



Kingston Community School

ENROLLMENT PACKET

Superintendent

Matt Drake

Kingston High School

***Matt Drake, Principal
Jay Green, Dean of Students***

**5790 State St.
Kingston MI 48741
989-683-2550
Grades 7, 8, 9, 10, 11 & 12**

**Kingston Elementary School
3644 Ross St.
Kingston, MI 48741
989-683-2284
Grades K, 1, 2, 3, 4, 5 & 6**

Justin Diegel, Principal

A Welcome from the Superintendent ~ Matt Drake

Welcome to Kingston Community Schools!

We offer a well rounded curriculum district wide including "Character Counts" education in grades K-8, full day Kindergarten to name a few. Our Athletic Department offers such sports as Basketball, Football, Volleyball, Cheerleading, Baseball, Softball, and Track.

I realize that on the following forms, there is repetition of information. This is due to the fact that different forms and information are utilized by different offices. I apologize for any inconvenience.

We are excited to have your children be a part of our school. Again, welcome!

REGISTRATION CHECK-LIST

- | | |
|--|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Request for School Records |
| <input type="checkbox"/> Immunization Record | <input type="checkbox"/> Suspended in the last 2 years Yes or No |
| <input type="checkbox"/> Registration Form | <input type="checkbox"/> Expelled - Dates: _____ |
| <input type="checkbox"/> Emergency Medical Information | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Transportation Information | <input type="checkbox"/> _____ |

DATE: _____

I hereby request the

NAME OF PREVIOUS SCHOOL: _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____

(PLEASE FORWARD TO APPROPRIATE OFFICE THANK YOU)

To release and send the records of:

STUDENT NAME: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

CURRENT GRADE: _____

Specific Information Needed:

HEALTH RECORDS
DISCIPLINARY RECORDS
TRANSCRIPT OF GRADES
EDUCATIONAL FILE (CA60)

(Copies of:)
LATEST MET/PSYCHOLOGICAL REPORT
LATEST IEPC

STUDENT UIC NUMBER _____
(Unique Identification Code – Michigan)

To whom records are to be sent:

_____ RECORDS CLERK
KINGSTON HIGH SCHOOL
5790 STATE STREET
KINGSTON MI 48741

_____ RECORDS CLERK
KINGSTON ELEMENTARY SCHOOL
3644 ROSS ST.
KINGSTON, MI 48741

I authorize the release of all records for the above named student to the Kingston Community Schools.

According to the Final Regulations-Family Educational Rights & Privacy Act (Buckley Amendment) dated 6-17-76, it is no longer necessary to obtain written consent to release records. It states that school officials, including teachers within the educational system in which a student intends to enroll, may receive a student's record **without** parental consent for such release.

PARENT/GUARDIAN SIGNATURE: _____

**Kingston Community Schools
Registration Form**

Date: _____
ENROLLMENT DATE: _____
1st DAY STUDENT WILL BE IN SCHOOL

STUDENT NAME: _____ GENDER: _____
LAST FIRST MIDDLE MALE/FEMALE

MAILINGS ADDRESSED TO: _____
(Mr. & Mrs., Ms., Mr., etc) Example: Mr. & Mrs. John Doe

ADDRESS: _____ GRADE: _____

HOME PHONE: _____ STUDENT SS # _____ - _____ - _____

BIRTHPLACE: _____ BIRTHDATE: _____
CITY STATE/COUNTRY

ETHNICITY: 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 American, or other Spanish culture or origin, regardless of race.)

RACE: (use percentages to rank ethnic groups in order)
_____ American Indian or Alaska Native _____ Native Hawaiian or Other Pacific Islander
_____ Asian American _____ White
_____ Black or African American _____ Hispanic or Latino

LANGUAGE SPOKEN IN HOME: _____

HAS YOUR CHILD EVER BEEN ENROLLED IN A SPECIAL EDUCATION CLASSROOM SETTING? _____

IF YES, COMPLETE TEMPORARY PLACEMENT FORM.

RESIDENCY INFORMATION

IS THE STUDENT A RESIDENT OF Kingston Community Schools? _____ YES _____ NO

IF NOT, WHAT DISTRICT DO YOU LIVE IN? _____

IF NOT, HAVE YOU APPLIED THROUGH SCHOOL OF CHOICE? _____ YES _____ NO (Attach copy of application)

WHAT COUNTY DO YOU LIVE IN? _____ TOWNSHIP? _____

WHERE IS THE STUDENT LIVING NOW? (check one box)

- in a one family dwelling with more than one family in a house or apartment
- in a car in a trailer park or campsite with friends/family members (other than parent/guardian)
- in a shelter in a motel or hotel none of the above _____

RESIDENCY VERIFICATION AFFIDAVIT:

According to State Attorney General Opinion No. 5925, school districts have the right to ask new enrollees to prove residency. By signing the affidavit, you are affirming that the address given on all enrollment forms is the legal residence of the parent/guardian enrolling the student and is the residence of the student.

Should the district learn that this is not the residence and that the parent lives outside the boundaries of the Kingston Community School District, a School of Choice application must be filled out immediately (if it is during open-enrollment period) or a release from the district of residence must be provided immediately or the student may be EXCLUDED from the district.

