

Board of Education, Administration Office 378 State Street, Door 19 enrollcps@charlottenet.org 517-541-5100

Charlotteorioles.com

Enrollment Checklist

Items that **must** be presented to the District Registrar prior to your child being enrolled into Charlotte Public Schools in addition to enrollment packet

- o Certified Birth Certificate
- o Parent/Guardian Identification
 - Copy of any court order establishing the right of custody will be required for registration if adult enrolling the student is not listed on the certified birth certificate.
- o Up-to-date Immunization Records
- o 2 Proofs of Residency (See Residency Affidavit in enrollment packet for accepted proofs)
- o Special Education Services with Copy of Last IEP
- o Students entering their first year of school
 - Hearing and Vision Screening Verification
 - Dental Oral Assessment

In order to provide the best transition for your child into Charlotte Public Schools, it may take up to <u>two (2) school days</u> for your child to be placed upon receipt of all enrollment paperwork.

Charlotte Public Schools required enrollment forms found in packet

- o Enrollment Form
- o Enrollment Transition Questionnaire Form
- o Consent for Disclosure of Immunizations
- o Residency Verification Affidavit (Include two Proofs of Residency)
- o Request for Educational Records (if applicable)
- o Student Network Application
- o Transportation Form
- o Technology Acceptable Use Policy Form
- o McKinney-Vento Assistance Form (if applicable)



You must present ID, a certified birth certificate, immunization record & 2 proofs of residency

Student Information

Child's Le	egal Nan	ne:								
(As shown	on birth c	ertificate)	First Name			Mi	iddle Name		Last Name	
Gender:	MALE	FEMALE	Date of Birth:		/	/		Place of Birth:		
	(Circle	e One)		Month	Day		Year		City	State
Current /	Address:									
		Stree	et Address	Apt/Unit#	#		City	/	Zip Code	
County o	of Reside	nce:			Scho	ool Dis	trict of Re	sidence:		
Previous	School	Attended:								
			School Name /Pre	-School or	Daycare		City/State	#	of Years Attended	
Grade Er	ntering: _	Do	oes your child p	resently	receive S	pecial	Education	n Services? No	Yes,	 e Туре
									Servic	етуре
Ethnic ar	nd Race	Category: E	Both Part A and Part	t B must be	e answered					
PART A		1:	s this student H	ispanic/l	Latino?					
ETHNICIT	Υ	_	N	o, not Hi	spanic/La	itino				
		_	Y	es, Hispa	nic/Latin	0				
		(A person of Cuban,	Mexican,	Puerto Rica	n, Soutl	h or Central <i>i</i>	American or other	Spanish culture or	origin,
		r	regardless of race)							
PART B		W	/hat is this stud	ent's rac	e? (Choose	e one oi	r more)			
RACE			Am	erican In	idian or A	laska I	Native			
		(A	A person having orig	gins in any	of the origi	nal peo _l	ples of Nort	th and South America	a, including Central	America)
			As	ian						
			person having orig illippine Islands, Tha	-	_	nal peop	oles of the Fa	r East, Japan, Korea,	Malaysia, Pakistan	, The
			Blac	ck or Afri	can Amei	rican (<i>I</i>	A person hav	ring origins in any of	the black racial gro	ups of Africa
			Nat	ive Hawa	aiian or O	ther P	acific Islan	der		
		(A	person having orig	ins in any o	of the origin	nal peop	les of Hawai	ii, Guam, Samoa or o	ther Pacific Islands)
			Whi	te						
		(A	person having orig	ins in any o	of the origin	nal peop	les of Europ	e, 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 A or B is not answered, the U.S. Department of Education *requires* the school district to supply an answer on your behalf.

