



# FLAT ROCK COMMUNITY SCHOOLS

28639 Division St., Flat Rock MI 48134 - (734)535-6500

## District Enrollment Packet

Student enrollments are completed at the school building the student will be attending. All enrollments must be completed in person by a parent or legal guardian. All paperwork must be available at the time of enrollment.

<i>Ethel C. Bobcean Elementary (K-2)</i>	<i>28300 Evergreen</i>	<i>(734)535-6900</i>
<i>John M. Barnes Elementary (3-5)</i>	<i>24925 Meadows Ave</i>	<i>(734)535-6800</i>
<i>Thomas Simpson Middle School</i>	<i>24900 Meadows Ave</i>	<i>(734)535-6700</i>
<i>Flat Rock Community High School</i>	<i>25600 Seneca</i>	<i>(734)535-6600</i>
<i>Flat Rock Academic Virtual Academy (FRAVA)</i>	<i>25601 Seneca</i>	<i>(734)535-6600</i>

Documentation provided by the parent/guardian:

### Required

- ☐ **Original Birth Certificate** (with raised seal)
- ☐ **Immunization Record** (official copy from physician or health department)  
*\*If the student's immunization record is incomplete due to medical or personal reason a waiver provided by a physician or the health department **must** be provided.*
- ☐ **Proof's of Residency** - All 3 are required
  1. Current mortgage statement, property tax bill, closing papers, or lease agreement
  2. Valid Michigan Driver's License or Michigan I.D Card
  3. Utility bill, phone bill, bank statement, vehicle or voter's registration, or payroll check*\*these are just a few example, the third proof needs to be an official statement with the parent/guardians name and current address*

### Optional (Please provide if these document apply to the student)

- ☐ **IEP** - Individualized Educational Program - If the students has a current or has had an IEP, please provide for the school to make a copy
- ☐ **Court Documents** - Any certified court paperwork that would pertain to the student, such as placement papers, guardianship, custody agreement, etc.

### Forms

- ☐ New student Enrollment Form
- ☐ Request for Records - Only applies to students who have been enrolled in another school for K-12
- ☐ Home Language/Ethnicity Form
- ☐ District Consent Form
- ☐ McKinney Vento Form
- ☐ Concussion Form
- ☐ Student Network and Internet Acceptable Use and Safety Form
- ☐ Google Account Form
- ☐ Volunteer Consent Form (if applicable)
- ☐ Medication Prescriber/Parent Authorization Form (if applicable)



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## Student Enrollment - Student/Family Demographics

Today's Date

Enrollment Grade

Is the student enrolling in FRAVA (Flat Rock Academic Virtual Academy)?

Yes ☐ No ☐

### Student Demographics

Last Name (Legal)

First Name (Legal)

Middle Name

Suffix (ex: Jr.)

Birthday

Birth Place (City and State)

Gender: Female ☐ Male ☐

Student Phone Number

Student Email Address

Flat Rock Resident?

Yes ☐ No ☐

Primary Street Address

City

Zip

#### Student lives at the above address with:

- ☐ Both parents/guardians ☐ Father Only ☐ Mother & Step Parent  
☐ Mother Only ☐ Joint Custody ☐ Father & Step Parent  
☐ Other (please explain): \_\_\_\_\_

#### Office Use Only: SOC?

Yes ☐ No ☐

#### School History (Please list all previous schools the student has attended)

	School Name	Location (City & State)	Grades attended (last day of attendance for most recent)
1			
2			
3			

Has the student previously attended Flat Rock Schools?

☐ Yes, last grade attended? \_\_\_\_\_ ☐ No

Has the student been retained?

☐ Yes, which grade? \_\_\_\_\_ ☐ No

Has the student previously or is the student now receiving special services? ☐ Yes ☐ No

☐ Speech ☐ 504 Plan

☐ Special Education ☐ Other: \_\_\_\_\_

☐ Early Intervention ☐ Please check if the student's IEP is current (have available to copy)

### Student's Health

Student has no known health issues ☐

Student has the following health issues (ex: asthma, allergies (please list), heart condition, etc.)

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Does the student require medication at school (ex: inhaler, epi-pen, etc.)? Yes ☐ No ☐

*\*If yes, please complete the district Medication Prescriber/Parent Authorization Form*

## Parent/Guardian Information

Please log into ParentConnect to keep this information up to date throughout the school year.

