

**One small step today...
One GIANT leap for life!**



Corunna Public Schools' Kindergarten Registration

Thursday, March 7

Friday, March 8



Call Today For Your Appointment * 989-743-1579



Corunna Public Schools'
Kindergarten Registration
2019-2020

- The District's Kindergarten Registration (*by appointment only*) will be:

Thursday, March 7

Friday, March 8

at

**Nellie Reed Elementary
201 E. Washington Street
Vernon, MI 48476**

- Multiple sessions are available; each session will last approximately 45 minutes.
- Follow the steps below to learn how your child can become part of the Cavalier family!

STEP #1: Please call in advance to schedule your child's appointment (989) 743-1579.

STEP #2: Please complete the attached student information sheet and bring it with you during your session. Or, if you prefer, you can fill the forms out ahead of time and either fax (989) 288-0945, or mail your completed enrollment form to us to the address above.

STEP #3: Please bring your child with you to registration along with the following documents:

- A certified copy of your child's birth certificate (not the hospital copy); your child must be at least 5 years of age before or on September 1. (*If your child does not meet the minimum age requirement but will be 5 years of age no later than December 1, we may enroll your child **only** if you notify us in writing that you intend to do so.*)
- Your child's immunization record.

Call (989) 743-1579 today to reserve your spot!

For Schools of Choice Students - Schools of Choice applications are available at any of our elementary buildings, the Superintendent's Office (124 N. Shiawassee St., Corunna) or on our website. One is also included in this packet. The application, along with proof of residence (i.e. copy of Consumers Energy or telephone bill with parent/guardian's name and address) must be turned in with your application.

OUR MISSION

To prepare an unprecedented number of students for college **and/or** careers, regardless of demographic factors.

Corunna Public Schools' Student Information Sheet

Building: _____ **Grade:** _____ **School Year:** _____

Name _____ Sex: M F
FIRST MIDDLE LAST

Address _____ City _____ Zip Code _____
(include Apt. # or P.O. Box #)

Birth Date ____/____/____ Age _____ Place of Birth: City _____ State _____

First contact person school should call: Name _____ Relationship _____ Phone (____) _____

Do you live in the Corunna School District? Yes No If no, in which school district do you live? _____

Student resides with (please circle):

- 1) Both Parents Same Household 2) Both Parents Two Households 3) Mother 4) Father 5) Grandmother 6) Grandfather 7) Other*

*If other (Name / Relationship) _____

Other children in the family:		
Name	Birthdate	School Attending

Father's Information

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone (____) _____
Other Phones _____
Email Address _____
Employer _____
Work Phone (____) _____

Mother's Information

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone (____) _____
Other Phones _____
Email Address _____
Employer _____
Work Phone (____) _____

In case of emergency (if a parent cannot be contacted) please indicate who should be called in priority order:

Name _____ Phone _____ Relationship _____
Address _____

Name _____ Phone _____ Relationship _____
Address _____

Name _____ Phone _____ Relationship _____
Address _____

Office use only: Teacher _____

PLEASE COMPLETE BACK OF FORM



Please check and describe any medical condition, medication or disability that would be advisable for the school to know:

- Asthma _____
- Diabetes _____
- Seizures _____
- Seasonal Allergies _____
- Allergic reactions to insect bites, bees, etc. _____
- Other _____ (If more space is needed, please attach information.)

Special services your child received in the previous school year: (Check all that apply)

- Speech
- Special Education
- Social Worker
- Title I
- Section 504
- Physical Therapy
- Occupational Therapy

Ethnic Code: Use 1, 2, or 3 to rank primary and secondary ethnic groups:

- ____ American Indian or Alaskan Native
- ____ Hispanic or Latino
- ____ Asian American
- ____ African American
- ____ Caucasian
- ____ Middle Eastern
- ____ Multi-Ethnic
- ____ Native Hawaiian or other Pacific Islander

Is your child's native tongue **English**? Yes No

Is the primary language used in your child's home or environment a language **English**? Yes No

McKinney-Vento Act Questionnaire:

By completing this questionnaire, you help the district comply with the McKinney-Vento Act, Title X, Part C of the Every Student Succeeds Act (ESSA). Your truthful and accurate answers help the district identify services that the student may be eligible to receive.

1. Presently, where is your child living? Check only one response:

- In a shelter
- With more than one family in a house or apartment (doubled up)
- Hotel/motel/car/camper
- With friends or family members (other than parent/guardian)
- None of the above apply

2. The student lives with: Check one response

- 1 or 2 parents or guardians
- Friends
- Adult who is not parent or legal guardian
- Alone with no adults

Preschool:

My child attended preschool prior to entering kindergarten. Yes No. If yes, where? _____

School Meal Programs:

Have you completed the Free/Reduced Price School Meals application? Yes No (One application per family needs to be updated each year)

Free and Reduced applications should be submitted online at <http://lunchapp.com/>. You may make school meal payment, view transactions and receive low balance email alerts at www.Sendmoneytoschool.com. For questions regarding allergies or food service concerns, please contact Jillian Wensel, Food Service Director, at jwensel@corunna.k12.mi.us

Miscellaneous:

In the case of separated or divorced parents, are there any **legal restrictions** on the release of the child to either parent or step-parent? If yes, please explain and provide court documentation to the school office.