Medical Information Medication, allergies, etc. Health Conditions that apply to your child: Family Physician: _____ Office Phone: _____ Military Is a parent Full-Time Armed Forces, National Guard or Active Duty: No Yes Branch: _________________ **Family Information Siblings Attending Charlotte Public Schools:** Name:________Building they attend:______ Name:_______Building they attend:______ Building they attend:______ Adults in This Family, Living with Child at documented address First Name Middle Name Last Name Relationship to Child: Father Mother Foster Parent Other (Specify) Marital Status **Phone:** Primary: ______Cell: ______Work: _____ Email Address: Middle Name Last Name Relationship to Child: Father Mother Foster Parent Other (Specify) ______Marital Status_____ **Phone:** Primary: ______Cell: ______ Work: _____ Email Address: If child's mother or father lives at a different address than documented, provide that information here. First Name Middle Name Last Name Relationship to Child: Father Mother Foster Parent Other (Specify) _______Marital Status_____ Address:_ Apt/Unit Street Address Citv Zip Code State **Phone:** Primary: ______ Cell: ______ Work: ______ Email Address: _____ Emergency Contacts: In an emergency the school may contact and/or release this student to the following adults. Please use persons that can reached by phone. List in order which you would like contact to be made. Name:______ Phone:______ Relationship:_____ Name:______ Phone:______ Relationship:____

Parent / Guardian Signature: _______Date: _______



Enrollment Transition Questionnaire

Welcome to Charlotte Public Schools!

Please fill out the information below in order to make your child's transition to our school district as smooth as possible.

Child's	Name		Date of Birth		
Curren	nt supports or criteria that applies t	o you	r child (Check all that apply)		
0 0 0 0	Individual Education Plan (IEP) 504 Plan Math Support Reading Support Behavior Support Resource Room School Counseling Support	0 0 0	Speech/Language Therapy Physical Therapy Occupational Therapy Eligible for Free/Reduced Lunch Chronic Absenteeism Victim of Child Abuse or Neglect Pregnant Teen or Teen Parent		Family/Student History of School Failure, Incarceration or Substance Abuse Immigrant (last 3 years) Limited English (ESL/ELL) Primary Language
Name	and city/state of previous school:_				
			d in enrolling in DK (2 year Kinderganditions we should be aware of?		
Does y	our child take any medication regu	larly a	at school?		
Has yo	our child ever been suspended or e	xpelle	ed from school? o yes o no		
Do you	u have any concerns about your chi	ld tha	t have not been addressed (emotio	-	, behaviorally, socially,
What o	other information do you think we	shoul	d know to best serve your child? Sp	ecial	interests, clubs, sports, hobbies?
Signat	ure of Parent/Guardian:	_			Date:
Offic	e Use Only:				
Stud	ent Grade: Registrar N	Notes:_			
□ Fo	orm Received By Registrar On:		☐ Form Sent To Building A	Admin	istrator On:
Δdm	inistrator Notes:				

Charlotte Public Schools

Consent for Disclosure of Health Information to Local and State Health Departments

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.

Other health information shared with the health department could include: Hearing & Vision Screening and Dental Oral Assessment.

You may withdraw your consent to share this	s information in writing at any time.
of Health and Human Services and Local He improve the quality and timeliness of immuniz	elease my child's immunization record to the Michigan Department ealth Department. I understand this information will be used to zation services and to help schools comply with Michigan Law. This imited personally identifiable information from the school.
Student's Name:	Date of Birth://
Printed Parent/Guardian Name:	
	Date:/

Signature of Parent/Guardian OR Eligible Student

Rev.3/3/21



Residency Verification Affidavit

Name of Student	Student's DOB:	·
According to State Attorney General Opinion N. 59 prove residency. By signing this affidavit you are a the legal residence of the parent/guardian enrolling	ffirming that the address give	en on all enrollment forms is
If you are living in the home of another person with this document under "Person with whom family is	-	
PLEASE Should the district learn that this is not the resident Charlotte School District, the student will be exclud require a tuition payment be made for the time in a recover the same. Finally, the falsification of docur law enforcement agency for criminal prosecution a	led from the district immedia attendance as a non-resident ments will result in filing of a	tely. Further, the district will and will take any legal steps to
BY SIGNING BELOW, YOU INDICATE THAT YOU HA	IVE READ AND UNDERSTANI	O THIS DOCUMENT
Address	City	Zip
Parent/Guardian Signature		Date
Signature of Person with whom family is residing w	 vith (if applicable)	Date
Office Use: Verification of residency may be made with two of	the following (Check those that a	pply):
Driver's License Property Tax Stateme	nt Utility Bil	II Lease Agreement
Voters Registration Mortgage/Home Clos	ing Documents Other (des	scribe)
CPS Staff Signature & Title		Date



REQUEST FOR EDUCATIONAL RECORDS & AFFIRMATION OF PRIOR DISCIPLINE RECORD

Please forward all transcripts, grades, test records, psychological & diagnostic evaluations, health records & special education records at your earliest opportunity

