

Welcome to Discovery Elementary School!

Whether you are inquiring about our school or enrolling a new student, we are happy to provide you with this information. We are extremely proud of our school, our staff and our community. We believe that Discovery is a “great place to learn,” and we hope you will agree!

All the following information must be submitted for your child to be enrolled in to Williamston Community Schools:

- ✓ Enrollment Card (this is two-sided and needs a signature on the back)
- ✓ Release of Records – allows us to request student records transferring from previous school district
- ✓ State Certified Birth Certificate (Must be one with raised seal; we will make a copy)
- ✓ Proof of Residency Affidavit (rent receipt, mortgage payment, utility bill, phone bill or property tax receipt or Driver’s License)
- ✓ Immunization Record – due at time of enrollment and cannot be delayed until the student file arrives from the previous school (refer to requirement chart in folder)
- ✓ Proof of Vision Screening
- ✓ Ethnicity Form
- ✓ Home Language Survey – this is required by the State
- ✓ Consent for Disclosure of Immunization Information to Local and State Health Departments

Additional information that is needed for student’s record:

- ✓ Special Education/504 Plan Questionnaire
- ✓ Parent/Student Concussion Information Form – Michigan Sports Concussion Law
- ✓ Permission/Technology Permission Form – for field trips, photographing and video permission, directory information and internet use agreement
- ✓ Student Learner Information Form – helps us to place your student in their best learning environment
- ✓ Transportation Information Sheet – needed for bus routes

Visit this link for information on obtaining a certified copy of a Birth Certificate:

https://cl.ingham.org/departments_and_officials/county_clerk/vital_records_birth_certificates.php

Certified copies of Birth Certificates are \$30.00 for the first copy and \$10.00 for additional copies of the same record.

Please take the time to complete all enrollment forms and return them to the Discovery Elementary Office. If you have any questions, please call the school’s main number: 517-655-2855.



Discovery Elementary School, K-2
Cassie Pfander, Principal

350 Highland Street • Williamston, MI 48895 • p. 517.655.2855 • f. 517.655.7504

RELEASE OF RECORDS

To (name of school currently attending): _____

Is this school a public () or private school ()?

Please release all records for _____.
(Student name) (Date of birth)

Entering _____ grade

Please also send current copies of any of the following: Special Education services, immunizations, etc.).

UIC no. _____ (office use only)

Send to: Student Records
Discovery Elementary School, K-2
350 Highland Street
Williamston, MI 48895

Parent/Guardian signature

Date

CA-60 file

Date received: _____

Date faxed: _____

PROOF OF RESIDENCY AFFIDAVIT
Williamston Community Schools

Form updated: 2/17/2016

Student's resident address:

Name of student(s): (One form per family... please list all students)	1)
	2)
	3)
	4)
	Last First M.I. Date of Birth: Month /Day /Year
Resident address:	Street: _____ Apt./Lot #: _____
	City: _____
	Zip: _____

Please list your resident school district: _____ Resident county: _____

Please list the county of your resident school district: _____

We currently live in (please check one):

- | | |
|---|--|
| <input type="checkbox"/> Our own home | <input type="checkbox"/> A shelter – Name of shelter: _____ |
| <input type="checkbox"/> TEMPORARILY with more than one family in a house, mobile home, or apartment because the family cannot have a home of their own | <input type="checkbox"/> A hotel/motel |
| <input type="checkbox"/> New foster care placement with a relative (placed at current home within the last 6 months) | <input type="checkbox"/> A car |
| <input type="checkbox"/> New foster care placement with a non-relative (placed at current home within the last 6 months) | <input type="checkbox"/> A campsite |
| | <input type="checkbox"/> Other location not appropriate for living (e.g. abandoned building) |
- If you checked any box other than Our Own Home, please fill out the additional information on the back of this sheet.***

By signing below you indicate that you have read/understand this document and certify that all information is correct.*

Signature of Parent/Guardian: _____

Date: _____ Printed name of parent/guardian: _____

Verification of attached bill (must be signed by the person named on the bill):

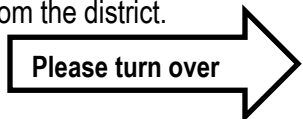
I certify that the above student resides with me at (address) _____
in the _____ School District, and I agree to provide a copy of proof of this address.

Signature: _____ Date: _____

Printed name: _____ Relationship: _____

Verification of the resident address may be made with any one of the following, which must be current and include the address. The dollar amount of the receipt may be eliminated from the copy. (Please check one):
__ mortgage payment __ property tax receipt __ rent receipt __ utility bill (water, electric, land-line telephone)

*Should the district learn that this is not the residence; the student may be excluded immediately from the district.



