

ENGADINE CONSOLIDATED SCHOOLS

ENROLLMENT 2024-2025

Welcome to Engadine Consolidated Schools!

Below you will find a list of things needed for student enrollment. **Please bring** the following when enrolling your child.

Kindergarten–12th Grade

1. Original Birth Certificate (Hospital Certificates are not acceptable.)
2. **Proof of Residency** (Driver's License, utility bill, or a rental agreement. No Advertisement mailings)
3. Student's Social Security Card
4. Immunization Records (Up to date)
5. **Kindergarten & 1st Grade Students** - Certificate of Hearing and Vision Testing
(A statement, signed by a licensed eye care practitioner or medical/osteopathic physician indicating that a child's eyes have been examined at least once after age three and **before initial school entry.**)
6. Kindergarten Only: **Oral Health Assessment** prior to enrolling in Kindergarten (Dentist or Local Health Department.)
7. School Transcript (Classes and Grades, **9th – 12 grade only**)
8. If there are **custody issues** we will need a copy of student's custody agreement.

If there is any other information that the school needs to be aware of please let us know at the time of enrollment. Please see list below of forms included in this packet.

Forms that must be filled out for enrollment:

Request for School Records (PLEASE return with the packet to be sent out by the school. Thank you!)

Registration Form*

Bus Transportation Form

Concussion Form

Technology / Virtual Courses Parental Consent Form*

Immunization Consent for Disclosure

Library Card

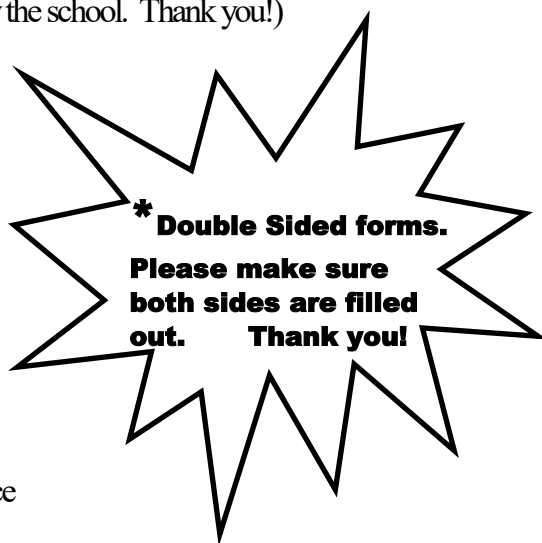
Forms that are only filled out if needed.

Student Schools of Choice form - If student is participating in Schools of Choice

Placement Identification - If student receives special education or 504 services

Title VII Form - If student is Native American

Athletic Participation Form (New Form for students who change schools after starting 9th Grade)





Board of Education
 President: Daryl Schroeder
 Vice President: Leslie Chapman
 Secretary: Nicole Solar
 Treasurer: Marjorie Nelson
 Trustee: Dave Hopper
 Trustee: Jason Koerner
 Trustee: Greg Moore

Administration
 Andrew Alvesteffer, Superintendent/K-12 Administrator
 Heather Luoto, K-12 Administrator/Instructional Coach

OFFICIAL REQUEST FOR SCHOOL RECORDS

To: _____

Date: _____
 Phone #: _____
 Fax#: _____

Regarding:

____ Student's Name: _____ Grade: _____ Birthdate: _____

____ Student's Name: _____ Grade: _____ Birthdate: _____

____ Student's Name: _____ Grade: _____ Birthdate: _____

If a student is receiving Special Education Services or on a 504 Plan, please put a check mark by their name.

Parent Signature: _____ **Date** _____

Please send to the address below, the permanent (CA60) cumulative records for the above named student(s). Also, include all supplemental materials such as special education, speech, psychological, social work, health and other pertinent information. If requested information is on file with an agency other than the local school, the name and address of the agency would be appreciated. Thank you!

Engadine Consolidated Schools
Records: Lesa Baker
W13920 Melville St
Engadine, MI 49827

This information is to be used for educational planning and placement purposes only.

