

To enroll your child(ren) in a
Lenawee County School District Kindergarten Program
the following information must be provided.

BIRTH CERTIFICATE

A person enrolling a student for the first time must provide the school with a certified copy of the student's birth certificate. (P.A. 84 of 1987) Failure to comply with the request, or if the documents are inaccurate and/or suspicious in nature will result in the school sending notification of compliance within 30 days or the case will be turned over to the local law enforcement agency.

IMMUNIZATION RECORD

State Law (P.A. 386, sec. 92 or 1978, amended 1992) requires all new school entrants to be immunized against *Hepatitis B, Measles, Mumps, Rubella, Polio, DTAP/DT or DT, and Varicella (Chickenpox)*. Parents must provide the school with a record showing that their child has received all of these required immunizations.

Children who have not completed the required immunizations will be excluded until requirements are met.

The Lenawee County Health Department is located in the Human Services Building at 1040 S. Winter Street, Adrian, MI. Please contact them at 264-5226 regarding Immunization schedules.

PROOF OF RESIDENCY

Students must attend the school district in which their parent or legal guardian maintains their legal residence. Change of guardianship is not permitted for the purpose of attending a specific school or school district.

“a child is entitled to the benefit of the public schools in the district in which they live if they have gone there in good faith for the purpose of acquiring a home and not for the purpose of taking advantage of school privileges.” (Commonwealth V. School Directors of Upper Swatara Township 26 L.R.A. 581)

Proof of legal residence is required by the school district of a parent or guardian enrolling a student for the first time. Proof of Residence could include:

- ◆ Copy of property tax statement
- ◆ Mortgage documents that prove ownership ◆ Copy of a lease agreement
- ◆ Utility bill
- ◆ Driver's License – NOT ACCEPTED
- ◆ Age of majority students will also be asked to provide the same proof of residency.

According to the State Pupil Accounting Manual, all new entrants are required to provide proof of residency upon enrollment.

REGISTRATION FORM (completed)

HOME LANGUAGE SURVEY (completed)

REGISTRATION FORM

EMERGENCY SCHOOL CLOSING

IN THE EVENT OF AN EMERGENCY SCHOOL CLOSING, EACH STUDENT MUST HAVE A SOURCE OF PROTECTION AND SUPERVISION OUTSIDE OF THE SCHOOL. PLEASE SPECIFY THIS BELOW, AND MAKE CERTIAN THAT IT IS UNDERSTOOD BY THE STUDENT.

GO HOME
 GO TO THE FOLLOWING ADDRESS
 NAME _____ PHONE NO. _____
 ADDRESS _____

Student Number:	Last Name, First Name Middle Name:	Gender:	Primary Student Address, City, State and Zip:				UIC#		
School District:		School:		Grade:	Birthdate:	Birth City, State:	Home Phone w/Area Code:		
Priority	Contact Type	Contact Name	Living With	Relationship	Address	City-State-Zip	Home Phone w/Area Code	Cell Phone w/Area Code	Employer and Phone w/Area Code

Please Indicate:
 American Indian
 Asian
 Black
 Hispanic
 White
 Native Hawaiian

Optional - Please also check here if you consider your child Multi-Racial:
 If so please specify: _____

Resident of this School District
 School of Choice (Non-Resident)
 Non-Resident Attending

Please list below the names of other children presently living in your home.

Name of Child:	Birthdate:	Current Grade:	Child is Living With:	Is there any legal information or documents that the school should be informed of concerning the above student? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach	Is the student currently receiving any Special Ed. Services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Child:	Birthdate:	Current Grade:	Child is Living With:	PERMISSION FOR PHOTOGRAPHING / VIDEO TAPING During the course of the year, photographs and/or video may be taken for use in public relations and school related publications. I hereby consent to the possible photographing or videotaping of my child related to classes and school activities at school buildings or activities. Reproductions of videotaping or photographs may be used by the administration for the purpose of school publicity. I GIVE MY PERMISSION: <input type="checkbox"/> Yes <input type="checkbox"/> No	Last School Attended: (If out of district)
Name of Child:	Birthdate:	Current Grade:	Child is Living With:		
Name of Child:	Birthdate:	Current Grade:	Child is Living With:		

In case of Emergency, if not listed above:

1.Name	Relation:	Phone:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.Name	Relation:	Phone:	
Extra Copy of Report Card Should be sent to: (2) (3) (4) (5) Please circle one (Please be sure address is provided above.)			

Guardian Primary Email Address:			Student Email Address:		
Homeroom Teacher:	Homeroom:	Counselor:	Locker:	Bus to:	Bus from:

EMERGENCY MEDICAL AUTHORIZATION - IN CASE OF ACCIDENT INVOLVING INJURY, OR SUSPECTED INJURY, OR IN THE CASE OF ILLNESS INVOLVING MY CHILD NAMED ON THIS CARD, I HEREBY AUTHORIZE THE SCHOOL STAFF TO TRANSPORT OR TO SECURE AMBLULANCE TO TRANSPORT SAID CHILD TO THE NEAREST AVAILABLE EMERGENCY ROOM WHEN AWAY ON SCHOOL RELATED ACTIVITY. I AUTHORIZE THE DOCTOR NAMED ABOVE TO TREAT MY CHILD. IF NOT AVAILABLE, I AUTHORIZE AN EMERGENCY ROOM DOCTOR TO TREAT MY CHILD. I FURTHER AUTHORIZE EITHER DOCTOR TO CALL ANOTHER DOCTOR FOR CONSULTATION AND TREATMENT IN THE EVENT SPECIAL TREATMENT IS NECESSARY, SUCH AS SURGERY, ORTHOPEDICS, ETC. I AGREE TO AND AUTHORIZE THE ABOVE, AND THIS CONSENT WILL BE IN EFFECT AS LONG AS STUDENT NAMED ABOVE IS ENROLLED IN THIS SCHOOL DISTRICT.

PARENT SIGNATURE >	DATE:
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Michigan Department of Community Health
IMMUNIZATION REQUIREMENTS

ATTENTION
PARENT(S)/GUARDIAN(S) OF SCHOOL ENTRANTS
(Kindergarten, 6th Grade & Entrants New to the School District in Grades 1-12)

To enter School: State Law* prohibits a principal or teacher from admitting new entrants to school without a record of having received at least one dose of each: Measles, mumps, rubella, polio, diphtheria, tetanus, pertussis, hepatitis B, and **chickenpox (varicella)**.

To Stay in School: You must provide the school with a record showing that your child has received all of the following immunizations:

IMMUNIZATIONS	AGES 4 - 6	AGES 7 - 18
DIPHTHERIA, TETANUS & PERTUSSIS**	4 doses are required. If a dose was not given on or after the 4 th birthday, a booster dose of DTP is required. Most children will have 5 doses.	4 doses are required. 2002/2003 School Year Routine 10 yr. Td booster is suspended due to vaccine shortage.
POLIO	3 doses are required. If the last dose was not given on or after the 4 th birthday, a booster dose is required. Most children will have 4 doses.	3 doses are required.
MEASLES MUMPS & RUBELLA	2 doses are required. The first st dose must be given on or after the 1 st birthday. The 2 nd dose must be given at least 28 days from the 1 st dose.	2 doses are required. The first st dose must be given on or after the 1 st birthday. The 2 nd dose must be given at least 28 days from the 1 st dose.
HEPATITIS B	3 doses are required.	3 doses are required.
VARICELLA (CHICKENPOX)***	Effective 2002/2003 school year, 1 dose required on or after 1 st birthday.	Effective 2002/2003 school year, only 1 dose required if received on or after the 1 st birthday but prior to the 13 th birthday OR 2 doses required, administered at least 28 days apart, if the child received the 1 st dose on or after 13 th birthday.

CHILDREN who have not received the required immunizations WILL BE EXCLUDED from school UNTIL parents provide proof that ALL REQUIRED IMMUNIZATIONS have been GIVEN, or have a waiver on file.

* Part 92, Act 368 of the Public Acts of 1978, as amended.

** Children ages 4-6 must have received 4 doses of pertussis. DT is only accepted if a signed waiver is on file for that particular dose of pertussis vaccine.

*** Reliable history of chickenpox disease is acceptable in lieu of the vaccine.

LENAWEE COUNTY HEALTH DEPARTMENT



1040 S. Winter St., Suite 2328
Adrian, MI 49221
(517) 264-5226

What Prompted This Change?

A mandate from the Michigan Department of Community Health requiring an insurance screening program on all children who come to local health departments for immunizations.

The Reason for Issuing the Mandate

Vaccines provided to local public health departments are purchased with federal funds and are intended exclusively for children that qualify for the Vaccines for Child (VFC) Program.

Who is Eligible for the VFC Vaccines?

To be eligible for this program children must 1) be enrolled in Medicaid, 2) have medical insurance that does not cover any portion of their immunizations, 3) have no medical insurance, 4) be an American Indian or Alaskan native, 5) have medical insurance but have exceeded their annual cap for preventive care.

What about Children with Insurance Coverage?

All children with medical insurance coverage for any portion of their immunization(s) are not eligible to receive low cost vaccines from the VFC program. Parents or legal guardians of a child with insurance coverage for immunizations must seek all of their child's immunization from their family physician or pediatrician.

The Lenawee County Health Department will be purchasing a limited supply of vaccines from pharmaceutical companies that will be considered "PRIVATE STOCK" for the purpose of immunizing children that 1) have insurance coverage for immunizations but whose parents elect to continue having immunizations provided by the Lenawee County Health Department, or 2) have a family physician or pediatrician that either do not offer immunizations or do not stock certain vaccines within their practice.

The parent or legal guardian of a child meeting one of the above criterions will be required to pay for the reasonable cost of the vaccine(s) and their administration.

SECTION III -- PHYSICAL EXAMINATION, INSPECTION, TESTS, AND MEASUREMENTS

EXAMINATIONS AND/OR INSPECTIONS

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

TESTS AND MEASUREMENTS

	Normal	Under Care	Referred		Normal	Under Care	Referred
Vision Tested? <input type="checkbox"/> Visual Activity <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ocular Muscle Date _____ <input type="checkbox"/> Other _____				Urinalysis Done? <input type="checkbox"/> Sugar <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Albumin Date _____ <input type="checkbox"/> Microscopic			
Hearing Tested? <input type="checkbox"/> Audiometer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____ Date _____				Blood Pressure Measured? <input type="checkbox"/> Yes <input type="checkbox"/> No Reading _____			
Hemoglobin/Hematocrit Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No				Height _____ Weight _____ Other:			
Blood Lead Level Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Reading _____				Blood Lead level recommended for all children age six and under			

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

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Tuberculin Test (if given) Date _____ Type _____ Negative Positive _____ mm.

SECTION IV -- RECOMMENDATIONS

Is there any defect of vision, hearing, or other condition for which the school could help by seating or other action? Yes No
 If yes, please explain:

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Should the student's activity be restricted because of any physical defect or illness? Yes No If yes, check below and explain degree of restriction:

Classroom Playground Gymnasium Swimming Pool Competitive Sports Camp Other

--	--

Examiner's Signature _____ Date _____ Examiner's Name (print or type) _____ Degree or License _____

Number & Street _____ City _____ Zip _____ Telephone _____

SECTION V -- DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____ teeth and make the following recommendations as for treatment:

Child's Name _____

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Dentist's Signature Date

COMMENTS

LENAWEE COUNTY SCHOOL DISTRICT

KINDERGARTEN QUESTIONNAIRE

The following questions are not intended to be an invasion of privacy, but to assist teachers in preparing for and working with your child. The following information will be kept confidential. Thank you for helping us to get to know more about your child before we have the pleasure of working with him/her.

Child's Name: _____ **Date of Birth:** _____

1. What does your child want to be called at school? Does he/she have a nickname?

2. Has your child attended nursery school, pre-school, and/or Head Start?

How long did your child attend? _____

Is this your child's first school experience? Yes No

3. Does your child have any health problems? If so, please explain. _____

4. Has your child ever had chicken pox? Yes No

5. Was the pregnancy full term or premature?

6. Please describe in some detail your child's personality and behaviors. You may want to use words like aggressive, active, shy, quiet, likes to talk. _____

7. Does your child have any fears? If so, please explain. _____

8. How does your child react when you leave him/her with another adult? Is separation particularly difficult or easy for him/her? Please explain. _____

9. How many children are in the family? _____ In your home? _____
Is your child the oldest, youngest, or middle?

10. Does your child nap during the day? Yes No

11. What types of things work with your child when you need to adjust his/her behavior? How do you discipline your child at home? _____

12. What is our child's normal bedtime? _____ How many hours does your child sleep? _____
Does your child sleep through the night? Yes No

13. What TV programs does your child watch? _____

14. How much TV does your child watch per week? _____

15. How much time are you able to read to your child per week? _____

16. What type of books does your child like? _____

17. What school readiness activities does your child choose to do at home? _____

18. What additional information might be helpful to the teacher while working with your child?

HOME LANGUAGE SURVEY

LENAWEE COUNTY PUBLIC SCHOOLS are collecting information regarding the language background of each of its students. This information will be used to determine the number of children who should be provided bilingual instruction according to Sections 380.1151 – 380.1155 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: _____ Birthdate _____

Last

First

Middle

School Building: _____

1. Is your child’s native tongue a language other than English? No Yes] What is that language? _____

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

No Yes What is that language? _____

Parent or Guardian Signature: _____ Date: _____

Parent/Guardian Address: _____

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

ENCUESTA SOBRE EL IDIOMA DEL HOGAR

LENAWEE COUNTY PUBLIC SCHOOLS necesitan una información acerca de los idiomas que los estudiantes hablan o entienden; y acerca del idioma con el cual el estudiante ha nacido y si lo usa en casa. Esta información será usada por el distrito escolar para determinar el número de estudiantes que pueden calificar para recibir una educación bilingüe de acuerdo a las Secciones 380.1151 – 380.1155 del Código Escolar de 1995, Ley sobre la Educación Bilingüe de Michigan. Por favor responda a las siguientes preguntas.

Nombre del estudiante: _____ Grado: _____ Edad: _____

Apellido

Nombre

Segundo nombre

Nombre de su escuela: _____

1. ¿Es el idioma nativo¹ de su hijo(a) otro aparte del inglés? No Sí ¿Cuál es ese idioma? _____

2. ¿Es el idioma principal usado en la casa o “barrio” de su hijo(a) un idioma diferente al inglés?

No Sí ¿Cuál es ese idioma? _____

Firma del padre o guardián: _____ Domicilio Fecha: _____

Domicilio del padre o guardián: _____

¹ Idioma nativo significa “El idioma en que el/la niño(a) primero comenzó a entenderse con sus padres.” ² “Idioma principal” significa “el idioma dominante usado por una persona para comunicarse.”

STATE BOARD OF EDUCATION APPROVED HOME LANGUAGE SURVEY - Updated November 16, 2007