(Student's Name)		(Grade)	(Date of Birth)
ast School Attended:			
		F	ax #
	(Name of School)	·	
(Address)	(City)	(State)	(Zip)
DIRECTIONS: Check the box next to the ap	ppropriate paragraph. Plea	ase provide inforr	nation, and sign this document.
aragraph 1:		·	
= :		has NOT	been suspended or expelled from any scho
		1103 1401	Tom any send
Paragraph 2: The undersigned affirms that		HAS has	n suspended or expelled from any school.
you checked the box in paragraph 2, ple	ase explain the circumstal	nces. Include the	school name, date of suspension or
hereby authorize the release of all record	s requested above.		
hereby authorize the release of all record (Parent/Guardian Signature)	s requested above. (Date)		
	·		
(Parent/Guardian Signature)	·	taff Member:	
(Parent/Guardian Signature) OR OFFICE USE ONLY:	(Date)	taff Member:	
(Parent/Guardian Signature) OR OFFICE USE ONLY: Date sent:	(Date)		harlotte Upper Elementary School
(Parent/Guardian Signature) OR OFFICE USE ONLY: Date sent: Clease Send Records To:	(Date)Signature of CPS St	nool C	harlotte Upper Elementary School 068 Carlisle Hwy
(Parent/Guardian Signature) OR OFFICE USE ONLY: Date sent: Description: Charlotte High School	(Date) Signature of CPS St	nool C	
(Parent/Guardian Signature) OR OFFICE USE ONLY: Pate sent: Clease Send Records To: Charlotte High School 378 State Street	Charlotte Middle Sch	nool C	068 Carlisle Hwy
(Parent/Guardian Signature) OR OFFICE USE ONLY: Date sent: Clease Send Records To: Charlotte High School 378 State Street Charlotte, MI 48813	Charlotte Middle Sch 1068 Carlisle Hwy Charlotte, MI 48813	nool C	068 Carlisle Hwy harlotte, MI 48813
(Parent/Guardian Signature) OR OFFICE USE ONLY: Pate sent: Clease Send Records To: Charlotte High School 378 State Street Charlotte, MI 48813 FAX:517-541-5625	Charlotte Middle Sch 1068 Carlisle Hwy Charlotte, MI 48813 FAX: 517-541-5775	nool C 1 C F. tary School G	068 Carlisle Hwy harlotte, MI 48813 AX: 517-541-5775
(Parent/Guardian Signature) OR OFFICE USE ONLY: Pate sent: Clease Send Records To: Charlotte High School 378 State Street Charlotte, MI 48813 FAX:517-541-5625 Parkview Elementary School	Charlotte Middle Sch 1068 Carlisle Hwy Charlotte, MI 48813 FAX: 517-541-5775 Washington Element	nool C 1 C F tary School G 5	068 Carlisle Hwy harlotte, MI 48813 AX: 517-541-5775 alewood Early Elementary School
(Parent/Guardian Signature) OR OFFICE USE ONLY: Date sent: Clease Send Records To: Charlotte High School 378 State Street Charlotte, MI 48813 FAX:517-541-5625 Parkview Elementary School 301 E Kalamo Hwy	Charlotte Middle Sch 1068 Carlisle Hwy Charlotte, MI 48813 FAX: 517-541-5775 Washington Element 525 High Street Charlotte, MI 48813 FAX: 517-541-5175	nool C 1 C F. cary School G 5	068 Carlisle Hwy harlotte, MI 48813 AX: 517-541-5775 alewood Early Elementary School 12 E Lovett Street

Charlotte Public Schools
Acceptable Use Policy

Electronic Information Access and Use for Educational Purposes Member Responsibility Declaration

