Welcome to Mt. Pleasant Public Schools!
Kindergarten Kick-Off for the 2019-2020 School Year

Dear Family:

Going to school is an important event in the life of a child. There is much to see, do, and experience. The early childhood school experiences shape a child’s attitude toward school and learning.

Mt. Pleasant Public Schools offer a choice for incoming students. Parents may request their child be placed in either the Developmental Kindergarten or Kindergarten program. Priority for Developmental Kindergarten is given to students with birthdays between June 1, 2014, and December 1, 2014.

Attached are documents used by Mt. Pleasant Public Schools for enrollment into our district. Please complete the following forms and return when you attend Kick-Off at the buildings.

- Mt. Pleasant Schools Kindergarten Enrollment Form
- Residency Affidavit
  Proof of Residency Includes: Deed, building permit, rental agreement, tax statement, voter registration card.
  *(Per Board Policy #5111)*
  Utility bills and/or license will not be accepted.
- Transportation Emergency Contact Form
- Health Appraisal - **MUST** be completed by a physician
- Release of Information - Child Care/Preschool (if applicable)

In addition, please remember to bring along the original and one (1) copy of your child’s state certified birth certificate and immunization records.

We look forward to meeting you and your child at Kick-Off!!
A state certified birth certificate, immunization record and proof of residency must be presented at time of registration.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Sex: Male Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Circle One)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Telephone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Student Place of Birth:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Month/Day/Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did the student attend preschool?</th>
<th>Name of preschool</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

Parent/Guardian 1          Parent/Guardian 2

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Address</th>
<th>Marital Status</th>
<th>Step Parent or Guardian</th>
<th>Email Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Children in the Family:</th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name and Birth Date of Siblings:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Other People Living in the Home:

<table>
<thead>
<tr>
<th>Any health conditions the school should be made aware of?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Special Education**

Does the student have a current IEP for Special Education Services, Speech, or a Behavior Plan? No Yes

Does the student have a current 504 Plan? No Yes If yes, what is the 504 Plan for?

**Home Language Survey (HLS)**

1. Is the student's native language a language other than English? Yes, student's first language is No

2. Is the primary language used in the student's home or environment a language other than English? Yes, the primary language used is No

3. Has the student been previously enrolled in any U. S. school? No Yes

Signature: Date:
MPPS Kindergarten Application Form Page 2:

Custodial Information: If a court has ordered legal limited custody for one of the parents of this student, the school **must** have a copy of the court order on file.

Medication Administered at School: A medication form must be filled out by the parent/guardian, and signed by the student’s physician for any over the counter or prescription medication. 

Medication is not to be sent to school with the student.

Race and Ethnicity: (Note: Both Part A and Part B of the question must be answered.

### Part A: Is your child Hispanic/Latino? (choose only one)
- No, not Hispanic/Latino
- Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter which box you selected above, please **continue to answer the following** by marking one or more boxes to indicate what you consider your child’s race to be.

### Part B: What is your child’s race? (Choose one or more)
- **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America.) If you think your child may be eligible for assistance from the Indian Education Program please check here ______ and we will provide you with the US Dept. of Education Title VI Student Eligibility Certification form.
- **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)
- **Black or African American** (A person having origins in any of the black racial groups of Africa.)
- **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.)
- **White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

**NOTE:** Both Parts A and B **MUST** be completed. We encourage you to select an answer for both parts. If either part (A or B) is not answered, the U. S. Department of Education **requires** the school district to supply an answer on your behalf. Additional information is available upon request.

**K-12 Tribal Education: Saginaw Chippewa Tribe of Michigan**

If your child qualifies for Tribal Enrollment under the U.S. Department of Education Indian Education Act please check here: ______
Additional information about Title VI and the Indian Student Eligibility Certification form will be provided to you in our office.

Mt. Pleasant Public Schools….
A Great Place to Learn, Contribute and Compete

Updated 01/23/2019
If your student’s date of birth falls between June 1st and December 1st, they may be eligible for and benefit from Mt. Pleasant Public Schools’ Developmental Kindergarten (DK) Program. It is highly recommended by the District and its Administrative team that a student turning age 5 between August 1 and November 30 of the upcoming school year enroll into a developmental kindergarten program.

**Considerations for the Developmental Kindergarten Program:**

- A student may benefit from an extra year of growth to develop confidence, social skills, oral language development, fine motor skills, attention span, independence and school readiness.

- Students may be 5 years of age chronologically yet still require and benefit from additional skills developmentally. The developmental program places emphasis on skill building in preparation for the rigors of kindergarten. Every child grows and matures at their own pace; the DK program was established to assist student growth and development.

