

REGISTRATING FOR KINDERGARTEN



ROUND-UP...

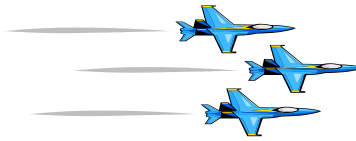
April 16th and May 8th
STERLING ELEMENTARY
(By Appointment)

Please contact Jenny Tanner

Ph. 734.654.4037

Email: jtanner@airportschools.com

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- ✓ **REGISTRATION FORM** - Please complete all boxes.
 - ✓ **BIRTH CERTIFICATE** (original-including seal) or other reliable proof of age and identity with a sworn statement (example: hospital record, baptismal certificate, immigration record, passport, etc).
 - ✓ **COURT DOCUMENTATION** Any court paperwork that identifies guardianship, custody, or parental limitations should be made available to the school district. Court documents such as guardianship paperwork must include a seal and be signed by a judge.
 - ✓ **HEARING AND VISION SCREENING** Screening is required before the start of school. Airport Community Schools will have information available at kindergarten round-up regarding dates and times your child may be screened for FREE. The Monroe County Health Department will be conducting Hearing and Vision Screening at Round Up.
 - ✓ **IMMUNIZATION RECORD** A copy of your child's immunizations may be obtained from you doctor, from the previous attended school, or from the health department in which the child received the vaccinations. If your child has not been screened for hearing and vision, please make an appointment with your doctor or your local health department to complete the process prior to registration.
 - A signed **CHICKEN POX STATEMENT** is needed if the student **did not** receive the vaccination.
 - ✓ **DRIVER'S LICENSE/IDENTIFICATION** A parent/legal guardian must provide a valid driver's license or state identification which matches the birth record or guardianship paperwork
 - ✓ **PROOF OF RESIDENCY** A parent/legal guardian must show **two(2) proofs** of residency that he/she lives within the school district boundaries. The following are accepted proofs of residency: Utility bills, lease/mortgage agreements, current property tax or assessment statements, and/or voter's registration card. A driver's license may be used as proof if the address is correct and it is accompanied with one of the proofs listed above. If you are living with an Airport Community Schools resident for reasons other than for educational purposes you are required to complete and have notarized a Residency Affidavit. The affidavit can be obtained from the district operations office located at Wagar Middle School. Monroe County School of Choice families must bring in a copy of the letter accepting your child into the district.
 - ✓ **SPECIAL EDUCATION** If your student is currently in a special education program, a copy of the most recent IEP and MET is required for proper academic placement. If your child received special education services, you can obtain a copy of the special education records from the previous attended school or the local intermediate school district. For Monroe County students you can contact the Monroe County Intermediate School District's Special Education Department at 734.242.5799, extension 1410.
 - ✓ **RACE/ETHNICITY/HOME LANGUAGE FORM**
 - ✓ **INTERNET ACCESS SURVEY**
 - ✓ **TRANSPORTATION SURVEY**
 - ✓ **HONEYWELL INSTANT ALERT OPT IN FORM**



New Student Registration

Today's Date: _____

Enrolling Grade: _____

• _____ •
Last Name (Use name listed on the birth certificate) First Name Middle Name

• _____ •
Date of Birth Age Male _____ Female _____
Gender

• _____ • _____ () _____
Address City Zip Phone

Is the student a(n) _____ Unaccompanied Youth (under 18 yrs. without parent/guardian)
_____ Self-Registration (18 yrs. or older)
_____ Agent through Power of Attorney (valid for 6 months): Effective Date _____

• _____
List adults that student lives with, if any (list specific name(s) on the above line)

• _____
Contact Email (list only one email)
Relationship to student

_____ Mother _____ Father _____ Grandparent _____ Other: _____
_____ Mother/Step-Father _____ Father/Step-Mother _____ Court Placed

School Last Attended: _____ Counselor/Teacher _____

Address _____ Phone () _____

Is the student in any special education classes under an IEP or MET? _____ YES _____ NO

Please list below, one emergency contact other than yourself (DO NOT list someone living with you):

Name _____ Relationship to Student _____ Phone () _____

Are there any legal (Custody) or medical restrictions that the school personnel should be aware of? If so please explain and attach signed legal and/or medical documents indicating the restrictions. _____

I certify that all information provided on this registration form is true and complete. I understand that any false, incomplete, or misleading information or omission may disqualify my child from further consideration for enrollment and may result in my child being excluded from school if discovered later.

Parent/Guardian Signature _____ **Date** _____

Has either parent/guardian served in the U.S. Military?
Mother: Yes _____ No _____ Father: Yes _____ No _____ Guardian: Yes _____ No _____

Please list other children in the household that are under the age of 5 years old:
Name _____ Date of Birth _____
Name _____ Date of Birth _____

OFFICE USE ONLY

Building Placed _____ Teacher _____

Scheduled Start Date: _____



AIRPORT COMMUNITY SCHOOLS

11270 Grafton Road

Carleton, MI 48117

John J. Krimmel IV, Superintendent 734-654-2414 734-654-4014-FAX

RACE/ETHNICITY/HOME LANGUAGE STATEMENT

Student Name _____

Age _____

Street _____

City _____

State _____

Zip _____

School Building _____

Grade _____

RACE/ETHNICITY

Part A. Is the student (or are you) Hispanic/Latino? (Choose only one)

No, not Hispanic/Latino

Yes, Hispanic/Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Part A of this section is about ethnicity, not race. Regardless of your selection, please continue to answer Part B by placing a check mark in one or more boxes to indicate what you consider your student's (or your) race to be.

