

Caledonia Community Schools

Character ~ Curriculum ~ Climate ~ Community

District Enrollment Information

We would like to warmly welcome you to the Caledonia Community Schools' "family". We look forward to working with you in providing a quality educational experience for all of Caledonia's children. Be sure to look online at www.calschools.org for additional information about our schools.

Early Childhood Programs

Duncan Lake Early Childhood Center houses a variety of programs for our youngest community members. Some of these programs include, young fives, preschool, childcare, Bright Beginnings, Special Education Services birth through five, and developmental screening. The DLECC offers many other services to our community. If you have questions regarding any of these programs or just wish to find out more about the center please call 891-6220.

Elementary Enrollment

Caledonia has five elementary schools: Caledonia Elementary, Dutton Elementary, Emmons Lake Elementary, Kettle Lake Elementary and Paris Ridge Elementary four of which operate on a traditional school calendar and one operating on an alternate calendar. (The alternate calendar, available at Emmons Lake, runs the same number of school days as the traditional schedule but has a shorter summer break, and additional vacations spread throughout the school year.)

Registration packets for elementary students are conveniently located at each elementary building as well as the administrative office and the district website. Proof of residency, immunizations, and birth certificate are needed for registration. Please contact Maggie Ruple at (616) 891-7033 to begin the elementary school enrollment process.

Many factors are considered when assigning families to an elementary school. Factors considered when making placement decisions are:

- number and grade level of all siblings in family
- preference for traditional or alternative calendar
- class size
- geographic location
- health, learning or other special needs
- other

Middle School Enrollment

Kraft Meadows Middle and Duncan Lake Middle Schools house 6th, 7th and 8th grade students. Debbie Near is the Kraft Meadows Middle School registrar and Carrie Rittenger is the Duncan Lake Middle School registrar. Either would be happy to help with the enrollment of your middle school children. Please call Debbie at 891-0238 or Carrie at 891-1380 to set up an appointment. Proof of residency, immunizations, and birth certificate are needed for registration.

High School Enrollment

Caledonia High School includes grades 9th-12th. Please call the registrar, Carole Forton, in the student services office for more information and to set up an appointment for registration of your high school students, 891-0214. Proof of residency, immunizations, and birth certificate are needed for registration.

Transportation

Transportation is provided for all resident students of Caledonia Community Schools. Please call our transportation office for more information regarding the busing of your students to and from school at 891-0224.

Caledonia Resource Center

The Caledonia Resource Center offers a variety of lifelong learning experiences for you and your family. Programs and classes are offered for every age group. The CRC hopes that you will find just the right class to develop a new skill or hobby, improve your health or financial well-being, and enrich your life. Please call 891-8117 for more information.

You can also find out more about Caledonia Community Schools at our website www.calschools.org. As always we are interested in your comments and suggestions. We look forward to welcoming your family as a member of the Caledonia Community Schools.

CALEDONIA COMMUNITY SCHOOLS ENROLLMENT FORM

Required Documents *for new students only

In addition to the enrollment packet the following documents are required in order to be in attendance:

- Birth Certificate Proof of Immunizations Proof of Residency Parent/Guardian Photo ID

Household Information

Primary Household Name (first and last)

Home Telephone

Street Address

City, State, Zip

Mailing Address (if different)

Email Address

Student Information

Start Date of Enrollment _____

Legal First Name

Middle Name

Last Name

Name child goes by: _____ Other last name student may use: _____

Entering Grade: _____ Gender: Male Female

Address: _____ County: _____

PO Box #: _____ Township: _____

At the time of enrollment the child is a **resident** **non-resident** of Caledonia School District?

Child is the member of a migrant family? Yes No

(moved within the last 36 months to obtain seasonal employment)

Home Phone Number () _____ - _____ Listed: Yes No

Birthdate: _____ Birth City: _____ Birth Country: _____
month/day/year (as stated on birth certificate)

Most Recent School Attended: _____ District: _____

Address: _____ Phone #: _____ Fax #: _____

Has your child ever attended Caledonia Community Schools before? Yes No

STUDENT HOUSING INFORMATION

Is your current address a temporary living arrangement? Yes No

Is this living arrangement due to loss of housing or economic hardship? Yes No

As a student, are you living with someone other than your parent or legal guardian? Yes No

If you checked "yes" to any of these questions, please complete the enclosed Student Housing Information Sheet and return with enrollment form. Please note, all information is confidential.

Student Information cont.

Part I

1. Is your child Hispanic/Latino? Yes No
2. Please check all of the following that apply to your child
 - American Indian or Alaska Native**, a person having origins in any of the original people of North, South or Central America
 - Asian**, a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand or Vietnam
 - Black or African-American**, a person having origins in any of the black racial groups of Africa
 - Native Hawaiian or other Pacific Islander**, a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands
 - White or Caucasian**, a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Part II

Please check yes or no for each of the following questions:

1. Is your child's native tongue (language learned from birth) a language other than English?
 Yes No
2. Is the language that is most often used in your child's home a language other than English?
 Yes No

If your answer to **either** question **1 or 2 is yes** then please answer questions 3 through 11:

3. What language did YOUR CHILD first learn to speak? _____
4. What language does YOUR CHILD most often speak at home ? _____
5. What language do YOU USE most often when speaking to your child? _____
6. Is your child able to read and write in his/her native language? Yes No
7. Does your child speak any language other than his/her native language *and* English?
 Yes No
8. Did your child have difficulties learning his/her native language? Yes No
9. Was your child born in the United States? Yes No
If not, what was his/her country of birth? _____
10. If your child was born outside of the United States, when did your child enter into the United States? Date _____ or Age _____
11. What year did your child start school in the United States? _____

Student Information cont.

