REGISTRATION CHECKLIST 2025-2026 for Grades 1-5

*Student Name:*_____ *Grade:*_____

*DOB:*_____ *Gender:* ☐*M* ☐*F* *Teacher*_____

☐ *Student Information Emergency Form*

❑ *Registration Form*

- *All 3 pages*

❑ *Ethnicity/Race Form*

- *Both sections must be completed.*

❑ *FERPA Form*

❑ *Vision & Hearing Screen Results, Dental Oral Assessment*(these must occur* ***on or after March 1st, 2025****. May be turned in @ beginning of 2025-26 school year)*

- ****If registering for the first time in kindergarten or first grade in a school in this state.***

❑ *Certificate of Live Birth (May be turned in @ beginning of 2025-26 school year)*

- *If not provided, complete additional form.*

  (Please fill out the above form for now).

❑ *Immunization Record/Waiver Form*

☐ *Proof of Residency (rent receipt, mortgage payment receipt, utility bill, property tax bill, voter registration or driver's license copy) or School of Choice Form*

☐ *Copy of Custody Agreement (if applicable)*

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26042 M 32 S
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(989)742-4538 - phone
Hillman Elementary School
245 E. Third St.
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(989)742-4537 - phone

www.hillmanschools.com

Mission
Inspiring each student to reach their maximum potential through a collaborative, rigorous and student-focused education

Vision
Successful life-long learners who are ready for college, career, and life in an ever-changing world.

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Records Request Form

TO: _____
Name of Last School Attended

_____
Street Address

_____
City State Zip

Student Name:_____ **DOB:**_____ **Grade:**_____

Please send the records of the above named student to:

HILLMAN ELEMENTARY SCHOOL
Attention: Student Records
245 E. Third Street
Hillman, MI 49746

Please include the following:

1. Cumulative Records
2. Health and Immunization Records
3. Test Scores
4. Psychological, Psychiatric, and Emotional Evaluations
5. Special Education Records
6. Student Threat assessment records

These records will be for the professional use of authorized Hillman Community School District personnel only. Any further information you can give us to help in the proper placement of this child will be appreciated. Thank you for your cooperation.

Section 99.34 of the Family Education Rights and Privacy Act of 1974 states in summary that: Schools may send a student's educational records to officials of other schools or school systems in which the student seeks or intends to enroll, upon condition that the student's parent be notified of the transfer, receive a copy of the record, if desired, and have an opportunity to challenge the content of the record.

As the parent/guardian of the above named child, I have read the statement above and give consent for the information as requested be sent.

_____ _____
Date Signature of Parent/Guardian

Rev. 5/31/2023

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Elementary School Enrollment Form

School Day 7:50 a.m. – 2:50 p.m.

STUDENT INFORMATION

Legal Name (as listed on the certified birth certificate – please provide a copy)

Last: First: Middle: Suffix:

Date of Birth: City/State of Birth: Gender: ☐ M ☐ F Grade:

Primary Home Street Address: Apt# City Zip

Student's Primary Home Phone#: Cell Phone #:

Mailing Address (if different than Home Address)

Does your student receive Special Education Services?
☐ Yes ☐ No
(Check all that apply) ☐ Specific Learning Disability ☐ Emotionally Impaired ☐ Otherwise Health Impaired ☐ Cognitive Impairment ☐ Hearing Impaired ☐ Visually Impaired

What type of services does your student receive?
(Check all that apply)
☐ Special Ed. Classes ☐ Speech ☐ 504 plan ☐ Occupational/Physical Therapy ☐ Other
Please explain Other:

Has this student ever been expelled from a school district?
☐ Yes ☐ No

If yes, please list date(s) and district(s):

Previous School Attended (if applicable):

STUDENT MEDICAL INFORMATION

List any chronic health conditions:

List any allergies (if food related, we must have a copy of a doctor's note on file):

Does student use an Epi-Pen or other emergency medication? ☐ Yes_____ ☐ No
(If answer is yes and it is needed at school, additional paperwork will need to be completed.)

STUDENT ETHNICITY/LANGUAGE INFORMATION

Please note that if ethnicity and race info is not provided, the US Dept. of Education requires the school district to provide an answer on your behalf

Is Student Hispanic/Latino? ☐ Yes ☐ No
Student Ethnicity: (please check at least one)
☐ American Indian/Alaskan Native ☐ Asian
☐ Black/African American ☐ White
☐ Native Hawaiian/Pacific Islander

Primary Language: (required)
What language did your child first speak?
☐ English ☐ Other_____
Other languages spoken in home? _____
Preferred language for communication?

CUSTODY

Student lives with: (please check):

☐ Both parents (same household) If yes, skip to next section. If no, please provide legal documentation if necessary.
If there is a current Order of Protection, No Contact Order or other safety factors which concern this student, please provide a copy.

List the names and relationships of all adults residing with the student: _____

_____

☐ Lives with Mom ☐ Lives with Dad ☐ Lives with Legal Guaradian(s)

☐ Sole Physical Custody ☐ Joint Physical Custody ☐ Lives with Other

Please explain: _____

Description of Residence: (please select one)

☐ Single family in a house or dwelling
☐ Hotel/Motel Name: _____
☐ Lives with friend or relatives-other than parents or guardians
☐ Transitional housing or other: (Please describe):
☐ More than one family in a house or dwelling
☐ Shelter Name: _____
☐ Unsheltered

PARENT/GUARDIAN INFORMATION

Mother Legal Name: Last Name_____ First Name_____ Middle_____			Relationship to Student: ☐ Biological Mother ☐ Step Mother ☐ Foster Mother ☐ Legal Guardian
Home Phone	Cell Phone	Do you reside with student: ☐ Yes ☐ No	
Address (if different than student's primary address)			
Place of Employment	Work Phone	Status: ☐ Single ☐ Married ☐ Divorced	

PARENT/GUARDIAN INFORMATION

Father Legal Name: Last Name_____ First Name_____ Middle_____			Relationship to Student: ☐ Biological Father ☐ Step Father ☐ Foster Father ☐ Legal Guardian
Home Phone	Cell Phone	Do you reside with student: ☐ Yes ☐ No	
Address (if different than student's primary address)			
Place of Employment	Work Phone	Status: ☐ Single ☐ Married ☐ Divorced	

FAMILY INFORMATION: Please list all children in the family, oldest first

Name	School Attending	Gender	Age	Date of Birth
		__M __F		
		__M __F		
		__M __F		

EMERGENCY CONTACT (other than a parent/guardian)

1st Choice:	Name	Phone#	Relationship to Student
2nd Choice:	Name	Phone#	Relationship to Student
3rd Choice:	Name	Phone#	Relationship to Student

(please initial the boxes)

☐ As part of our annual requirements, all families must complete and return the Free and Reduced Price Meal Application by the end of the first week of school. This applies to all students, even if you do not plan to participate in the school meal program.

☐ I hereby give permission to Hillman Community Schools to secure emergency medical and/or emergency surgical treatment for the minor child named on this document while in the care of the school.

☐ I grant Hillman Community Schools permission to take photographs of my child and publish them in print and/or electronically. **If not, complete the** Photo Opt-Out Form**.**

☐ I acknowledge that the Concussion Fact Sheet for Parents is provided at this link https://www.cdc.gov/headsup/pdfs/schools/TBI_factsheets_PARENTS-508-a.pdf.

☐ I authorize Hillman Community Schools to release my child's immunization record and personally identifiable information 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.

☐ Hillman Community Schools may release "Directory Information" regarding my child in certain school publications and to companies with legitimate school district business, such as yearbook publication, school pictures, class rings, local radio stations and news media announcements including the school Facebook page. **If not, complete** Directory Opt-Out Form**.**

☐ I am the parent/legal guardian of the above named student. I acknowledge that the Code of Conduct for Students is available in the parent/student handbook at https://www.hillmanschools.com/downloads/elementary/2024-2025 elem_student_handbook.pdf and it is my responsibility to discuss it with my child.

☐ I acknowledge that the Hillman Community Schools current Student Technology Acceptable Use and Safety policy (po7540.03) is available at https://go.boarddocs.com/mi/hillma/Board.nsf/Public?open&id=policies# and understand that my student is required to follow all guidelines set forth in the policy and agree to the terms and conditions as outlined in this policy and the parent/student handbook.

☐ To ensure the safety and well-being of all students and staff, our school requests permission to receive any relevant threat assessments or safety-related evaluations conducted on your child by previous schools, agencies, or authorities.

Please sign below to authorize the release of such information to Hillman Community Schools, so that we can provide appropriate supports and maintain a safe learning environment for everyone.

Parent/Guardian Signature: _____
Date: _____

I hereby acknowledge that the information provided on this form is true and accurate. I understand that it is my responsibility to notify the appropriate school office if and when any of the information set in the form changes.

Enrollment in Hillman Community Schools is consent for online learning.

_____ _____

Parent/Guardian Signature Date

SCHOOL OFFICE USE ONLY			
Enrollment Date:		Documents Received:	
Student ID:		☐ Birth Certificate	☐ Court Documents
Residing District:	Entry Code:	☐ Imm Record/Waiver	☐ IEP/504
☐ Records Requested		☐ Residency Verification	☐ KG Hearing Screen
Request Date:		☐ Lunch App	☐ KG Vision Screen
☐ Records Received Date:		☐ Emergency Card	☐ Other_____

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New Entrant Services Form

Student Name: _____ **Age:** _____ **Grade:** _____

Note to Parents: completion of this form will help Hillman Community Schools meet the educational needs of students registering for the first time in our school system. We would appreciate your completing this form to the best of your knowledge reflecting the educational program your child received in their previous school in the year prior to enrolling in Hillman Community Schools.

1. Please place an "x" in front of any services listed below that the above named student received last year.

____A. Special Education (Please check classification, if known.)

- ☐ Specific Learning Disability (SLD)
- ☐ Emotionally Impaired (EI)
- ☐ Otherwise Health Impaired (OHI)
- ☐ Cognitive Impairment (CI)
- ☐ Hearing Impaired (HI)
- ☐ Visually Impaired (VI)

____B. Speech Therapy

____C. Chapter I/Title I (Please check services received.)

- ☐ Reading Services
- ☐ Math Services
- ☐ Other_____

____D. Special Counseling Services (other than school counselor)

____E. School Success Services

2. Please describe any special health conditions your child may have. If none, write "None."

_____

_____

_____

_____ _____

Parent/Guardian Signature Date

Rev. 4/10/2025

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RACE & ETHNICITY

Student Name:_____ DOB:_____

Part A: Is this student Hispanic/Latino? (Choose only one)

☐ No, not Hispanic/Latino

☐ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter which box you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.

Part B: What is the 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 American, including Central America).

☐ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and 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
people 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 part (A or B) is not answered, the U.S. Department of Education requires the school district to supply an answer on your behalf.

_____ _____

Parent/Guardian Signature Date

Hillman Community Schools

Consent for Disclosure of Personally Identifiable Information and Immunization 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 and immunization 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.

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

I authorize_____Hillman Community Schools_____to release my child's immunization record and personally identifiable information 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: __/__/__

Signature of Parent/Guardian
or Eligible Student: _____ Date:__/__/__

Printed Parent/Guardian Name: _____

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Welcome to Hillman Elementary!

We welcome you and your family to our learning community. Here are a few resources you may find helpful.

PTSG - Our Parent Teacher Support Group is strong. Meetings are held on the first Wednesday of each month at 6:30 p.m. in the Elementary School library. PTSG Board members can be reached at ptsg@hillmanschools.com.
Each year they organize or fund events such as:

- Back-to-School Carnival
- Crafty Christmas
- Ladies' Night Out Dinner and Auction
- Fun Field Day
- Bussing for Field Trips

School Website – www.hillmanschools.com/elementary - There is plenty of information available on the website, and it's updated frequently. For instance, you can find:

- Student Handbook
- Breakfast/Lunch Menus
- School Year Calendar
- Facebook feed featuring current events and announcements.
- Various Resources

Like us on Facebook! Visit our website for the link directly to our Facebook page. Many photos and activities/reminders are posted. Be sure to subscribe to our events section. Click like today!

LIKE US ON facebook

Hillman Community Schools
TRANSPORTATION INFORMATION
2025-2026

Parents and Caregivers, we need your help to stay within the guidelines of the law. We cannot have students going to different addresses at any given time. They need **one** address to get picked up in the morning and **one** address (can be the same address as the morning) to get dropped off in the afternoon.

If they need to go someplace different, it will be the parents' and guardians' responsibility to accomplish this, not the school's. If students try to go to a different address, they will be placed on the bus going to the address listed below. If this happens on a regular basis, the school may refuse transportation privileges for a period of time.

Student Name:_____ DOB:_____

☐ My child will **not** be riding the bus.

☐ My child will be riding the bus.

	Picked Up (Morning)	***Dropped Off (Afternoon)***
Address:	_____	_____
Adult Present:	_____	_____
Phone Number:	_____	_____

Note: Bus routes are determined by student location. Please call the Transportation Office at 742-3501 or the Elementary Office at 742-4537 with any transportation questions.

_____ _____

Parent/Guardian Signature **Date**

****This form needs to be turned in to the ICE teachers during Open House(middle/high school students) or the main office (elementary/middle/high school students) earlier so that bus routes can be created!**

Thank you for your cooperation regarding this procedure.

☐ ****Check here if there are no changes from the 2024-2025 school year****