



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

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: _____