Services your student received at the previous school: Check all that apply

- | | | |
|---|--|--|
| <input type="checkbox"/> Regular Education | <input type="checkbox"/> Resource Room | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Special Education | <input type="checkbox"/> Counselor |
| <input type="checkbox"/> 504 Plan | <input type="checkbox"/> Reading Recovery | <input type="checkbox"/> Title I |
| <input type="checkbox"/> English Language Development Support (ESL) | | <input type="checkbox"/> Other _____ |

Emergency Medical Conditions/Problems: Check all that apply

- | | | |
|---|--|--|
| <input type="checkbox"/> Wears glasses/contacts | <input type="checkbox"/> Bee sting: allergy or epipen? _____ | <input type="checkbox"/> Rheumatic |
| <input type="checkbox"/> Hemophiliac | <input type="checkbox"/> Cardiac | <input type="checkbox"/> Nose bleeds |
| <input type="checkbox"/> Blood Condition | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Muscle Weakness | <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Diabetic |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies: _____ | <input type="checkbox"/> Epilepsy/Seizures |

Is there anything specific you would like us to know about your child? (A plan must be completed)

Takes medication regularly (please indicate which medication and how often)

Parent/Guardian Information

Parent/Guardian Residing in the Home:

Name: _____ Relationship to the child: _____

Work Phone Number: _____ Name of Work Place: _____

Cell Phone # _____ Email address: _____

Would parent like to receive mailings? Yes No

Additional Parent/Guardian Residing in the Home:

Name: _____ Relationship to the child: _____

Work Phone Number: _____ Name of Work Place: _____

Cell Phone #: _____ Email address: _____

Would parent like to receive mailing? Yes No

Parent Residing Outside of the Home:

Name: _____ Relationship to the child: _____

Home Phone Number: _____ Cell Phone #: _____

Address: _____ Email address: _____

Would parent residing outside home like to receive mailings? Yes No

Parent/Guardian Information cont.

Other children who reside in the home

Name	Birth Date	Gender	Relationship	Grade	School

In case of student emergency, illness, or accident, and the school is not able to make contact with the parent, please identify who should be called.

Name of Contact: _____ Name of Contact: _____
Home Number: _____ Home Number: _____
Work Number: _____ Work Number: _____
Cell Number: _____ Cell Number: _____
Relationship to Child: _____ Relationship to Child: _____

In addition to parents and emergency contacts to whom may the child be released

Name _____ Home #: _____
Relationship to child _____ Cell #: _____ Work # _____

Name _____ Home #: _____
Relationship to child _____ Cell#: _____ Work # _____

Enforcement of a court order prohibiting contact with a student requires the school to have a copy of the court order on file.

Name of person prohibited: _____
Prohibited Persons Relationship to the child: _____

Please check boxes for each authorization item

- For household students in 6th – 12th grade I am in receipt of the Infinite Campus Parent Portal Policy and would like to enroll for access to online grade and attendance.
- I am in receipt of the Parent and Athlete Concussion Information Sheet
- I affirm, as the parent/legal guardian, that all information provided above is true and accurate, and that my child and I reside at the listed address. I understand that any false information provided by me, may subject me to legal penalties for perjury.

Parent/Guardian Signature

Date

Revised 11/2016

Student Housing Information Sheet

IMPORTANT:

Only complete this form if you checked "YES" to any of the questions in the Student Housing Information section on the Enrollment Form.

Note: Kent ISD schools use this form to help identify students in homeless situations as required by the McKinney-Vento Homeless Assistance Improvements Act, 42 U.S.C 11435. The McKinney-Vento Act defines homeless children as "individuals who lack a fixed, regular, and adequate nighttime residence" due to a loss of housing or economic hardship. Answers to this residency information help determine the services the student may be eligible to receive through our district/school Homeless Liaison. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Please note all information completed on this form is confidential.

Name of School Attending: _____ Grade: _____

Name of Student: _____ Birthdate: _____

Phone Number: _____ Email Address: _____

List Siblings and School Attending: _____

Please check the following that describes the student's current living arrangement:

- Permanent housing
- In a shelter
- With another family or person because of loss of housing or economic hardship (doubled up)
- In a location not designed for sleeping accommodations such as a car, park or campsite
- Transitional housing (housing through an organization for the purpose of emergency housing)
- Awaiting foster care placement or within first 6 months of foster placement
- In a hotel / motel
- Other temporary living situation (please describe):

Under penalty of perjury, I verify that all information given is true and correct to the best of my knowledge.

Signature _____ Printed Name _____ Date _____

CALEDONIA COMMUNITY SCHOOLS
CALEDONIA HIGH SCHOOL
9050 KRAFT
CALEDONIA, MI 49316

THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974:

Section 99.34 states in summary that: Schools may send a student's educational record to officials of other schools or school systems in which the student seeks or intends to enroll.

Please forward the following records:

_____ CA60 Cumulative folder, including health records

_____ Confidential information, including psychological evaluations, social work evaluations, records of all IEP meetings, and any other records applicable to special education placement.

IF RECORDS ARE NOT KEPT IN YOUR BUILDING, PLEASE FORWARD THIS REQUEST TO THE APPROPRIATE OFFICE.

I have read the statement above and I hereby authorize:

_____ to release the above information regarding:
(Current School District Name)

NAME _____ BIRTH DATE _____ GRADE _____

(Parent/Guardian Signature)

(Student signature if 18 years or older)

PLEASE SEND RECORDS TO:

Mrs. Carole Forton, Registrar
Caledonia High School
9050 Kraft
Caledonia, MI 49316