



SOUTH LYON COMMUNITY SCHOOLS 2023-24 SCHOOL YEAR

JUNIOR KINDERGARTEN & KINDERGARTEN ENROLLMENT

Kindergarten & Junior Kindergarten Welcome Event

Thursday, January 26th from 6:00-7:30 at your boundary elementary school

To enroll your child in Kindergarten or Junior Kindergarten, you are asked to electronically upload your completed enrollment packets, along with the required documentation noted in the box below, via our district website on our New Student Enrollment web page at www.slcs.us. Families interested in Junior Kindergarten, are asked to submit the additional Junior Kindergarten Enrollment form that is included in the enrollment packet. Your enrollment documents will be submitted directly to your school. Early enrollment is encouraged, which helps the district make plans for staff and building use.

If you do not know which elementary school your child will attend, please check your address on our interactive district map on our district website at www.slcs.us or call the Transportation Department at 248-573-8900.

Junior Kindergarten is a free, optional first year of school designed for students who turn five between September 2 and December 1 of 2023 (students who would only qualify for kindergarten using a waiver). When space permits, students who turn five between June 1, 2023, and September 1, 2023, may be considered for the Junior Kindergarten program with priority for placement being given to the youngest applicants in that range. There is often room within a few of the JK classrooms for these students with late-summer birthdays. Students who attend Junior Kindergarten go on to attend a full year of traditional Kindergarten the following school year. Locations for the 2023-24 school year for the Junior Kindergarten program have not yet been determined. For additional information about Junior Kindergarten please visit our Junior Kindergarten Webpage to view our Junior Kindergarten video.

PLEASE GATHER THE FOLLOWING ITEMS TO SUBMIT WITH YOUR ENROLLMENT:

Your Child's Birth Certificate:

For each child being enrolled, original will be returned.

Parent/Guardian Photo I.D.:

Such as Driver's License or State I.D.

Three Current Proofs of Residency:

(within the South Lyon School District)

One of the following; mortgage document, property tax statement, closing papers, lease

Two of the following; utility bill, vehicle insurance, home-owners/renter's insurance, bank statement, cable TV bill, credit card statement, medical bill or health insurance statement

Immunization and Vision Record to Date:

Please turn in what you currently have. You may update this information before the first day of school. We realize that many children will take a physical exam and update their immunizations during the summer.

However, students will **not** be allowed to begin the first day of school without proper immunizations and a vision screening on file with the school.

INFORMATION ABOUT KINDERGARTEN AND JUNIOR KINDERGARTEN ELIGIBILITY:

- ◆ To be eligible for Kindergarten, students must be 5 on or before September 1, 2023.
- ◆ Students turning 5 between September 2 and December 1, 2023, may enroll with a signed waiver in either Kindergarten or Junior Kindergarten.
- ◆ **Students who turn 5 after December 1, 2023, are NOT eligible for Kindergarten or Junior Kindergarten for the 2023-24 school year.** Students in this group may be eligible for the Great Start Readiness free preschool program coordinated by the district's Early Childhood Center, depending on your family's income. Children in this age group can enroll in the tuition preschool programs at the Early Childhood Center as well. Call the Early Childhood Center at 248-573-8330 or visit their page on the district website for additional information.

If you have any questions, please call one of the elementary schools, the CITA Department at 248-573-8111 or Pupil Services at 248-573-8134

South Lyon Community Schools — Admission and Enrollment

Age of Enrollment Michigan's Revised School code specifies a child must be 5 years old on or before September 1st in order to be eligible to enroll in kindergarten/junior kindergarten.

If the child turns 5 years old between September 2nd and December 1st of the year in which the child is enrolling, the law allows a parent/guardian to sign a waiver. The parent/guardian is required to submit this waiver with their enrollment documents. The district retains the right to refuse any waivers submitted after the first full day of the school year.

Guardianship (If applicable) -If someone other than the parent is enrolling the student, legal guardianship documentation, obtained from the Probate Court, is required at the time of enrollment.
- If custody has been established by the courts, a copy of the court order must be submitted.
- Step parents must provide a copy of the marriage certificate.

Required Enrollment Documentation

A completed District Enrollment Form must be completed for each child a parent/guardian is enrolling.

The following information **must** be provided by the parent/guardian **at the time of enrollment**:

1. **Identification** – Photo I.D., such as a driver's license, state I.D., or passport of the parent/guardian.
2. **Proof of Residency** – Three current proofs: one from Column I and two from Column II, in the name and address of the parent/guardian. If your statements/bills are received online, the most recent statement/bill must be printed and a copy provided.

Column I **one (1) required**

Mortgage Document

Property Tax Statement - (most recent)

Closing Papers—Accepted only if you've moved into your house within the past 30 days. Signed by all parties with closing date indicated.

Lease – Apartment/Home Rental—All tenants and occupant's names, including lease beginning/ending dates, must be on lease. Lease must be signed by both landlord and tenant.

Column II **two (2) required**

Utility Bill – Gas, electric, phone, etc.

Vehicle insurance document

Homeowners/renters insurance document

Bank Statement

Cable TV Bill

Credit Card Statement

Medical bill or health insurance statement

3. **Certificate of Birth** A parent/guardian who seeks to enroll a child in the School District shall provide a certified copy of the child's birth certificate.

If a birth certificate is not available, the parent/guardian must complete the birth certificate affidavit form and submit the documentary evidence called for therein. If such verification is not received within thirty (30) days of enrollment or the document appears to be inaccurate or suspicious, the principal shall notify the local law enforcement agency that the student may be a missing child. (Michigan Missing Children's Act, MCL380.1135.)

4. **Immunization Records** In order for a child to attend school, the Michigan Public Health code requires a parent/guardian to provide one of the following:

1. A valid, current immunization record
2. A medical doctor's (MD/DO) signed State of Michigan Medical Contraindication Form
3. A current, certified State of Michigan Immunization Nonmedical Immunization Waiver Form issued by the local health department

A valid, signed FERPA consent form should also be provided.

Any student whose parent/guardian fails to submit the required immunization information shall not be admitted into the school.

5. **Vision Screening** (kindergarten/junior kindergarten only) Proof of a vision screening is required before the start of kindergarten/junior kindergarten.

South Lyon Community Schools Student Enrollment Form

**** Please complete all sections on BOTH pages

Page 1

Select applicable school: Bartlett Brummer Dolsen Hardy Kent Lake Pearson Salem Sayre ECC
 Centennial Middle School Millennium Middle School South Lyon High School South Lyon East High School

Student Information

Date: _____ Entering Grade: _____ Gender: Boy Girl Multiple Birth? Yes No Twin Triplet Quadruplet

Student Last Name: _____ First Name: _____ Middle Name: _____

Student Date of Birth: _____ Birth City/State: _____ Home Phone: _____

Country of child's birth if not USA: _____ Date child entered USA: _____ Date 1st enrolled in USA School: _____

Street Address: _____ City: _____ Zip Code: _____ County: _____

Subdivision/Development Name: _____ Housing Type: Existing House/Apt New Construction

Family Information—Household #1

Parent/Guardian #1 (Primary contact for school communications and Food Service Information) Relationship to Student: _____

Last Name: _____ First Name: _____ Middle Name: _____

Work Phone: _____ Cell Phone: _____ E-mail: _____

Parent/Guardian #2 Relationship to Student: _____

Last Name: _____ First Name: _____ Middle Name: _____

Work Phone: _____ Cell Phone: _____ E-mail: _____

Parent Living Elsewhere—Household #2

Last Name: _____ First Name: _____ Phone: _____ Mother Father Guardian

Street Address: _____ City: _____ Zip Code: _____

E-mail: _____ Receive Report Cards? Yes No Receive Forms? Yes No Custodial Papers? Yes No

Other Children Living at Home

Name	Birth Date	Age	Grade	School (if attending)

Previous School

If your child is coming from another school district, please enter the following: (School admission is conditional pending receipt of school records from the previous school.)

Name of Last School Attended: _____ Name of District: _____ City: _____

Has student previously attended a South Lyon School? Yes No Name of school: _____

Student Last Name: _____ **First Name:** _____

Ethnic Origin

Ethnicity (Select One): Hispanic or Latino Not Hispanic or Latino
Race (Select One or More): Asian Black Hawaiian/Pacific White American Indian: Tribal Affiliation: _____
 Multi-Racial - Please record **percentages** next to races.

Home Language Survey

Is your child's native tongue a language other than English? Yes No If yes, what language? _____
 Is the **primary** language used in your child's home a language other than English? Yes No If yes, what language? _____

Special Services:

Has your child ever been evaluated for or received SPECIAL EDUCATION PROGRAMS OR SERVICES? Yes No
Does your child have a SECTION 504 PLAN? Yes No **Does your child have a current IEP?** Yes No If yes, please provide a copy of IEP.
 If you answered yes to any of these question, please contact the Special Education Office at 248-573-8220.

Residence: Where is your child/family currently living? (This question is federally mandated by ESSA)

Is your address a temporary situation? Yes No Is your living situation due to economic hardship or loss of housing? Yes No
 Are you living in one of the following situations? (check one): doubled up motel/hotel shelter campground other _____
This information will be kept confidential.

Miscellaneous Status: Foster Child, Active Military

Is this student a Foster Child? Yes No ***** If Yes, please provide a copy of the Placement Letter. *****
 Is one or more parent/guardian a member of the military currently on Active Duty Status? Yes No

Parent/Guardian Affirmation

My signature certifies that all information provided on this form is true and accurate, and that my child and I reside at the listed address. I understand that my student may be dropped from the school's rolls the following school year if a parent/legal guardian moves out of the SLCS District. I understand any false information provided by me may subject me to legal penalties for perjury. I understand that I have been provided the "Understanding Concussions" form at enrollment.
By checking this box and typing my name on the signature line below, I acknowledge that I am signing this document electronically.

Parent/Guardian Signature: _____ Date: _____

For Office Use Only: Required Enrollment Documentation

Required Enrollment Documentation		Proof of Residency / 3 current proofs required; one from Column I & two from Column II	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Identification – Photo I.D., driver's license, state I.D., or passport of parent/guardian	Column I One (1) required	Column II Two (2) required
<input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Certificate (or affidavit w/ other proof)	<input type="checkbox"/> Mortgage Document	<input type="checkbox"/> Utility Bill – Gas, electric, phone, etc.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Immunization Records	<input type="checkbox"/> Property Tax Statement - (most recent)	<input type="checkbox"/> Vehicle insurance document
<input type="checkbox"/> Yes <input type="checkbox"/> No	MCIR FERPA Consent	<input type="checkbox"/> Closing Papers—Accepted only if they've moved into their house within the past 30 days. Signed by all parties with closing date indicated.	<input type="checkbox"/> Homeowners/renters insurance document
<input type="checkbox"/> Yes <input type="checkbox"/> No	Vision Test (K & JK enrollment)	<input type="checkbox"/> Lease – Apartment/Home Rental—All tenants and occupant's names, including lease beginning/ending dates, must be on lease. Lease must be signed by both landlord and tenant.	<input type="checkbox"/> Bank Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Request for Records		<input type="checkbox"/> Cable TV Bill
<input type="checkbox"/> Yes <input type="checkbox"/> No	Acceptable Use Policy		<input type="checkbox"/> Credit Card Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmation of discipline		<input type="checkbox"/> Medical bill or health insurance statement

Send to Pupil Services

Yes No *Foster Child ONLY* Placement Letter **Building/Purchasing Home (Closing after start of school)**
 Yes No Non-Resident School of Choice Form (105/105C) Yes No Builder Letter/Purchase Agreement with projected closing date
 Yes No Resident Open Enrollment Form Yes No **3 Proofs of Current Residency**

GRSP Students ONLY Federal Poverty Level Quintile Please check applicable code: 01 02 03 04 05 06 07

Entry Date	Student #	Food Service PIN	Teacher	Scanned to Pupil Service For enrollments between count days only

Junior Kindergarten Enrollment Form 23/24 (Only complete if interested in Junior Kindergarten)

Student's name-		Birthdate-
Address-		
City-	State-	Zip Code-
Primary email address (please print legibly)-		
Phone 1-	Phone 2-	
Boundary school-		
Please Select All That Apply: <input type="checkbox"/> Child of a permanent SLCS employee <input type="checkbox"/> SLCS Resident <input type="checkbox"/> Current 105/105C (out of district Schools of Choice) family <input type="checkbox"/> New 105/105C (out of district Schools of Choice) family		Birthdate between: <input type="checkbox"/> September 2 – December 1, 2023 <input type="checkbox"/> August 1 – September 1, 2023 <input type="checkbox"/> July 1 – July 31, 2023 <input type="checkbox"/> June 1 – June 30, 2023

Locations:

Junior Kindergarten will not be offered at all district elementary schools. Not all elementary schools have space for an additional program. Final school locations for the Junior Kindergarten program will be assigned after initial Kindergarten registrations this winter, as the number of needed Kindergarten classrooms determines the number of available classrooms at a school. The number of available classrooms for Junior Kindergarten determines the number of students the district is able to accept into the program.

Important Transportation Information:

We are only able to provide transportation for Junior Kindergarten students who are attending their boundary school and live within a zone where busing is already provided to elementary aged students. This is because a bus route is already established and the route would typically have room for one or two more riders. Otherwise, Junior Kindergarten is like our Schools of Choice program- it is an optional program and families provide or arrange their own transportation to and from school each day.

<p>Please identify your Junior Kindergarten location preferences in order with 1 being your top choice:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p>	<p>Early start schools (8:15 am – 3:18 pm) Bartlett, Kent Lake, Pearson & Sayre</p> <p>Late start schools (8:57 am – 4:00 pm) Brummer, Dolsen, Hardy & Salem</p>
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I understand that program acceptance and location assignments will be made the final week of February and the first week of March for registrations received by February 17, 2023. Once contacted, I understand that I will have 48 hours to accept or decline my child's placement before the slot is offered to the next family on the list. I have provided an email address and backup phone numbers at which I can be reached during the last week of February and the beginning of March. I understand that it is my responsibility to monitor my email account during that time.

By checking this box and typing my name on the signature line below, I acknowledge that I am signing this document electronically.

Parent/Guardian Signature _____ Date _____

**South Lyon Community Schools
Enrollment Questionnaire**

Student Information:

Student Name:

Student Date of Birth:

Grade:

Building:

Family Information:

Parent Name:

Cell Phone:

Work Phone:

Email:

Please check below all services or conditions that apply to your child.

YES <input type="checkbox"/>	NO <input type="checkbox"/>	Takes medication regularly at school. If yes, please explain:
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Received Special Education Services <input type="checkbox"/> LD <input type="checkbox"/> EI <input type="checkbox"/> CI <input type="checkbox"/> Speech <input type="checkbox"/> Social Work <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Other If yes, please explain: Please contact the Special Ed Dept at 248-573-8220 for information on Special Ed enrollment paperwork.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	MEDICAL ALERT: Special health conditions, medications, allergies or medical religious restrictions. If yes, please explain:
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Section 504 Plan – MEDICAL If yes, please explain:
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Section 504 Plan – ACADEMIC If yes, please explain:
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Title I – Extra help with: <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Social Studies <input type="checkbox"/> Science If yes, please explain:
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Bilingual Services/Limited English Proficient Services If yes, please explain:
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Gifted/talented Program (<u>school sponsored</u>) If so, *Contact Melanie McCoy * at mccoym@slcs.us If yes, please explain:
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Alternative Programs If yes, please explain:
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Does your child have any physical/medical conditions or other disability which may affect his/her success in school? If yes, please explain:



Consent for Disclosure of Immunization Information

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 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 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 South Lyon Community 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: _____

By checking this box and typing my name on the signature line below, I acknowledge that I am signing this document electronically.

Signature of Parent/Guardian (or Eligible Student): _____

Date: _____ Printed Parent/Guardian Name: _____