



Midland Public Schools

Inspiring Excellence

600 E. Carpenter Street, Midland, MI 48640 • www.midlandps.org •
989.923.5001

Dear Parent/Guardian

Thank you for considering Midland Public Schools for your child's educational journey. We welcome your partnership to help your child reach his or her potential.

Please contact the Pre-Primary Center at Carpenter Street School for information regarding our Pre-School options: 989-923-6411.

The following documents are required for Pre-Registration for grades K through 12. Return this enrollment packet to your home attendance area school, along with the following:

- An original birth certificate (the school office will make a copy)
- A documentation of your residency (utility bill, rent receipt, lease agreement)
- Immunization record

Non-Resident students who are new to the district, are welcome to pre-register with the MPS Administration office, 600 E. Carpenter St., Midland, MI 48640, by following the pre-registration links on the MPS website: www.midlandps.org. For more information, call 989-923-5024. Your acceptance is conditional until MPS receives and reviews all school reports.

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School Entrance Form

Midland Public Schools
Midland, MI
PLEASE PRINT

For School Use Only

Teacher Number	Room No.	Residency verified by	Resident Dist.	Student Number
Entrance Date	Grade	Date	Attendance Area	DOB Verified by

Student Information

Legal Name: First Name		Middle Name	Last Name		
Preferred Name: First Name/Nickname		Middle Name	Last Name		
Is this student Hispanic/Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	Date of Birth	Multiple Birth (Twin, Triplet, etc)
What is the students' race?		Place of Birth			
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander		Country of Citizenship			
<input type="checkbox"/> Asian <input type="checkbox"/> White		Alien Registration Number			Entry date into U.S. (if within 12 months)
<input type="checkbox"/> Black or African American					
Home Language Information					
1. Is your student's primary language a language other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes, Please Specify _____					
2. Is there a language other than English spoken regularly in the home? <input type="checkbox"/> No <input type="checkbox"/> Yes, Please Specify _____					
Do you wish to have your student tested for potential tutoring in English as a second language? <input type="checkbox"/> Yes <input type="checkbox"/> No, we refuse ESL Services					
Is there a current Order of Protection, No Contact Order or other safety factors concerning this student? <input type="checkbox"/> Yes, please provide documentation <input type="checkbox"/> No					

Physical Address

Mailing Address (if different than physical address)

Apt Number	Street	Apt Number	Street	P.O. Box
City	Zip	City	State	Zip

If your student is experiencing a loss of housing, foreclosure, eviction, or has had to move due to hardship, he or she may be eligible for assistance. This program requires school districts to remove any barriers to the immediate enrollment, attendance, full participation, and success of students, preK-12th grade, who lack a "fixed, regular, and adequate overnight residence." If eligible, students protected under the McKinney-Vento Act are entitled to immediate enrollment into school even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. The federal McKinney-Vento Homeless Assistance Act, Title IX Part A, of the Every Student Succeeds Act of 2015 includes a definition of who is considered "homeless" or as more commonly referenced "in transition" for the purposes of the Act and, therefore, eligible for the rights and protections it provides.

- ☐ I am a student not living with a parent or legal guardian. ☐ Shelter: ☐ Shelterhouse ☐ Open Door
- ☐ Campground, park, camper or Car. Where: _____
- ☐ Doubled-up or couch surfing due to economic hardship or loss of housing, residing with: ☐ Family ☐ Friends
- ☐ Motel/Hotel Where: _____
- ☐ Abandoned apartment or building Where: _____
- ☐ In a Foster Care Placement ☐ No ☐ Yes, Where: _____

Custodial Guardian

First Name		Middle Name	Last Name	
Relationship to student (father, mother, etc)	Employer	Email Address		
Education Level Completed	Apt Number	Street		
P.O. Box	City	State	Zip	Active Military? <input type="checkbox"/> Yes
Home Phone	Work Phone	Extension	Cell Phone	Pager

Custodial Guardian

First Name		Middle Name	Last Name	
Relationship to student (father, mother, etc)	Employer	Email Address		
Education Level Completed	Apt Number	Street		
P.O. Box	City	State	Zip	Active Military? <input type="checkbox"/> Yes
Home Phone	Work Phone	Extension	Cell Phone	Pager