PARENT SIGNATURE

DATE

WITH WHOM DOES THE STUDENT RESIDE: _____

i.e. (MOTHER & FATHER) - (MOTHER & STEP-FATHER) - (FATHER & STEP-MOTHER) - (FOSTER PARENTS) - (GRANDPARENTS)

PARENT/GUARDIAN INFORMATION:

HEAD OF HOUSEHOLD WHERE STUDENT RESIDES:

Mail addressed to: _____

(Mr & Mrs., Ms., Mr., etc) Example: Mr. & Mrs. John Doe

-NAME: _____ RELATIONSHIP TO STUDENT: _____

i.e. FATHER, MOTHER, ETC

DATE OF BIRTH: _____ GENDER: _____ MARITAL STATUS: _____

MALE/FEMALE

MARRIED/DIVORCED/SINGLE

E-MAIL ADDRESS: _____

OCCUPATION: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

STREET ADDRESS

CITY

MI

ZIP CODE

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

-NAME: _____ RELATIONSHIP TO STUDENT: _____

i.e. FATHER, MOTHER, ETC

DATE OF BIRTH: _____ GENDER: _____ MARITAL STATUS: _____

MALE/FEMALE

MARRIED/DIVORCED/SINGLE

E-MAIL ADDRESS: _____

OCCUPATION: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

STREET ADDRESS

CITY

MI

ZIP CODE

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

COMMENTS:

PARENT/GUARDIAN INFORMATION:

HEAD OF HOUSEHOLD WHERE STUDENT DOES NOT RESIDE:

NAME: _____ RELATIONSHIP TO STUDENT: _____

i.e. FATHER, MOTHER, ETC

ADDRESS: _____

DATE OF BIRTH: _____ GENDER: _____ MARITAL STATUS: _____
MALE/FEMALE MARRIED/DIVORCED/SINGLE

E-MAIL ADDRESS: _____

OCCUPATION: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____
STREET ADDRESS CITY MI ZIP CODE

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

NAME: _____ RELATIONSHIP TO STUDENT: _____

i.e. FATHER, MOTHER, ETC

ADDRESS: _____

DATE OF BIRTH: _____ GENDER: _____ MARITAL STATUS: _____
MALE/FEMALE MARRIED/DIVORCED/SINGLE

E-MAIL ADDRESS: _____

OCCUPATION: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____
STREET ADDRESS CITY MI ZIP CODE

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

COMMENTS: _____

Have there been any significant life events in your family? (e.g., divorce, change of custody, death, juvenile court involvement, loss of housing, loss of income, teen pregnancy, foster care). Explain briefly.

Is there a family history of any of the following that may impact your child?

(Circle all that apply)

- School struggles and/or not graduated
- Incarceration (parent in prison)
- Teen parent
- Substance abuse
- Other (please describe) _____

Kingston Community Schools - EMERGENCY CONTACTS & INFORMATION

STUDENT NAME: _____

GRADE: _____

Kingston Schools will contact the house hold Parent/Guardian with whom the child resides with prior to contacting the emergency contacts listed below.

Contact #1

NAME: _____ Relationship _____

ADDRESS: _____

PLACE OF EMPLOYMENT: _____

WORK PHONE: _____ CELL PHONE: _____

Contact #2

NAME: _____ Relationship _____

ADDRESS: _____

PLACE OF EMPLOYMENT: _____

WORK PHONE: _____ CELL PHONE: _____

OTHER CHILDREN LIVING IN HOUSEHOLD:

_____ NAME	_____ AGE/GRADE	_____ NAME	_____ AGE/GRADE
_____ NAME	_____ AGE/GRADE	_____ NAME	_____ AGE/GRADE
_____ NAME	_____ AGE/GRADE	_____ NAME	_____ AGE/GRADE

MEDICATION MY CHILD IS PRESENTLY TAKING DURING THE SCHOOL DAY:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

PLEASE LIST ANY ALLERGIES OR MEDICAL PROBLEMS THAT THE SCHOOL SHOULD BE AWARE OF: _____

TRANSPORTATION INFORMATION

1. Child's full name: _____

2. Address: _____

3. Birthday: _____

4. Teacher's Name: (if known) _____

5. Grade: _____

6. Other Children at this school: _____

7. Phone numbers: _____

8. Parent's Name: _____

Food Allergy Action Plan

ALLERGY TO: _____

Student Name: _____ D.O.B. _____ Teacher _____

Asthmatic Yes* _____ No _____ *High risk for severe reaction

SIGNS OF AN ALLERGIC REACTION

Systems:

Symptoms:

- *MOUTH itching & swelling of the lips, tongue, or mouth
- *THROAT itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
- *SKIN hives, itchy rash, and/or swelling about the face or extremities
- *GUT nausea, abdominal cramps, vomiting, and/or diarrhea
- *LUNG shortness of breath, repetitive coughing, and/or wheezing
- *HEART "thread" pulse, "passing-out"

The severity of symptoms can quickly change. All above symptoms can potentially progress to a life-threatening situation.

ACTION FOR MINOR REACTION

1. If only symptom(s) are: _____, give _____
medication/dose/route

Then call:

2. Mother _____, Father _____ or emergency contacts.
3. Dr. _____, at _____.

If condition does not improve within 10 minutes, follow steps for Major Reaction below.

ACTION FOR MAJOR REACTION

1. If ingestion is suspected and/or symptom(s) are: _____,
give _____ IMMEDIATELY!
medication/dose/route

Then call:

2. Rescue Squad (ask for advanced life support)
3. Mother _____, Father _____, or emergency contacts.
4. Dr. _____, at _____.

DO NOT HESITATE TO CALL RESCUE SQUAD!

Parent's Signature _____ Date _____ Doctor's Signature _____ Date _____