

Welcome to Kentwood Public Schools! We hope your student's educational experience with us is rewarding and enjoyable. For your convenience, we have made available a variety of enrollment forms for you to complete prior to registering your student. Please bring completed forms and residency information along with you to the school within your attendance area. If you have questions regarding registration procedures or ELL services, please contact the Student Services Office at 455-4400, ext. #79927.

PROGRAM DESCRIPTION

The district is committed to providing a quality educational program for every student. The English Language Learner Program is designed to empower students who are not fluent English speakers by helping them build academic, cultural, and social competency in the English language. More specifically, highly qualified staff and teachers of English work directly with students in building vocabulary and comprehension, understanding American culture and increasing language acquisition skills. These skills are taught in a variety of formats including pull-out sessions for elementary and sheltered instruction classrooms at the secondary level. ELL students also receive additional support through paraprofessional staff that supports literacy development, parental involvement and acclimation to a new culture. The overall goal of the ELL services is to remove language barriers and ensure that every student is prepared to become a responsible citizen and employee. Students enrolling in the district who are new to the country and are eligible for the English Language Learner Program, are strongly encouraged to participate.

GETTING STARTED WITH ENROLLMENT PROCEDURES

Parents are required to bring in the following documents along with the required registration forms (**see bottom of page**) to register their student for school:

- A driver's license or state identification card showing parent or guardian's name and address within the district
- Current (dated within 12 months of the date of enrollment):
 1. Closing Statement
 2. Signed lease with lease holder's name, address, phone number
 3. Landlord affidavit (district form)
 4. Current property tax bill
 5. Mortgage payment book relating to the property address within the district
- Two of the following current bills (within 30 days, showing name of parent/guardian and address within district):
 1. Gas bill
 2. Electric bill
 3. Telephone/cell phone bill
 4. Cable or satellite bill
 5. City water/sewage bill
 6. Other utility bill confirming residency in the house within the district
- Legal guardians must also provide a copy of current Probate Court Letters or Guardianship
- One of the following:
 1. An original copy of the student's certified birth certificate
 2. Passport
 3. I-94
- Proof of immunization requirements
- Please provide student's report card/transcripts from last school attended if outside the United States. If these documents are in your native language, they will be translated to determine appropriate academic credit for your student.
- If your student has been receiving special education services, please provide documents regarding these services. These documents will be translated to determine appropriate academic placement.

Please complete required forms:

[Registration Form](#)
[Emergency Contact Form](#)

[Home Language Survey Form](#)
[District Field Trip Permission Form](#)



KENTWOOD PUBLIC SCHOOLS NEW STUDENT REGISTRATION FORM

Kentwood Public Schools, together with parents and the community, will educate all students in a safe, secure environment. We are committed to excellence, equity, and diversity in education. Our goal is for each student to master and apply the essential skills to be a successful, productive citizen.

PLEASE PRINT

REGISTRATION DATE: _____

STUDENT'S **LEGAL NAME:** _____
(First) (complete middle name) (Last)

Student's Address _____
(Apt. #, House #) (Street Name)

(City) (State) (Zip Code) Home phone No. _____ Unlisted? Y N

Birthdate: _____ Age: _____ Sex: M F Grade: _____ Country of Birth: _____
Mo/Day/Yr

Ethnicity: Is this student Hispanic/Latino? <input type="checkbox"/> Y <input type="checkbox"/> N <i>(A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.)</i>
Race: (Check up to two) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific <input type="checkbox"/> Black/African American <input type="checkbox"/> White

Residency: In Kentwood School District Outside of Kentwood School District (Non-resident release form needed)
Student Resides With: Both Parents Temporary Living Arrangement Other _____
 One Parent Only Foster Home _____
 Emancipated or Independent Youth

CONTACT INFORMATION:

PRIMARY PARENT/GUARDIAN: _____
Name Relationship to Student Home Phone

Place of Employment Work Phone Cell Email Address

SECONDARY PARENT/GUARDIAN: _____
Name Relationship to Student Home Phone

Place of Employment Work Phone Cell Email Address

EMERGENCY CONTACT _____
Name Relationship to Student Home Phone
Request mailings to parent living elsewhere: Y N _____
(Name) (Phone #)
Address: _____
(House #) (Street Name) (Apt. #) (City) (State) (Zip Code)

Parent's Military Status: _____ Mother is Active _____ Father is Active _____ Does not Apply

Other siblings in residence who attend Kentwood Public Schools:

Name _____ Grade _____ Building _____ natural sibling step-sibling
Name _____ Grade _____ Building _____ natural sibling step-sibling
Name _____ Grade _____ Building _____ natural sibling step-sibling

Number of siblings age 5 and younger living in the residence _____

OTHER INFORMATION:

Has your student received special services in the past? Y N If Yes, please identify type: _____

Has your student been expelled, suspended, or recommended for expulsion or long-term suspension? Y N

Please see other side

Yes ____ No ____ Consent to Authorize Medical Treatment

I/we understand that a reasonable effort will normally be made to contact me if it becomes necessary to arrange emergency or other medical care for student due to illness or accident. I/we further agree that if we are not readily available to give permission and direction for rendering emergency care, such care may be arranged without further consent of either of us. I/we hereby appoint Kentwood staff as my/our authorized representative and attorney-in-fact to decide on and authorize any emergency or other treatment necessary, including ambulance service, due to illness or injury. I/we personally assume responsibility for any costs of such care not covered by insurance.

1. Does your child have any specific health conditions? Yes ____ No ____ If yes, please specify _____
2. Is your child on daily medication? Yes ____ No ____ If yes, please specify _____
3. Recent surgery, accident or illness (past year) If yes, please specify _____

Yes ____ No ____ Field Trip Permission

My/our child has permission to participate in all field trips during the school year. I/we understand that field trips take place away from school grounds and students will be supervised by designated District employees or agents. I/we release Kentwood Public Schools and its employees, officers and agents from any liability for all claims, accidents, injuries or property damage caused by or arising out of a school sponsored educational field trip. It is also understood that the student must follow the Student Code of Conduct during all field trips.

Yes ____ No ____ The District has permission to share my email address with parent organizations (PTC, PTO, Boosters, etc.).

As per FERPA laws, the district has permission to release directory information such as a student's name, address, telephone number, date and place of birth, honors and awards, to internal/external parties having a legitimate educational interest, including military recruiters. **If you do not wish to disclose this type of information to internal/external parties, the law requires you to submit a written request to the School Principal within 30 days of enrollment.**

Kentwood Public Schools is authorized to use our son/daughter's photo/video in district publications to promote district events in local media, unless a written objection is filed with the principal within 30 days of enrollment.

I affirm, that as the parent/legal guardian, all information provided is true and accurate, and that my child and I reside at the listed address. Falsifying information may lead to student dismissal.

Signature Parent/Guardian _____	Date _____
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Kentwood Public Schools does not discriminate on the basis of race, color, national origin, sex, age, disability, religion, height, weight, or marital status in its programs and activities.

Revised 04/2019



Kentwood Public Schools

STUDENT INFORMATION:

First Middle Last Grade Building

EMERGENCY CONTACT INFORMATION:

(Parent/Guardian to be contacted) (Relationship to Student) (Phone)

(Person to contact if parent cannot be reached) (Relationship to Student) (Phone)

Authorization for Emergency Treatment

Completion of this portion will authorize the school staff to contact your child's physician and to act on his/her advice for treatment in the event that your child is injured or ill at school or a school sponsored activity. It also authorizes the school staff to contact another physician for direction in the event your physician is not available. In all cases, an effort will be made to contact parent, guardian or designated emergency contact person first.

Note 1: Be sure to consider carefully who your emergency contact person will be (above), and that they understand it will be their responsibility to authorize treatment if you cannot be reached.

Note 2: If considered necessary by school administration, 911 emergency personnel may be contacted immediately.

In the event of a medical emergency and I or my designated emergency contact person cannot be reached, I authorize _____ to receive medical treatment from our physician or alternate physician (named below).
(student's name)

Name of Physician: _____ **Phone:** _____

Address: _____

Alternate Physician: _____ **Phone:** _____

Hospital Preferred (circle one): Spectrum Health (Butterworth Campus) Spectrum Health (Blodgett Campus) Metro Health St. Mary's

Health Insurance Provider: _____

Plan No./HMO Number: _____ **Ambulance Service Preferred:** _____

Note: I authorize ambulance service if required and understand I am responsible for payment of this bill. Yes No

Please note any special health conditions or medication reactions for your son/daughter that exist.

Asthma Bee Stings Diabetes Allergies _____

Medications: _____

Other: _____

(Parent/Guardian Signature)

Date

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Kentwood Public Schools Home Language Survey

In compliance with the State of Michigan, local school districts are required to obtain information relative to language spoken and heard at home by each child. As a district we value every cultural background represented in school. This information will be used **only** for school placement purposes.

Please answer the following questions completely. Thank you for your help.

Name of Student _____ School _____

Birth Date _____ Age _____ Grade _____ Gender _____
(month/day/year)

1. Which language did your child first learn to speak? _____ Other _____
2. What language does your child use most often at home? _____ Other _____
3. What language do you prefer to receive school information? _____
4. Has your child previously received EL/ESL services? No Yes If yes, where _____ _____
5. In what country was your child born? _____
6. If your child was born outside of the USA, a. Is he/she a refugee? Yes No b. When did he/she ARRIVE in the U.S.? ____/____/____ c. Country of origin _____ d. When did he/she FIRST ATTEND a U.S. school? ____/____/____

Has your child attended school in another country? Yes No How long did your child attend school? _____ Did your child complete High School? Yes No

Signature of Parent or Guardian _____ Date _____

Address _____ Phone _____

IMPORTANT REQUIREMENTS: *If a language other than English is indicated in question 1, 2 or 3, please give a copy to the EL teacher. The EL teacher will stamp the HLS to indicate if student is eligible for EL services and return to attendance para or guidance clerk for data entry into student information system for state reporting. Attendance para or guidance clerk will file the **stamped** form in the student's CA-60.*

ANNUAL FIELD TRIP PERMISSION FORM

To simplify the procedure for educational field trips, we ask you to sign one permission slip for anticipated field trips during this school year. You will be notified in advance of any trips. **Participation in any field trip is voluntary.** You will not be required to sign another permission slip, except for trips outside of Michigan.

Dear Parent/Guardian:

Kentwood Public Schools believes field trips are an important way to offer our students firsthand learning experiences. A field trip is a school-sponsored activity that provides students with opportunities for educational enrichment consistent with the student's curriculum outside the traditional classroom environment.

Please complete the information requested below allowing your student permission to participate in school sponsored field trips and to be transported by school bus, public transportation and/or staff members or parents driving private vehicles.

STATEMENT OF PERMISSION

_____ (student name) has my/our permission to participate in all field trips during the current school year. I/we agree that the field trips provide educational opportunities that enhance Student's learning. I/we understand that field trips take place away from school grounds and that Student will be supervised by designated District employees or agents. Student and I/we agree that Student must follow the Student Code of Conduct during all field trips.

RELEASE OF LIABILITY

As parent(s) or guardian(s), I/we acknowledge my/our responsibility for legal liability imposed on me/us as a result of any actions taken by Student during a field trip. I/we also, for Student and ourselves, release Kentwood Public Schools and its employees, officers and agents from any liability for all claims, accidents, injuries, or property damage caused by or arising out of a school sponsored educational field trip. I also understand and agree that the District is immune from any and all liability for claims, accidents, injuries or property damage that may occur during a District sponsored field trip, **except for injuries caused by the gross negligence of District employees, officers, and agents.**

CONSENT TO AUTHORIZE MEDICAL TREATMENT

I/we understand that a reasonable effort will normally be made to reach me if it becomes necessary to arrange emergency or other medical care for student due to accident or illness. I/we further agree that if we are not readily available to give permission and direction for rendering emergency or necessary medical treatment, such care may be arranged without further consent of either of us. I/we hereby appoint Kentwood staff as my/our authorized representative and attorney-in-fact to decide on and authorize any emergency or other treatment deemed necessary due to illness or injury during any field trip. I/we personally assume responsibility for any costs of such care not covered by insurance.

Parent/Guardian Name (printed)

Parent/Guardian Signature* Date

Parent/Guardian Name (printed)

Parent/Guardian Signature Date

**Where possible, each parent or guardian with legal custody of minor student should sign this form.*