Non-Custodial Guardian

First Name		Middle Name	Last Name	
Relationship to student (father, mother, etc)	Employer	Email Address		
Education Level Completed	Apt Number	Street		
P.O. Box	City	State	Zip	Active Military? <input type="checkbox"/> Yes
Home Phone	Work Phone	Extension	Cell Phone	Pager

Other children in household (please begin with oldest child)

Full Name (Last, First, Middle)	Gender	Date of Birth	Age	Grade
Full Name (Last, First, Middle)	Gender	Date of Birth	Age	Grade
Full Name (Last, First, Middle)	Gender	Date of Birth	Age	Grade
Full Name (Last, First, Middle)	Gender	Date of Birth	Age	Grade

Emergency Contact

First Name		Middle Name		Last Name	
Relationship to student (uncle, aunt, family friend, etc)		Apt Number	Street		
P.O. Box	City			State	Zip
Home Phone		Work Phone	Extension	Cell Phone	Pager

Emergency Contact

First Name		Middle Name		Last Name	
Relationship to student (uncle, aunt, family friend, etc)		Apt Number	Street		
P.O. Box	City			State	Zip
Home Phone		Work Phone	Extension	Cell Phone	Pager

Emergency Contact

First Name		Middle Name		Last Name	
Relationship to student (uncle, aunt, family friend, etc)		Apt Number	Street		
P.O. Box	City			State	Zip
Home Phone		Work Phone	Extension	Cell Phone	Pager

Health/Medical Information

Family Doctor		Phone
Immunizations: Please attach current immunization records. We must have current immunization information or a waiver to complete your students registration.	Allergies or reactions to:	Medical devices:
	<input type="checkbox"/> Medication _____	<input type="checkbox"/> Brace
	<input type="checkbox"/> Insect Stings _____	<input type="checkbox"/> Contact Lenses
	<input type="checkbox"/> Foods _____	<input type="checkbox"/> Glasses
	<input type="checkbox"/> Seafood	<input type="checkbox"/> Hearing Aide
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
Does student use Epi-Pen or other emergency medications? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, will it be at school? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Health alerts, Please explain:

Does student have any chronic health problems?

<input type="checkbox"/> Asthma	<input type="checkbox"/> Blood	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Cancer	<input type="checkbox"/> Convulsions/Seizures	<input type="checkbox"/> Cystic Fibrosis
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hearing	<input type="checkbox"/> Immuno-Deficiency	<input type="checkbox"/> Neurological	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Psychological
<input type="checkbox"/> Sickle Cell Anemia	<input type="checkbox"/> Speech	<input type="checkbox"/> Vision	<input type="checkbox"/> Other _____		

Is this condition potentially life threatening? ☐ Yes ☐ No If yes, please describe below

A history of mental health concerns; worries, anxiety, fears, depression? ☐ Yes ☐ No If yes, please describe below

Medical Notes, Descriptions, Diagnosis

Last School Attended

School Name		Street Address		
City	State	Zip	Withdraw Date	Type of School <input type="checkbox"/> Public <input type="checkbox"/> Private

3 year old preschool setting

Name of preschool/Daycare	How many days a week	Name of preschool/Daycare	How many days a week
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4 year old preschool setting

Name of preschool/Daycare	How many days a week	Name of preschool/Daycare	How many days a week
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Young 5 setting

Name of preschool/Daycare	How many days a week	Name of preschool/Daycare	How many days a week
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Enrollment

Has this student ever received any special education services or attended special education classes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this student currently receiving special education services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student currently receive services under Section 504?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the student ever had a mental health or behavioral residential placement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to any of the above, please provide a copy of the current documentation.		

Discipline

Public Act 328 (effective January 1, 1995) requires public school districts to expel any student who possesses a dangerous weapon in a weapon-free school zone or commits either arson or rape in a school building or on school property (including school buses and/or other school transportation).

A dangerous weapon is defined as "a firearm, dagger, dirk, stiletto, knife with blade over three (3) inches in length, pocket knife opened by a mechanical device, iron bar, or brass knuckles or other devices designed to or likely to inflict bodily harm, including, but not limited to, air guns, and explosive devices."

Please Check One:

☐ Student has not been expelled from another school.

☐ Student has been expelled from another school or has expulsion charges pending. Please explain below.

☐ Is currently or previously been suspended from another school. Please explain below.

Directory Information

The Board designates as student "directory information" a student's name, address, telephone number, date and place of birth, photograph, year book pictures, video and/or electronic images, major field of study, participation in officially recognized activities and sports, height and weight, if a member of an athletic team, dates of attendance, date of graduation, awards received, honor rolls, and scholarships. If you have any objections regarding the release of this information about your child, please notify the school your child will be attending in writing.

Parent Consent

In case of illness, accident, or injury serious enough to warrant immediate medical attention, I hereby give permission to transport the above named child to the nearest hospital. I understand I am responsible for any and all costs incurred.

The Board may establish online access for the parents or the eligible student to the student's confidential academic and attendance records. Please be reminded that the account and confidential information about the student is only as secure as the parents or student keeps their information. The parent, eligible student, or unauthorized party will hold neither the District nor its employees responsible for any breach of this information.

I understand, for the health, safety, and/or educational needs of my child, information may need to be shared with individuals working with my child. Typically, this would include the building administrator, secretary, teachers, aides, counselors, school social workers, noon duty staff, transportation staff, technology staff, school nurse, truancy program coordinator, and school resource officer.

I understand that Midland Public Schools will release my child's immunization record and personally identifiable information 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. You may withdraw your consent to share this information by notifying your child's school in writing at any time.

There may be an occasion for enrollment in a virtual class. I hereby give permission to allow my child to enroll in a class that is taught in that format.

I understand that:

1. Midland Public Schools will request records for this student from previous school(s); and
2. enrollment is conditional until records are received and reviewed by the district; and
3. if student records received from the previous school(s) are not as represented, this student may be excluded from Midland Public Schools immediately without further recourse.

Parent/Guardian Signature	Date
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Release of Student Records

Previous School: _____

City and State: _____

Phone Number: _____ Fax Number: _____

Student's Name: _____

Date of Birth: _____ Grade: _____

Did student Receive (check all applicable) ____ Special Education ____ Speech/language ____ English as Second Language

Has student been expelled from another school district? _____

Please fax transcript as soon as possible and mail student's complete file, which includes the following:

- ✓ Official Transcript (High School)
- ✓ Standardized Test Scores
- ✓ Discipline/Attendance records
- ✓ Immunization records
- ✓ Special Education records
- ✓ Withdrawal grades (if student left before end of semester)
- ✓ Any other applicable student records

Signature of Parent/Guardian

Date

High Schools

H. H. Dow High School
3901 North Saginaw Rd
Midland, MI 48640
Registrar: Joe Moore
Ph: (989) 923-5386
Fax: (989) 923-5301

Midland High School
1301 Eastlawn Dr.
Midland, MI 48642
Registrar: Chev Gardner
Ph: (989) 923-5181
Fax: (989) 923-5100

Middle Schools

Jefferson Middle School
800 W. Chapel Ln
Midland, MI 48640
Admin Asst: Lisa Rabie
Ph: (989) 923-5875
Fax: (989) 923-5800

Northeast Middle School
1305 E. Sugnet Rd
Midland, MI 48642
Admin Asst: Tammy Leroux_Brown
Ph: (989) 923-5775
Fax: (989) 923-5780

Elementary Schools

Adams Elementary School
1005 Adams Dr
Midland, MI 48642
Admin Asst: Janet Matcheck
Ph: (989) 923-6040
Fax: (989) 923-6035

Central Park Elementary
1400 Rodd St
Midland, MI 48640
Admin Asst: Barbara Camp
Ph: (989) 923-6416
Fax: (989) 923-6876

Chestnut Hill Elementary
3900 Chestnut Hill Dr
Midland, MI 48642
Admin Asst: Joanne Coates
Ph: (989) 923-7838
Fax: (989) 923-6630

Plymouth Elementary
1105 East Sugnet Rd
Midland, MI 48642
Admin Asst: Joni Wing
Ph: (989) 923-7618
Fax: (989) 923-7665

Siebert Elementary School
5700 Siebert Street
Midland, MI 48640
Admin Asst: Sarah Duley
Ph: (989) 923-7837
Fax: (989) 923-7835

Woodcrest Elementary School
5500 Drake Street
Midland, MI 48640
Admin Asst: Tammy Dobschensky
Ph: (989) 923-7942
Fax: (989) 923-7919

Pre-Primary Center

1407 W Carpenter St.
Midland, MI 48640
Admin Asst: Amy Gates
Ph 989-923-6411
Fax: 989-923-6410

**STUDENT TECHNOLOGY ACCEPTABLE USE
AND SAFETY AGREEMENT**

To access and use District Technology Resources (see definition in Bylaw 0100), including a school-assigned e-mail account and/or the Internet at school, students under the age of eighteen (18) must obtain parent permission and sign and return this form. Students eighteen (18) and over may sign their own forms.

