



Board of Education, Administration Office  
378 State Street, Door 20  
[enrollcps@charlottenet.org](mailto:enrollcps@charlottenet.org)  
517-541-5100  
Charlotteorionles.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)  |



**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:** \_\_\_\_\_

  
**Charlotte**  
**PUBLIC SCHOOLS**  
**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)

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

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.

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*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 \_\_\_\_\_



378 State St, Charlotte MI, 48813 Ph:(517-541-5100)

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) Email/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

Please send cumulative records to:

- Checkboxes for various schools: Charlotte High School, Charlotte Middle School, Charlotte Upper Elementary School, Parkview Elementary School, Washington Elementary School, Galewood Early Elementary School.

Special Education Department: Ph (517)541-5132

Date Requested Initials of CPS staff member

**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.charlotteoroles.com/downloads/technology\\_files/use\\_access\\_policy.pdf](https://www.charlotteoroles.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.charlotteoroles.com/downloads/technology\\_files/use\\_access\\_policy.pdf](https://www.charlotteoroles.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: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

**Parent Signature \_\_\_\_\_ Date \_\_\_\_\_**

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Info/Other Concerns: \_\_\_\_\_

\*I understand that it may take up to 5 school days for transportation to begin and

that if my student is Y5-3<sup>rd</sup> Grade, it is Charlotte Public Schools policy that

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)12



## 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: \_\_\_\_\_

*Our kids. Our community. Our future.*  
[www.charlotteorioles.com](http://www.charlotteorioles.com)

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: \_\_\_\_\_