Please list the reason you are not currently living in your own home, this will help determine if additional services are available for your student:

- Cannot afford our own housing
- Eviction / foreclosure
- Fire
- Living with friends or relatives, by choice, not necessity
- Loss of job
- Loss of housing due to economic issues
- Parent/Guardian is deployed
- Providing care for a family member
- Temporarily waiting/looking for a new house or apartment, are able to move once we find one
- We are in our own home



Williamston Community Schools Ethnic Background/Race Form

Name of Student _____ Grade _____

Discovery _____ Explorer _____ Middle School _____ High School _____

Please answer **BOTH** parts, **A** and **B**.

Part A. **Is this student Hispanic/Latino?** (*Choose only one*)

_____ **No, not Hispanic/Latino**

_____ **Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin, regardless of race.)

Part A of the question is about ethnicity, not race. Regardless of what you selected in Part A, **please answer Part B** by marking one or more to indicate what you consider your student's (or your) race to be.

Part B. **What is the student's race?** (*Choose one or more*)

_____ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including 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 and 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 Europe, the Middle East or North Africa.)

_____ **White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

NOTE: Both parts A and B **MUST** be completed. We encourage you to select an answer for **both** parts. If either part (A or B) is not answered, the U.S. Department of Education **requires** your child's school district to supply an answer on your behalf.

Signature of Parent or Guardian

Date



**State Board of Education Approved
Home Language Survey ***

The Williamston 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 380.1152 - 380.1157 of the School Code of 1995, Michigan's Bilingual Education Law. Would you please help by providing the following information?

Thank you very much for your cooperation.

Name of Student _____ Grade _____ Age _____

Discovery Elementary School

Is your child's native tongue a language other than English?

_____ Yes _____ No What is that language? _____

Is the primary language¹ used in your child's home or environment a language other than English?

_____ Yes _____ No What is that language? _____

Signature of Parent or Guardian Address Date

¹"Primary language" means the dominant language used by a person for communication.

* Translation of this survey form in Spanish, Arabic, French, Italian and Ojibwa is available at the Office of Field Services at 517-373-6066.



QUESTIONNAIRE REGARDING SPECIAL EDUCATION

Student Name: _____ Grade: _____

Previous School: _____

_____ My student has an active IEP from a previous school district – **you must provide a copy**

_____ My student has previously received Special Education Services

Explain _____

_____ My student has not previously received Special Education Services

Parent Name: _____ Signature: _____



QUESTIONNAIRE REGARDING 504 PLAN

Student Name: _____ Grade: _____

Previous School: _____

_____ My student has an active 504 Plan from a previous school district – **you must provide a copy**

_____ My student has previously received Special Education Services

Explain _____

_____ My student has not previously received Special Education Services

Parent Name: _____ Signature: _____



Student Health Concerns

School Year: 2021-2022

From: _____
(Parent/Guardian)

(Daytime Phone)

(Evening Phone)

Re: _____
(Student Name)

(Birth date)

(Grade)

My child **does not** have any current medical concerns _____

Please call me so I may inform you of my child's medical situation which includes:

- Asthma
- Diabetes
- Medications
- Seizures
- Severe food or bee allergy
- Other, explain:

If your child **does** have a medical concern, the medical plan coordinator will contact you to obtain more information and to plan for the upcoming school year.



WILLIAMSTON
COMMUNITY SCHOOLS

**Discovery Elementary School
350 Highland Street
Williamston, MI 48895
p. 517-655-2855 f. 517-655-7504**

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 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.

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

I authorize Williamston Community Schools 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 of Eligible Student

Date

Printed Parent/Guardian Name

DISCOVERY ELEMENTARY SCHOOL, K-2
Student Learner Information Form
(OPTIONAL)

This form will be provided to your child's assigned classroom teacher for the 2021-2022 school year.

Student Name Current Grade Parent Signature Date

My child likes to be called (i.e. Lexie instead of Alexis) _____.

What methods, techniques, or aspects of the learning environment are most beneficial for your child?

What are your child's greatest strengths?

What are your child's greatest needs?

Please describe any medical needs or concerns for your child.

Is there a specific goal you would like to see your child's teacher work on with your child?



Transportation Information 2021-2022

Student(s) name(s) and grade(s):

Home address:

Parents name(s):

Parents address if different from student:

Home phone: _____

Work phones: Mom _____ Dad _____

Cell phones: Mom _____ Dad _____

Daycare Provider Information

Name of provider: _____

Address: _____

Phone: _____

Allergies or medical conditions driver should be aware of:

Emergency contact for bus garage:

Name: _____ Phone no.: _____

Name: _____ Phone no.: _____

*****AN ADULT MUST BE PRESENT BEFORE KINDERGARTEN STUDENTS CAN BE
RELEASED FROM THE SCHOOL BUS.*****