

The best ships...



Are friendships!

**Corunna Public Schools'
Kindergarten Registration**

Thursday, March 23 4:00 pm – 8:00 pm

Friday, March 24 9:00 am – 4:00 pm

Call Today For Your Appointment • [\[989\] 743-1579](tel:9897431579)



Welcome to the Corunna Public Schools'
Kindergarten Registration
2017-2018

Thursday, March 23 from 4:00 P.M. until 8:00 P.M.

Friday, March 24 from 9:00 A.M. until 4:00 P.M.

at

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

Multiple sessions are available during the above times; each session will last 45 minutes.

Follow the three steps below to make your child a Cavalier!

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

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.

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

- 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, 2017. If your child does not meet the minimum age requirement but will be 5 years of age no later than December 1, 2017, we may enroll your child for the 2017-18 school year. Parent or guardian will complete a waiver form at registration.
- Your child's immunization record

Call (989) 743-1579 today to join the Corunna family!

For Schools of Choice Parents- Schools of Choice applications are available at any of our buildings, the superintendent's office (124 N. Shiawassee St., Corunna) or on our website (www.corunna.k12.mi.us) or Facebook page. They are also included in this packet. The application, along with proof of residence (i.e. Consumers Energy or telephone bill with parents' name and address) must be turned in with your application. Should you have questions regarding Schools of Choice, please 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.

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 notify who should be called in priority order:

Name _____ Phone _____ Relationship _____
Address _____

Name _____ Phone _____ Relationship _____
Address _____

Name _____ Phone _____ Relationship _____
Address _____

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 a language **other than English**? Yes No

Is the primary language used in your child's home or environment a language **other than 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 the student living? Check only one response:

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

2. The student lives with: Check one response

- 1 or 2 parents or guardians
- Adult who is not parent or legal guardian
- Friends
- 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 application for Free/Reduced Price School Meals? Yes No (*Application must be filled out each school year.*)

I would like to be contacted by the CPS Food Service to answer questions or concerns regarding the school meal programs? Yes No

It is possible to fill out a free/reduced application on line at <http://lunchapp.com/>. You may make school meal payment and receive low balance email alerts at www.Sendmoneytoschool.com.

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 1/25/17

Corunna Public Schools'

Transportation Enrollment Form

Office Use Only:

Bus _____

Date _____

Student's Name: _____

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 (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 you need 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: _____

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Corunna Public Schools' Schools of Choice Application

JE 1/25/17

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: _____

School Child is Currently Attending _____

Did a child in your household attend Corunna Public Schools during 2016-17? 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: _____

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: _____

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CORUNNA PUBLIC SCHOOLS' SCHOOLS OF CHOICE APPLICATION

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

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.

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