**Contact #1** - Parent ☐ Guardian ☐ Other: \_\_\_\_\_

Lives with Student:

Yes ☐ No ☐

Name (First and Last)

Relationship to Student

Phone Number

Address (Street, City & Zip. Complete if contact **DOES NOT** live with the student)

Email Address

Place of Work (Including Location)

Work Phone

**Contact #2** - Parent ☐ Guardian ☐ Other: \_\_\_\_\_

Lives with Student:

Yes ☐ No ☐

Name (First and Last)

Relationship to Student

Phone Number

Address (Street, City & Zip. Complete if contact **DOES NOT** live with the student)

Email Address

Place of Work (Including Location)

Work Phone

## Emergency Contact Information

In the case of an emergency, and the above contacts can not be reached, please contact those listed below.

*\*Please log into ParentConnect to keep this information up to date throughout the school year.*

	First & Last Name	Relationship to the Student	Phone Number
Emergency Contact #1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emergency Contact #2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emergency Contact #3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emergency Contact #4	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Sibling Information

Please list all sibling information. If applicable list the school they attend.

First and Last Name

Age

School

First and Last Name

Age

School

First and Last Name

Age

School

*I, the undersigned, certify that the information on this registration form is accurate to the best of my knowledge. I acknowledge that any inaccurate or incomplete information may jeopardize the student's admission eligibility. I also agree, in the event this registration form is accepted, to abide by the rules, regulations, and policies of the Flat Rock Community Schools. The Flat Rock Community School District will not provide transportation for School of Choice students.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# FLAT ROCK COMMUNITY SCHOOLS

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Network and Internet Acceptable Use and Safety

## BOARD OF EDUCATION - 4510-R6

Advances in telecommunications and other related technologies have fundamentally altered the ways in which information is accessed, communicated, and transferred in our society. Such changes are driving the need for educators to adapt their means and methods of instruction, and the way they approach student learning, to harness and utilize the vast, diverse, and unique resources available on the Internet. The Board of Education is pleased to provide Internet services to its students. The Board encourages students to utilize the Internet in order to promote educational excellence in our schools by providing them with the opportunity to develop the resource sharing, innovation, and communication skills and tools which will be essential to life and work in the 21st century. The instructional use of the Internet will be guided by the Board's policy on Instructional Materials.

The Internet is an electronic highway connecting computers and users in the District with computers and users worldwide. Access to the Internet enables students to explore thousands of libraries, databases, and bulletin boards, while exchanging messages with people through out the world. Access to such an incredible quantity of information and resources brings with it, however, certain unique challenges.

First, and foremost, the Board may not be able to technologically limit access to services through the Board's Internet connection to only those that have been authorized for the purpose of instruction, study and research related to the curriculum. Unlike in the past when educators and community members had the opportunity to review and screen materials to assess their appropriateness for supporting and enriching the curriculum according to adopted guidelines and reasonable selection criteria (taking into account the varied instructional needs, learning styles, abilities, and developmental levels of the students who would be exposed to them), access to the Internet, because it serves as a gateway to any publicly available file server in the world, will open classrooms and students to electronic information resources which have not been screened by educators for use by students of various ages.

The Board has implemented technology protection measures which block/filter Internet access to visual displays that are obscene, child pornography or harmful to minors. The Board utilizes software and/or hardware to monitor online activity of students to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. Nevertheless, parents/guardians are advised that a determined user may be able to gain access to services on the Internet that the Board has not authorized for educational purposes. In fact, it is impossible to guarantee students will not gain access through the Internet to information and communications that they and/or their parents/guardians may find inappropriate, offensive, objectionable or controversial. Parents/Guardians assume risks by consenting to allow their child to participate in the use of the Internet. Parents/Guardians of minors are responsible for setting and conveying the standards that their children should follow when using the Internet.

The Board supports and respects each family's right to decide whether to apply for independent student access to the Internet. Flat Rock Community Schools is in compliance with the Children's Internet Protection Act.

The Superintendent is directed to prepare guidelines which address students' safety and security while using e-mail, chat rooms and other forms of direct electronic communications, and prohibit disclosure of personal identification information of minors and unauthorized access (e.g., "hacking") and other unlawful activities by minors online.

Building principals are responsible for providing training so that Internet users under their supervision are knowledgeable about this policy and its accompanying guidelines. The Board expects that staff members will provide guidance and instruction to students in the appropriate use of the internet. All Internet users (and their parents if they are minors) are required to sign a written agreement to abide by the terms and conditions of this policy and its accompanying guidelines.

