

Board of Education, Administration Office 378 State Street, Door 20 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 SEL Dog Support Notice
- o McKinney-Vento Assistance Form (if applicable)



Enrollment Form Young 5's - 12th

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

Student Information

Child's Le	egal Nar	ne:								
(As shown	on birth c	ertificate)	First Name			Middle Name	e	Last Name		
Gender:	MALE	FEMALE	Date of Birth	:	/	/	Place of	Birth:		
	(Circle	e One)		Month	Day	Year		City	State	
Current A	Address									
			et Address	Apt/Unit#	ļ	С	ity	Zip Cod	e	
County o	of Reside	ence:			Schoo	ol District of R	Residence:			
Previous	School	Attended:								
			School Name /Pro	e-School or	Daycare	City/State		# of Years Attended	l	
Grade Er	ntering:	Do	oes your child p	resently	receive Sp	ecial Educatio	on Services?	No Yes,		
			,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				rice Type	
Ethnic ar	nd Race	Category: B	oth Part A and Par	t B must be	answered					
PART A		l:	s this student H	lispanic/L	atino?					
ETHNICIT	Υ	_		•	spanic/Lat	ino				
		_	Yes, Hispanic/Latino							
			A person of Cuban egardless of race)	, Mexican, F	Puerto Rican	, South or Centra	al American or	other Spanish culture or	origin,	
PART B		W	/hat is this stud	dent's rac	e? (Choose	one or more)				
RACE			An	nerican In	dian or Ala	aska Native				
		(A	person having ori	gins in any o	of the origina	al peoples of No	orth and South A	America, including Centra	l America)	
		_	As	sian						
			person having origilippine Islands, Th		_	I peoples of the F	Far East, Japan,	Korea, Malaysia, Pakistar	n, The	
		_	Black or African American (A person having origins in any of the black racial groups of Africa)							
			Na	tive Hawa	aiian or Ot	her Pacific Isla	ander			
		(A	person having orig	gins in any o	of the origina	l peoples of Haw	aii, Guam, Samo	oa or other Pacific Islands	5)	
			Wh	ite						
		(Δ	nerson having original	ins in any o	of the origina	I neonles of Furd	one the Middle	Fast 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:** Building they attend: Name:_____Building they attend:_____ Name: Building they attend: Parent/Guardian 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_____ 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. Name:____ First Name Middle Name Last Name Relationship to Child: Father Mother Foster Parent Other (Specify) _______Marital Status_____ Address:___ Street Address Apt/Unit City 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: ______Date: _______Date



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		
Current supports or criteria that applie	s to your child (Check all that apply)		
 Individual Education Plan (IEP) 504 Plan Math Support Reading Support Behavior Support Resource Room School Counseling Support 	 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)	
Name and city/state of previous school:			
Does your child take any medication re Has your child ever been suspended or Do you have any concerns about your o	child that have not been addressed (emoti	onally, behaviorally, socially,	
academically)?			
What other information do you think w	ve should know to best serve your child? S	Special interests, clubs, sports, hobbies?	
Signature of Parent/Guardian:			
Office Use Only: Student Grade:Registra Form Received By Registrar On:	ar Notes: □ Form Sent To Buildin	ng Administrator On:	
Administrator 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.

I authorize Charlotte Public Schools to release my child's immunization record to the Michigan Departmen
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.

Student's Name:	Date of Birth://
Printed Parent/Guardian Name:	
	Date:/

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

Signature of Parent/Guardian OR Eligible Student

Rev.3/3/21



Name of Student	Student's DOB:
prove residency. By signing this affidavit, you are	925, school districts have the right to ask new enrollees to affirming that the address given on all enrollment forms is ng the student and is the residence of the student.
If you are living in the home of another person wit this document under "Person with whom family is	hout a rental or lease agreement, that person must also sign residing with" and prove their residency.
Should the district learn that this is not the resider Charlotte School District, the student will be exclud require a tuition payment be made for the time in	READ CAREFULLY— ace and that the parent lives outside the boundaries of the ded from the district immediately. Further, the district will attendance as a non-resident and will take any legal steps to ments will result in filing of a complaint with the appropriate against all parties involved.
BY SIGNING BELOW, YOU INDICATE THAT YOU HA	
Parent/Guardian Signature	
Signature of Person with whom family is residing v	Date with (if applicable)
Office Use: Verification of residency may be made with two of Driver's License Property Tax Stateme Voters Registration Mortgage/Home Clos	ent Utility Bill Lease Agreement



378 State St, Charlotte MI, 48813 Ph:(517-541-5100)

REQUEST FOR EDUCATIONAL RECORDS & AFFIRMATION OF PRIOR DISCIPLINE RECORD

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

(Stude	ent's Name)	(Grade)	(Date of Birth)
Last School Attended:			
		Email/Fax ‡	<u> </u>
	(Name of School)		
(Address)	(City)	(State)	(Zip)
DIRECTIONS: Check the box	next to the appropriate paragra	ph. Please provide information, and	I sign this document.
Paragraph 1:			
☐ The undersigned af	firms that	has NOT been sus	<u>pended or expelled</u> from any school.
Paragraph 2:			
☐ The undersigned af	firms that	HAS been suspend	ded or expelled from any school.
		to the suspension or expulsion.	
·	e of all records requested above).	<u> </u>
Parent/Guardian Signature_	e of all records requested above).	<u> </u>
·).	<u> </u>
Parent/Guardian Signature_ For Office Use Only □ Please email current transcripts/ exiting grades to enrollcps@charlottenet.org		Date	☐ Charlotte Upper Elementary School 1068 Carlisle Hwy Charlotte, MI 48813 FAX: 517-541-5775
Parent/Guardian Signature_ For Office Use Only □ Please email current transcripts/ exiting grades to	Please se ☐ Charlotte High School 378 State Street Charlotte, MI 48813	end cumulative records to: Charlotte Middle School 1068 Carlisle Hwy Charlotte, MI 48813 FAX: 517-541-5775	☐ Charlotte Upper Elementary School 1068 Carlisle Hwy Charlotte, MI 48813 FAX: 517-541-5775
Parent/Guardian Signature_ For Office Use Only □ Please email current transcripts/ exiting grades to enrollcps@charlottenet.org to facilitate a smooth and	Please se Charlotte High School 378 State Street Charlotte, MI 48813 FAX:517-541-5625 Parkview Elementary School 301 E Kalamo Hwy Charlotte, MI 48813 FAX:517-541-5785	end cumulative records to: Charlotte Middle School 1068 Carlisle Hwy Charlotte, MI 48813 FAX: 517-541-5775 Washington Elementary School 525 High Street Charlotte, MI 48813	☐ Charlotte Upper Elementary School 1068 Carlisle Hwy Charlotte, MI 48813 FAX: 517-541-5775 DI ☐ Galewood Early Elementary School 512 E Lovett Street Charlotte, MI 48813 FAX: 517-541-5135

Charlotte Public Schools Acceptable Use Policy Electronic Information Access and Use for Educational Purposes Member Responsibility Declaration

Charlotte Public Schools has developed an <u>Electronic Information Access and Use for Educational Purposes</u>
<u>Policy</u> for using the Internet, local and wide area networks, computers and related technical and audio visual equipment. Access and use of these technologies is a privilege for the User and must be used responsibly in the pursuit of educational endeavors.

I have read, understand, and will abide by the <u>Electronic Information Access and Use Policy</u> located at https://www.charlotteorioles.com/downloads/technology_files/use_access_policy.pdf and the <u>Lab/Classroom-Computers/Equipment/Internet Use Policy</u>, and the applicable sections of the <u>Student Handbook</u>. I agree to be responsible for and abide by all rules and regulations of these policies and handbook. I understand that should I commit any violation, my privileges may be revoked, school disciplinary action and/or appropriate legal action may be taken.

User's Signature:	Date:
(If you are a student of Charlotte Public Schoo	ols, a parent or guardian must also read and sign this agreemer
	ns to prohibit access to inappropriate materials. However, I also Schools to restrict access to all inappropriate or copyrighted for materials acquired on the network.
I will instruct my child about any other access emphasize to my child the importance of follows:	restrictions in addition to those set forth in District Policy. I will wing the District rules for personal safety.
Users are responsible for following instruction refrain from using any technology for which the	s in the use and care of educational technology and should bey have not received instructions
Users may be required to make full financial re unauthorized expenses incurred through the unauthorized expenses in the unauthorize	estitution for any damages to educational technology or use of educational technology.
I give permission for my child to use available	technologies for educational endeavors.
Policy located at https://www.charlotteorioles the Lab/Classroom-Computers/Equipment	have read the Electronic Information Access and Use s.com/downloads/technology files/use access policy.pdfand /Internet Use Policy and the applicable sections of the access is designed for educational purposes.
1	

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 security reasons)?		
You are a student at which school 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 UPPERCASE letters and underline numbers)

Signatures:

Please be sure to sign and date this application. By signing this application, you acknowledge you have read the <u>Use and Access Policy</u> for the use of the network and agree to use this service for <u>educational purposes</u> only. As a member of the Charlotte Public Schools, you understand that changes are made occasionally to the <u>Use and Access Policy</u> document and agree to abide by the current version of the document as posted electronically on Charlottenet.org. Any questions related to the <u>Use and Access Policy</u> should be directed to the <u>System Administrator</u>. 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	1	1	
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
Foday'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:
n Case of Emergency, contact Mom or Dad first?	Phone:
Emergency Contact Name:	*Date you would like this to begin
Relationship:Phone:	
Emergency Contact Name:	Parent SignatureDate
Relationship:Phone:	*I understand that it may take up to 5 school days for transportation to begin and
Medical Info/Other Concerns:	that if my student is Y5-3 rd Grade, it is Charlotte Public Schools policy that
	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) 12



Charlotte Public Schools SEL Support Dog Notice

Charlotte Public Schools will be implementing a SEL Support Dog program during the 2023-2024 school year at your child's school. Research has shown that support dogs in schools can help build strong social emotional skills in students. A support dog presence has also been shown to reduce anxiety, help students work through anger management concerns, reduce bullying tendencies, and address other personal and social issues that all of our developing students deal with. There are specific goals of the SEL support dog program and they include but are not limited to: increase empathy and compassion in students; help students connect with something in the school setting and reduce anxiety; and improve academic performance, while increasing confidence and self-esteem.

Our SEL support dog will be trained and certified through Canines for Change. Our dog has passed a temperament evaluation for suitability to become certified and to work in a variety of settings around people.

Our SEL support dog is owned by Charlotte Public Schools and is cared for by our employees. Each SEL support dog has a host that takes care of them while they are not at work and a handler that cares for them while at work. Both the host and handler have been properly trained through the Canines for Change program and meet very strict requirements for the ongoing care of the dog and the conditions under which our dog works.

You will find attached to this letter more specific information about the SEL support dog assigned to your child's building including: name, age, breed, size, host name and handler name. It also includes a list of expectations for students when interacting with the SEL support dog. We encourage you to review these expectations with your child.

Please complete the form below acknowledging your preference as to whether you wish your child to have contact with a CPS support dog. If we do not receive a response from you within ten (10) business days we will automatically assume you do not have any concerns and approve interaction between your student and the SEL support dog. Please contact your building principal if you have questions regarding this program.

Student's Full Name:	Grade:
understand that the SEL support dog may be in process. I understand that this permission form	I or student-initiated contact with the SEL support dog. I my child's classroom and may be part of the student support will remain in effect for the current school year. If I should an and participation with the SEL support dog, I understand I rincipal.
\Box Yes, my child may have contact with the SEL	support dog.
$\ \square$ No, my child may NOT have contact with t	he SEL support dog.
☐ Due to Allergies ☐ Due to Fear of Dogs	Other
Parent/Guardian Signature:	Date:

Our kids. Our community. Our future. www.charlotteorioles.com

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 #		
Where is the student living now? In a shelterIn a motel or hotelWith more thanIn a carCampsite or CampgroundWith friends or faNone of the aboveUnaccompanied youth AdditionalNone of the aboveUnaccompanied youth Additional	family members (other than parent/guardia	
To your knowledge, was the student listed as elsection school year? YesNo	ligible under McKinney-Vento in a previ	ous district since the beginning of this
If you checked the box marked "None of the above" for Cothis form. Please sign below and return this form to you		u do not have to complete the remainder of
Does the living arrangement checked in question YesNoUnsure	on 1 result from a loss of housing or ecc	onomic hardship?
4. The student lives with1 Parent2 Parents1 Parent & another adultA rAlone with no adultsAn adult who is not the parent or the		
5. If parent, guardian, or unaccompanied has ever	served in the military, please check thi	s box. □
PARENT/LEGAL GUARDIAN'S SIGNATURE	DATE	<u> </u>
Please return a copy of this form to Gretchen McClellan-V	/anArsdale	
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 for the re Follow-up required	emainder of the school year based on statu	us in a previous district.
Name & telephone # of a contact person At the student's school who may Know of the family's situation	Date Received	

McKinney-Vento Rights Notification

Date:
Name of Student:
Unaccompanied Youth: Yes No
Name of Father:
Name of Mother:
Name of Guardian:
 Vouth 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 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: