



# South Haven Public Schools

Administration Center  
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South Haven, MI 49090

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Email: [enrollment@shps.org](mailto:enrollment@shps.org)

## Ram Start Preschool Enrollment Packet

### List of Required Documents for Enrollment

**Student's Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Please bring the following documents when enrolling your child(ren):**

- ◆ Student's Birth Certificate
- ◆ Student's Immunization Record (students must be up-to-date *or* have a waiver signed by the health department)
- ◆ Custody or Guardianship documentation (if applicable)
- ◆ \$75.00 cash or check non-refundable deposit
- ◆ Enrollment Packet (available at the administration building or online)

*\*\*\*Students MUST be potty-trained\*\*\**





# South Haven Public Schools

## Ram Start Preschool Student Enrollment Form

### STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ City/State of Birth \_\_\_\_\_ Gender  Male  Female

**What program are you enrolling your student in? Please check ALL boxes that apply:**  
*(preference is given to 5x week students)*

School	Program	M	T	W	Th	F
Maple Grove:	4yr old Program <b>AM ONLY</b>					
Maple Grove:	4yr old Program <b>FULL DAY</b>					
Maple Grove:	Before School Care					
Maple Grove:	After School Care					
Lincoln:	3yr old Program <b>AM ONLY</b>					
Lincoln:	4yr old Program <b>AM ONLY</b>					
Lincoln:	4yr old Program <b>FULL DAY</b>					
Lincoln:	Before School Care					
Lincoln:	After School Care					

### STUDENT/PRIMARY HOUSEHOLD INFORMATION

Home Phone Number: (\_\_\_\_) \_\_\_\_\_

Current Physical Address: \_\_\_\_\_  
(STREET ADDRESS) (CITY) (STATE) (ZIP) (COUNTY)

Current Mailing Address: \_\_\_\_\_  
(if different) (STREET ADDRESS) (CITY) (STATE) (ZIP) (COUNTY)

### SPECIAL NEEDS INFORMATION

Does your student require special needs services?  No  Yes *If Yes, describe:* \_\_\_\_\_

### ETHNICITY (Part A) and RACE (Part B)

*The US Department of Education requires that parents answer both Parts A and B. Please select an answer for both. If either part A or B is not answered, the US Department of Education requires the school district to supply an answer on your behalf.*

**Part A - Ethnicity: Is this student Hispanic/Latino? (Choose only one)**

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

**Part B - Race: (Choose one or more, UNDERLINE primary)**

- American Indian or Alaska Native *(Student has origins in any of the original peoples of North/South America, including Central America.)*
- Asian *(Student has origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.)*
- Black or African American *(Student has origins in any of the black racial groups of Africa.)*
- Native Hawaiian or other Pacific Islander *(Student has origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.)*
- White *(Student has origins in any of the original peoples of Europe, the Middle East or North Africa.)*

### STATE BOARD OF EDUCATION APPROVED HOME LANGUAGE SURVEY

The South Haven Public School District is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1152-380.1157 of the School Code of 1995, Michigan's Bilingual Education Law.

1. Is your child's native tongue\* a language other than English?...  No  Yes *If Yes* What is that language? \_\_\_\_\_
2. Is the primary language\*\* used in your child's home or environment a language other than English?.....  No  Yes *If Yes* What is that language? \_\_\_\_\_

\* "Native tongue" means the first language the child learned from his/her parents.  
 \*\* "Primary language" means the dominant language used by a person for communication.

**PRIMARY HOUSEHOLD DATA (With whom does the child reside?)**

- Father       Mother       Step Father       Step Mother       Foster Father
- Foster Mother       Grandfather       Grandmother       Uncle       Aunt
- Brother       Sister       Friend       Guardian       Other

*Student home phone number, and address is the same for the primary household.*

**PRIMARY HOUSEHOLD PARENT/GUARDIAN 1**

FULL NAME: \_\_\_\_\_

RELATIONSHIP TYPE: \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**PRIMARY HOUSEHOLD PARENT/GUARDIAN 2**

FULL NAME: \_\_\_\_\_

RELATIONSHIP TYPE: \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**SECONDARY HOUSEHOLD DATA (Parent/guardian living elsewhere)**

Does The child have a second parent/second residence?  Yes  No      If yes, with whom? (check appropriate boxes)

- Father       Mother       Step Father       Step Mother       Foster Father
- Foster Mother       Grandfather       Grandmother       Uncle       Aunt
- Brother       Sister       Friend       Guardian       Other

Joint Custody?  Yes  No

Physical Address : \_\_\_\_\_  
(STREET ADDRESS) (CITY) (STATE) (ZIP)

Mailing Address: \_\_\_\_\_  
(if different) (STREET ADDRESS) (CITY) (STATE) (ZIP)

Should this household be included in all mailings?  Yes  No      Okay to release student to 2nd household parent?  Yes  No

If you answered "No" to either of these questions, please attach legal documentation; specific to this child and legal documentation; specific to communication with the Secondary Household parent.

**SECONDARY HOUSEHOLD PARENT/GUARDIAN 1**

FULL NAME: \_\_\_\_\_

RELATIONSHIP TYPE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**SECONDARY HOUSEHOLD PARENT/GUARDIAN 2**

FULL NAME: \_\_\_\_\_

RELATIONSHIP TYPE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**SIBLINGS: List all other siblings living at home**

Name	Gender	Birthdate	School	Grade

**HEALTH INFORMATION**

In a medical emergency, SHPS is authorized to take appropriate action on behalf of the child. The family assumes all medical costs.  YES  NO

**Medical information is confidential and will be shared with personnel on a need to know basis.**

Does the student have any special health problems such as :  Diabetes  Heart  Asthma  Seizures

Other—Explain: \_\_\_\_\_

Allergies—What are they? *Example insect sting, medication, foods, etc.* \_\_\_\_\_

Comments/Notes \_\_\_\_\_

Is your child currently taking any prescription medications? *Please List:* \_\_\_\_\_

**EMERGENCY CONTACTS (in addition to parents ok to release)**

Full Name	Relationship	Phone	Phone Type

**PERMISSION FOR PUBLICATION OF STUDENT PHOTO OR WORK**

Checking yes gives permission for your child's name and/or photo/writing/artwork to be used in publications, presentations, social media, videos, Web pages, or news releases produced by South Haven Public Schools or agencies working with the District.

Checking no means that your child's name and/or photograph may not be used in any publication, presentation, video, website, or news release that is distributed outside of the school community.  Yes  No

Annual school yearbooks and PTO publications are considered internal school publications and are not subject to these restrictions.

If you do not want your child's name/photo to be included in these publications, please notify the school principal in writing.

**SIGNATURE SECTION**

The undersigned hereby acknowledges that the information provided on this form is true and accurate. The undersigned understands that it is his/her responsibility to inform the appropriate school office if and when any of the information set in this form changes.

*Parent/Guardian Signature:* \_\_\_\_\_

*Relationship to Student* \_\_\_\_\_

*Date:* \_\_\_\_\_

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**FOR OFFICE USE ONLY**

updated 3/2017

BIRTH CERTIFICATE

LUNCH FORM

COPY to EL FILE

IMMUNIZATIONS

CUSTODY/GUARDIANSHIP

PAID REGISTRATION FEE

ENROLLMENT DATE: \_\_\_\_\_ AGE: \_\_\_\_\_ TEACHER: \_\_\_\_\_ SCHOOL: \_\_\_\_\_





# South Haven Public Schools

## Agreement for Acceptable Use of Technology Resources—Students Preschool

Lincoln Elem/Maple Grove Elem / \_\_\_\_\_

*Building/Program Name*

*Student Name*

I understand that I may sometimes be permitted to use the District's computers, electronic devices, and Internet at school and at home. To use computers, electronic devices, or the Internet, I understand that I must follow school rules for computer and Internet use. I promise that:

- ◆ I will only use the computers, electronic devices, and Internet for school work.
- ◆ I will only use the computers, electronic devices, and Internet when my teacher or other school employee tells me that I am allowed to use the computers, electronic devices, and Internet.
- ◆ I will not use the Internet to try to look at websites that I know are for adults only or that I know I shouldn't access.
- ◆ If I accidentally access a website that I know I shouldn't look at, I will tell my teacher or other school employee right away.
- ◆ If someone sends me something on the Internet that I know is inappropriate, I will tell my teacher or other school employee right away.
- ◆ I will not use the computers, electronic devices, or Internet to bully or harm any other person.
- ◆ If someone else uses the computers, electronic devices, or Internet to bully or harm me, I will tell my teacher or other school employee right away.
- ◆ I will not damage the computers, electronic devices, or cause problems with the computers, electronic devices, or Internet on purpose.
- ◆ I will not use the computers, electronic devices, or Internet to cheat on my schoolwork.
- ◆ I will not copy anything that I see on the computers or Internet and pretend that it is my own work.
- ◆ I will keep my password secret from all other students.
- ◆ I understand that the school can see everything that I do on the computers, electronic devices, and Internet.
- ◆ I understand that the school has filters on the computers, electronic devices, and Internet, which means I might not be able to see some information. I will not try to interfere with those filters.
- ◆ I will follow all of these rules. I will also follow any directions that my teacher or other school employee gives me about my use of the computers, electronic devices, or the Internet.
- ◆ Use of Cloud based accounts are strictly prohibited from accessing files and information other than their own. The District reserves the right to access the @shpslearn.org District Cloud based systems when there is reasonable suspicion that unacceptable use has occurred.
- ◆ Students at South Haven Public Schools will be assigned a @shpslearn.org account with parental consent and acknowledge that the District has the ability to monitor, use, or disclose their data, and that Google provides South Haven Schools the ability to do so.
- ◆ I understand that if I break any of these rules, I may be disciplined, and I may also lose my computer, electronic device, and Internet privileges.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- ◆ I have read this Agreement and agree that as a condition of my child's use of the District's technology resources, which include (1) internal and external network infrastructure, (2) Internet and network access, (3) computers, (4) servers, (5) storage devices, (6) peripherals, (7) software, and (8) messaging or communication systems, I release the District and its board members, agents, and employees, including its Internet Service Provider, from all liability related to my child's use or inability to use the technology resources. I also indemnify the District and its board members, agents, and employees, including its Internet Service Provider, for any fees, expenses, or damages incurred as a result of my child's use, or misuse, of the District's technology resources.
- ◆ I have explained the rules listed above to my Child.
- ◆ I authorize the District to consent to the sharing of information about my child to website operators as necessary to enable my child to participate in any program, course, or assignment requiring such consent under the Children's Online Privacy Protection Act.
- ◆ I understand that data my child sends or receives over the District's technology resources is not private. I consent to having the District monitor and inspect my child's use of the technology resources, including any electronic communications that my child sends or receives through the technology resources.
- ◆ I understand and agree that my child will not be able to use the District's technology resources until this Agreement has been signed by both my child and me. I have read this Agreement and agree to its terms.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**cc: parent/guardian, student file** Revised 05/28/14