

KINDERGARTEN REGISTRATION CHECKLIST 2025-2026

Student Name: _____ Teacher: _____

DOB: _____

Gender: ☐ M ☐ F

- ☐ Student Information Emergency Form
(parent/guardian will receive at beginning of school year)
- ☐ Registration Form
 - All 3 pages
- ☐ Prior Care Form
- ☐ Ethnicity/Race Form
 - Both sections must be completed.
- ☐ 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 a 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 an additional form.
 - Must be 5 by September 1st. (If your child turns 5 after September 1st but before December 1st, an age waiver is required.)
- ☐ Immunization Record/Waiver Form
- ☐ FERPA Form- (parent/guardian will receive at beginning of school year)
- ☐ 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)

HILLMAN ELEMENTARY SCHOOL

245 E Third St.
Hillman, MI 49746

Telephone (989) 742-4537
Fax (989) 742-4509

TO: _____
Name of last school attended

Street Address

City State Zip

RE: _____
Student's name Grade Date of Birth

Please send records of the above named student to:

HILLMAN ELEMENTARY SCHOOL
Attention: Student Records
245 E Third St
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

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

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

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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

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: <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 _____
2nd Choice:	Name _____	Phone# _____	Relationship to Student _____
3rd 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/heads-up/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 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:

☐ 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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www.hillmanschools.com

**Mission**

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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."

 Parent/Guardian Signature

 Date

<p>Mission To educate and inspire all students to achieve their maximum potential.</p> <p>Vision Preparing our learning community for the reality of tomorrow.</p> <p>Core Values Achievement – We will reach our goals! Excellence – We give our best! Integrity – We do the right thing!</p>		<p>Hillman Jr/Sr High School 26042 M 32 S Hillman, MI 49746 (989)742-4538 - phone (989)742-4536 - fax</p> <p>Hillman Elementary School 245 E. Third St. Hillman, MI 49745 (989)742-4537 - phone (989)742-4509 - fax</p> <p>www.hillmanschools.com</p>
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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

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Prior Care Information

Dear Parent/Guardian,

We would like to have the most complete information about the children enrolling in our kindergarten and program. Please complete the following information about your child.
Thank you!

School District and School: _____

Child's Name (first, middle, last): _____

Child's Date of Birth: _____

What was your child's primary form of care in the year before entering kindergarten this year?

- ☐ Great Start Readiness Program (GSRP)
- ☐ Head Start
- ☐ Child Care - Home Based
- ☐ Child Care - Center
- ☐ Tuition-based Preschool
- ☐ Early Childhood Special Education Classroom
- ☐ Young 5's/Developmental Kindergarten
- ☐ Family/Relative Care
- ☐ No Prior Care/Program

What were the reasons you either sent or didn't send your child to a preschool/prior care experience? _____

OFFICE USE ONLY

Homeroom Teacher (2025-2026) _____

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!