Thank you,

Andrew Alvesteffer
 Superintendent/K-12 Administrator

Heather Luoto,
 K-12 Administrator/Instructional Coach

FORM TO BE SENT BY SCHOOL OFFICIAL



Engadine Schools 2024-2025

Student Registration

Student Information			
Student Full Legal Name			
Student Home Phone			
Gender			
Grade			
Social Security Number			
Date of Birth			
City & State of Birth			
Resident County			
*Race (See Note Below)			
Is this student Hispanic/Latino?			
Are there custody issues? Y / N	If yes, you will need to send in a copy of student's custody agreement.		
Address Information			
Mailing Address			
Mailing City, State, Zip			
Physical Address (if different)			
Physical City, State, Zip (if different)			
Parent Information			
Father's Name (Step Parent Y/N)			Educational Status
Home Phone/Cell Phone			
Work Phone			Occupation
Email Address			
Address (if different)			Marital Status
City, State, Zip (if different)			
Mother's Name (Step Parent Y/N)			Educational Status
Home Phone/Cell Phone			
Work Phone			Occupation
Email Address			
Address (if different)			Marital Status
City, State, Zip (if different)			
Emergency Contacts			
When a parent cannot be reached we will contact emergency person(s) listed when a child is sick or needs to be picked up.			
Contact 1 Name:		Contact 4 Name:	
Phone Type:	Phone #:	Phone Type:	Phone #:
Phone Type:	Phone #:	Phone Type:	Phone #:
Contact 2 Name		Contact 5 Name:	
Phone Type:	Phone #:	Phone Type:	Phone #:
Phone Type:	Phone #:	Phone Type:	Phone #:
Contact 3 Name		Contact 6 Name:	
Phone Type:	Phone #:	Phone Type:	Phone #:
Phone Type:	Phone #:	Phone Type:	Phone #:

*African American; American Indian/Alaskan Native; Asian; Native Hawaiian/ Pacific Islander; White

-Continued on Next Page-

Office use: Initials of Recorder _____

Educational Information	Current Records	Please list any concerns for your child below
Student receives Sp Ed Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Student receives 504 Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical Information		
Doctor's Name		
Doctor's Phone Number		
Medications/Health Issues (Please List)		
Student may use Acetaminophen or Ibuprofen at school	<input type="checkbox"/> Yes <input type="checkbox"/> No	Acetaminophen _____ mg
Homeless		Liquid Acetaminophen _____ ml
Student Currently Lives with?		Ibuprofen _____ mg
Relationship to Student.		
Is student Homeless?		
If yes please circle a choice from each box below.		
Living Arrangements Shelters Transitional Housing Double-Up Hotel/Motel Unsheltered.		Housing Status Living with Family Separated from Family Unaccompanied Youth Youth Denied Housing by Legal Parent. Abandoned Released from Penal Institution
Must Be Completed and Signed by Parent/Legal Guardian Please mark "Y" for Yes or "N" for No		
<input type="checkbox"/> Photo Release: I give permission for my child's photo to be released from the school. <input type="checkbox"/> Internet Release: I give permission for my child to use the Internet at school. This also signifies that you have read the "Acceptable Use Policy" of the school. For an additional copy, please see the school website. <input type="checkbox"/> Directory Release: In order to comply with the law, the Board of Education intends to release the following information regarding students when requested: Name of Student, Birthdate, Gender, Grade and School Attended, Parent's Name, Address, Phone Number, Honor Roll Status, School Yearbook or Class Picture book, For Athletes: Height, Weight, Position Played. By marking No, students will not be included in yearbooks, Honor Roll posting or any sports publications *****		
School-Parent Understanding		
The following procedure will be followed in the case of a severe injury or emergency situations. Parent/Guardian will be notified immediately Identified school personnel will summon aid through the emergency service for an ambulance and the child will be taken to the nearest hospital. Whenever my child is involved in a school activity and I am unavailable or able to provide authorization directly, I grant authorized to school personnel to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnosis, and treatment, including surgical intervention.		
In case of a medical emergency, and I cannot be reached, I give my child's doctor or any attending physician permission to administer medical treatment. <input type="checkbox"/> Yes <input type="checkbox"/> No		
If there is any additional information about the health and welfare of your child of which the school needs to be aware, please contact the school office directly. I understand that medical information I share of behalf of my child is confidentially shared with school personnel to ensure the health needs are met.		
_____		_____
Parent/Legal Guardian Signature		Date

Please list other children in the family and their birthdates.