- Developmental Kindergarten classes are every day from 8:25 am-3:34 pm just like Kindergarten. The students eat lunch at school and are given the opportunity to participate in a modified Kindergarten curriculum taught by certified teachers. Students are introduced to school functions, school social practices and participate in classes such as Art, Music, PE, and Computers.

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**Student Name:** ____________________________  **Date of Birth:** ______________

____ I would like to enroll the student in the Developmental Kindergarten Program for the 2019-2020 school year. **Students Date of birth must be between July 1 – December 1, 2014 to be eligible.** Youngest students will be given priority for this program.

____ I would like to enroll the student in the Kindergarten program for the 2019-2020 school year.

____ I would like to discuss an individualized Administrative recommendation.

___________________________________  ____________________

Parent/Guardian Signature  Date

*Please be aware that the Mt Pleasant Public Schools staff may make a recommendation that is different than what is indicated above. If this is the case you will be contacted with additional information.*
In an effort to keep our Transportation Department as up-to-date as possible with student information, we are asking that you fill out the information requested below and return it to the transportation office as soon as possible. With the many after school programs that we are offered, there are times when this information is needed by the Transportation Department after the school office has closed. Thank you for your cooperation.

This information is also needed for field trips.

TRANSPORTATION NEEDED: ☐  PARENT/GUARDIAN TRANSPORTATION: ☐

Student Name: ________________________________________________________________

Date of Birth: ___________________________ Sex: _____________ Grade: ____________

Home Address: __________________________________________________________________

Guardian 1 Name: ________________________ Guardian 2 Name: _______________________

Guardian 1 Home Phone: ___________________ Cell: _______________ Wk: _____________

Guardian 2 Home Phone: ___________________ Cell: _______________ Wk: _____________

1st Emergency Contact: _____________________________________ Phone: _____________
(Other than above numbers)

2nd Emergency Contact: _____________________________________ Phone: _____________
(Other than above numbers)

Pick Up Address: _______________________________________________________________
Please check with the Transportation Office if different than home address

Drop Off Address: _______________________________________________________________
Please check with the Transportation Office if different than home address

Additional helpful information (Allergies, additional cell phone number, etc.)
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Dear Parent or Guardian:

The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. (BE SURE TO BRING YOUR CHILD’S IMMUNIZATION RECORDS TO THE EXAMINATION.)

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### PERSONAL

<table>
<thead>
<tr>
<th>CHILD’S NAME (Last, First, Middle)</th>
<th>DATE OF BIRTH (mm/dd/yy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS (Number &amp; Street)</td>
<td>(City)</td>
</tr>
<tr>
<td>MI</td>
<td></td>
</tr>
<tr>
<td>PARENT/GUARDIAN (Last, First, Middle)</td>
<td>HOME TELEPHONE NUMBER</td>
</tr>
<tr>
<td>ADDRESS (Number &amp; Street)</td>
<td>(City)</td>
</tr>
<tr>
<td>MI</td>
<td></td>
</tr>
</tbody>
</table>

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### SECTION I - HEALTH HISTORY

1. Is your child having any of the problems listed below?
   - Allergies or Reactions (for example, food, medication or other)
   - Hay Fever, Asthma, or Wheezing
   - Eczema or Frequent Skin Rashes
   - Convulsions/Seizures
   - Heart Trouble
   - Diabetes
   - Frequent Colds, Sore Throats, Earaches (4 or more per year)
   - Trouble with Passing Urine or Bowel Movements

2. Are there any current or past diagnosis(es)?
   - Yes
   - No
   - If yes, please describe:

3. Does your child take any medication(s) regularly?
   - Reason for Medication

4. Was the health history reviewed by a health professional?
   - Yes
   - No

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### SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

#### Tests and Measurements

<table>
<thead>
<tr>
<th>No</th>
<th>Test</th>
<th>Normal</th>
<th>Ref</th>
<th>Under</th>
<th>Date</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>VISION</td>
<td>Visual Acuity</td>
<td>Height &amp; Weight</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>HEARING</td>
<td>Audiometer</td>
<td>HEMOGLOBIN/HEMATOCRIT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>URINALYSIS</td>
<td>Albumin</td>
<td>TUBERCULIN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>BLOOD LEAD LEVEL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Examinations and/or Inspections

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**NOTE:** Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.

