ Yes ☐ No ☐ AM ☐ PM

Pick-Up? ☐ Yes ☐ No

Walking Home? ☐ Yes ☐ No ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

I give permission for my child to walk home after school without supervision. Parent/Guardian Initials _____

Address: _____
Street City/State/Zip

Mailing Address: _____
Street City/State/Zip

Parent/Guardian Contact Name: _____

Phone: _____

Emergency Contacts:

1st: _____ Phone: _____

2nd: _____ Phone: _____

3rd: _____ Phone: _____

Alternate Information:

Adult at alternate stop: _____

Alternate Pick-up Address: _____

Alternate Drop-off Address: _____

Is this address a daycare? ☐ Yes ☐ No

Alternate Phone: _____

Early Dismissal: In case of early dismissal, my student is to do the following:

☐ Ride the bus home ☐ Walk Home ☐ Car Rider

☐ Go to Kids Club because my student is currently enrolled in AM or PM Webberville Kids Clubhouse child care.

☐ Go to the following relative or baby-sitter: Name: _____ Phone: _____

Transportation Verification:

I understand that I am to notify the office in writing of any change to the above listed transportation plan.

X _____
SIGNATURE of Parent/Guardian/Other PRINTED Name of Parent/Guardian/Other Date

Webberville Community Schools

Online/Virtual Learning Registration Form

My student, _____, is granted permission to be scheduled in Webberville Schools' Online Learning Curriculum. I, _____, agree that my student may be enrolled in online courses for the current school year. I understand that communication will be made to me prior to online enrollment.

Student Signature _____ Date _____

Parent Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE- FOR OFFICE USE ONLY

Date Received _____ Staff Initials _____

Date Given for Scheduling _____ Staff Initials _____

Date Filed in CA60 _____ Staff Initials _____



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www.webbervilleschools.org

RECORDS RELEASE

Andrew Smith, Superintendent

Parental permission has been granted for student records to be sent to Webberville Schools, as indicated by the parent(s) signature below.

This is to include all tests, health records, immunization records, birth certificate records, and any Special Education records you have on the below named student.

Student's Name: _____
Last First Middle

Grade: _____ Birth Date: _____

Transferring From (Name of School) _____

School Address _____

Phone: _____ **Fax:** _____

X _____
SIGNATURE of Parent/Guardian/Other Date

Please send cumulative CA-60 files/Special Education records to:

Webberville Middle and High School
309 E. Grand River Ave.
Webberville, MI. 48892
Fax: 517-521-4740

Webberville Community Schools

Consent for Disclosure of Personally Identifiable Information and 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 student's 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 and immunization 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 **Webberville Community Schools** to release my child's immunization record and personally identifiable information 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: _____