1. _____ Birthdate _____ 2. _____ Birthdate _____
3. _____ Birthdate _____ 4. _____ Birthdate _____

Please let the office know of any changes throughout the school year.

ENGADINE CONSOLIDATED SCHOOLS

BUS TRANSPORTATION INFORMATION

Student Name _____ School _____

Grade _____ Gender _____ Birth Date: ____/____/____

Parent/Guardian _____ Home Phone # _____

Address _____ Cell Phone # _____

Student Pick Up Address

_____ Address

City _____ Zip Code _____

If student drop off is a different BUS STOP

_____ Address

City _____ Zip Code _____

Caretaker _____ Phone # _____

Emergency Contact _____

Phone 1 # _____ Phone 2 # _____

OFFICE USE ONLY

Start Date _____ Driver _____ Bus # _____

AM Pickup Time _____ PM Drop Off Time _____

Educational Material for Parents and Students (Content Meets MDCH Requirements)

Sources: Michigan Department of Community Health. CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

Understanding Concussion

Some Common Symptoms

Headache	Balance Problems	Sensitive to Noise	Poor Concentration	Not "Feeling Right"
Pressure in the Head	Double Vision	Sluggishness	Memory Problems	Feeling Irritable
Nausea/Vomiting	Blurry Vision	Haziness	Confusion	Slow Reaction Time
Dizziness	Sensitive to Light	Fogginess	"Feeling Down"	Sleep Problems
		Grogginess		

WHAT IS A CONCUSSION?

A **concussion is a type of traumatic brain injury** that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

IF YOU SUSPECT A CONCUSSION:

SEEK MEDICAL ATTENTION RIGHT AWAY – A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don't hide it, report it. Ignoring symptoms and trying to "tough it out" often makes it worse.

KEEP YOUR STUDENT OUT OF PLAY – Concussions take time to heal. Don't let the student return to play the day of injury and until a health care professional says it's okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.

TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION – Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can't recall events prior to or after a hit
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Repeated vomiting or nausea
- Becomes increasingly confused, restless or agitated
- Is drowsy or cannot be awakened
- Slurred speech
- Has unusual behavior
- A headache that gets worse
- Convulsions or seizures
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)
- Weakness, numbness, or decreased coordination
- Cannot recognize people/places

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to www.cdc.gov/concussion

CONCUSSION AWARENESS

EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by **Engadine Consolidated Schools**.

Student Name Printed

Parent or Guardian Name Printed

Student Signature

Parent or Guardian Signature

Date

Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

Participants and parents please review and keep the education materials available for future reference.

STUDENT TECHNOLOGY ACCEPTABLE USE **AND SAFETY AGREEMENT**

To access and use District Technology Resources (see definition in Bylaw 0100), including a school assigned e-mail account and/or the Internet at school, students under the age of eighteen (18) must obtain parent permission and sign and return this form. Students eighteen (18) and over may sign their own forms.

Use of District Technology Resources is a privilege, not a right. The Board of Education's Technology Resources, including its computer network, Internet connection and online educational services/apps, are provided for educational purposes only. Unauthorized and inappropriate use will result in loss of this privilege and/or other disciplinary action.

The Board has implemented technology protection measures that protect against (e.g., block/filter) Internet access to visual displays/depictions/materials that are obscene, constitute child pornography, or are harmful to minors. The Board also monitors online activity of students in an effort to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. Nevertheless, parents/guardians are advised that determined users may be able to gain access to information, communication, and/or services on the Internet that the Board has not authorized for educational purposes and/or that they and/or their parents/guardians may find inappropriate, offensive, objectionable or controversial. Students using District Technology Resources are personally responsible and liable, both civilly and criminally, for unauthorized or inappropriate use of the Resources.

The Board has the right, at any time, to access, monitor, review and inspect any directories, files and/or messages residing on or sent using District Technology Resources. Messages relating to or in support of illegal activities will be reported to the appropriate authorities. Individual users have no expectation of privacy related to their use of District Technology Resources.

Please complete the following information:

Student User's Full Name (please print): _____

School: _____ Grade: _____

Parent/Guardian's Name: _____

Parent/Guardian

As the parent/guardian of this student, I have read the Student Technology Acceptable Use and Safety Policy and Guidelines, and have discussed them with my child. I understand that student access to the Internet is designed for educational purposes and that the Board has taken available precautions to restrict and/or control student access to material on the Internet that is obscene, objectionable, inappropriate and/or harmful to minors. However, I recognize that it is impossible for the Board to restrict access to all objectionable and/or controversial materials that may be found on the Internet. I will not hold the Board (or any of its employees, administrators or officers) responsible for materials my child may acquire or come in contact with while on the Internet. Additionally, I accept responsibility for communicating to my child guidance concerning his/her acceptable use of the Internet - i.e., setting and conveying standards for my daughter/son to follow when selecting, sharing and exploring information and resources on the Internet. I further understand that individuals and families may be liable for violations.

To the extent that proprietary rights in the design of a web page, site, service or app hosted on Board-owned or District-affiliated servers would vest in my child upon creation, I agree to assign those rights to the Board.

Please check each that applies:

- I give permission for the Board to issue an e-mail account to my child.
- I give permission for my child's image (photograph) to be published online, provided only his/her first name is used.
- I give permission for the Board to transmit "live" images of my child (as part of a group) over the Internet via a web cam.
- I authorize and license the Board to post my child's class work on the Internet without infringing upon any copyright my child may own with respect to such class work. I understand only my child's first name will accompany such class work.

Parent/Guardian's Signature: _____ Date: _____

Student

I have read and agree to abide by the Student Technology Acceptable Use and Safety Policy and Guidelines. I understand that any violation of the terms and conditions set forth in the Policy and Guidelines is inappropriate and may constitute a criminal offense and/or may result in disciplinary action. As a user of District Technology Resources, I agree to communicate over the Internet and through the Technology Resources in an appropriate manner, honoring all relevant laws, restrictions and guidelines.

Student's Signature: _____ Date: _____

Teachers and building principals are responsible for determining what is unauthorized or inappropriate use. The principal may deny, revoke or suspend access to and use of the Technology Resources to individuals who violate the Board's Student Technology Acceptable Use and Safety Policy and related Guidelines, and take such other disciplinary action as is appropriate pursuant to the Student Code of Conduct.

1/18

© NEOLA 2017

Parental Consent for Virtual Courses

Dear Parents:

For all students Kindergarten – 12th grade, Engadine Schools will need to have on file proof of parental consent for all students taking virtual courses now or in the future. Please fill out the area below.

Parent Consent:

I give permission for my child, _____ to take virtual courses during his/her enrollment at Engadine Consolidated Schools.

Parent Signature

Date



Board of Education
President: Daryl Schroeder
Vice President: Leslie Chapman
Secretary: Nicole Solar
Treasurer: Marjorie Nelson
Trustee: Dave Hopper
Trustee: Jason Koerner
Trustee: Greg Moore

Administration
Andrew Alvesteffer, Superintendent/K-12 Administrator
Heather Luoto, K-12 Administrator/Instructional Coach

SCHOOLS OF CHOICE PROGRAM

(Section 105 – State Aid Act)

Need only to apply once unless you exit the district.

School District: Engadine Consolidated Schools

School Year: _____

STUDENT INFORMATION: (Please type or print)

Student Name: _____ Birth Date: _____

Address: _____ Social Security #: _____

City/State/Zip: _____ Phone #: _____

School District of Residence: _____ Last Grade Completed: _____

List any special services required by student, such as special education/transportation:
(Please provide IEP if student currently has one in effect)

Has student been suspended/expelled from any school during the past two years?

Under Section 105--Schools of Choice--Districts are not required to accept students who have been expelled from another district or suspended within the past two years.

YES: _____ NO: _____ If Yes, SCHOOL DISTRICT _____

PARENT/GUARDIAN INFORMATION: (Please type or print)

Name of Parent/Guardian: _____

Address: _____ City/State/Zip: _____

Home Phone #: _____ Work Phone #: _____

NOTICE OF TRANSPORTATION:

The district to which you are applying is not required to provide transportation. It is suggested that you contact that district to discuss all available transportation options.