Use of District Technology Resources is a privilege, not a right. The Board of Education's Technology Resources, including its computer network, Internet connection and online educational services/apps, are provided for educational purposes only. Unauthorized and inappropriate use will result in loss of this privilege and/or other disciplinary action.

The Board has implemented technology protection measures that protect against (e.g., block/filter) Internet access to visual displays/depictions/materials that are obscene, constitute child pornography, or are harmful to minors. The Board also monitors online activity of students in an effort 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 determined users may be able to gain access to information, communication, and/or services on the Internet that the Board has not authorized for educational purposes and/or that they and/or their parents/guardians may find inappropriate, offensive, objectionable or controversial. Students using District Technology Resources are personally responsible and liable, both civilly and criminally, for unauthorized or inappropriate use of the Resources.

The Board has the right, at any time, to access, monitor, review and inspect any directories, files and/or messages residing on or sent using District Technology Resources. Messages relating to or in support of illegal activities will be reported to the appropriate authorities. Individual users have no expectation of privacy related to their use of District Technology Resources.

Please complete the following information:

Student User's Full Name (please print): _____

School: _____ Grade: _____

Parent/Guardian's Name: _____

Parent/Guardian

As the parent/guardian of this student, I have read the Student Technology Acceptable Use and Safety Policy and Guidelines, and have discussed them with my child. I understand that student access to the Internet is designed for educational purposes and that the Board has taken available precautions to restrict and/or control student access to material on the Internet that is obscene, objectionable, inappropriate and/or harmful to minors. However, I recognize that it is impossible for the Board to restrict access to all objectionable and/or controversial materials that may be found on the Internet. I will not hold the Board (or any of its employees, administrators or officers) responsible for materials my child may acquire or come in contact with while on the Internet. Additionally, I accept responsibility for communicating to my child guidance concerning his/her acceptable use of the Internet - i.e., setting and conveying standards for my daughter/son to follow when selecting, sharing and exploring information and resources on the Internet. I further understand that individuals and families may be liable for violations.

- ☐ To the extent that proprietary rights in the design of a web page, site, service or app hosted on Board-owned or District-affiliated servers would vest in my child upon creation, I agree to assign those rights to the Board.

Please check each that applies:

- ☐ I give permission for the Board to issue an e-mail account to my child.
- ☐ I give permission for my child's image (photograph) to be published online, provided only his/her first name is used.
- ☐ I give permission for the Board to transmit "live" images of my child (as part of a group) over the Internet via a web cam.
- ☐ I authorize and license the Board to post my child's class work on the Internet without infringing upon any copyright my child may own with respect to such class work. I understand only my child's first name will accompany such class work.

Parent/Guardian's Signature: _____ Date: _____

Student

I have read and agree to abide by the Student Technology Acceptable Use and Safety Policy and Guidelines. I understand that any violation of the terms and conditions set forth in the Policy and Guidelines is inappropriate and may constitute a criminal offense and/or may result in disciplinary action. As a user of District Technology Resources, I agree to communicate over the Internet and through the Technology Resources in an appropriate manner, honoring all relevant laws, restrictions and guidelines.

Student's Signature: _____ Date: _____

Teachers and building principals are responsible for determining what is unauthorized or inappropriate use. The principal may deny, revoke or suspend access to and use of the Technology Resources to individuals who violate the Board's Student Technology Acceptable Use and Safety Policy and related Guidelines, and take such other disciplinary action as is appropriate pursuant to the Student Code of Conduct.

12/8/14
1/15/18



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Consent for Disclosure of Immunization 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 students 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.

I authorize _____ 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.

Student's Name: _____ Date of Birth: _____

Signature of Parent/Guardian
or Eligible Student: _____ Date: _____

Printed Parent/Guardian Name: _____