

Welcome to

Manistique Area Schools

If you have any questions or need assistance completing the registration forms, please do not hesitate to contact us.

The contact information is listed below.

<p>Grades Pre-K through 5 Emerald Elementary 628 Oak Street Manistique, MI 49854 Fax# (906)252-4602 Phone # (906)341-4332 www.manistiqueschools.org</p>	<p>Grades 6-12 Manistique Middle/High School 100 North Cedar Street Manistique, MI 49854 Fax# (906)252-4603 Phone # (906)341-4300 www.manistiqueschools.org</p>
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When returning your forms for registration, please include the following:

- Release of Record Form
- Enrollment/Medical Form
- Proof of Residency (*copy of bill with address*)
- Birth Certificate
- Shot/Immunization Record
- Title VII Eligibility Form (*If applicable*)
- Military Survey (*If applicable*)
- McKinney-Vento Homeless Questionnaire (*If applicable*)
- Physical (**Kindergarten**)
- Report Card and/or Transcript (**Middle/High School**)

Manistique Area Schools District Mission Statement

The Manistique Area Schools will assure the maximum learning opportunities for all students of the district. Educational excellence is the number one priority of our schools. We are committed to empowering all students to become productive citizens in an ever-changing and diverse global society.

The biggest key to the success of our students, and ultimately the district, is the partnership we create with our parents and community.

Manistique Area Schools

100 North Cedar Street
Manistique, MI 49854
www.manistiqueschools.org

PERMISSION TO RELEASE OFFICIAL RECORDS

Student Name (<i>as appears of birth certificate</i>):	Birthdate	Grade Entering:
Previous School Name:	Phone Number:	Fax Number:
Previous School Address:		
Previous School City/State:	Zipcode:	

This document is designed to comply with federal and state laws regarding the release off student records.

The Student listed above is enrolled in our school district. The parent/guardian signature below authorizes you to forward the records marked for the student(s) name on this form.

Please mail the following school records to the school indicated below or notify us if you have no record of this student(s):

- Official cumulative record
- Transcripts of grades and credits
- Achievement and ability test scores
- Health and/or immunization records
- Attendance
- Discipline/citizenship record
- Special Education Records (**IEP, Diagnostic reports, medical reports**)
- State of Michigan UIC number (*if available*)

*I hereby grant permission for release of the above record(s) to **Manistique Area Schools**:*

Please send records to: (Check one)

<input type="checkbox"/>	Grades Pre-K through 5 Emerald Elementary School Attn: Building Secretary 628 Oak Street Manistique, MI 49854 Fax # (906)252-4602 Phone # (906)341-4332	<input type="checkbox"/>	Grade 6-12 Manistique Middle/High School Attn: Building Secretary 100 North Cedar Street Manistique, MI 49854 Fax # (906)252-4603 Phone # (906)341-4300
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MANISTIQUE AREA SCHOOLS

Student Registration & Enrollment Report: Including Medical Information

(PARENT/GUARDIAN: Please print all information completely and legibly – use dark pen)

STUDENT INFORMATION						
Student Last Name:	First:	Middle:	Grade:	Birth date:	Graduation Yr.	Gender:
				/ /		<input type="checkbox"/> M <input type="checkbox"/> F
Home Street Address:	City:	State:	Zip:	Student Cell Phone/Email:		
				()		
				Email: _____		
Race/Ethnicity: <input type="checkbox"/> Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander						
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other _____						

FAMILY/CONTACT INFORMATION				
<input type="checkbox"/> Mother / <input type="checkbox"/> Guardian Name:				*Cell Phone:
				()
Address:	City:	State:	Zip:	*Home Phone:
				()
Employer:	Work Phone:	*Email Address:		
<input type="checkbox"/> <i>I am employed through the local Tribal Agency</i>	()			
<input type="checkbox"/> Primary Contact <input type="checkbox"/> Secondary Contact	<i>*Contact Information will be uploaded into Power Announcement. If you would like to make changes to your notification, you may do so through your Parent Portal in PowerSchool.</i>			
<input type="checkbox"/> Father / <input type="checkbox"/> Guardian Name:				*Cell Phone:
				()
Address:	City:	State:	Zip:	*Home Phone:
				()
Employer:	Work Phone:	*Email Address:		
<input type="checkbox"/> <i>I am employed through the local Tribal Agency</i>	()			
<input type="checkbox"/> Primary Contact <input type="checkbox"/> Secondary Contact	<i>*Contact Information will be uploaded into Power Announcement. If you would like to make changes to your notification, you may do so through your Parent Portal in PowerSchool.</i>			
Primary Household Information:	<input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Divorced, Joint Custody <input type="checkbox"/> Other: _____			
<i>Student lives with:</i>				

ADDITIONAL/CONTACT INFORMATION				
*Name(s):		Relationship to the student:		Cell Phone:
				()
Address:	City:	State:	Zip:	Home Phone:
				()
Employer:	Work Phone:	Email Address:		
	()			
<input type="checkbox"/> Secondary Contact	<i>*This person(s) will be called if parent(s) is unable to be reached. This person(s) may also pick up my child from school.</i>			
*Name(s):		Relationship to the student:		Cell Phone:
				()
Address:	City:	State:	Zip:	Home Phone:
				()
Employer:	Work Phone:	Email Address:		
	()			
<input type="checkbox"/> Secondary Contact	<i>*This person(s) will be called if parent(s) is unable to be reached. This person(s) may also pick up my child from school.</i>			
<input type="checkbox"/> Additional Contacts and their information are listed on a separate sheet of paper.				

Student Siblings			
Last name	First Name	Grade	Address (Please write SAME or add new address.)

Student's Previous Services or Areas of Support	
Does your child receive special services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, check all that apply below and provide a copy of the most recent IEP.	
<input type="checkbox"/> Special Education	<input type="checkbox"/> Speech/Language
<input type="checkbox"/> Title I/At Risk	<input type="checkbox"/> Social Work
<input type="checkbox"/> Other Services*	
*Please Describe Other Services	

Affirmation of Prior Discipline Record	
Has this student been suspended or expelled, or is in the process of being suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you checked Yes, explain the circumstances in detail. Include the school name, dates of suspension, and a description giving rise to the suspension or expulsion.	

MEDICAL INFORMATION			
Name of Primary Doctor:	Phone:	Name of Dentist:	Phone:
	()		()
<input type="checkbox"/> Allergies: <i>(Please Specify)</i>		<input type="checkbox"/> Medications(s) or Special Health Needs: <i>(Please describe here)</i>	
My child had the Chickenpox <input type="checkbox"/> Yes: <i>Date</i> _____ <input type="checkbox"/> No			

RELEASE	
If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgment in calling the physician indicated above or if not available, to transport the child to a hospital emergency room. Likewise, your signature below is not sufficient for the release of confidential information protected by Federal Law.	
MANISTIQUE AREA SCHOOLS IS NOT RESPONSIBLE FOR ANY COSTS OF MEDICAL TREATMENT.	
_____ <i>Parent/Guardian Signature</i>	_____ <i>Date</i>
(OFFICE USE ONLY)	
Student ID # _____	UIC# _____

Enrollment Form Signature Section: Required

I have completed this form with correct information and understand that the facts provided are confidential.

Parent's/Guardian's Signature: _____ Date: _____

A parent or legal guardian must accompany the student; complete school forms; and, and meet all district, state, and federal requirements before enrollment may take place.

(Please inform us if you are an unaccompanied youth or are a family experiencing housing challenges, as these requirements may be waived per McKinney-Vento exclusions.)



Special Education Services
 2525 Third Avenue South
 Escanaba, MI 49829
 Phone: (906) 786-9300
 FAX: (906) 786-9318
 www.dsisd.net

PERMISSION FOR PLACEMENT

UIC#	First Name	Middle Name	Last Name	
Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Hispanic (select one) <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity (select one or more) <input type="checkbox"/> AI/AN <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> NH/OPI	
Grade	Resident District	Attending District	School Building	
Parent(s)/Guardian		Street, City, State, ZIP		County
Home Phone	Work Phone	Cell Phone	Native Language of Parent(s)	Native Language of Student
Date of Last IEP	Last Re-eval IEP Date	Enrollment Date	ISD/District Student is Transferring from	

The student transferred from:

- Within Delta-Schoolcraft counties
 Out of County
 Out of State

- The student has been verified as currently eligible for special education programs/services **AND**
 The school district recommends the student be placed in a comparable program and/or service(s). The school district will provide the student with a free appropriate public education (FAPE) until implementation of a new Individualized Educational Plan (IEP). An IEP will be developed within 30 school days of enrollment **OR**
 The school district will be implementing the IEP from the previous district (**ONLY if student transferred from within DSISD counties and with prior approval by ISD Supervisor**)

Special education eligibility area:

- | | | |
|--|---|---|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Cognitive Impairment | <input type="checkbox"/> Physical Impairment | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Early Childhood Development Delay | <input type="checkbox"/> Specific Learning Disability | |
| <input type="checkbox"/> Emotional Impairment | <input type="checkbox"/> Speech/Language Impairment | |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Severe Multiple Impairment | |

Program/Service Type: _____
 (Example: Resource Room, OT, PT, Speech, etc)

Time/Frequency/Duration: _____
 (Example: 1 hour 5 x a week)

Name of provider _____

What is the minimum hours per week the student will participate in this placement? _____

What is the maximum hours per week the student will participate in this placement? _____

What is the actual hours per week the student will participate in this placement? _____

What is the number of hours per week this student will be away from his/her non-disabled peers for this placement? _____

Location (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Clinic/Special Education Classroom | <input type="checkbox"/> Home |
| <input type="checkbox"/> Early On Location | <input type="checkbox"/> Home & Early On Location |
| <input type="checkbox"/> General Ed & Special Ed Classrooms | <input type="checkbox"/> Special Ed Classrooms |
| <input type="checkbox"/> General Ed Classrooms | <input type="checkbox"/> Therapy Area |
| <input type="checkbox"/> Therapy Area & General Ed Classroom | <input type="checkbox"/> Therapy Area & Special Ed Classroom |
| <input type="checkbox"/> Throughout School Building | <input type="checkbox"/> Within the Community |

Direct OR Consult

TO BE COMPLETED BY DISTRICT DESIGNEE:

Did District consult with Parent/Guardian/Surrogate? Yes No

Method: Phone (Date: _____) Mail (Date: _____)

Email (Date: _____) Meeting (Date: _____)

The parent has received a copy of the Parent Handbook, including the Procedural Safeguards Notice. Yes No

District Administrator/Designee signature: _____

Date received at ISD: _____ By Whom: _____ IEP Due Date: _____

MANISTIQUE AREA SCHOOLS EMERGENCY MEDICAL FORM

(PARENT/GUARDIAN: Please print all information completely and legibly - use dark pen)

STUDENT INFORMATION					
Student Last Name:	First:	Middle:	Grade:	Birth Date:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Home Street Address:	City:	State:	Zip:	Student Cell Phone: ()	
Mailing Address: <input type="checkbox"/> Same as above				Home Phone: ()	
Race/Ethnicity: <input type="checkbox"/> Asian America <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> America Indian or Alaskan Native <input type="checkbox"/> Other _____					

FAMILY/CONTACT INFORMATION				
<input type="checkbox"/> Mother/ <input type="checkbox"/> Guardian Name:				Cell Phone: ()
Address:	City:	State:	Zip:	Home Phone: ()
Employer:	Work Phone:	Email Address:		
<input type="checkbox"/> Primary Contact <input type="checkbox"/> Secondary Contact	Daytime Preferred Method of Contact:		Cell Phone <input type="checkbox"/>	Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/>
<input type="checkbox"/> Father/ <input type="checkbox"/> Guardian				Cell Phone: ()
Address:	City:	State:	Zip:	Home Phone: ()
Employer:	Work Phone: ()	Email Address:		
<input type="checkbox"/> Primary Contact <input type="checkbox"/> Secondary Contact	Daytime Preferred Method of Contact:		Cell Phone <input type="checkbox"/>	Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/>
<input type="checkbox"/> Contact Person (If Parent/Guardian are not available):		Relationship to Student:	Phone: Home <input type="checkbox"/> Cell <input type="checkbox"/>	Work Phone: <input type="checkbox"/> ()

MEDICAL INFORMATION			
Name of Primary Doctor:	Phone:	Name of Dentist:	Phone: ()
<input type="checkbox"/> Allergies: (Please Specify)		<input type="checkbox"/> Special Medical Circumstances: (that you feel we should be aware of)	

RELEASE	
<p>If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgment in calling the physician indicated above or if not available, to transport the child to a hospital emergency room. Likewise, your signature below is not sufficient for the release of confidential information protected by Federal Law.</p> <p style="text-align: center;">MANISTIQUE AREA SCHOOLS IS NOT RESPONSIBLE FOR ANY COSTS OF MEDICAL TREATMENT</p>	
Parent/Guardian Signature	Date

(OFFICE USE ONLY)

Student ID # _____

UIC# _____

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202
TITLE VII STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or 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 October 19, 1994.

NAME OF CHILD _____ Date of Birth _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

Federally Recognized, State Organized Indian Group
 Including Alaska Native Recognized Terminated Meeting #5 of the
Definition Above

Name of individual with tribal membership: _____

Individual named is (check one): Child Child's Parent Child's
Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) _____ **OR**

Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ DATE _____

Mailing Address _____ Telephone _____

Notice: Public Reporting Burden Notice on Reverse Side

**McKINNEY-VENTO
STUDENT RESIDENCY QUESTIONNAIRE**

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11431 et seq. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student _____ Parent/Guardian _____
School _____ Phone _____
Age _____ Grade _____ D.O.B. _____
Address _____ City _____
Zip Code _____ Is this address [Temporary] or [Permanent]? (circle one) If Temporary, Continue the Survey.

Please choose which of the following situations the student currently resides in (you can choose more than one):

- _____ House or apartment with parent or guardian
- _____ Motel, car, or campsite
- _____ Shelter or other temporary or transitional housing
- _____ With friends or family members (other than or in addition to parent/guardian)
- _____ In housing that lacks adequate heat, running water or electricity

If the student is living in shared housing, please check all of the following reasons that apply:

- _____ Loss of housing
- _____ Economic situation
- _____ Temporarily waiting for house or apartment
- _____ Providing care for a family member
- _____ Living with boyfriend/girlfriend
- _____ Loss of employment
- _____ Parent/Guardian is deployed
- _____ Parent/Guardian is incarcerated
- _____ Other Family Hardship _____
- _____ Other (Please explain) _____

Is the student under the age of 18 and living apart from parents or guardians? Yes No

If yes, who is the student's primary caregiver? _____ Relationship _____

Residency and Educational Rights

Students without fixed, regular, and adequate living situations have the following rights:

1. Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
2. Transportation to the school of origin for the regular school day;
3. Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento Liaison at 906-341-4332 or the State Coordinator at 517-373-6066.

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unaccompanied Youth *Date*

Signature of McKinney-Vento Liaison *Date*

Manistique Area Schools

100 North Cedar Street
Manistique, MI 49854
www.manistiqueschools.org

MILITARY CONNECTED SURVEY

Attention all families: In order to better serve our children and families, we would like to identify our military connected children. Read the definition of military connected children and if it applies to your family, please complete the survey.

Thank you in advance.

DEFINITION OF MILITARY CONNECTED CHILDREN:

All children residing in Michigan whose parent(s) currently serve in any component of the Army, Navy, Air Force, Marines or Coast Guard are considered to be military connected children. This includes children of any uniformed personnel serving with the Michigan National Guard, in any of the Reserve United States forces, or on Active Duty.

If you or your spouse is currently serving in the military or reserves as defined above, please complete the following:

Parent Name Serving In Military:
Branch of Service:
Assigned Station:

List all students in your household

Name of Student(s)	Grade	School

Parent/Guardian Signature

Date

-Office Use Only-

Make Copies To:

- Business Office
- Building Principal
- CA/60

Schools of Choice - Manistique Area Schools Application for Enrollment

Instructions: Non-Resident kindergarten through twelfth grade students may apply to attend the Manistique Area Schools under the Sec. 105 and 105c Schools of Choice Program. Complete one application for each student. The completed application must be sent to the Administration Office of the Manistique Area Schools by August 31.

Section 1: To be completed by the Student's Parent or Guardian

Student Name (Last, First, M.I.)	Birth Date: Month/Day/Year	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
Student Address	City	Zip
School Currently Attending	Current Grade	Special Needs (Specify) Attach Current IEP or Section 504 Plan if applicable
Resident District of Student		
Requested District for Schools of Choice Manistique Area Schools		Student Social Security Number
Parent/Guardian Name (Last, First, M.I.)		Telephone Number Home: _____ Office: _____
Parent/Guardian Address	City	Zip
Reasons for Transfer Request		
Has this student ever been suspended or expelled? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, give district, date and reason for suspension or expulsion.		
The above information is true and correct to the best of my knowledge and I agree to release my student's records to the receiving school. I understand that any false information provided by me may be considered grounds for disapproval of this application. At the K-5 level, I understand that the school reserves the right to assign the building to be attended.		
_____ Signature of Parent/Guardian		_____ Date

Send or deliver to: Administration Office
Manistique Area Schools
100 North Cedar Street
Manistique, MI 49854

The Manistique Area Schools does not discriminate in any of its educational programs, activities, or employment practices on the basis of race, creed, national origin, sex, age, handicap, or English speaking ability.

(See Reverse)

Busing Information

Student Name _____ **Grade** _____

Please state the exact location your child will be picked up and dropped off.

Address:

Location Directions:

An Emergency Phone Number the Bus Driver Can Call:
