Camden-Frontier Student Enrollment

For Office Use Only:

Date_____ **Student ID#**_____ **Bus #**_____ **Grade for 2018/19**_____

UIC#_____ **CA60 Sent for**_____ **School District Residence**_____

Student Information (legal name as printed on birth certificate)

Name (first) _____ (middle) _____ (last) _____

Address (including PO Box) _____

City_____Zip Code_____ Home/Cell Phone where parent can be reached_____

Date of Birth _____ Multiple Birth Status ___Single___Twin__Triplet Sex: Female Male

Ethnic Origin _____ White, Not of Hispanic Origin _____African American _____Hispanic _____American Indian/Alaskan _____Asian _____Native Hawaiian or Other Pacific Islander Primary Language used in the home_____

Academic Information:

Is the student receiving any special services: (CHECK IF RECEIVING SERVICES)

Special Education _____IEP _____ 504 Accommodation Plan ____ Speech _____Social Worker_____OT/PT

Last School Attended – Name_____

Address_____ City_____Zip Code_____

Phone Number_____ Fax Number_____

Has the student ever been suspended or expelled from school? _____YES _____NO If yes, please give details.

_____

Does student have any known medical conditions or problems? _____YES _____NO If yes, please give details.

_____

_____

Medications currently taken (name)_____

If student takes medication that will need to be given at school on a regular basis a special form must be filled out by parent/guardian.

PARENT/GUARDIAN INFO: LEGAL CUSTODY:_____ MOTHER _____ FATHER_____BOTH _____OTHER

Primary Guardian/#1
Marital Status:___ Married ___ Divorced ___ Single
Relationship to student_____
Name_____
Address_____
_____
Home # _____
Cell # _____
Employer_____
Phone #_____
Email_____
Step-parent_____
Phone # _____

Primary Guardian/#2
Marital Status: ___Married ___Divorced ___Single
Relationship to student_____
Name_____
Address_____
_____
Home # _____
Cell #_____
Employer_____
Phone #_____
Email_____
Step-parent_____
Phone # _____

*Do you have custody documents? _____yes _____no (COURT PAPERS WILL BE REQUIRED BY THE DISTRICT)

SECONDARY GUARDIAN (ANY HOUSEHOLD ADDRESS WHERE STUDENT DOES NOT PRIMARILY RESIDE)

Name_____ Relationship to student_____
Address_____
Home/Cell Phone_____ Martial Status ___Married ___Divorced ____Single

IN CASE OF EMERGENCY

Emergency Contact Person (other than parent/guardian) _____
Relationship to student_____Home Phone #_____ Cell #_____

Identification for McKinney-Vento Children & Families

Does the student/family live in any of the following circumstances? Check all that apply.

_____In a shelter (family shelter, domestic violence, youth or temporary housing)
_____In a motel, hotel, or weekly rate housing
_____Doubled up with friends or relatives because cannot afford housing (not by choice)
_____ In an abandoned building, other inadequate accommodations, or a vehicle
_____ On the street
_____Temporary foster care placement
_____With friends or relatives because you are an unaccompanied youth

****A $10.00 book deposit is required for all incoming new students. _____Paid _____Not Paid**

****The deposit must be turned into the appropriate office within 30 days after enrollment date.**

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 Date

2018-2019

APPLICATION FOR PARTICIPATION

HILLSDALE COUNTY K-12 PUBLIC SCHOOLS

OPEN ENROLLMENT PROGRAM

DEADLINE: August 24, 2018 to the Superintendent where the Applicant Child/Student desires to attend or after this date you will need to have Home Resident Superintendent approval.

