



# South Haven Public Schools

Administration Center  
554 Green St.  
South Haven, MI 49090

Phone: (269) 637-0500  
Fax: (269) 637-3025  
Email: [enrollment@shps.org](mailto:enrollment@shps.org)

## List of Required Documents for Enrollment

### PK - 5 Enrollment Packet

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

#### **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)
- ◆ Proof of Residency for the student's parent or guardian (driver's license, property tax bill, mortgage/lease documents, utility/medical bill, or other official mail). Don't have a proof of residency? If you reside with a relative or friend, you may submit a notarized letter (or affidavit of residency) stating that you live with such person.
- ◆ Enrollment Packet (available at the administration building or online)

#### **If applicable:**

- ◆ Custody or Guardianship documentation (in the event of custody issues)
- ◆ Kindergarten Waiver
- ◆ Schools of Choice Application

#### **Transportation:**

- ◆ If your child needs transportation, you must turn in the Transportation Form or arrange for a bus stop by calling the Transportation Department at 269-637-0570.



# South Haven Public Schools

## Student Enrollment Form 2017-2018

Is student re-enrolling in South Haven Public Schools?  No  Yes *If Yes*, grade(s) attended SHPS: \_\_\_\_\_

Has the student been previously suspended or expelled?  No  Yes *If Yes*, from where? \_\_\_\_\_

Please explain: \_\_\_\_\_

Do you live in the South Haven School District?  Yes  No *If no*, what school district do you reside in? \_\_\_\_\_

### STUDENT INFORMATION

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

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

Student to be enrolled in grade (*circle one*): **Y5** K 1 2 3 4 5 6 7 8 9 10 11 12

### STUDENT/PRIMARY HOUSEHOLD INFORMATION

Home Phone Number: ( ) \_\_\_\_\_ Instant alerts are sent to primary home and all parent cell phone numbers.

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

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

### RESIDENCY VERIFICATION

Own a Home  Rent/Lease  Family shares with relatives/friends  Shelter  Hotel  Other \_\_\_\_\_

### SPECIAL NEEDS INFORMATION

Special program received at prior school:  Special Education/IEP  Speech  Reading  Counseling  504

Other, please describe: \_\_\_\_\_

Does your child qualify for Migrant Services?.....  No  Yes

Does your child have a parent or legal guardian active in the Military?.....  No  Yes

### 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.

**PERMISSION FOR EDUCATIONAL TRAVEL**

My child has my permission to go on any trip which the school may sponsor for its groups.  Yes  No

**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

PROOF OF RESIDENCY

LUNCH FORM

Parent Packet (if after start of school)

PowerSchool Access sent

IMMUNIZATIONS

CUSTODY/GUARDIANSHIP

SOC  Yes  No

COUNTY \_\_\_\_\_

School \_\_\_\_\_

ENROLLMENT DATE: \_\_\_\_\_ ENTERING GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_



# South Haven Public Schools

## Request for Student Records

*Solicitud de registros estudiantiles*

Today's Date *Fecha de hoy* \_\_\_\_\_ School Year *Año escolar* \_\_\_\_\_

Student's Name *Nombre del estudiante* \_\_\_\_\_

Date of Birth *Fecha de nacimiento* \_\_\_\_\_ Grade *Grado* \_\_\_\_\_

Date of Entry *Fecha de inscripción* \_\_\_\_\_

**This student is transferring from** *Este estudiante se está cambiando de:*

Previous School District *Distrito escolar anterior* \_\_\_\_\_

Previous School Name *Nombre de la escuela anterior* \_\_\_\_\_

Previous School Address *Dirección de la escuela anterior* \_\_\_\_\_

City *Ciudad* \_\_\_\_\_ State *Estado* \_\_\_\_\_ Zip Code *Código Postal* \_\_\_\_\_

Phone *Teléfono de la escuela anterior* \_\_\_\_\_ Fax *Fax* \_\_\_\_\_

According to the Family Educational Rights and Privacy Act (FERPA) of 1974, 34CFRe99 es.seq, a parent signature is no longer required for educational records to be sent to another educational agency. *De acuerdo con la Ley de Derechos Educativos y Privacidad Familiar (FERP A) de 1974, 34CFRe99 es.seq, la firma del padre ya no es necesaria para que los registros educativos sean enviados a otra agencia educativa.*

**Please do not write below this line** *Por favor, no escriba más abajo de esta línea*

**Please fax (269-637-3025) or email (enrollment@shps.org)  
the following at your earliest convenience:**

⚙️ **Transcript (High School student will not be able to start classes until this is received)**

⚙️ **Leaving/Withdrawal Grades**

⚙️ **IEP (if applicable)**

⚙️ **Immunization Records**

⚙️ **Disciplinary Records**

**Comments:** \_\_\_\_\_

**Please mail cumulative/CA60 file to:**

South Haven High School  
Attn: Lisa Cooper  
600 Elkenburg Street  
South Haven, MI 49090  
269-637-0502; 269-637-0516 (f)

Baseline Middle School  
Attn: Angela Marr  
07357 Baseline Road  
South Haven, MI 49090  
269-637-0530; 269-639-9689 (f)

Career & Early College Academy  
Attn: Travis Hargan  
125 Veterans Blvd.  
South Haven, MI 49090  
269-637-0500; 269-637-3025 (f)

South Haven Administration Center  
Attn: Natalie Carey  
554 Green Street  
South Haven, MI 49090  
269-637-0528; 269-637-3025 (f)



# South Haven Public Schools

## Agreement for Acceptable Use of Technology Resources—Students Grades K-5

Lincoln Elem/Maple Grove Elem/North Shore 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



# South Haven Public Schools

## Transportation Department

### Transportation Form

**Please fill out and return this form only if your student needs to ride the bus.**

**Peak times:** Enrollment at the beginning of the school year is a hectic period. Please schedule your bus stop one week prior to the first day of school to guarantee your child will be picked up the first day of school.

### Student Information

**TRANSPORTAION START DATE:** \_\_\_\_\_

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/guardian \_\_\_\_\_

Main phone number \_\_\_\_\_

Home Address \_\_\_\_\_

Pick-Up & Drop-Off Address \_\_\_\_\_

Emergency Contacts

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Bus stop with: \_\_\_\_\_

-----**For office use only**-----

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

Shuttle Bus # \_\_\_\_\_

Bus No: \_\_\_\_\_

Stop Location \_\_\_\_\_

PU Time: \_\_\_\_\_

\_\_\_\_\_

DO Time: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_