ATHLETIC PROGRAM REQUIREMENTS:

Students are required to follow the eligibility requirements of the Michigan High School Athletic Association (MHSAA) to which each member high school agreed when they joined the association. Students who transfer under the Schools of Choice program will be ineligible for interscholastic athletics for one full semester.

The Board of Education of this School District complies with all federal and state laws and regulations prohibiting discrimination and with all requirements and regulations of the United States Department of Education and the Michigan State Department of Education.

It is also the policy of this School Districts Board of Education that no person on the basis of sex, race, color, religion, national origin or ancestry, age, marital status, limited English or handicap shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program, employment practice, or activity for which it is responsible or for which it receives financial assistance from the United States Department of Education or the Michigan State Department of Education

Parent/Guardian Signature: _____ Date: _____

Student Signature (if over 18): _____ Date: _____

Engadine Consolidated Schools

Special Education or 504 Placement Information at Enrollment

If the student named below received special education or 504 services at their former school, please indicate below by including name and contact information for the last school he/she attended. This will expedite acquiring records and promptly initiating services. Please attach latest IEP or 504 plan if possible. Thank you!

Please circle type of services receiving. Special Education or 504

Student Name _____ **Grade** _____

Birth Date _____ **Student Enrollment Date** _____

Disability: The student is eligible as: _____

Programs/Services received at prior school:

Services Amount of Time/Frequency:

Former School Information

Name of Last School Attended

Address of Last School Attended

Phone of Last School Attended _____

*** Parent Signature** _____ **Date** _____

Thank you,



Andrew Alvesteffer
Superintendent/K-12 Administrator



Heather Luoto,
K-12 Administrator/Instructional Coach

D 506 Form**Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program**

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): _____ child _____ child's parent _____ child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

_____ Federally Recognized Tribe

_____ State Recognized Tribe

_____ Terminated Tribe

_____ Alaska Native

_____ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

_____ Membership or enrollment number establishing membership (if readily available) or

_____ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

NEW STUDENT FORM **2024-25** – For students who change schools after starting 9th grade

YES NO I AM INTERESTED IN PARTICIPATING IN ATHLETICS

*To be completed by new students, parents, and former school. This form is intended to assist schools in compiling information to determine eligibility under MHSAA Regulations. Provide copies in new student packets and as soon as possible, the form should be submitted to the athletic director for evaluation. The AD may then contact the MHSAA for assistance. Consult Int. 65 and 77 or the Residential Change Check List on MHSAA.com (Schools→Parents→Regulations Summary) to assist in determining if residential changes are full and complete. **Int. 37 states two current and complete documents are prerequisites for participation: Physical Exam/Consent Form or Health Questionnaire/Consent Form and official school record (transcript) since first enrolling in the 9th grade of any school.***

SECTION COMPLETED BY SCHOOL & STUDENT – CHECK TRANSCRIPT	- Official enrollment date (in school records & attending one or more classes) →	
	- Number of classes for which credit has been given in the previous academic term →	
	- Number of potential classes for a full-time student in the previous high school →	
	- Number of semesters and/or trimesters in grades 9-12 COMPLETED to date →	
	- In what school year did the student END the 8th grade (and BEGIN grade 9th) →	
	- Has the student REPEATED any grades 9-12? →	

STUDENT'S NAME _____ GRADE _____ BIRTHDATE ____/____/____

PHONE (____) _____ EMAIL _____

CURRENT (NEW) ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF RESIDENCE CHANGE INTO CURRENT (NEW) ADDRESS _____

CURRENT (NEW) PUBLIC SCHOOL DISTRICT IN WHICH YOU RESIDE _____

NEW ADDRESS IS IN A DIFFERENT PUBLIC SCHOOL DISTRICT (OR ATTENDANCE AREA OF A MULTI-HIGH-SCHOOL DISTRICT) Y N

OLD HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

FORMER RESIDENCE (CHECK ALL THAT APPLY) VACANT SOLD RENTED ALL BELONGINGS MOVED? Y N

FORMER PUBLIC SCHOOL DISTRICT OF RESIDENCE _____

PARENT(S) OR GUARDIAN(S) _____ PHONE: (____) _____

1. The last school the student attended _____

2. While enrolled at the former school, the student lived with _____
(List ALL people & their relationship to the student - parents, siblings, or others)
 YES NO The student lived with the above for at least 30 days during the most recent previous academic term.