Parent/Guardian Signature: _____ **Date:** _____



JF 1/07/19

Corunna Public Schools'

Transportation Enrollment Form

Office Use Only:

Bus _____

Date _____

Student's Name: _____ Grade entering: _____

Parent/Guardian's Name: _____

Address: _____

Phone Number: _____ Contact Person: _____

Check here **ONLY** if your child **WILL NOT** need school transportation.

If your child is picked up or dropped off at a location other than your home, please complete the box below:

Transportation Address (ONLY IF DIFFERENT THAN HOME ADDRESS):

Contact Person at Residence: _____

Phone Number of Residence: _____

Will the student be a regular rider? Yes No or Will you call only if your child needs a ride? Yes No

Other information we need to know (Ride only to school? Ride only home from school? Both? Pick up different from drop off? Is there anything else we should know?):

Parent/Guardian Signature: _____ Date: _____

OUR MISSION

To prepare an unprecedented number of students for college **and/or** careers, regardless of demographic factors.

Page left blank intentionally



Corunna Public Schools' Schools of Choice Application

JF 1/07/19

Date: _____
Moved Out of District _____

Student Name(s) & Date of Birth

Entering Grade:

1. _____
2. _____
3. _____

Parent/Guardian: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Work Number: _____

The State of Michigan requires us to have PROOF OF RESIDENCE-Please attach a current utility bill, mortgage or tax statement, etc. We cannot accept a copy of your Driver License.

School District Where Student Currently Resides:

- | | | | |
|--------------|-------------------|--------------------|--------------------------|
| _____ Byron | _____ Morrice | _____ Perry | _____ Laingsburg |
| _____ Durand | _____ New Lothrop | _____ Swartz Creek | _____ Owosso Other _____ |

School Child is Currently Attending _____

Did a child in your household attend Corunna Public Schools during the most recent school year? Yes No If Yes, please complete following section:

- | | | |
|-------------|--------------|---------------|
| Name: _____ | Grade: _____ | School: _____ |
| Name: _____ | Grade: _____ | School: _____ |
| Name: _____ | Grade: _____ | School: _____ |

Why are you choosing to transfer to (or stay in) this district? _____

Is a language other than English the primary language spoken in the home? Yes No If yes, what language? _____

Has your child ever been expelled? Yes No If yes, list name of student, the school attending and reason: _____

Has your child been suspended within the last two years? Yes No If yes, list student name, school attending and reason: _____

Does your child have an IEP or 504 plan? Yes No If yes, list student name, school attending and reason: _____

1. I verify that I have read and understand the information printed on the reverse of this form concerning this program.
2. I verify that the information provided above is, to the best of my knowledge, true and accurate.

_____ Date

_____ Signature of Parent/Guardian

RETURN APPLICATION TO:
Corunna Public Schools
Superintendent's Office
124 N. Shiawassee Street
Corunna, MI 48817

Official Use Only – Corunna Public Schools
Student admitted as Schools of Choice Yes ___ No ___
Building student will attend _____
Copies To: _____ Date: _____
Schools of Choice List Updated: _____



To prepare an unprecedented number of students for college and/or careers, regardless of demographic factors.



CORUNNA PUBLIC SCHOOLS' SCHOOLS OF CHOICE APPLICATION

Please note: We do not accept students who require Special Education services from outside Shiawassee County due to funding and liability concerns.

The application on the other side of this page must be completed to apply for entrance to our school system.

Please be advised that if there are more applicants than openings, the following guidelines will apply:

1. If the student applying for admission has brothers or sisters in our district, they will have priority over other applicants.
2. A drawing will take place among all remaining applicants.

Bring this application with you to Kindergarten Registration or drop off ahead of time to:

**Corunna Public Schools
Superintendent's Office
124 North Shiawassee Street
Corunna, Michigan 48817**

Please contact the superintendent's office (989) 743-6338 with questions.

NONDISCRIMINATION POLICY

In compliance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disability Act of 1990, and the Elliott-Larsen Civil Rights Act of 1977, it is the policy of the Corunna Public School District that no person shall, on the basis of race, color, religion, national origin or ancestry, gender, age, disability, height, weight, or marital status be excluded from participation in, be denied benefits of, or be subjected to, discrimination during any program, activity, service or in employment. For information, contact the Superintendent's Office, (989)743-6338.

OUR MISSION

*To prepare an unprecedented number of students for college **and/or** careers, regardless of demographic factors.*