

Student Number \_\_\_\_\_

Today's Date \_\_\_\_\_

Grade \_\_\_\_\_

**STUDENT INFORMATION**

A copy of your student's birth certificate is required for our files.

Legal Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security No. (Optional) \_\_\_\_\_

Gender:  Male  Female  check if twin, triplet, etc. County of Residence: \_\_\_\_\_

**Student's Address:**

Residence: \_\_\_\_\_ ( ) \_\_\_\_\_  *unlisted*  
Number and Street City ZIP Home Phone

Mailing Address: \_\_\_\_\_  
(If different than residence) Number and Street (or P.O. Box) City ZIP

Parent E-Mail address: \_\_\_\_\_

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

**A. Is this student Hispanic/Latino?** (check only one)

- No, not Hispanic/Latino
- Yes, Hispanic/Latino (person of Cuban, Mexican, Puerto Rican, South of Central America, or other Spanish culture or origin, regardless of race.)

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

**B. What is the student's race?** (check one or more)

- American Indian or Alaska Native (person of origins of the original peoples of North & South America, including Central America)
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

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.

**PARENT/GUARDIAN INFORMATION**

Student resides with:  Both Father & Mother  Father  Mother  Other (please specify) \_\_\_\_\_

Father  Step-Father ( ) ( )  
Last Name First Home Phone Cell Phone  
Number and Street City ZIP

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone ( )

Mother  Step-Mother ( ) ( )  
Last Name First Home Phone Cell Phone  
Number and Street City ZIP

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone ( )

If parents are divorced, please describe custody: must provide court documentation for our records.  Joint  Father  Mother

If parent lives elsewhere, should they receive mailings from the school?  Yes  No

**Parent Living Elsewhere:**

( ) ( )  
Last Name First Home Phone Cell Phone  
Number and Street City ZIP Work Phone

**EMERGENCY INFORMATION**

In case of emergency OR if student needs to leave school, please contact the following people:

List in order the person to be called 1<sup>st</sup>, 2<sup>nd</sup>, etc.: (include parents if you wish to be contacted)

#	Name	Relationship	Home Phone	Work Phone	Other Number
#1	( )	( )	( )	( )	( )
#2	( )	( )	( )	( )	( )
#3	( )	( )	( )	( )	( )
#4	( )	( )	( )	( )	( )

**HOME LANGUAGE SURVEY**

Is English the first language that the student learned to speak?  Yes  No  
Is English spoken regularly (most of the time) in the home?  Yes  No

If the response to either or both of the above questions is NO, please answer the following questions:

How many years has the student gone to school in the United States? \_\_\_\_\_

Please assess the student's English language proficiency (in your opinion). Check all that apply:

- Speaks no English
- Speaks limited English
- Speaks English well
- Writes no English
- Writes limited English
- Writes English well
- Reads no English
- Reads limited English
- Reads English well

**EDUCATIONAL INFORMATION**

Has your student ever attended Whitmore Lake Schools before?  Yes  No

Please list the school district in which you reside, if other than Whitmore Lake: \_\_\_\_\_

Name of Last School: \_\_\_\_\_ District: \_\_\_\_\_

Has an IEP or Sec. 504 Plan been in effect for the student?  Yes  No

*(If YES, please provide a copy of the most recent.)*

Has your child ever been suspended or expelled by a Principal, Superintendent, Hearing Officer, or Board of Education for a semester or more?  Yes  No If yes: Reason \_\_\_\_\_

**MEDICAL INFORMATION**

Please Note: Whitmore Lake Schools require a copy of your student's immunization record in their file.

Does your child have? (Check all that apply)

- Physical Activity Restrictions
- Cardiac
- Diabetic
- Vision Problems
- Glasses
- Contacts
- Hearing Problem
- Special blood Condition
- Asthma
- Kidney Disease
- Seizure Disorder

If you have checked any of the above boxes, please explain: \_\_\_\_\_

Allergies (list, including drug allergy) \_\_\_\_\_

Does your child have any injury or condition not listed above? If yes, please describe: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Long Term Meds (please list): \_\_\_\_\_

Preferred Hospital	Physician's Name/Clinic	Physician's Phone Number	Insurance Carrier
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In case the above child becomes seriously ill or injured at school and I cannot be reached, I grant permission for my child to be transported to an emergency facility. I hereby authorize medical care and agree to pay all expenses incurred by the handling of this emergency care. I further acknowledge by my signature that I am aware that the information on the card may be shared with those persons identified by the school district who require the information to care for the health, safety, and/or education of my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**SIBLING INFORMATION**

Other children who reside in the home:

Name	Birth date	Grade
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WHITMORE LAKE PUBLIC SCHOOLS  
KINDERGARTEN PARENT QUESTIONNAIRE**

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

With whom does the child reside? \_\_\_\_\_

**Information about your family and child**

1. What experience has your child had with groups of children? \_\_\_\_\_
2. Does your child play with other children regularly? Yes \_\_\_\_\_ No \_\_\_\_\_ Ages \_\_\_\_\_
3. Does someone read to your child? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how often, who? \_\_\_\_\_
4. Where does your child spend his/her day when not in school? \_\_\_\_\_
5. Does your child have difficulty separating from you?  
Yes \_\_\_\_\_ Sometimes \_\_\_\_\_ Occasionally \_\_\_\_\_ No \_\_\_\_\_
6. How much discipline is needed (each day or each week)? \_\_\_\_\_
7. Many children have some things they are afraid of. Is your child especially afraid of anything? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list: \_\_\_\_\_
8. Does your child have problems with:  
\_\_\_\_\_ Eating  
\_\_\_\_\_ Bedtime  
\_\_\_\_\_ Sleeping through the night  
\_\_\_\_\_ Toileting (wetting, soiling, constipation)  
\_\_\_\_\_ Dressing him/herself
9. Does your child have:  
\_\_\_\_\_ Frequent nightmares  
\_\_\_\_\_ Frequent temper tantrums  
\_\_\_\_\_ Problems playing with other children  
\_\_\_\_\_ Difficulty following rules and routines  
\_\_\_\_\_ Very short attention spans  
\_\_\_\_\_ A very high activity level  
\_\_\_\_\_ Display behavior of a much younger child  
\_\_\_\_\_ Makes friends easily

(OVER)

10. Does your child:

- Like him/herself
- Fight a lot with family members or friends
- Cry easily

11. Is your child:

- Very shy and quiet
- Usually happy
- Able to share and take turns

12. Please check the following readiness skills that your child has had exposure to:

- |                                  |  |   |
|----------------------------------|--|---|
| <input type="checkbox"/> Cutting | <input type="checkbox"/> Coloring          | <input type="checkbox"/> Color recognition        |
| <input type="checkbox"/> Pasting | <input type="checkbox"/> Counting          | <input type="checkbox"/> Letter recognition       |
| <input type="checkbox"/> Folding | <input type="checkbox"/> Building          | <input type="checkbox"/> Letter sound recognition |
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Shape Recognition | <input type="checkbox"/> Can read                 |

**Changes or Problems**

1. Have there been any big changes/problems in the last two years?

- |  |   |
|--|---|
| <input type="checkbox"/> Death   | <input type="checkbox"/> Family moved                   |
| <input type="checkbox"/> Brother or sister born  | <input type="checkbox"/> Divorce or parental separation |
| <input type="checkbox"/> Parent in jail  |   |
| <input type="checkbox"/> Someone in the family is seriously ill                            |   |
| <input type="checkbox"/> Someone in the family involved in substance abuse, drugs, alcohol |   |
| <input type="checkbox"/> Other (please describe) _____                                     |   |

**Comments:**

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# Whitmore Lake Public Schools Network and Internet Agreement for Students

## AGREEMENT

This agreement is between the Student and Whitmore Lake Public Schools, hereinafter referred to as District. The purpose of this agreement is to provide network (including electronic mail and electronic bulletin board) and Internet access, hereinafter referred to as the Network, for educational purposes to the student. As such, this access will 1) assist in the collaboration and exchange of information, 2) facilitate personal growth in the use of technology, and 3) enhance information gathering and communication skills.

The intent of this contract is to ensure that students will comply with all network and Internet acceptable use policies approved by the District.

