CHIPPEWA VALLEY SCHOOLS
19120 Cass Avenue, Clinton Township, MI 48038
(586) 723-2000 – FAX (586) 723-2001
Inspiring and Empowering Learners to Achieve a Lifetime of Success

Enrollment Packet

- Welcome to Chippewa Valley Schools! The following forms **must** be completed in order to register your child. Registration only takes a few minutes if the forms are filled out in advance. Note for Kindergarten Parents: If you have a child who will be five years old on or before September 1 of the current year, your child is eligible to enroll in our all-day kindergarten program for the fall. If your child will be five years of age after September 1 and before December 1 of the current year, you must notify the district in writing if you intend to enroll your child in kindergarten. Visit the enrollment link to access the Kindergarten waiver.
- The forms and further information may also be found on the Chippewa Valley School District's website: http://www.chippewavalleyschools.org/for-parents/enrollment/

Student Enrollment Form (must be completed)

☐ Enrollment Packet Completed

Documentation Required for Registration

for more information on enrollment criteria http://www.chippewavalleyschools.org/downloads/edservices/criteria_for_enrollment_.pdf

☐ **Parent Identification** (Driver's License)

☐ **Birth certificate**
Original document with state seal.
Hospital records can NOT be accepted.

☐ **Custody papers** (if applicable)

☐ **Current IEP** (Special Education only)

☐ **Immunization Record**

☐ **Proof of Residency**
- Two **different** current utility bills with your name and addess listed (no cell phone bill),
OR a signed mortgage closing/settlement papers,
OR current lease/ rental agreement signed by both parties within last 6 months.

Required Health Forms

☐ Health Information Form

☐ Vision and Hearing Documentation

☐ Statement of Varicella Disease (must be completed)

Other Forms to Complete

☐ Student Development & Social History
(Kindergarten Registration Only)

☐ Volunteer Criminal Record Check (optional but required to volunteer in class or chaperone field trips)

☐ Indian Education Grant
(if applicable)

☐ Records Request
(only for students previously enrolled in ESCE or another K-12 school district)

I verify the information completed within this packet to be true and accurate:

Legal Parent/Guardian Signature: _____ Date: _____

All registration materials must be turned in before your child can start school.
Enrollment information will be accepted at individual buildings beginning in March.
Summer enrollment will be held at the Chippewa Valley School Administration Building- Pupil Accounting
Check website or call school for exact dates and times
19120 Cass Avenue • Clinton Township MI 48038 (586) 723-2135 • (586) 723-2139 fax

SOC ☐
Non-Res ☐
IDT ☐

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STUDENT ENROLLMENT FORM

Student # _____ UIC # _____

DA Code: _____ Street Code: _____ Start/Entry Date: _____

POP III Code IA CE SC TU NR HL DP FO

Enrollment Information

Entering Grade: _____ School Enrolling: _____

☐ New to Chippewa Valley Schools. ☐ Attended other School District (List below)

☐ Re-Enrolling in Chippewa Valley Schools Previous District/School: _____

K ONLY: Indicate if your child participated in any of the following preschool programs:

GSRP ☐ Early On ☐ Head Start ☐ CVS Tuition Preschool ☐ Non-CVS Preschool ☐

Student Information

_____ _____ _____ _____

Legal Last Name | Legal First Name | Middle Name | Suffix

_____ Gender: ◯ Male ◯ Female _____ ☐

Birthdate (MM/DD/YYYY) | Primary Phone Number - Check if unlisted

_____ _____ _____

Mother's Legal First and Last Name | Father's Legal First and Last Name | Guardian's Legal First and Last Name

Residential Information

Student lives with: (select all that apply)

☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather
☐ Grandparent(s) ☐ Guardian ☐ Siblings ☐ Other Relatives

Home Address: _____ _____ _____ _____

Street Address/Apt# | City | State | Zip Code

Mailing Address: _____ _____ _____ _____

If different than above | Street Address/Apt# | City | State | Zip Code

This question helps staff determine if your student is eligible for certain rights and support services under the McKinney-Ventro Act of 1987.

