

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?

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? _____

Hillman Community Schools Enrollment Form (continued)

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

PARENT/GUARDIAN INFORMATION

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

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
---------------------------	------------------	--

PARENT/GUARDIAN INFORMATION

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

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
---------------------------	------------------	--

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 st Choice:	Name _____	Phone# _____	Relationship to Student _____
2 nd Choice:	Name _____	Phone# _____	Relationship to Student _____
3 rd 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/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.

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