Part B. What is the student's (or your) race? (Choose one or more)

Caucasian (CA)

American Indian (AI)

Asian (AS)

Pacific Islander (PI)

African American (AF)

If you do not choose a race, we are obligated by federal regulations to choose one for you as an observer.

HOME LANGUAGE SURVEY

Airport Community Schools collects information regarding the language background of each of its students. This information is used by the District to determine whether services are available for 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? _____
3. What country was your child born in? _____
4. When did your child enter the United States? _____

* "Primary language" means the dominant language used by a person for communication.

Signature of Parent or Guardian

Date



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INTERNET ACCESS SURVEY

Airport Community Schools utilizes many forms of technology. Home Access Center (HAC) is one that helps us communicate to parents/guardians regarding grades, attendance, discipline, and other aspects of academic performance and student growth.

Do you have access to the Internet? Yes No

If no, would you like Airport Community Schools to mail home all communication regarding your student?

Yes No

Last, First Name of Student

Last, First Name of Parent/Guardian



Transportation Survey

Student's Name _____

- 1} Will your student(s) be picked up or dropped off at any location other than home on a daily basis? (such as a daycare, relative's home or friend's home)

--- YES

--- NO

If yes, you must complete a Bus Exception Form (request this form during registration)

- 2} Do you have any other children who are currently enrolled at Airport Community Schools who will be in Grade 1, 2, 3 or 4 for the 2019-2020 school year?
(do not list siblings who will be attending Wagar Middle School or Airport High School)

If yes, please complete the following:

Sibling's Name _____

Sibling's Name _____

Elementary building(s) they attended last year: _____

Eyler

Ritter

Sterling



Honeywell Instant Alert “Opt-In” Authorization Form

Student Name: _____

It is required that parent/guardians of our students agree to receiving calls, texts, or SMS that are considered non-emergencies through our Honeywell Instant Alert System. Non-emergency calls include all calls that are not related to school closings, health and safety emergencies, and truancy/absence calls.

Please check the box and sign below to continue to receive non-emergency calls, texts, or SMS through our Honeywell Instant Alert system on the mobile devices listed on your Home Access Center (HAC) account.

Yes, I wish to continuing receive all Honeywell Instant Alert messages from Airport Community Schools on my mobile devices.

Parent/Guardian Signature

Date

AIRPORT COMMUNITY SCHOOLS
Parent Survey for Kindergarten

Child's Name _____ Date _____

Child's Birthdate _____

Parent's Name _____

We recognize that parents can provide valuable information that can be helpful in planning a better school program for their student's school day. Please do your best to answer the questions below.

1. Weight at birth ____ lbs. ____ oz. Was your child premature? _____

2. Any problems with the pregnancy or delivery? Please explain: _____

3. Any serious illness, accidents or operations? (include chronic ear infections, colds, or pneumonia)

4. Does your child take any medication (other than vitamins) on a regular basis?

5. Does your child have allergies?

6. Has your child been hospitalized?

7. Has your child ever been separated from you for more than overnight? If so, what was his/her reaction?

8. Does your child have friends in the neighborhood that he/she plays with?

9. How do you discipline your child?

10. Does your child sleep through the night? Yes No How long? _____

11. Has your child had preschool experience? Yes No
If yes, where did they attend? _____

12. Has your child ever been tested or recommended for hearing, vision or needing help academically?

1. Can your child:

Count to 10	Tie shoes	Name family members
Color neatly	Snap or zip pants	Say full name
Say phone number	Put on coat	Distinguish right/left
Use scissors	Button/snap or zip	Say ABC's
Tell their birth date	Say his/her address	Name colors
Puts toys away	Dress himself/herself	

2. Has your child been to or on any of the following?

Bus	Train	Airplane
Boat	Farm	Swimming
Circus	Wedding	Funeral
Ballgames	Birthday parties	Other states, countries

3. I would describe my child as: (check only the items that frequently apply)

Headaches	Athletic	Stomach Aches
Clumsy	Self-conscious	Easily discouraged
A worrier	Generous	Self-confident
Bold	Selfish	Temper outbursts
Enthusiastic	Indifferent	Shy
Easy going	Careless	Moody
Carefree	Courteous	Lazy
Friendly	Average	Aggressive
Quiet	Tantrums	Bright
Very active	Cooperative	Hyperactive
Nervous	Easily distracted	

If there is anything else about your child that you feel we should know, please indicate.

Parent Speech and Language Screening

		YES	NO	COMMENT
1.	Do you have a difficult time understanding your child when they speak?			
2.	Do you notice sounds that are different? (cupcake - - - sounds like tuptate) (doggie - - - sounds like goggie) (birthday - - - sounds like birday)			
3.	Do others have a difficult time understanding your child?			
4.	Does your child get frustrated when people don't understand them?			
5.	Can your child follow 1-2 step directions easily?			
6.	Does your child use 5-6 word sentences when they speak?			
7.	Does your child answer questions you ask easily and with words?			
8.	Does your child use words to express feeling, concerns and emotions?			
9.	Is there a history of ear infections? Tubes in the ears?			

Student Name: _____ **Date of Birth:** _____

Parent Name: _____ **Date:** _____