

# Hopkins Public Schools - Registration Form

High School     Middle School     Sycamore Elem.     Hopkins Elem.

## STUDENT INFORMATION

Legal Name (shown on Birth Certificate) \_\_\_\_\_  
Last First Middle

Preferred Name (if different than Legal Name) \_\_\_\_\_  
Last First Middle

Physical Address \_\_\_\_\_  
Number/Street City State Zip (5 digits only)

Mailing Address \_\_\_\_\_  
(if different) Number/Street City State Zip (5 digits only)

Home Phone # \_\_\_\_\_ County of Residence \_\_\_\_\_

**Are you a migrant? Yes/No**  
(if yes, please notify Kim Bollone)

Date of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Enrolling Grade \_\_\_\_\_

Country of Birth if outside the USA: \_\_\_\_\_

If you were born outside of the USA, when did the student enter the USA (mm/dd/yy): \_\_\_\_\_

\_\_\_\_ Yes, I am a Schools of Choice student, my resident district is \_\_\_\_\_

Prior schools name, address, phone # and fax# \_\_\_\_\_

Has this student received special education services? If yes, please describe and include dates \_\_\_\_\_

- Ethnicity (check all that apply)**
- American Indian or Alaskan Native
  - Asian American
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White
  - Hispanic or Latino

## PARENT INFORMATION

With whom does the child live?    Legal Father \_\_\_\_\_    Legal Mother \_\_\_\_\_    Both \_\_\_\_\_

Legal Guardian (if different from above) \_\_\_\_\_

Legal Father \_\_\_\_\_

- Married to child's legal mother
- Single
- Divorced, Spouse \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone # \_\_\_\_\_

Legal Mother \_\_\_\_\_

- Married to child's legal father
- Single
- Divorced, Spouse \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone # \_\_\_\_\_

## MILITARY CONNECTED

Is any parent or legal guardian of the registering student an active duty member of the uniformed services (Army, Marine Corps, Coast Guard, Navy or Air Force)?    YES / NO

## VIRTUAL COURSE PARENT CONSENT

I give my child permission to participate in virtual/online courses. YES / NO

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SIBLING INFORMATION

Please list all siblings living in the home.

NAME	AGE	GENDER	DATE OF BIRTH	GRADE IN SCHOOL

## EMERGENCY MEDICAL AUTHORIZATION PERMIT

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed below and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present.

This authorization is valid for the current school year or until such time as I withdraw the authorization.

Authorized \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Parent/Guardian)

Child's Name \_\_\_\_\_  
(Last) (First) (Middle)

Please list any chronic health problems, illnesses, accidents, operations, allergies, hospitalization or physical limitations  
(List causes and dates) \_\_\_\_\_

Is your child taking any medications? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list all medications being taken below. If medications are to be taken at school, please request the "Administration of Medication in School" form from the office.

Name of Medication(s)	Dosage	Time to be taken
_____	_____	_____
_____	_____	_____
_____	_____	_____

**List three neighbors or nearby relatives who will assume temporary care of your child if a parent/guardian cannot be reached.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor Preferred \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

Dentist Preferred \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist's Address \_\_\_\_\_

Insurance Company \_\_\_\_\_ I.D. # \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child (if not parent/guardian) \_\_\_\_\_

### NOTICE OF NON DISCRIMINATION

The Hopkins Public School District Board of Education does not discriminate on the basis of race, color, national origin, sex, (including sexual orientation or gender identity), disability, age, religion, height, weight, marital or family status, military status, ancestry, genetic information, or any other legally protected category, (collectively, "Protected Classes"), in its programs and activities, including employment opportunities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Superintendent of Schools, Hopkins Public Schools, 400 Clark Street, Hopkins MI 49328. Phone (269-793-7261)

Send a copy to: Transportation / Technology / Food Service / Special Ed (if necessary)

# Hopkins Public Schools

## ENROLLMENT

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

### DISCIPLINE HISTORY DECLARATION

(To be completed by parent or guardian of the student)

1. Has the student been expelled or suspended for more than 10 school days or recommended for expulsion or suspension for more than 10 school days in any prior school district?

Please initial your answer:

Yes \_\_\_\_\_ No \_\_\_\_\_ if no, go to Residency Verification Affidavit section.

2. If yes, provide details so that an assessment can be made with respect to enrollment.

---

---

3. I agree that verbal or written information regarding this student's discipline history may be obtained from the prior district.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

### RESIDENCY VERIFICATION AFFIDAVIT

According to State Attorney General Opinion No. 5925, school districts have the right to verify a student's residency. By signing this affidavit, you are affirming that the address given on all enrollment forms is the legal residence of the parent/guardian enrolling the student and is the residence of the student.

Should the district learn that this is not the student's residence and that the parent lives outside the boundaries of the Hopkins Public School District, a release form from the district of residence must be provided (unless the student is an approved schools of choice student) or the student may be excluded from the district.

Legal name of student \_\_\_\_\_

Address \_\_\_\_\_

City

State

Zip Code

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

\_\_\_\_\_  
Date

**REQUEST FOR STUDENT RECORDS**

**Hopkins Public Schools**

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Enrolled in Hopkins Public Schools: \_\_\_\_\_ Date of Entry: \_\_\_\_\_ Enrolled in Grade Level: \_\_\_\_\_

School Last Attended:

School Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

The Parent / Guardian of this student has requested that all records be forwarded to Hopkins Public Schools. Please forward all information and records related to this student, which will be helpful in providing the best educational planning and services possible (grades, test scores, health records, psychological reports, ALL Special Education materials, including I.E.P.E.'s, etc.)

Please forward all records to:

**Hopkins High School**  
Attn: Deb Tew  
333 Clark Street  
Hopkins, MI 49328  
Ph# 269-793-7616  
Fax# 888-557-7919

**Hopkins Middle School**  
Attn: Jennifer Hitchcock  
215 Clark Street  
Hopkins MI 49328  
Ph# 269-793-7407  
Fax#888-557-7919

**Hopkins Elementary School**  
Attn: Wendy Tew  
400 Clark Street  
Hopkins, MI 49328  
Ph# 269-793-7286  
Fax# 888-557-7919

**Sycamore Elementary School**  
Attn: Kelly Talsma  
2163 142<sup>nd</sup> Avenue  
Dorr, MI 49323  
Ph# 616-681-9189  
Fax# 888-557-7919

**Please fax the latest IEP and Evaluation records to: Dianne DeHaan 888-557-7919**

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of School Official: \_\_\_\_\_ Date: \_\_\_\_\_

Date Request Sent: \_\_\_\_\_ Date Records Received: \_\_\_\_\_



HOPKINS PUBLIC SCHOOLS  
400 Clark St.  
Hopkins, MI 49328  
(269)793-7261

### HOME LANGUAGE SURVEY

Hopkins Public Schools is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1151-380.1155 of the School Code of 1995, Michigan's Bilingual Educational Law.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

1.) What was the first language this child learned to speak?

English       Spanish       Other: \_\_\_\_\_

2.) What is the primary language\* used in this child's home?

English       Spanish       Other: \_\_\_\_\_

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

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Date

*\*"Primary Language" means the dominant language used by a person for communication*

6/16/14

# HOPKINS PUBLIC SCHOOLS STUDENT RESIDENCY QUESTIONNAIRE

NAME OF STUDENT: \_\_\_\_\_  
FIRST MIDDLE LAST

NAME OF SCHOOL: \_\_\_\_\_

GRADE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_

SEX: FEMALE / MALE

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Veno Act 42 U.S.C. 11435.

1. Is this student's home address a temporary living arrangement? \_\_\_ YES \_\_\_ NO
2. Is this a temporary living arrangement due to a loss of housing or economic hardship? \_\_\_ YES \_\_\_ NO
3. Is this student in a temporary foster care placement or awaiting foster care? \_\_\_ YES \_\_\_ NO
4. As a student, are you living with someone other than your parent or legal guardian? \_\_\_ YES \_\_\_ NO

If you answered YES to **any** of the above questions, please complete the remainder of this form.  
If you answered NO to all of the above questions, you may stop here.

---

Where is the student currently living? (Check one)

- In a motel Transitional Housing
- In a shelter Group Home
- With more than one family in a house or apartment
- Moving from place to place
- In a location not designed for sleeping accommodations such as a car, park or campsite

ADDRESS OF CURRENT RESIDENCE: \_\_\_\_\_

-OR-

NAME OF MOTEL/SHELTER OF CURRENT RESIDENCE: \_\_\_\_\_

-OR-

NAME OF "GENERAL AREA" OF CURRENT RESIDENCE: \_\_\_\_\_

PHONE NUMBER OR CONTACT NUMBER: \_\_\_\_\_

NAME OF CONTACT: \_\_\_\_\_

Print name of parent(s)/legal guardians(s): \_\_\_\_\_

(Or unaccompanied youth)

Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(or unaccompanied youth)

If a homeless situation is indicated, give the parent/guardian/unaccompanied youth a copy of "What you need to know..." brochure. Send the completed form to the M-V Homeless Liaison Kammy Leep at Hopkins Elementary School or [kammleep@hpsvikings.org](mailto:kammleep@hpsvikings.org)



**HOPKINS PUBLIC SCHOOLS**  
**Transportation Request Form**

Name of Student(s)

Grade

_____	_____
_____	_____
_____	_____

Home Address: \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Parents' Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

**Student will be using (check one)**

- AM Bus Only       PM Bus Only       AM & PM Bus       No Busing Needed

**FILL OUT STOP INFORMATION BELOW**

**AM Bus Stop Address:**     Use Home Address     Use Other Address Below

\_\_\_\_\_

Contact Person At This Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**PM Bus Stop Address:**     Use Home Address     Use Other Address Below

\_\_\_\_\_

Contact Person At This Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HOPKINS PUBLIC SCHOOL DISTRICT**

**Consent for Disclosure of 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 students' 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 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 Hopkins Public Schools to release my child's immunization record 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: \_\_\_\_\_

# PARENT & ATHLETE CONCUSSION INFORMATION SHEET



## 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 bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

### SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

### SIGNS OBSERVED BY COACHING STAFF:

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

## DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

Michigan Department  
of Community Health



Rick Snyder, Governor  
James K. Haveman, Director

▶ **"IT'S BETTER TO MISS ONE  
GAME THAN THE WHOLE  
SEASON"**

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

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

---

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes 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.

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

---

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

*Please keep this information for your reference*

JOIN THE CONVERSATION [www.facebook.com/CDCHeadsUp](http://www.facebook.com/CDCHeadsUp)

TO LEARN MORE GO TO:

[WWW.CDC.GOV/CONCUSSION](http://WWW.CDC.GOV/CONCUSSION)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).



We have received and reviewed the handout regarding Concussions. We understand the responsibility and importance of reporting symptoms of concussion.

\_\_\_\_\_  
Student PRINTED Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent PRINTED Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# Hopkins Public Schools

## ENROLLMENT CHECKLIST

Name of Student \_\_\_\_\_

Grade \_\_\_\_\_

### TO BE COMPLETED BY OFFICE PERSONNEL WHO ENROLLED THE STUDENT:

Yes or No

#### REQUIRED ENROLLMENT FORMS

- \_\_\_\_\_ Enrollment Form/Student Information Sheet
- \_\_\_\_\_ Birth Certificate (if no, what verification of age was provided) – **By signing below, the district employee verifies that the birth certificate was provided and seen upon enrollment.**
- \_\_\_\_\_ Immunization Records
- \_\_\_\_\_ Proof of Residency/Documentation **(Keep in CA-60 & RETAIN for the audit)**  
(Consisting of a deed, a building permit, a utility bill, a rental agreement, a rent receipt, a tax statement, a property tax bill, a voter registration card, a driver's license, or completion of Form 5111 F2b)
- \_\_\_\_\_ Discipline History Declaration/Residency Verification Affidavit
- \_\_\_\_\_ Request for Records (Sent to prior school \_\_\_\_\_ (date).
- \_\_\_\_\_ Home Language Survey
- \_\_\_\_\_ Student Residency Questionnaire
- \_\_\_\_\_ Transportation Form
- \_\_\_\_\_ Consent for Disclosure of Immunization Information to Local and State Health Departments
- \_\_\_\_\_ Concussion Form

#### OTHER (if applicable)

- \_\_\_\_\_ Authorization for Medication
- \_\_\_\_\_ Free/Reduced Lunch Application
- \_\_\_\_\_ Legal documentation if student is not to be seen or picked up by other parent (custody papers needed).
- \_\_\_\_\_ Has the student received a 504 accommodation plan? If yes, when and for what?
- \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_  
District Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
District Employee Name (Please print)