



# Bangor Township Schools 2017 Kindergarten Registration & Screening

Bangor Township Schools will be completing Kindergarten Registration & Screening for the 2017-2018 school year. This year, parents will be able to register their child and have their child screened on the same day. **Please make sure you bring your child with you.**

## When:

- March 9, 2017: 12:00 – 6:00 p.m.
- March 10, 2017: 8:00 – 2:00 p.m.

## Where:

- Edison Admin Building, 3359 E. Midland Rd.

- \* Kindergarten enrollment is open to students that will be 5 years by September 1, 2017.
- \* Students who will be five between September 1 and December 1, 2017 may apply for a waiver by June 1, 2017.
- \* Offering our Success Starts Early Pre-Kindergarten Program.
- \* Building placements will be determined by May.
- \* Please bring a birth certificate, 2 forms of identification and an immunization record. Enrollment forms are available on-line.
- \* All incoming Kindergarteners must have vision and screening before the first day of school.
- \* Bangor North Preschool Teachers will be screening their students and providing parents with the registration forms to complete. Therefore, parents of Bangor North students don't need to attend Kindergarten Registration & Screening.

If you have any questions, please contact Mr. Kurtis Pake, Kindergarten Coordinator, at (989)686-7639, Ext. 5202.



<b>Name of Parent Living Elsewhere</b>	<b>Relationship to Child</b>	<b>Residence Phone (area code first)</b>	<b>Work Phone (area code first)</b>	<b>Cell Phone (area code first)</b>
<b>Address</b>		Have custody papers been provided to the district? <input type="checkbox"/> Yes <input type="checkbox"/> No Should this person receive mailings: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Custody Restriction:</b>				

**Additional Contacts:**

<b>Name</b>	<b>Address</b>	<b>Phone to be used for contact if needed</b>	<b>Relationship to Student</b>

**Other Children in Family:**

<b>Name (First and Last)</b>	<b>Birth Date</b>	<b>School of Attendance</b>

*The undersigned hereby acknowledges that the information provided on this form is true and accurate. The undersigned understands that it is his/her responsibility to inform the appropriate office if and when any of the information set in this form changes. Failure to so inform the district will subject the student to termination of enrollment in the Bangor Township Schools.*

\_\_\_\_\_  
Parent or Guardian Signature (Student signature if over 18)

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

Entry Date \_\_\_\_\_  New  Returning  Schools of Choice Building: \_\_\_\_\_

Staff Person Registering Student: \_\_\_\_\_  CIMS  MCIR  Counseling UIC: \_\_\_\_\_

Proof of Residence:  Property Tax Statement  Utility Bill  Lease  Insurance  Mortgage  McKinney-Vento HML Code: \_\_\_\_\_  
 Purchase Agreement  Affidavit - living with: \_\_\_\_\_

Documents:  Birth Certificate  Immunization Record  Records Request  
 Over-the-counter Medication Form  Prescription Medicine Usage Form  IEP (if applicable)  
 Internet/Media Permission Slip  Emergency Contact Profile  Concussion Form  
 Educational Testing (if applicable)  30-Day Special Ed. Waiver

Enclosures:  Free and Reduced Lunch Application  Student Planner  District Calendar  
 Current Newsletter



**Bangor Township**  
**Schools**

**STUDENT ENROLLMENT FORM**

\_\_\_ Male \_\_\_ Female

Child's Legal Name (as shown on birth certificate)

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Grade Entering

Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_ Multiple Birth Status: \_\_\_Single \_\_\_Twin \_\_\_Triplet

Address: \_\_\_\_\_  
House # \_\_\_\_\_ Street \_\_\_\_\_ Apt. #/Unit # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_  
House # \_\_\_\_\_ Street \_\_\_\_\_ Apt. #/Unit # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Housing Arrangements: \_\_\_Permanent/Regular \_\_\_Living w/friend or relative \_\_\_Shelter \_\_\_In Transition \_\_\_Other

Is this a court-placed foster child? \_\_\_Yes \_\_\_No

Home Phone: \_\_\_\_\_ County of Residence \_\_\_\_\_

Is your child's native tongue a language other than English? \_\_\_Yes \_\_\_No If yes, name of Language other than English. \_\_\_\_\_

Is the primary language used in your child's home or environment a language other than English? \_\_\_Yes \_\_\_No

Immigration Date, if not born in U.S. \_\_\_\_\_ Number of full school years student has attended any U.S. School \_\_\_\_\_

<p><b>Ethnicity</b> Is this student Hispanic/Latino? (Choose only one)  ___ No, not Hispanic/Latino  ___ Yes, Hispanic/Latino - (A person of Cuban, Mexican, Puerto Rican, south or Central American, or other Spanish culture or origin, regardless of race.)</p>	<p><b>Race</b> The question to the left is about ethnicity, not race. No matter what you selected, <b>please continue to answer the following</b> by marking <b>one or more boxes</b> to indicate what you consider your student's race to be.  ___ American Indian/Alaska Native ___ Asian American ___ Native Hawaiian/Pacific Islander ___ Black/African American ___ White</p>
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Last School Attended \_\_\_\_\_ City/State \_\_\_\_\_

Check one: \_\_\_Public School Michigan \_\_\_Public Out of State \_\_\_Church/Private \_\_\_Preschool

**SPECIAL SERVICES:**  
Did your child receive any special education services at a previous school? \_\_\_Yes \_\_\_No (If yes, please indicate the types of services he/she received. Check all that apply) \_\_\_Special Education Classes \_\_\_Speech \_\_\_OT/PT \_\_\_Social Work \_\_\_504 Plan

**MEDICAL INFORMATION: Does the child you are enrolling have any medical conditions (allergies, diabetes, etc.) or take physician-prescribed medications? If so, please describe below. If medication has been prescribed by a physician that needs to be administered by school personnel, please submit a Medication Prescriber/Parent Authorization Form (available at school) signed by the physician.**

Name of Primary Parent/Guardian Residing in the Home	Place of Employment	Occupation	Work Phone (area code first)	Cell Phone (area code first)
Relationship: ___Father ___Mother ___Grandparent ___Guardian ___Self (Student Enrolling) ___Other: _____				

Name of Secondary Parent/Guardian Residing in the Home	Place of Employment	Occupation	Work Phone (area code first)	Cell Phone (area code first)
Relationship: ___Father ___Mother ___Grandparent ___Guardian ___Self (Student Enrolling) ___Other: _____				