Policy for using the Internet, local and wide	e area networks, computers and related technical and audio visual nologies is a privilege for the User and must be used responsibly in the
https://www.charlotteorioles.com/download Computers/Equipment/Internet Use Polito be responsible for and abide by all rules	by the Electronic Information Access and Use Policy located at a stechnology files/use access policy.pdf and the Lab/Classroom-cy, and the applicable sections of the Student Handbook. I agree and regulations of these policies and handbook. I understand that is may be revoked, school disciplinary action and/or appropriate legal
User's Signature:	Date:
(If you are a student of Charlotte Public Sc	chools, a parent or guardian must also read and sign this agreement
	utions to prohibit access to inappropriate materials. However, I also blic Schools to restrict access to all inappropriate or copyrighted ible for materials acquired on the network.
	ess restrictions in addition to those set forth in District Policy. I will ollowing the District rules for personal safety.
Users are responsible for following instruc refrain from using any technology for whic	tions in the use and care of educational technology and should h they have not received instructions
Users may be required to make full financi unauthorized expenses incurred through the	ial restitution for any damages to educational technology or he use of educational technology.
I give permission for my child to use availa	able technologies for educational endeavors.
Policy located at https://www.charlotteori the Lab/Classroom-Computers/Equipm	nt, I have read the <u>Electronic Information Access and Use</u> oles.com/downloads/technology files/use access policy.pdfand ent/Internet Use Policy and the applicable sections of the his access is designed for educational purposes.
Parent/Guardian Signature	Date:

CHARLOTTE PUBLIC SCHOOLS LAB/CLASSROOM COMPUTERS/EQUIPMENT/INTERNET USE POLICY

The goal of using computers, the Internet, and/orany type of equipment, is to locate information for educational purposes. Students using computers and/or the Internet will increase their technological skills, communication skills and information gathering skills as they work with data and other people. Students using computers/Internet agree to follow these guidelines:

	K-4 STUDENT		5-8 STUDENT	ļ 	9-12 Student
		-			
•	I will always follow my teacher's directions for using computers, equipment and the Internet.	*	I will always follow my teacher's directions for using computers, equipment and the Internet.	•	I will not use the Internet unless I have a Charlot- teNet account and/or Instructor's permission.
•	I will not use the Internet unless I have my teacher's permission.	•	I will not use the Internet unless I have my teacher's permission.	•	I will follow the Instructor's directions on the Internet and use it only for school purposes.
•	I will use computers and equipment with respect.	•	I will use computers, equipment, and the Internet responsibility and respectfully.	•	I will not abuse any policies, procedures or computer hardware, software, and/or other technology equip-
*	I will follow the rules about using the Internet.	•	I will ask for help if I do not know how to use com-		ment.
*	I willask for help when I need it.		puters or equipment.	•	I will not give out any personal information (name,
•	I will not give out my name, address or phone number on the Internet.	•	I will not give out personal information on the Internet without my teacher's permission.		adaress, phone number) about others or myself on the Internet without my Instructor's permission.
•	I will tell my teacher if the computer or equipment isn't working.	•	I will follow the rules about using the Internet.	•	I understand that the web sites I access and the language I use on the Internet must be respectful, re-
•	I will not copy or use someone else's files or software.	•	I will tell my teacher if the computer or equipment if not working properly.		sponsible, and educational. If I have any doubts as to the appropriateness of a site, I will contact my Instructor BEFORE accessing that site.
		•	I will not share my login, password or files with others.	•	I will notify my Instructor immedately if a problem exists with hardware, software or Internet use.
		•	I will not copy or download files or software from the Internet or access someone else's files on school computers.	•	I will not copy, a lter, install, download or give out files unless I get permiss ion from my Instructor.
		*	I will make sure that the web sites I access and the language I use on the Internet is respectful, responsible, and educational.	•	I understand class accounts are to be used ONLY during that class period with permission from my Instructor no other time is allowed unless special permission is granted and supervision is provided by the classroom teacher in charge.
		-	•	-	

A full version of the District's Policy for Electronic Information Access and Use for Educational Purposes can be located at www.charlotteorioles.com/downloads/technology_files/use_access_policy.pdf Rev. 5/15

Last Name, First Name
Expected Graduation Date

Charlotte Public Schools Charlottenet Student Account

Member Information			Date	
Name (full name-no aliases)				
	FIRST	MIDDLE	LAST	
Street Address				
City	, MI	Zip	Birth Date/	/
Phone Numbers (Home)				
Mother's maiden name (for s	security reasons)			
You are a student at which so	chool or site?			

Please read the following VERY carefully and follow the instructions EXACTLY or your application cannot be processed!

Your Account will be identified by your login name. The first six characters of your last name followed by your first name initial and grad year. If you last name is less than 6 digits, then your login name will just be your last name flowed by your first initial. You must use all lower case letters. In the event of a duplicate login name request, middle initials will be added as the seventh digit.

