



Board of Education, Administration Office
378 State Street, Door 20
enrollcps@charlottenet.org
517-541-5100
Charlotteoroles.com

Enrollment Checklist

*Items that **must** be presented to the District Registrar prior to your child being enrolled into Charlotte Public Schools in addition to enrollment packet*

- **Certified Birth Certificate**
- **Parent/Guardian Identification**
 - Copy of any court order establishing the right of custody will be required for registration if adult enrolling the student is not listed on the certified birth certificate.
- **Up-to-date Immunization Records**
- **2 Proofs of Residency (See Residency Affidavit in enrollment packet for accepted proofs)**
- **Special Education Services with Copy of Last IEP**
- **Students entering their first year of school**
 - Hearing and Vision Screening Verification
 - Dental Oral Assessment

*In order to provide the best transition for your child into Charlotte Public Schools, it may take up to **two (2) school days** for your child to be placed upon receipt of all enrollment paperwork.*

Charlotte Public Schools required enrollment forms found in packet

- | | |
|--|---|
| ○ Enrollment Form | ○ Request for Educational Records (if applicable) |
| ○ Enrollment Transition Questionnaire Form | ○ Student Network Application |
| ○ Consent for Disclosure of Immunizations | ○ Transportation Form |
| ○ Residency Verification Affidavit (Include two Proofs of Residency) | ○ Technology Acceptable Use Policy Form |
| | ○ SEL Dog Support Notice |
| | ○ McKinney-Vento Assistance Form (if applicable) |



Enrollment Form Young 5's – 12th

You must present ID, a certified birth certificate, immunization record & 2 proofs of residency

Student Information

Child's Legal Name: _____
(As shown on birth certificate) First Name Middle Name Last Name

Gender: MALE FEMALE Date of Birth: ____/____/____ Place of Birth: _____
(Circle One) Month Day Year City State

Current Address: _____
Street Address Apt/Unit# City Zip Code

County of Residence: _____ School District of Residence: _____

Previous School Attended: _____
School Name /Pre-School or Daycare City/State # of Years Attended

Grade Entering: _____ Does your child presently receive Special Education Services? No Yes, _____
Service Type

Ethnic and Race Category: Both Part A and Part B must be answered

PART A ETHNICITY Is this student Hispanic/Latino?
_____ 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)

PART B RACE What is this 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, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand or 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 Hawaii, Guam, Samoa or other Pacific Islands)
_____ 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 A or B is not answered, the U.S. Department of Education **requires** the school district to supply an answer on your behalf.

Medical Information

Medication, allergies, etc. Health Conditions that apply to your child: _____

Family Physician: _____ Office Phone: _____

Military

Is a parent Full-Time Armed Forces, National Guard or Active Duty: No Yes Branch: _____

Family Information

Siblings Attending Charlotte Public Schools:

Name: _____ Building they attend: _____

Name: _____ Building they attend: _____

Name: _____ Building they attend: _____

Parent/Guardian in This Family, Living with Child at Documented Address

Name: _____
First Name Middle Name Last Name

Relationship to Child: Father Mother Foster Parent Other (Specify) _____ Marital Status _____

Phone: Primary: _____ Cell: _____ Work: _____

Email Address: _____

Name: _____
First Name Middle Name Last Name

Relationship to Child: Father Mother Foster Parent Other (Specify) _____ Marital Status _____

Phone: Primary: _____ Cell: _____ Work: _____

Email Address: _____

If child's mother or father lives at a different address than documented, provide that information here.

Name: _____
First Name Middle Name Last Name

Relationship to Child: Father Mother Foster Parent Other (Specify) _____ Marital Status _____

Address: _____
Street Address Apt/Unit City State Zip Code

Phone: Primary: _____ Cell: _____ Work: _____

Email Address: _____

Emergency Contacts: In an emergency the school may contact and/or release this student to the following adults. Please use persons that can be reached by phone. List in order which you would like contact to be made.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

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



Enrollment Transition Questionnaire

Welcome to Charlotte Public Schools!

Please fill out the information below in order to make your child’s transition to our school district as smooth as possible.

Child’s Name _____ Date of Birth _____

Current supports or criteria that applies to your child (Check all that apply)

- Individual Education Plan (IEP)
- 504 Plan
- Math Support
- Reading Support
- Behavior Support
- Resource Room
- School Counseling Support
- Speech/Language Therapy
- Physical Therapy
- Occupational Therapy
- Eligible for Free/Reduced Lunch
- Chronic Absenteeism
- Victim of Child Abuse or Neglect
- Pregnant Teen or Teen Parent
- Family/Student History of School Failure, Incarceration or Substance Abuse
- Immigrant (last 3 years)
- Limited English (ESL/ELL)

Primary Language

Name and city/state of previous school: _____

If enrolling in kindergarten, are you interested in enrolling in Young 5’s (2 year Kindergarten Program)? YES NO

Are there any diagnosed allergy or medical conditions we should be aware of? _____

Does your child take any medication regularly at school? _____

Has your child ever been suspended or expelled from school? yes no

Do you have any concerns about your child that have not been addressed (emotionally, behaviorally, socially, academically)? _____

What other information do you think we should know to best serve your child? Special interests, clubs, sports, hobbies?

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

Office Use Only:

Student Grade: _____ Registrar Notes: _____

Form Received By Registrar On: _____ Form Sent To Building Administrator On: _____

Administrator Notes: _____

Charlotte Public Schools

Consent for Disclosure of Health 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.

Other health information shared with the health department could include: Hearing & Vision Screening and Dental Oral Assessment.

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

*I authorize **Charlotte Public 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: ___/___/___

Printed Parent/Guardian Name: _____

_____ Date: ___/___/___

Signature of Parent/Guardian OR Eligible Student



Residency Verification Affidavit

Name of Student _____ Student's DOB: _____

According to State Attorney General Opinion N. 5925, school districts have the right to ask new enrollees to prove residency. By signing this 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.

If you are living in the home of another person without a rental or lease agreement, that person must also sign this document under "Person with whom family is residing with" and prove their residency.

--PLEASE READ CAREFULLY--

Should the district learn that this is not the residence and that the parent lives outside the boundaries of the Charlotte School District, the student will be excluded from the district immediately. Further, the district will require a tuition payment be made for the time in attendance as a non-resident and will take any legal steps to recover the same. Finally, the falsification of documents will result in filing of a complaint with the appropriate law enforcement agency for criminal prosecution against all parties involved.

BY SIGNING BELOW, YOU INDICATE THAT YOU HAVE READ AND UNDERSTAND THIS DOCUMENT

Address _____ City _____ Zip _____

Parent/Guardian Signature _____ Date _____

_____ Date _____

Signature of Person with whom family is residing with (if applicable)

Office Use:

Verification of residency may be made with two of the following (Check those that apply):

Driver's License Property Tax Statement Utility Bill Lease Agreement

Voters Registration Mortgage/Home Closing Documents Other (describe) _____

CPS Staff Signature & Title _____ Date _____



REQUEST FOR EDUCATIONAL RECORDS & AFFIRMATION OF PRIOR DISCIPLINE RECORD

Please forward all transcripts, grades, test records, psychological & diagnostic evaluations, health records & special education records at your earliest opportunity

(Student's Name) (Grade) (Date of Birth)

Last School Attended:

(Name of School) Fax # _____

(Address) (City) (State) (Zip)

DIRECTIONS: Check the box next to the appropriate paragraph. Please provide information, and sign this document.

Paragraph 1:

The undersigned affirms that _____ has NOT been suspended or expelled from any school.

Paragraph 2:

The undersigned affirms that _____ HAS been suspended or expelled from any school.

If you checked the box in paragraph 2, please explain the circumstances. Include the school name, date of suspension or expulsion, and a brief description of the incident giving rise to the suspension or expulsion.

I hereby authorize the release of all records requested above.

(Parent/Guardian Signature) (Date)

FOR OFFICE USE ONLY:

Date sent: _____ Signature of CPS Staff Member: _____

Please Send Records To:

- Charlotte High School, Charlotte Middle School, Charlotte Upper Elementary School, Parkview Elementary School, Washington Elementary School, Galewood Early Elementary School

****Please include state assigned UIC # _____****

**Charlotte Public Schools
Acceptable Use Policy
Electronic Information Access and Use for Educational Purposes
Member Responsibility Declaration**

Charlotte Public Schools has developed an Electronic Information Access and Use for Educational Purposes Policy for using the Internet, local and wide area networks, computers and related technical and audio visual equipment. Access and use of these technologies is a privilege for the User and must be used responsibly in the pursuit of educational endeavors.

I have read, understand, and will abide by the Electronic Information Access and Use Policy located at https://www.charlotteorleans.com/downloads/technology_files/use_access_policy.pdf and the Lab/Classroom-Computers/Equipment/Internet Use Policy, and the applicable sections of the Student Handbook. I agree to be responsible for and abide by all rules and regulations of these policies and handbook. I understand that should I commit any violation, my privileges may be revoked, school disciplinary action and/or appropriate legal action may be taken.

User's Signature: _____ Date: _____

(If you are a student of Charlotte Public Schools, a parent or guardian must also read and sign this agreement)

Charlotte Public Schools has taken precautions to prohibit access to inappropriate materials. However, I also recognize it is impossible for Charlotte Public Schools to restrict access to all inappropriate or copyrighted materials and I will not hold them responsible for materials acquired on the network.

I will instruct my child about any other access restrictions in addition to those set forth in District Policy. I will emphasize to my child the importance of following the District rules for personal safety.

Users are responsible for following instructions in the use and care of educational technology and should refrain from using any technology for which they have not received instructions

Users may be required to make full financial restitution for any damages to educational technology or unauthorized expenses incurred through the use of educational technology.

I give permission for my child to use available technologies for educational endeavors.

As the parent or guardian of this student, I have read the Electronic Information Access and Use Policy located at https://www.charlotteorleans.com/downloads/technology_files/use_access_policy.pdf and the Lab/Classroom-Computers/Equipment/Internet Use Policy and the applicable sections of the Student Handbook. I understand that this access is designed for educational purposes.

Parent/Guardian Signature _____ Date: _____

Rev. 5/15

Last Name, First Name

Expected Graduation Date

**Charlotte Public Schools
Charlottenet
Student Account**

Member Information

Date _____

Name (full name-no aliases) _____
FIRST MIDDLE LAST

Street Address _____

City _____, MI Zip _____ Birth Date ____/____/____

Phone Numbers (Home) _____

Mother's maiden name (for security reasons) _____

You are a student at which school or site? _____

Please read the following VERY carefully and follow the instructions EXACTLY or your application cannot be processed!

Your Account will be identified by your login name. **The first six characters of your last name followed by your first name initial and grad year.** If you last name is less than 6 digits, then your login name will just be your last name flowed by your first initial. You must use all lower case letters. In the event of a duplicate login name request, middle initials will be added as the seventh digit.

Example: Abraham Lincoln would graduate in 2025 so his username would be **lincola25**

Applications will be processed upon receipt. Please allow 3 working days after we receive this application for your account to be established. You can tell it has been established when your login name and password are accepted at the login prompt. Return Membership Application and Membership Responsibility Declaration to:

Charlotte Technology Department
1068 Carlisle Hwy
Charlotte, MI 48813
Phone 517-541-5750
Fax 517-541-5755

PASSWORD:

Your password to access Charlotte Public Schools network should be known to you and no one else. You are responsible for all activity related to this login account and your password is your protection. You must provide a password on this application. Should you lose or forget your password, you will need to contact the System Administrator to request assistance. If you feel that someone else has learned your password, change it immediately and notify the System Administrator. **Allowing another person to use your password is strictly forbidden and may result in cancellation of your account.**

GUIDELINES:

The password must be no less than 8 characters and no more than 10 characters. Use a combination of letters and numbers. No spaces. **Passwords must contain at least one number.**

1. Don't use your CharlotteNet ID, name, family names, initials, your department or office mate's name, your hobbies or pets' names.
2. Avoid the use of sports or other activities in which you participate.
3. Make it something you can remember. Don't write it down!
4. Make it something you can type easily and quickly.
5. Avoid the use of nouns.
6. Don't use dates such as birthdays, anniversaries, etc.
7. Use a combination of letters and numbers. No spaces.
8. Upper and lower case letters may be used.
9. Your password must be entered **exactly**, including the correct upper and lower case letters.
10. Carefully distinguish uppercase from lowercase, I's from 1's (ones) and O's from 0's (zeros)

(Please circle UPPERCASE letters and underline numbers)

Request for Password: Not required - _____

(REMINDER: **8-10 Characters only**)

Signatures:

Please be sure to sign and date this application. By signing this application, you acknowledge you have read the Use and Access Policy for the use of the network and agree to use this service for educational purposes only. As a member of the Charlotte Public Schools, you understand that changes are made occasionally to the Use and Access Policy document and agree to abide by the current version of the document as posted electronically on Charlottenet.org. Any questions related to the Use and Access Policy should be directed to the System Administrator. As a member of Charlotte Public Schools, you agree that if you are unwilling to comply with any provision in the current Use and Access Policy, you will immediately cease using the Network Log on and contact the System Administrator to request that your login account be closed. Any violation of the Use and Access Policy may result in the loss of Network privileges and/or legal action against the individual(s).

Users have no exception of privacy as to information or activity on the Districts electronic information technologies. The District retains the right to monitor all use, including but not limited to email and voicemail communications, computer files, databases, web logs, audit trails, or any other electronic transmissions accessed through District's electronic information technologies.

Member Signature _____ Date ____/____/____

Parent Signature _____ Date ____/____/____

(Required if member is under 18)

Dear Parents,

WELCOME! Charlotte Public Schools is pleased to have you as part of our school district. The Transportation Department is looking forward to transporting your child safely to and from school.

A transportation registration form must be completed for each student. After a form is completed and received by the transportation department, it may take up to five (5) school days before your child can begin riding the school bus.

REGISTERING FOR BUS TRANSPORTATION

Each student will only have one pick-up location and one drop-off location within the school district - five days a week. This is for the safety of all students and for the purpose of eliminating any potential confusion as to where a child is to be picked-up and/or dropped-off. The single pick-up and drop-off locations can be different as long as they are both within your student's assigned school zone.

CHILD CARE

We offer transportation to and from daycare if the daycare address is located within the student's school boundary. Please check with the transportation office to determine if your day care is located in the proper school zone.

If you have any questions or concerns concerning transportation, please call us at (517)543-3400.

Sincerely,

The Transportation Department

CHARLOTTE PUBLIC SCHOOLS TRANSPORTATION REGISTRATION FORM

378 State St. Charlotte, MI 48813 Phone (517) 543-3400 Fax (517) 543-8558

One PICK-UP Location:

***ONE REGISTRATION FORM MUST BE COMPLETED FOR EACH STUDENT**

[] Not Needed [] At Home or nearest designated bus stop

Today's Date: _____

[] At Daycare or nearest designated bus stop

Student's Name: _____

**For Daycare complete information below:

Home Address: _____

Daycare Provider's Name: _____

City: _____ Zip: _____

Address: _____

Home Phone: _____

Phone: _____

School: _____ Grade: _____

One DROP-OFF Location:

Parents/Guardians Names: _____

[] Not Needed [] At Home or nearest designated bus stop

Mom's Cell Phone: _____

[] At Daycare or nearest designated bus stop

Dad's Cell Phone: _____

**For Daycare complete information below:

Mom's Work Phone: _____

Daycare Provider's Name: _____

Dad's Work Phone: _____

Address: _____

In Case of Emergency, contact Mom or Dad first? _____

Phone: _____

Emergency Contact Name: _____

*Date you would like this to begin _____

Relationship: _____ Phone: _____

Parent Signature _____ **Date** _____

Emergency Contact Name: _____

*I understand that it may take up to 5 school days for transportation to begin and that if my student is Y5-3rd Grade, it is Charlotte Public Schools policy that

Relationship: _____ Phone: _____

Medical Info/Other Concerns: _____

a parent must be at the stop in the PM or my student may be returned to the Transportation Department (see Transportation Student Handbook for full policy)



Charlotte Public Schools SEL Support Dog Notice

Charlotte Public Schools will be implementing a SEL Support Dog program during the 2023-2024 school year at your child’s school. Research has shown that support dogs in schools can help build strong social emotional skills in students. A support dog presence has also been shown to reduce anxiety, help students work through anger management concerns, reduce bullying tendencies, and address other personal and social issues that all of our developing students deal with. There are specific goals of the SEL support dog program and they include but are not limited to: increase empathy and compassion in students; help students connect with something in the school setting and reduce anxiety; and improve academic performance, while increasing confidence and self-esteem.

Our SEL support dog will be trained and certified through Canines for Change. Our dog has passed a temperament evaluation for suitability to become certified and to work in a variety of settings around people.

Our SEL support dog is owned by Charlotte Public Schools and is cared for by our employees. Each SEL support dog has a host that takes care of them while they are not at work and a handler that cares for them while at work. Both the host and handler have been properly trained through the Canines for Change program and meet very strict requirements for the ongoing care of the dog and the conditions under which our dog works.

You will find attached to this letter more specific information about the SEL support dog assigned to your child’s building including: name, age, breed, size, host name and handler name. It also includes a list of expectations for students when interacting with the SEL support dog. We encourage you to review these expectations with your child.

Please complete the form below acknowledging your preference as to whether you wish your child to have contact with a CPS support dog. If we do not receive a response from you within ten (10) business days we will automatically assume you do not have any concerns and approve interaction between your student and the SEL support dog. Please contact your building principal if you have questions regarding this program.

Student’s Full Name: _____ Grade: _____

I understand that my child may have incidental or student-initiated contact with the SEL support dog. I understand that the SEL support dog may be in my child’s classroom and may be part of the student support process. I understand that this permission form will remain in effect for the current school year. If I should change my mind regarding my child’s interaction and participation with the SEL support dog, I understand I must provide notice in writing to my child’s principal.

- Yes, my child may have contact with the SEL support dog.
- No, my child may NOT have contact with the SEL support dog.
 - Due to Allergies
 - Due to Fear of Dogs
 - Other _____

Parent/Guardian Signature: _____ Date: _____

CHARLOTTE PUBLIC SCHOOLS
MCKINNEY-VENTO QUESTIONNAIRE

STUDENT RESIDENCY

By completing this questionnaire, you help the district comply with the McKinney-Vento Act. Your truthful and accurate answers help the district identify services that the student may be eligible to receive.

School _____

Student's Name _____ Male Female

Date of Birth (Month/Date/Year) _____ Age _____ Grade _____

Parent(s)/Legal Guardian(s) Name _____

Address _____

City/State/Zip _____

Tel. #/Page # _____

1. Where is the student living now?

In a shelter In a motel or hotel With more than one family in a house or apartment
 In a car Campsite or Campground With friends or family members (other than parent/guardian)
 None of the above Unaccompanied youth Additional Details _____

2. To your knowledge, was the student listed as eligible under McKinney-Vento in a previous district since the beginning of this school year?

Yes No

If you checked the box marked "None of the above" for Question 1 and "No" for Question 2, you do not have to complete the remainder of this form. Please sign below and return this form to your school office.

3. Does the living arrangement checked in question 1 result from a loss of housing or economic hardship?

Yes No Unsure

4. The student lives with

1 Parent 2 Parents 1 Parent & another adult A relative, friend(s) or other adults
 Alone with no adults An adult who is not the parent or the legal guardian

5. If parent, guardian, or unaccompanied has ever served in the military, please check this box.

PARENT/LEGAL GUARDIAN'S SIGNATURE _____ DATE _____

Please return a copy of this form to Amber Creech

FOR SCHOOL USE ONLY

Student not covered by McKinney-Vento Act
 Student covered by McKinney-Vento Act
 Student not currently MV, but eligible for services for the remainder of the school year based on status in a previous district.
 Follow-up required

Name & telephone # of a contact person

At the student's school who may

Know of the family's situation _____ Date Received _____

McKinney-Vento Rights Notification

Date: _____

Name of Student: _____

Unaccompanied Youth: Yes _____ No _____

Name of Father: _____

Name of Mother: _____

Name of Guardian: _____

Under the McKinney-Vento Assistance Act the following rights apply to youth/families in transition:

- Youth in transition are those who lack a fixed, regular, and adequate nighttime residence.
- Youth in transition have the right to attend either the local school or the school of origin, if this is in the best interest of the student.
- Youth in transition have the right to receive transportation to and from the school of origin.
- Youth in transition have the right to enroll in school immediately, even if there are missing records and documents normally required for enrollment (birth certificate, immunizations).
- Youth in transition have the right to have access to the same programs and services that are available to all other students, including transportation and supplemental educational services.
- Youth in transition have the right to attend school with children not experiencing transitional housing difficulties; segregation based on a student’s status as “youth in transition” is prohibited.

Under this Act, the student has the right to attend the following school districts, as well as any public school academy with openings in the attendance area:

School of Origin: _____

School of Residence: _____

The following transportation options to the School of Origin are offered to this student:

My signature below indicates that these rights have been offered and explained to me on the date above, and that I have received a copy of this information.

Student Signature (if age appropriate): _____

Parent Signature: _____

Guardian Signature: _____

Liaison Note: This information is given to parents and youth via the school district liaison upon enrollment and once again while enrolled in the school district.

Liaison Signature: _____ Date: _____

School District: _____