Students and staff members are responsible for good behavior on the Board's computers/network and the Internet just as they are in classrooms, school hallways, and other school premises and school sponsored events. Communications on the Internet are often public in nature. General school rules for behavior and communication apply. The Board does not sanction any use of the Internet that is not authorized by or conducted strictly in compliance with this policy and its accompanying guidelines. Users who disregard this policy and its accompanying guidelines may have their use privileges suspended or revoked, and disciplinary action taken against them. Users granted access to the Internet through the Board's computers, assume personal responsibility and liability, both civil and criminal, for uses of the internet not authorized by this Board policy and its accompanying guidelines.

The Board designates the Superintendent and building administrators as the administrators responsible for initiating, implementing, and enforcing this policy and its accompanying guidelines as they apply to the use of the Network and the Internet for instructional purposes.

- ☐ My child has permission to use the internet.
- ☐ My child does not have permission to use the internet.

<div>Student Name (Please Print)</div>	<div>Year of Graduation</div>
<div>Student Signature</div>	<div>Date</div>
<div>Parent Signature</div>	<div>Date</div>



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## Student Enrollment - Request for Records

Student's Name

Birthday

Grade

Requested From/Name of School:

Address:

City/State/Zip:

Phone:

I hereby give permission for my child's school records (Transcript, Cumulative Record, Health Record, and Test Scores, as well as any Special Education records, if applicable) to Flat Rock Community Schools.

Parent/Guardian Signature

Date

This section below is for school use

### PLEASE RETURN THIS FORM WITH THE RECORDS TO THE ADDRESS LISTED BELOW

☐ Flat Rock High School

☐ FRAVA

25600 Seneca

Flat Rock, MI 48134

(734)535-6600

(734)535-6601 Fax

☐ Simpson Middle School

24900 Meadows

Flat Rock, MI 48134

(734)535-6700

(734)535-6701 Fax

☐ Barnes Elementary

24925 Meadows

Flat Rock, MI 48134

(734)535-6800

(734)535-6801 Fax

☐ Bobcean Elementary

28300 Evergreen

Flat Rock, MI 48134

(734)535-6900

(734)535-6901 Fax

### School Transfer Weapons Free School Zone Statement

In order to comply with Public Act 328, please verify that the above named student has not been suspended or expelled from school for a weapons, arson, or criminal sexual conduct violation subsequent to January 1, 1995. If the above named student has been suspended or expelled for one of the above named violations, please attach an explanation as to the current status of the student. In accordance with Michigan Public Act 328, Flat Rock community School's Board of Education shall permanently expel a pupil who possesses a weapon in a weapon-free school zone, commits an arson violation, or a sexual assault violation. Students expelled under this policy are expelled from all Michigan school districts unless placed in an appropriate alternative education program.

Violation/Infraction (Check all that apply):

Weapons Possession ☐

Arson ☐

Sexual Assault ☐

Date of violation: \_\_\_\_\_

Date of Expulsion: \_\_\_\_\_

Signature of School Official/Name of School

Date



# FLAT ROCK COMMUNITY SCHOOLS

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## Student Enrollment - District Consent Form

Student's First and Last Name \_\_\_\_\_

Birthday \_\_\_\_\_

Grade \_\_\_\_\_

Teacher \_\_\_\_\_

### Field Trip Release

I give permission for my child to attend any authorized and publicized school events that would include bussing or walking as a means of transportation.

☐ AGREE

☐ DISAGREE

### Media Release

I authorize the Flat Rock Community School District to use photographs, audio recordings, slides, films, video recordings or press preleases, in which the above named student appears for publication purposes. The purpose of this release form refers to educational publications, newspapers, Flat Rock Community School Websites, and/or television.

☐ AGREE

☐ DISAGREE

### Medical Emergency

I hereby authorize the teacher, administrator or other school personnel to take my child to the doctor or hospital that will care for my child in the case that they are unable to contact any of the persons listed as an emergency contact. The parents/guardians will pay for any expenses incurred by the emergency.

☐ AGREE

☐ DISAGREE

### Consent For Medicaid School Based Services

School districts in Wayne County have the opportunity to bill the Medicaid program for partial reimbursement for health-related services provided in the schools to special education students who are eligible for Medicaid. If your child receives any of the services listed in the School Based Services brochure and qualifies for Medicaid benefits at any time during the school year, we request your permission to bill your child's Medicaid insurance to receive reimbursement. You have the right to refuse consent to bill Medicaid, and you have the right to revoke this consent to bill Medicaid. If you do not provide consent, the district will still provide the services but will not receive any Medicaid reimbursement for these services. The Medicaid School Based program does NOT affect a family's Medicaid insurance benefits and there is NO cost to the family, now or in the future.

☐ CONSENT

☐ DO NOT CONSENT

### Military Family

The student's parent or legal guardian, whom they currently live with, is an active member in the Armed Forces (Army, Navy, Air Force, Marines, Coast Guard, Michigan National Guard, or any of the Reserve United States Forces or on Active Duty).

☐ No ☐ Yes, please list which branch: \_\_\_\_\_

### Military Release (High School only)

High School students and their parents/guardians may prevent disclosure of a student's name, address and telephone number to military recruiting representatives who can only use that information to provide information to the students concerning educational and career opportunities available in the U.S. Armed Forces or service academies.

I **DO NOT** want information released to the military—please sign here: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Use:

Appropriate staff have been notified of any "Disagree" statements for this student.

☐



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Student Enrollment - Home Language/Ethnicity

Student's First and Last Name \_\_\_\_\_

Birthday \_\_\_\_\_

Grade \_\_\_\_\_

## Students Home Language

The Flat Rock School District is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1151-380.1158 of the School Code of 1976, Michigan's Bilingual Education Law.

**Please answer both parts.**

1. Is the student's primary language English? Yes ☐ No ☐

\*Primary meaning the language he or she speaks on a regular basis.

If no, what is the student's primary language? \_\_\_\_\_

2. Is the language spoken in the students home English? Yes ☐ No ☐

If no, what is the language spoken in the student's home? \_\_\_\_\_

## Student's Race and Ethnicity (Complete both parts 1 and 2)

1. Is the student **Hispanic or Latino**? (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race) Yes ☐ No ☐

2. What is the Student's race? (choose all that apply)

- ☐ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North or South America, including Central America, and who maintain tribal affiliation)
- ☐ **Asian** (A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, 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/Other Pacific Islander** (A person having origins in any of the original people of Hawaii, Guam, Samoa or Pacific)
- ☐ **White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa)

## Citizenship Status

Was the student Born in the United States? Yes ☐ No ☐

If no, what country was the student born in? \_\_\_\_\_

If no, where and when did the student first attend school in the United States?

Location: \_\_\_\_\_

Date: \_\_\_\_\_

\*Please provide student's passport or any other documentation to the school

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_





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## Medication Prescriber/Parent Authorization

### PLEASE ONLY FILL THIS FORM OUT IF NECESSARY

*\*It must be signed by a Physician\**

Administration of prescribed medication during school hours by school personnel requires a labeled pharmacist bottle with physicians name each time a supply is sent. Non-prescription medication must be sent in original containers.

Student Name	<input type="text"/>	Birthday	<input type="text"/>	Age	<input type="text"/>
Address	<input type="text"/>		Phone	<input type="text"/>	
School	<input type="text"/>	Grade	<input type="text"/>	School Year	<input type="text"/>

Medication Name	Dose	Time to be Given	Form/Route*	Side Effects	Adverse Reactions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medication Name	Dose	Time to be Given	Form/Route*	Side Effects	Adverse Reactions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*Routes - oral (pill/capsule/chewable/liquid) - inhaled\* (inhaler/nebulizer) - topical (skin application/eye drop/ointment/ear drop) - injection - other (list)

List minimal frequency between doses (especially is PRN):

If PRN, list symptoms/conditions under which medication is to be given:

Reason for Medication #1 (optional)

Reason for Medication #2 (optional)

Special Instructions:

Physician's Signature	Date	Physician's Printed Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Physician's Address	Phone	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Parent Authorization

I request that school personnel give my child the medication ordered above according to standard school policy.

Parent/Guardian Signature\*\*

Date

### For Parents of Secondary Students Only - Complete Above Information and Sign Below

My son/daughter has my permission to self administer this medication.

High School ☐ No ☐ Yes - Unsupervised\*\*\*

Simpson ☐ No ☐ Yes - Unsupervised\*\*\*

Parent/Guardian Signature

Date

\* Asthma Management Form

\*\*Parent Signature indicates that policy and procedures have been read.

\*\*\*The student is strictly forbidden from transferring medication to other students.