3. The student NOW lives with _____
(List ALL people & their relationship to the student - parents, siblings, or others)

SELECT THE APPROPRIATE ANSWER

4. 9 10 11 12 Circle the highest grade in which the student was enrolled at any previous school.

5. YES NO School previously attended was a nonpublic or charter school.

6. YES NO Student is a "Ward of the Court/State" and was placed in this school District by court order.

7. YES NO Student is an international student enrolling from a foreign country. **Select VISA:** F1 J1

7a. YES NO Student is from an MHSAA Approved International Student Program (AISP).

Program Name: _____ Program is listed on MHSAA.com Y N

8. YES NO Student's previous school has been closed, dissolved, or reorganized. *(see Int. 64 & 90)*

9. YES NO Student's parents are DIVORCED. If divorced, give exact decree date: **Month** ____ **Day** ____ **Year** ____

10. YES NO Student is 18 or under, or the 19th birthday is on or after Sept. 1st of this school year.

11. YES NO Last year, the student lived at a boarding school, or while enrolled out of state, attended a sports academy.

12. YES NO Student is 18 and moved into this District WITHOUT his or her parents.

13. YES NO Student participated in a cooperative program involving his/her previous school and our school.

14. YES NO Student wishes to discuss her/her situation with the athletic director.

OVER →

VERIFICATION OF PREVIOUS HIGH SCHOOL SPORTS PARTICIPATION

15. List ALL high school sports the student participated in (game/meet or scrimmage at any level) in the most recent previous school year and, if the transfer occurs after the school year started, list any sports participated in at any level during the current school year. List the year next to the sport played (e.g., 2023-24).

FALL	WINTER	SPRING

16. List the sport(s) in which the student desires to participate in during the next 12 months at the new school:

• _____ • _____ • _____ • _____

Unless a student meets one of the 15 stated Exceptions, the student is INELIGIBLE for participation in any of the sports listed above (item #15) during the 2024-2025 school year. Students are eligible for participation in sports NOT listed above (item #15).

Today's Date _____ IN THE PAST 12 MONTHS?

17. YES NO While at the previous high school, the student was coached by any member of our high school's coaching staff (current or incoming). If yes, indicate the name of the coach(es) and sport(s):

RECOMMENDED VERIFICATION & COMMUNICATION BETWEEN SCHOOLS

By my signature below, I state that the above is true and accurate. I also understand that contests the student participates in may be forfeited to opponents if the information submitted is not accurate:

STUDENT _____ DATE _____ PARENT/GUARDIAN _____ DATE _____

NEW SCHOOL ATHLETIC DIRECTOR _____ DATE _____ SCHOOL NAME + EMAIL OR FAX _____

TO PREVIOUS SCHOOL A.D. - PLEASE SIGN AND RETURN TO A.D. AT THE STUDENT'S NEW SCHOOL

Exchange this form between athletic directors for students who wish to play the same sport as played previously. The previous school athletic director indicates that to the best of their knowledge, the above is true and accurate:

PREVIOUS SCHOOL ATHLETIC DIRECTOR _____ DATE _____ Form Returned to NEW School: _____ DATE _____

Notes if previous AD declines to sign: _____

ALERT! The Sport Specific Transfer Rule states: ANY sport a student played in 2023-24 determines eligibility in 2024-25 should the student transfer and not meet one of the 15 stated Exceptions.

No _____

Expires ____/____/____

DO NOT WRITE ABOVE THIS LINE

I apply for the right to use the library and will abide by its rules. I will pay fines or damages charged to me, and give prompt notice of any change of address.

Print Student's Full Name Clearly

Address (No. and Street or Rural Route) (City, Town)

Zip Code

Phone Number

Township

Email Address

Grade

Parent Signature