Current living arrangement is a result of loss of housing or economic hardship. Y ◯ N ◯ Unsure ◯

Joint custody or parenting plan is in place. Custody papers MUST be provided. Y ◯ N ◯ Recvd ☐

- Parents listed on plan: _____ _____
- Mark all that apply: ☐ Joint physical custody ☐ Joint legal custody

Restraining order is in effect. Legal papers with official stamp/signature MUST be provided. Y ◯ N ◯ Recvd ☐

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Demographic Information

Legal Last Name _____ Legal First Name _____

Country of birth _____ City of birth _____ State of birth _____

Is your child a US Citizen? Yes ◯ No ◯

Date of arrival in United States (if not a US Citizen) _____

Date student first enrolled in a U.S School? (if new to USA) _____

Is this child a multiple birth? Yes ◯ No ◯

If "yes", birth order: 1 ☐ 2 ☐ 3 ☐ 4 ☐

Ethnicity/Race: This is a two-part question required by the federal government.

Is this student Hispanic or Latino?

Choose one: ◯ Yes ◯ No

What is this student's ethnicity/race?

Select all that apply:

- ☐ American Indian or Alaskan Native
- ☐ Asian American
- ☐ Black or African American
- ☐ Native Hawaiian/other Pacific Islander
- ☐ White

Home Language Information

The following information will be used to determine the number of children eligible for bilingual instruction according to Section 380.1152-1157 School Code of 1995, Michigan's Bilingual Education Law. Note: Indicating a language other than English to any of the below questions will result in your child being assessed for an additional English Language Learner Program.

What language did your child first learn to speak?	◯ English:	◯ Other:	Language _____
What is the primary language used by adults in your home?	◯ English:	◯ Other:	Language _____
What language does your child most often use at home?	◯ English:	◯ Other:	Language _____
What language does your child use when speaking with friends outside of home?	◯ English	◯ Other:	Language _____

Special Education Services

If your student receives Special Education Services, documentation of the current plan should be provided to the school.

Does your student currently receive Special Education Services? Y ◯ N ◯ Recvd ☐

Does your student have a current 504 plan? Y ◯ N ◯ Recvd ☐

Indicate if your child has participated in or received the following:

IEP ☐ Title I ☐ Speech/ Language ☐ Social Work ☐

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STUDENT CONTACT INFORMATION

Student Information

Legal Last Name _____ Legal First Name _____ Middle Name _____ Suffix _____

Primary Contact #1 - Information for Parent/Guardian **with whom the student lives**

Last Name _____ First Name _____ Relationship _____ Primary Email _____ Secondary Email _____

Primary Phone: _____ Landline/Home ☐ Cell Phone ☐ Unlisted ☐
Secondary Phone: _____ Landline/Home ☐ Cell Phone ☐ Unlisted ☐

Employer _____ Work Phone (ext.) _____ Background Check Completed: ☐

Primary Contact #2 - Information for Parent/Guardian ☐ **Indicate if Contact #2 lives with student**

Last Name _____ First Name _____ Relationship _____ Primary Email _____ Secondary Email _____

Primary Phone: _____ Landline/Home ☐ Cell Phone ☐ Unlisted ☐
Secondary Phone: _____ Address _____

Employer _____ Work Phone (ext.) _____ Background Check Completed: ☐

Secondary/Emergency Contacts (other than primary contacts)

Students may be released to the person(s) listed below:

	Last Name	First Name	Relationship	Primary Phone	Secondary Phone
Contact #3 Lives with student ☐					
Contact #4 Lives with student ☐					
Contact #5 Lives with student ☐					
Contact #6 Lives with student ☐					

Siblings – List other siblings attending Chippewa Valley Schools or living in your household

First and Last Name	Male/Female	Date of Birth	School (if applicable)	Grade (if applicable)

Daycare/Childcare Provider

Provider Name _____ Phone Number _____ Cell Phone Number _____

Authorized to remove student from school? Yes ◯ No ◯

Transportation – A student living beyond 1 1/2 miles from the school boundary is eligible for transportation services. The address where the student resides determines transportation eligibiligy. Indistrict transfers and SOC are not eligible.

If eligible, my student WILL require transportation. ◯ My student WILL NOT require transporation. ◯

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HEALTH INFORMATION

Please Print or Type:

Student's Name _____ Date _____

Birthdate _____ Grade _____ School Year _____

Student's Address _____ Phone Number _____

Parent Name _____ Cell Number _____

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☐ My child does **NOT** have any medical concerns.