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### SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

<table>
<thead>
<tr>
<th>VACCINES (Circle Type)</th>
<th>DATE ADMINISTERED MM/DD/YYYY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B (HepB)</td>
<td>1 3</td>
</tr>
<tr>
<td>DTaP/DTP/DT/Td</td>
<td>1 4</td>
</tr>
<tr>
<td>Tdap</td>
<td>1 2</td>
</tr>
<tr>
<td>Haemophilus Influenzae type b (HIB)</td>
<td>1 3</td>
</tr>
<tr>
<td>Polio (IPV/OPV)</td>
<td>1 3</td>
</tr>
<tr>
<td>Pneumococcal Conjugate (PCV7/PCV13)</td>
<td>1 3</td>
</tr>
<tr>
<td>Rotavirus (RV1/RV5)</td>
<td>1 2</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
<td>1 2</td>
</tr>
<tr>
<td>Varicella (Chickenpox)</td>
<td>1 2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VACCINES (Circle Type)</th>
<th>DATE ADMINISTERED MM/DD/YYYY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A [HepA]</td>
<td>1 2</td>
</tr>
<tr>
<td>Influenza (IV/IVI)</td>
<td>1 3</td>
</tr>
<tr>
<td>Meningococcal (MCV4 / MPSV4)</td>
<td>1 2</td>
</tr>
<tr>
<td>Human Papillomavirus</td>
<td>1 3</td>
</tr>
</tbody>
</table>

Other Vaccines

Type of Vaccine(s) Date of Vaccine(s)

Specify Date & Type

Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable

*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.

History of Chickenpox Disease? h Yes h No If yes, date:

Parent/Guardian refused immunizations: h

I certify that the immunization dates are true to the best of my knowledge

Health Professional’s Signature / / Title Date

### SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:

Should the child’s activity be restricted because of any physical defect or illness? h Yes, check and explain degree of restriction(s): h Classroom h Playground h Gymnasium h Swimming Pool h Competitive Sports h Other

Other Recommendations

### SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined ________’s teeth. As a result of this examination, my recommendation for treatment is:

Dentist’s Signature / / Date

PHYSICIAN’S SIGNATURE

Examiner’s Signature / / Date

Examiner’s Name (Print or Type) Degree of License

MI ZIP Code Telephone

Number & Street City

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Consent for Disclosure of Immunization Information to Local and State Health Departments  
(Kindergarten, 7th Grade, and New Enrollees)

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the student’s name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information from your child’s education records is disclosed to the health department. If your child is 18 or over, he or she is an “eligible student” and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

Please complete the form below, sign and date, and return to school with your child in Kindergarten, 7th grade, or if you are enrolling in our district for the first time. Please contact our office if you have questions or need assistance with this form.

Student’s Name: ___________________________________________________ Date of Birth: _______/_______/_______

☐ YES. I authorize Mt Pleasant Public Schools to release my child’s immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

☐ NO. I do not authorize Mt Pleasant Public Schools to release my child’s immunization record to the Michigan Department of Health and Human Services and Local Health Department.

Signature of Parent/Guardian or Eligible Student: ______________________________________________________

Printed Parent/Guardian Name: ____________________________________ Date: ____________________________
INABILITY TO PROVIDE CERTIFIED BIRTH CERTIFICATE

I, _______________________________ hereby declare that I am unable to provide Mt. Pleasant Public Schools, within the required time, a valid certificate of birth for the below named student for the following reason(s):

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

In lieu of the required certificate of birth, I am providing the following:

____________ Court Record
____________ Passport

__________________________  __________________________
Name of Student              Signature of parent/legal guardian
## Mt. Pleasant Public Schools

### Release of Information—Child Care/Preschool Facility

<table>
<thead>
<tr>
<th>Name of Child (Last, First, Middle Initial)</th>
<th>Date of Birth</th>
<th>Relationship (ie. daughter, son)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>City:</td>
<td>State:</td>
</tr>
</tbody>
</table>

1. I hereby authorize: (Name and address of child care/preschool facility)

2. Release information to: (Please circle school to receive records)
   - Pullen Elementary
     - 251 S. Brown Street
     - Mt. Pleasant, MI 48858
     - Fax: 989-775-2274
   - Vowles Elementary
     - 1560 S Watson St
     - Mt Pleasant, MI 48858
     - Fax: 989-775-2284
   - Ganiard Elementary
     - 101 S Adams Street
     - Mt Pleasant, MI 48858
     - Fax: 989-775-2244

3. The information identified above will be used for:
   - To inform my child’s elementary school of my child’s needs and special circumstances.

4. Date this release of information consent remains in effect until: (1 year from today’s date is recommended)

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### Parent Consent:

This authorization is voluntary and remains in effect until the above date, unless specifically revoked by written notice to the child care/preschool facility. The parent or guardian understands that the disclosed documents may be shared with building administrators, teacher, counselor, speech teacher, and/or special education teacher. Any information released prior to my written revocation of this authorization shall not be a breach of confidentiality.

<table>
<thead>
<tr>
<th>Signature of Parent/Guardian or Custodian:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to Child: (ie. father, mother, stepparent, legal guardian, etc...)</td>
<td></td>
</tr>
<tr>
<td>Signature of Witness:</td>
<td>Date:</td>
</tr>
</tbody>
</table>