Example: Abraham Lincoln would graduate in 2025 so his username would be lincola25

Applications will be processed upon receipt. Please allow 3 working days <u>after we receive this application</u> for your account to be established. You can tell it has been established when your login name and password are accepted at the login prompt. <u>Return Membership Application</u> and <u>Membership Responsibility Declaration</u> to:

Charlotte Technology Department 1068 Carlisle Hwy Charlotte, MI 48813 Phone 517-541-5750 Fax 517-541-5755

PASSWORD:

Your password to access Charlotte Public Schools network should be known to you and no one else. You are responsible for all activity related to this login account and your password is your protection. You must provide a password on this application. Should you lose or forget your password, you will need to contact the System Administrator to request assistance. If you feel that someone else has learned your password, change it immediately and notify the System Administrator. Allowing another person to use your password is strictly forbidden and may result in cancellation of your account.

GUIDELINES:

The password must be no less than 8 characters and no more than 10 characters. Use a combination of letters and numbers. No spaces. Passwords must contain at least one number.

- 1. Don't use your CharlotteNet ID, name, family names, initials, your department or office mate's name, your hobbies or pets' names.
- 2. Avoid the use of sports or other activities in which you participate.
- 3. Make it something you can remember. Don't write it down!
- 4. Make it something you can type easily and quickly.
- 5. Avoid the use of nouns.
- 6. Don't use dates such as birthdays, anniversaries, etc.
- 7. Use a combination of letters and numbers. No spaces.
- 8. Upper and lower case letters may be used.
- 9. Your password must be entered **exactly**, including the correct upper and lower case letters.
- 10. Carefully distinguish uppercase from lowercase, I's from 1's (ones) and O's from 0's (zeros)

(Please circle UP	PERCASE lett	ers and under	line numbers)
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Request for Password:	Not required	 	 	
(REMINDER: 8-10 Char	racters only)			
Signatures:				

Please be sure to sign and date this application. By signing this application, you acknowledge you have read the Use and Access Policy for the use of the network and agree to use this service for educational purposes only. As a member of the Charlotte Public Schools, you understand that changes are made occasionally to the Use and Access Policy document and agree to abide by the current version of the document as posted electronically on Charlottenet.org. Any questions related to the Use and Access Policy should be directed to the System Administrator. As a member of Charlotte Public Schools, you agree that if you are unwilling to comply with any provision in the current <u>Use and Access Policy</u>, you will immediately cease using the Network Log on and contact the System Administrator to request that your login account be closed. Any violation of the <u>Use and Access Policy</u> may result in the loss of Network privileges and/or legal action against the individual(s).

Users have no exception of privacy as to information or activity on the Districts electronic information technologies. The District retains the right to monitor all use, including but not limited to email and voicemail communications, computer files, databases, web logs, audit trails, or any other electronic transmissions accessed through District's electronic information technologies.

Member Signature	Date		/	
Parent Signature	Date	1	/	
(Required if member is under 18)				



1101 Mikesell, Charlotte, MI 48813 PH: 517·543·3400 FAX: 517·543·8558

Dear Parents,

WELCOME! Charlotte Public Schools is pleased to have you as part of our school district. The Transportation Department is looking forward to transporting your child safely to and from school.

A transportation registration form must be completed for each student. After a form is completed and received by the transportation department, it may take up to five (5) school days before your child can begin riding the school bus.

REGISTERING FOR BUS TRANSPORTATION

Each student will only have <u>one</u> pick-up location and <u>one</u> drop-off location within the school district - five days a week. <u>This is for the safety of all students</u> and for the purpose of eliminating any potential confusion at to where a child is to be picked-up and/or dropped-off. The single pick-up and drop-off locations can be different as long as they are both within your student's assigned school zone.

CHILD CARE

We offer transportation to and from daycare if the daycare address is located within the student's school boundary. Please check with the transportation office to determine if your day care is located in the proper school zone.

If you have any questions or concerns concerning transportation, please call us at (517)543-3400.