My child has the following **doctor diagnosed** medical concerns: (Check any that apply)

- ☐ Asthma
- ☐ Diabetes
- ☐ Hearing/Vision Impaired
- ☐ Seizures
- ☐ Allergies (i.e. food, latex, insect) – Doctor Diagnosed

Required Emergency Supplies: (Check any that apply:)

- ☐ Epi-Pen
- ☐ Inhaler
- ☐ Sugar Source _____
- Other _____
- Other _____

Other Medical Concerns: _____

Signs to look for: _____

Emergency Procedures: _____

Other Notes: _____

* Documentation of doctor diagnosis must be provided to the school.
* Families of children with various medical concerns may be contacted to complete an Action Plan.
* Medication dispensation/medical forms can be accessed and completed by visiting: http://www.chippewavalleyschools.org/for-parents/medication-forms/

I understand that this information will be kept in the office and on my child's bus (if applicable).
I will update this information as my child's needs change.

Parent Signature: _____ Date: _____

CHIPPEWA VALLEY SCHOOLS
REQUEST FOR RECORDS

Inspiring and Empowering Learners to Achieve a Lifetime of Success

Prior School: _____ **Phone:** _____

Address/Location: _____ **Fax:** _____

- The student listed below has been enrolled in a Chippewa Valley School. Please mail the student's complete school records to the address listed below or notify the school if you have no record of the student. **Records include: CA60, transcript of grades and credits, achievement and ability test scores, health records and any other pertinent information concerning the student.** These records include CONFIDENTIAL information that may influence the student's educational planning (i.e. medical, psychiatric, psychological, social work, speech/language reports and/or other special education services).

Last Name	First Name	Start/Entry Date

Grade Level	Date of Birth (Month/Day/Year)	ENTER STUDENT UIC #

Discipline Record

- Note: A willful false statement may result in removal from Chippewa Valley Schools.
- If the answer is "yes" to any of the below statements, attach documentation and/or an explanation.

The student has been expelled from school.	◯ Yes ◯ No
The student had an in-school/out-of-school suspension within the last two years.	◯ Yes ◯ No
While on school premises, at a school-sponsored activity, or on a private or school-sponsored vehicle traveling to or from school or a school-sponsored event, the student was suspended/expelled from a public or private school for: o an offense involving weapons, alcohol, drugs, o a willful infliction of injury to another person, o an act of violence against a person and/or property.	◯ Yes ◯ No
The student has been convicted of a crime or is pending felony charges.	◯ Yes ◯ No
The student withdrew from a former district in lieu of being charged with conduct that may have resulted in expulsion or long-term suspension.	◯ Yes ◯ No

Verification of Information

I verify the above information to be true and accurate. I request student records and information be disclosed to the Chippewa Valley School District.

Legal Parent /Guardian Signature	Date

Forwarding School

- Note: If the student has been involved, in offenses involving weapons, alcohol or drugs, or willful infliction of injury to persons and/or act of violence against persons and/or property committed on school premises, at a school-sponsored activity, or on a public or private conveyance providing transportation to or from school or a school-sponsored activity, please forward appropriate documentation.
- According to our records, we can verify that the information provided above by the parents is ☐ correct ☐ incorrect

Signature of forwarding District Administrator	Position	Date

Please return this form and all requested files to:

Chippewa Valley School Use	
Faxed By:	
1st Request: _____	2nd Request: _____
Admin. Phone Call:	_____

NOTICE OF NONDISCRIMINATION It is the policy of Chippewa Valley Schools not to discriminate on the basis of race, color, sex, religion, national origin or ancestry, age, disability, height, weight, genetics, or marital status in its programs, services, activities, or employment. Inquiries related to nondiscrimination policies should be directed to: Civil Rights Coordinator, Assistant Superintendent of Human Resources, Chippewa Valley Schools Administration, 19120 Cass Avenue, Clinton Township, MI 48038 Phone: 586-723-2090 / Nondiscrimination inquiries related to disability should be directed to: Section 504 Coordinator, Director of Special Services, (same address) Phone: 586-723-2180.

Mark A. Hackel
County Executive

MACOMB COUNTY HEALTH DEPARTMENT
HEARING AND VISION PROGRAM
HEARING AND VISION TESTING FOR INCOMING KINDERGARTENERS

Dear Parents/Guardians:

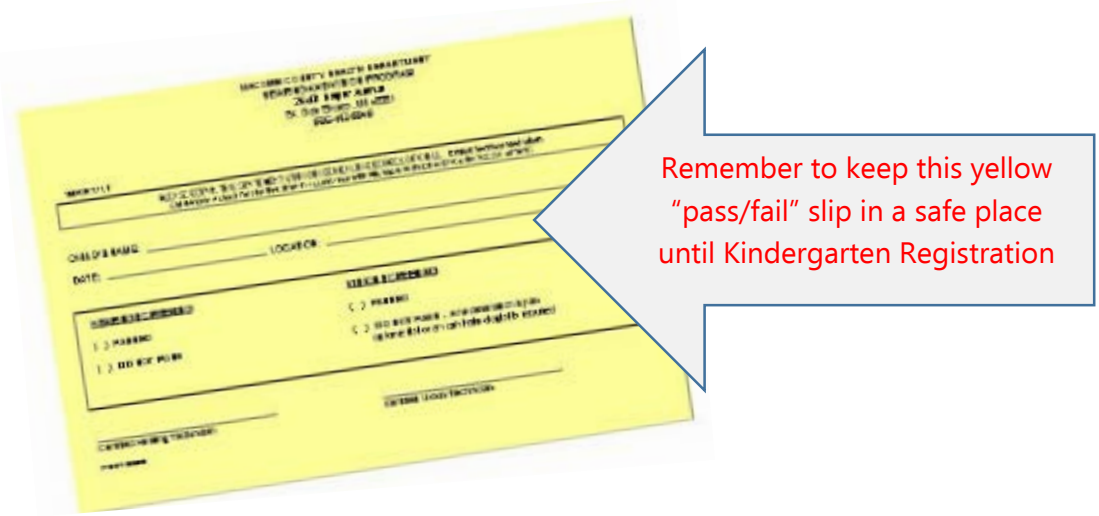
According to the Michigan Public Health Code (Act 368 of 1978), children entering Kindergarten **must** have their hearing and vision tested **prior to the first day of school**. The Macomb County Health Department provides this service **free of charge, by appointment ONLY**, at various locations/dates from March to May. Please schedule your appointment **now** so your child will be prepared for entrance into Kindergarten. If you have not arranged to have your child screened prior to the start of school, it will be necessary for you to visit your doctor for this service.

It is important to note the following:

- If your child **did not** attend preschool **or** was not screened due to absence on screening day at the preschool, please call the Macomb County Health Department Hearing and Vision Program at (586) 412-5945 to schedule an appointment. The screenings are conducted **by appointment only**. You will be notified of locations and appointment times when you call.

- If your child attends preschool in Macomb County, check with the preschool to see if hearing and vision screening has already been held or if it is scheduled to be conducted before the end of the school year. If this is the case, you will obtain the required paperwork **(Yellow Pass/Fail Slip)** for Kindergarten entrance from your preschool provider. **Do not schedule an appointment for lost or misplaced paperwork.**

- The documentation that is required for entrance into Kindergarten is the **yellow pass/fail slip** provided to all incoming Kindergarteners screened by the Macomb County Health Department. **Please put this document in a safe place until it is time for registration.**



AUTHORIZATION TO RELEASE INFORMATION
Chippewa Valley Schools
Human Resource Department

Volunteer Criminal Record Check

This form is required for all classroom volunteers and/or field trip chaperones.

Please complete this form and return it along with a copy of your driver's license and/or Michigan ID card in a sealed envelope to your child's school office. The Michigan State Police require completion of all fields below in order to process a record check. The Chippewa Valley Schools' Human Resource Department will submit this information through a secure website operated by the Michigan State Police. If questions arise regarding the criminal record check, Human Resources will contact you via mail. This form and the record check will be filed in a secure location in the Human Resources' Department. An additional form will need to be completed if/when a child moves to another building. Your cooperation in this process is appreciated as it helps to assure the safety and well-being of our students.

PLEASE NOTE

1. If you have been convicted of a "listed offense" as defined in section 2 of the Sex Offender Registration Act you are prohibited from volunteering at your child's school.
2. All other Felony and Misdemeanor offenses will be subject to a targeted screen and you may be further questioned.
3. If you are convicted of a crime after filling out this form, please notify Dawn Leone in the Human Resources Department at 586-723-2097 or dleone@cvs.k12.mi.us. Do not contact the school building.

Thank you for your interest in serving as a volunteer with the Chippewa Valley Schools.

Print or Type

_____ _____ _____
First Name Middle Name Last Name

I hereby authorize the Chippewa Valley Schools to request the Michigan State Police Central Record Division to release any information regarding criminal records I may have to the Chippewa Valley School.

_____ _____ _____
Signature (print then sign) Date Gender (Male/Female)

Race - Please Check One:

- ◯ Caucasian
- ◯ African
- ◯ Asian or Pacific Islander
- ◯ American Indian or Alaskan Native
- ◯ Unknown/Other

_____
Date of Birth (Month/Day/Year)

_____
Daytime Phone Number

_____ _____ _____ _____
ADDRESS CITY STATE ZIP

School Building Name: _____

Student(s) Name	Grade Level	Relationship to Child (i.e. parent)
_____	_____	_____
_____	_____	_____
_____	_____	_____

A copy of your driver's license and/or Michigan ID card must accompany this form.

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STATEMENT OF VARICELLA DISEASE

(Chickenpox)

Macomb County Immunization Regulations require all children admitted to any public, or parochial elementary or secondary school, day care center, camp, or any other organized care or educational facility operating in Macomb County to present a certificate indicating dates of all required immunizations.

Complete the portion below only if your child has had varicella (chickenpox) disease. This form must be signed and witnessed at your child's school/care program.

◯ **I certify my child has NOT had Chickenpox/Varicella Disease**.

◯ **I certify my child**: _____ _____ _____
Last Name | First Name | Middle Initial

_____ _____ _____
Birthdate | Grade | Date of School Enrollment

has had Chickenpox/Varicella Disease: _____
(When did varicella occur? Age or Date

Signature: _____ **Date**: _____
(Parent or Legal Guardian)

Witness: _____ **Date:** _____
(School/Program Staff)

School District: Chippewa Valley Schools

School/Childcare Program: _____

PLACE IN CHILD'S PERMANENT RECORD (CA-60)

Indian Education Grant Consortium

Chippewa Valley Schools
L'Anse Creuse Public Schools
New Haven Community Schools
Richmond Community Schools

Dear Parent or Guardian:

Chippewa Valley Schools has a federal grant called **The Indian Education Grant Consortium**. Every year the district invites parents to consider enrolling their children in this program. **If your child has a parent or grandparent that has American Indian ancestry**, please fill out the form on the reverse side and return it to your school's office.

The grant will offer your children such programs as the following, free of charge:

1. Reading tutoring for students
2. Math tutoring for students
3. Indian craft/cultural/history workshops
4. Involvement of families in all special programs offered
5. Quarterly newsletter describing the activities offered each month
6. Quarterly Parent Committee Meetings (voluntary)
7. Indirect assistance for needy families in the area of health, food and clothing

We will be contacting you as soon as we received your survey.

Sincerely,

Mrs. Maria Chisolm
Facilitator of Special Grant Programs

Chippewa Valley School District
19120 Cass Avenue
Clinton Township, Michigan 48038
Phone (586) 723-2031
Fax (586) 723-2021

CHIPPEWA VALLEY SCHOOLS
19120 Cass Avenue, Clinton Township, MI 48038
(586) 723-2000 – FAX (586) 723-2001

Inspiring and Empowering Learners to Achieve a Lifetime of Success

Indian Education Survey

If your children have American Indian Ancestry, please fill out the form below:

Parent's Name _____

Address: _____

Telephone: _____

Please list all children presently attending school (preschool through 12th grade):

Student Name	School	Grade	Birthdate

Which side of the family is the American Indian ancestry on? Mother Father

Which grandparent has American Indian ancestry? Grandmother Grandfather

Please give us the full name of the grandparent that has American Indian ancestry. Please include the maiden name, if this is the grandmother. _____

Please write down the tribe of your American Indian Heritage. (Examples: Blackfoot, Cherokee, Chippewa, Lumbee, Navajo, Ojibwa, etc.) _____

Please indicate the state or area of the country your ancestor was from. _____

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OFFICE USE ONLY

Student Information

Legal Last Name	Legal First Name	Middle Name	Suffix
_____	_____	_____	_____

☐ Proof of Residence ☐ Residency Verification ☐ Birth Certificate ☐ Immunizations ☐ KD only V & H

Counselor: _____ Administrator: _____

☐ Transcript ☐ Discipline ☐ Log ☐ Portal ☐ Dr Lic ☐ Rec'd MCIR ☐ Records

DEMO PORTAL CUSTOM FAM LOCKER HMRM OTHER CONTACT PA ST/PRO GRAD SCHED LOG

Date Faxed to Records Release	Date Faxed to Special Services:	Date Faxed to Language/Bilingual
_____	_____	_____

Verified/Entered by: _____ Date: _____