In exchange for the use of the Network either at school or away from school, the Student understands and agrees to the following:

- A. The use of the Network is a privilege which may be revoked by the District at any time and for any reason. Appropriate reasons for revoking privileges include, but are not limited to, the altering of system software and the placing of unauthorized information, computer viruses or harmful programs on or through the computer system in either public or private files or messages. The District reserves the right to remove files, limit or deny access, and refer the student for other disciplinary actions.
- B. The District reserves all rights to any material stored in files which are generally accessible to others and will remove any material which the District, at its sole discretion, believes may be unlawful, obscene, pornographic, abusive, or otherwise objectionable. Students will not use their District-approved computer account/access to obtain, view, download, or otherwise gain access to such materials.
- C. All information services and features contained on District or Network resources are intended for the private use of its registered users and any use of these resources for commercial-for-profit or other unauthorized purposes (i.e. advertisements, political lobbying), in any form, is expressly forbidden.
- D. The District and/or Network resources are intended for the exclusive use by their registered user. The Student is responsible for the use of his/her account/password and/or access privilege. Any problems which arise from the use of a Student's account are the responsibility of the account holder. Use of an account by someone other than the registered account holder is forbidden and may be grounds for loss of access privileges.
- E. Any misuse of the account will result in suspension of the account privileges and/or other disciplinary action determined by the District. Misuse shall include, but not be limited to:
  - 1) intentionally seeking information on, obtaining copies of, or modifying files, other data, or passwords belonging to other users
  - 2) misrepresenting other users on the Network
  - 3) disrupting the operation of the Network through abuse of the hardware or software
  - 4) malicious use of the Network through hate mail, harassment, profanity, vulgar statements, or discriminatory remarks
  - 5) interfering with others' use of the Network
  - 6) extensive use for non-curriculum-related communication
  - 7) illegal installation of copyrighted software
  - 8) unauthorized downloading, copying, or use of licensed or copyrighted software
  - 9) allowing anyone to use an account other than the account holder
- F. The use of District and/or Network resources are for the purpose of (in order of priority):
  - 1) Support of academic program
  - 2) Telecommunications
  - 3) General information
  - 4) Recreational activities

- G. The District and/or Network does not warrant that the functions of the system will meet any specific requirements the user may have, or that it will be error free or uninterrupted; nor shall it be liable for any direct or indirect, incidents, or consequential damages (including lost data, information, or time) sustained or incurred in connection with the use, operation, or inability to use the system.
- H. The Student will diligently delete old mail messages on a daily basis from the personal mail directory to avoid excessive use of the electronic mail disk space.
- I. The District and /or Network will periodically make determinations on whether specific uses of the Network are consistent with the acceptable-use practice. The District and/or Network reserve the right to log Internet use and to monitor electronic mail space utilization by users.
- J. The Student may transfer files from information services and electronic bulletin board services. For each file received through a file transfer, the Student agrees to check the file with a virus-detection program before opening the file for use. Should the Student transfer a file, shareware, or software which infects the Network with a virus and causes damage, the Student will be liable for any and all repair costs to make the Network once again fully operational and may be subject to other disciplinary measures as determined by the District.
- K. The student may not transfer files, shareware, or software from information services and electronic bulletin boards without the permission of the District Technology Director. The Student will be liable to pay the cost or fee of any file, shareware, or software transferred whether intentional or accidental, without such permission.
- L. The Student may only log on and use the Network under the immediate supervision of a staff member and only with the Student's authorized account or the supervisor's authorized account.
- M. The District reserves the right to log computer use and to monitor fileserver space utilization by users. The District reserves the right to remove a user account on the Network to prevent further unauthorized activity.
- N. The District currently has filtering in place intended to block inappropriate sites. However, there is no guarantee that all inappropriate sites will be blocked at all times. In the interest of promoting responsible use of the District's network and student ownership of that responsibility we, therefore, impose the following District rules on all students:
  - 1.) Students are not allowed to "surf" the web.
  - 2.) Students are only allowed to access the Internet for specified classroom assignments.
  - 3.) Students must seek permission from staff members to access the Internet.It is the responsibility of the student to follow these rules. It is the responsibility of all staff members of the District to supervise and monitor usage of the network and access to the Internet in accordance with this policy and the Children's Internet Protection Act.

**O. DOWNLOADING OF MUSIC IS PROHIBITED.**

**Whitmore Lake Public Schools  
8877 Main Street  
Whitmore Lake, Michigan 48189**

**W. L. Elementary School**

**Network and Internet Access Agreement for Students**

This agreement is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ between Whitmore Lake Public Schools and \_\_\_\_\_ student's name. The purpose of this agreement is to provide Network and Internet access, assist in the collaboration and exchange of information, facilitate personal growth in the use of technology, and enhance information gathering and communication skills.

In consideration for the privileges of using the District and/or Network resources, and in consideration for having access to the information contained on the Network, or by the Network, I hereby release the District, Network and their operators and administration from any and all claims of any nature arising from my use, or inability to use the District and/or Network resources.

I agree to abide by such rules and regulations of system usage as may be further added from time-to-time by the District and/or Network. These rules will be available in hard copy form in the Principal's office.

\_\_\_\_\_  
Student's Full Name (please print)

Class of 20\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

As the student's parent or legal guardian, I agree to this agreement and will indemnify the District for any fees, expenses, or damages incurred as a result of my child's use or misuse of the Network or equipment.

\_\_\_\_\_  
Signature of Parent (Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_

For Office Use Only

User Login \_\_\_\_\_

Date Network Account Approved \_\_\_\_/\_\_\_\_/200\_\_

Revoked \_\_\_\_/\_\_\_\_/200\_\_

**Whitmore Lake Public Schools**  
**ALERTNOW**

**CONTACT INFORMATION**

**Please complete the following information and return the form to the building office ASAP.**  
We are asking that all of our parents fill in the form below with all of their current contact information.  
Examples of numbers to use: home, dad cell, mom cell, mom work, etc.  
**Important:** The ALERTNOW system can only accept direct-dial numbers --  
**no extension numbers may be used** i.e. **734-449-4464 ext. 1000** may **NOT** be used

<b>First and Last Name of Student(s):</b>	<b>Grade</b>
<b>First and Last Name of Parent(s)/Guardian:</b>	
<b>Date Completed:</b>	

**PRIMARY PHONE NUMBERS**

*These two phone numbers will be used for non-emergency calls (including Snow Days, misc.non-emergency announcements, etc.) Possible use: Home and cell phones*

<b>Primary Phone 1</b>		(   )
<b>Primary Phone 2</b>		(   )

**OTHER PHONE NUMBERS**

*The following numbers, plus the two listed above, will be called in case of an EMERGENCY*

<b>Contact #3</b>		(   )
<b>Contact #4</b>		(   )
<b>Contact #5</b>		(   )

**PRIMARY E-MAILS**

*These two e-mail addresses will be used for non-emergency messages*

<b>Primary Email 1</b>		
<b>Primary Email 2</b>		

**OTHER E-MAIL**

*The following e-mail address, plus the two e-mail addresses listed above, will be sent a message in case of an EMERGENCY:*

<b>Secondary Email</b>		
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# Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help school staff determine what residency and other documents are necessary for enrollment of this student.

The student lives in the following situation:

- Owner-occupied home.
- Rental unit.
- Emergency shelter or transitional housing.\*
- Motel/hotel\*
- Campground\*
- Public or private place not designed for or ordinarily used as regular sleeping accommodation for humans, including cars, parks, public spaces, abandoned buildings, substandard housing, and bus or train stations\*
- Awaiting foster care placement and living in a temporary situation\*
- Long-term, stable, cooperative living arrangement
- Temporary, shared housing with friends, family or others due to:
  - Loss of personal housing\* (due to reasons such as eviction, inability to pay rent, destruction or damage to home, abuse or neglect, unhealthy conditions, parental abandonment or incarceration)
  - Economic hardship\*
  - Other, similar reason: \_\_\_\_\_\*

\* Living in these situations may qualify you for services, including immediate enrollment, transportation, school supplies, educational advocacy and community referrals.

If you are living in temporary shared housing, please answer the following questions.