Sincerely,

The Transportation Department

CHARLOTTE PUBLIC SCHOOLS TRANSPORTATION REGISTRATION FORM

378 State St. Charlotte, MI 48813 Phone (517) 543-3400 Fax (517) 543-8558

One **PICK-UP** Location:

*ONE REGISTRATION FORM MUST BE COMPLETED FOR <u>EACH</u> STUDENT	[] Not Needed [] At Home or nearest designated bus stop		
Today's Date:	[] At Daycare or nearest designated bus stop		
Student's Name:	**For Daycare complete information below:		
Home Address:	Daycare Provider's Name:		
City: Zip:	Address:		
Home Phone:	Phone:		
School: Grade:	One DROP-OFF Location:		
Parents/Guardians Names:	[] Not Needed [] At Home or nearest designated bus stop		
Mom's Cell Phone:	[] At Daycare or nearest designated bus stop		
Dad's Cell Phone:	**For Daycare complete information below:		
Mom's Work Phone:	Daycare Provider's Name:		
Dad's Work Phone:	Address:		
In Case of Emergency, contact Mom or Dad first?	Phone:		
Emergency Contact Name:	*Date you would like this to begin		
Relationship: Phone:	Parent SignatureDate		
Emergency Contact Name:	*I understand that it may take up to 5 school days for transportation to begin		
Relationship: Phone:	and that if my student is DK-3 rd Grade, it is Charlotte Public Schools policy that		
Medical Info/Other Concerns:	a parent must be at the stop in the PM or my student may be returned to the Transportation Department (see Transportation Student Handbook for full policy)		

CHARLOTTE PUBLIC SCHOOLS MCKINNEY-VENTO QUESTIONNAIRE

STUDENT RESIDENCY

By completing this questionnaire, you help the district comply with the McKinney-Vento Act. Your truthful and accurate answers help the district identify services that the student may be eligible to receive.

School_				
Student's Name			Male	Female
Date of Birth (Month/Date/Year)		Age	Grade	
Parent(s)/Legal Guardian(s) Name				
Address				
City/State/Zip				
Tel. #/Page #				
1. Where is the student living now? _In a shelterIn a motel or hotelWith m _In a carCampsite or CampgroundWith frie_None of the aboveUnaccompanied youth	ends or family members (other that	an parent/guardia		
To your knowledge, was the student list school year? Yes No	ted as eligible under McKinney-	Vento in a prev	ious district since the be	eginning of this
If you checked the box marked "None of the above this form. Please sign below and return this form		Question 2, you	u do not have to comple	te the remainder of
Does the living arrangement checked inYesNoUnsure	question 1 result from a loss o	f housing or ec	onomic hardship?	
4. The student lives with1 Parent2 Parents1 Parent & another aduAlone with no adultsAn adult who is not the pa		adults		
5. If parent, guardian, or unaccompanied h	nas ever served in the military, p	lease check th	is box. □	
PARENT/LEGAL GUARDIAN'S SIGNATURE		DATE	<u> </u>	
Please return a copy of this form to Gretchen Mc	Clellan-VanArsdale			
FOR SCHOOL USE ONLY Student not covered by McKinney-Vento Act Student covered by McKinney-Vento Act Student not currently MV, but eligible for services Follow-up required	for the remainder of the school ye	ear based on sta	tus in a previous district.	
Name & telephone # of a contact person At the student's school who may Know of the family's situation	Nate	Received		

McKinney-Vento Rights Notification

Date:
Name of Student:
Unaccompanied Youth: Yes No
Name of Father:
Name of Mother:
Name of Guardian:
 Under the McKinney-Vento Assistance Act the following rights apply to youth/families in transition: Youth in transition are those who lack a fixed, regular, and adequate nighttime residence. Youth in transition have the right to attend either the local school or the school of origin, if this is in the best interest of the student. Youth in transition have the right to receive transportation to and from the school of origin. Youth in transition have the right to enroll in school immediately, even if there are missing records and documents normally required for enrollment (birth certificate, immunizations). Youth in transition have the right to have access to the same programs and services that are available to all other students, including transportation and supplemental educational services. Youth in transition have the right to attend school with children not experiencing transitional housing difficulties; segregation based on a student's status as "youth in transition" is prohibited.
Under this Act, the student has the right to attend the following school districts, as well as any public school academy with openings in the attendance area:
School of Origin:
School of Residence:
The following transportation options to the School of Origin are offered to this student:
My signature below indicates that these rights have been offered and explained to me on the date above, and that I have received a copy of this information.
Student Signature (if age appropriate):
Parent Signature:
Guardian Signature:
Liaison Note: This information is given to parents and youth via the school district liaison upon enrollment and once again while enrolled in the school district.
Liaison Signature: Date:
School District: