

## Hillman Community Schools

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

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



### Hillman Jr/Sr High School

26042 M-32  
Hillman, MI 49746  
(989) 742-4538 – phone  
(989) 742-4536 – fax

### Hillman Elementary School

245 E. Third St.  
Hillman, MI 49746  
(989) 742-4537 – phone  
(989) 742-4509 – fax

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

☐ Yes ☐ No

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

Education requires the school district to provide an answer on your behalf

Please note that if ethnicity and race info is not provided, the US Dept. of

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: \_\_\_\_\_

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Lives with Mom        | <input type="checkbox"/> Lives with Dad         | <input type="checkbox"/> Lives with Legal Guardian(s) |
| <input type="checkbox"/> Sole Physical Custody | <input type="checkbox"/> Joint Physical Custody | <input type="checkbox"/> Lives with Other             |

Please explain: \_\_\_\_\_

Description of Residence: (please select one)

- |   |  |
|---|--|
| <input type="checkbox"/> Single family in a house or dwelling                           | <input type="checkbox"/> More than one family in a house or dwelling |
| <input type="checkbox"/> Hotel/Motel Name: _____  | <input type="checkbox"/> Shelter Name: _____                         |
| <input type="checkbox"/> Lives with friend or relatives-other than parents or guardians | <input type="checkbox"/> Unsheltered                                 |
| <input type="checkbox"/> Transitional housing or other: (Please describe): _____        |  |

**PARENT/GUARDIAN INFORMATION**

Mother Legal Name:			Relationship to Student:
Last Name _____	First Name _____	Middle _____	
Home Phone _____	Cell Phone _____	Do you reside with student: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Biological Mother <input type="checkbox"/> Step Mother <input type="checkbox"/> Foster Mother <input type="checkbox"/> Legal Guardian

Address (if different than student's primary address)

Place of Employment _____	Work Phone _____	Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced
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**PARENT/GUARDIAN INFORMATION**

Father Legal Name:			Relationship to Student:
Last Name _____	First Name _____	Middle _____	
Home Phone _____	Cell Phone _____	Do you reside with student: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Biological Father <input type="checkbox"/> Step Father <input type="checkbox"/> Foster Father <input type="checkbox"/> Legal Guardian

Address (if different than student's primary address)

Place of Employment _____	Work Phone _____	Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced
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**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)**

1 <sup>st</sup> Choice:	Name _____	Phone# _____	Relationship to Student _____
2 <sup>nd</sup> Choice:	Name _____	Phone# _____	Relationship to Student _____
3 <sup>rd</sup> Choice:	Name _____	Phone# _____	Relationship to Student _____



# Hillman Community Schools Enrollment Form (continued)

(please initial the boxes)

☐ 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/heads-up/media/pdfs/schools/tbi\\_factsheets\\_parents-508-a.pdf?CDC\\_AAref\\_Val=https://www.cdc.gov/headsup/pdfs/schools/TBI\\_factsheets\\_PARENTS-508-a.pdf](https://www.cdc.gov/heads-up/media/pdfs/schools/tbi_factsheets_parents-508-a.pdf?CDC_AAref_Val=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/2025-2026\\_elem\\_student\\_handbook.pdf](https://www.hillmanschools.com/downloads/elementary/2025-2026_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.

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:		<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Court Documents
Residing District:	Entry Code:	<input type="checkbox"/> Imm Record/Waiver	<input type="checkbox"/> IEP/504
<input type="checkbox"/> Records Requested		<input type="checkbox"/> Residency Verification	<input type="checkbox"/> KG Hearing Screen
Request Date:		<input type="checkbox"/> Lunch App	<input type="checkbox"/> KG Vision Screen
<input type="checkbox"/> Records Received Date:		<input type="checkbox"/> Emergency Card	<input type="checkbox"/> Other _____

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**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.

**Core Values**

Achievement – We will reach our goals!  
 Excellence – We give our best!  
 Integrity – We do the right thing!  
 Commitment – We educate all students!

## 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."

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\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date



**Mission**  
To educate and inspire all students to achieve  
their maximum potential.

**Vision**  
Preparing our learning community for the  
reality of tomorrow.

**Core Values**  
Achievement – We will reach our goals!  
Excellence – We give our best!  
Integrity – We do the right thing!



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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.

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