1. Is the living situation intended to be temporary or long-term? \_\_\_\_\_
2. How long have you lived there? \_\_\_\_\_
3. Do you consider yourself a guest in the home?  Yes  No
4. Are you paying rent?  Yes  No
5. Are you looking for another place to live?  Yes  No
6. Do you plan to move out soon?  Yes  No
7. Does the student have a legal right to be in the home?  Yes  No
8. Can the student or family be asked to leave at any time with no legal recourse?  
 Yes  No
9. Did the student move into the home as an urgent measure to avoid being on the street or in another precarious situation?  Yes  No
10. How many people live in the home? \_\_\_\_\_ How many bedrooms are there? \_\_\_\_\_
11. Where does the student sleep? \_\_\_\_\_

Student Name \_\_\_\_\_

Current Address \_\_\_\_\_  
Street City State Zip

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Kindergarten Transportation Schedule

Student Name: \_\_\_\_\_

Teacher: \_\_\_\_\_

My child will normally come to school by:

\_\_\_\_\_ Being Dropped Off

\_\_\_\_\_ Riding the Bus from Home

\_\_\_\_\_ Riding the Bus from Other \_\_\_\_\_  
(address)

My Child will normally leave school by:

\_\_\_\_\_ Being Picked-up

\_\_\_\_\_ Riding the Bus Home

\_\_\_\_\_ Riding the Bus to Other \_\_\_\_\_  
(address)

To ensure our students' safety and secure sense of routine, we are asking that parents try to give their child consistency in the way he/she travels to and from school. However, we do understand that there are times when you must have a change of plans. If your child needs to be dismissed in a way that is different from what you have indicated above, please **SEND A WRITTEN NOTE** on that day with your child, for your child's teacher.

Thank you so much in helping us keep all children safe and secure, here at the Elementary School!

The Elementary Staff.



555 Towner St, P.O. Box 0915  
 Ypsilanti, MI 48197-0915  
 Phone: (734) 544-6700

**School Entry Immunization Documentation Requirements for the 2011-2012 school year**

Since 1978 Michigan Law requires that each student upon entry into kindergarten or into a new school district involving grades 1-12 possess a certificate of immunization at the time of registration and no later than the first day of school. Additionally, an immunization assessment must be completed for each sixth grade student. These laws were implemented to ensure that children are adequately immunized against vaccine-preventable diseases prior to achieving adolescence.

Prior to a child entering or attending school, parents or guardians are required to produce documentation confirming their child has received all required immunizations, or in the alternative, their child has received at least one dose of each required immunization and is awaiting receipt of subsequent doses to be administered at appropriate intervals. There are also provisions to waive vaccines under certain circumstances.

Please refer to the chart below when you have questions regarding the required immunizations for your student. If you have a *kindergarten student, a sixth grade student, or are enrolling a student who is new to the school district or new to a private school* you **must** present immunization documentation to your school at the time you register that student or not later than the first day of school.

*Required Childhood Immunizations for Michigan School Settings*

Entry Requirements for All Public & Non-Public Schools		
Age → Vaccine** ↓	4 years through 6 years	7 years through 18 years including all 6th grade students
Diphtheria, Tetanus, Pertussis	4 doses DTP or DTaP, one dose must be on or after 4 years of age	4 doses D and T OR 3 doses Td if #1 given on or after 7 years of age. 1 dose of Tdap for children 11 through 18 years IF 5 years since the last dose of tetanus/diphtheria containing vaccine.
Polio	4 doses, if dose 3 administered on or after 4 years of age, only 3 doses are required	3 doses
Measles,* Mumps,* Rubella*	2 doses on or after 12 months of age	
Hepatitis B*	3 doses	
Meningococcal	None	1 dose for children 11-18 years of age
Varicella* (Chickenpox)	2 doses of varicella vaccine at or after 12 months of age OR current lab immunity OR reliable history of disease	

\* Current laboratory evidence of immunity is acceptable instead of immunization with antigen.

For more information, please refer to [www.michigan.gov/immunize](http://www.michigan.gov/immunize)

\*\*All doses of vaccines must be given with appropriate spacing between doses and at appropriate ages to be considered valid.