Date of Application _____

School District Where You Reside _____

School District Requested _____

Name of Student _____

Grade of Student _____ Date of Birth _____

REASON(S) for Child/Student to be a Participant of the Open Enrollment Program:

_____

_____

_____

HOLD HARMLESS CLAUSE:

The parent(s) making application for their child/student to be in a Hillsdale County K-12 Public Schools' Open Enrollment Program agree to hold harmless each Hillsdale County K-12 public school district, their employees, and their Board of Education members for any decision in the selection process and/or potential participation or actual participation as an Open Enrollment Program child/student relative to academic achievement, co-curricular participation, student discipline related to behavior, and/or all other aspects of participation as a member of a student body.

Name of Parent/Guardian _____

Address of Parent/Guardian _____

Telephone Number of Parent/Guardian _____

Signature of Parent/Guardian _____

Camden-Frontier Schools
4971 W. Montgomery Road
Camden, MI 49232

Elementary School Office (517) 368-5258
Middle School/High School Office (517) 368-5255
Fax (517) 368-5959

Consent for Access to Student Records

TO: _____

ATTN: _____

From:

_____ Vicki Westfall, Secretary, KDG - Grade 6 _____ Cheryl Shaffer, Secretary, Grade 7-12

REQUESTING RECORDS FOR:

Student _____ Grade: _____ DOB: _____

Student _____ Grade: _____ DOB: _____

Student _____ Grade: _____ DOB: _____

Student _____ Grade: _____ DOB: _____

Please send the permanent (CA-60) cumulative records on the above named student(s). Also include all confidential materials (including IEP, psychological, social work, health, CUSTODY PAPERS and other pertinent information). The information is to be used for education planning and placement purposes only.

Thank you,
Camden-Frontier Schools

It is with full knowledge and consent that I sign this release form for the permanent (CA-60) cumulative records and confidential materials for my child/children to be sent to:

Camden-Frontier School
4971 W. Montgomery Road
Camden, MI 49232

Date _____ Signature of Parent/Guardian _____

Printed Name of Parent/Guardian _____

Michigan Department of Education
Office of School Support Services

REQUEST FOR SPECIAL DIETARY NEEDS ACCOMMODATIONS

The information on this form should be updated as necessary to reflect the current needs of the participant.

1. School/Agency Name:	2. Site Name:	3. Site Telephone:
4. Name of Participant/Student:		5. Participant Age:
6. Name of Parent/Guardian:		7. Parent/Guardian Telephone:

8. Check One:

☐ Participant has a disability or a medical condition and *requires* a special meal or accommodation. (Refer to instructions on reverse side of this form.) Schools and agencies participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment. **A licensed physician currently managing the disability care of this participant/student must sign this form.**

☐ Participant *does not have a disability*, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs are not required to make accommodations when there is not a documented disability but may make accommodations for reasonable requests at their discretion. **A licensed physician, physician's assistant, registered dietitian, or nurse practitioner must sign this form.**

☐ Participant does not have a disability, but is requesting a special accommodation for a **fluid milk substitute** that meets the USDA nutrient standards for non-dairy beverages offered as milk substitutes. Granting the request of a non-dairy milk substitute is at the discretion of the facility.
Product Name: _____ **Meets Requirements?** ☐ Yes ☐ No ☐ Unsure
Reason for request: _____ Please skip to #15.
A licensed physician, physician's assistant, registered dietitian, nurse practitioner, or parent/guardian may sign this form.

9. Disability or medical condition requiring a special meal or accommodation:

10. If participant has a disability, provide a brief description of participant's major life activity affected by the disability:

11. Diet prescription and/or accommodation: (*describe in detail to ensure proper implementation-attach additional pages as needed*)

12. Foods to be omitted and substitutions: (*list specific foods to be omitted and suggested substitutions - attach additional pages as needed.*)

Food(s) To Be Omitted:	Suggested Substitution(s):

13. Indicate texture:
☐ Regular ☐ Chopped ☐ Ground ☐ Pureed

14. Adaptive Equipment:

15. Signature of Parent/Guardian:	16. Printed Name:	17. Date:	
18. Signature of Medical Authority:	19. Printed Name with credentials:	20. Telephone:	21. Date: