

# QUINCY COMMUNITY SCHOOLS

## REGISTRATION FORM

1 Educational Parkway, Quincy, MI 49082

- Jennings Elementary
- Quincy Middle School
- Quincy High School

Date Enrolled \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Has your child ever attended Quincy Schools before?  Yes  No

**Student Name:**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Gender:  Male  Female

Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Citizenship:  U.S.  Other: \_\_\_\_\_

**Address:**

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

**Phone Number:**

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

Email Address: \_\_\_\_\_

Previous School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

### **MUST ANSWER BOTH PART A & B**

(District Personnel required by US Dept. of Education to use observer identification to select answers for you if Part A or B left blank)

**PART A:** Is this student Hispanic or Latino? (Choose only one)

No, not Hispanic or Latino  Yes, Hispanic or Latino

**PART B:** (Choose one or more. If you choose more than one all will be equally weighted.)

American Indian/Alaskan Native  Asian  African American/Black  
 White/Caucasian  Native Hawaiian/Pacific Islander

1. Presently where is the student living?

Section A	Section B
<input type="checkbox"/> In a shelter <input type="checkbox"/> With more than one family in a house or apartment <input type="checkbox"/> In a motel, car, or campsite <input type="checkbox"/> With friends or family (other than parent/guardian) <p><b>CONTINUE:</b> If you checked a box in Section A, complete #2.</p>	<input type="checkbox"/> Choices in Section A does not apply.  <p><b>STOP:</b> If you checked this section you do <b>not</b> need to complete #2.</p>
<p>2. The student lives with:</p> <input type="checkbox"/> 1 parent or guardian _____ (Specify) <input type="checkbox"/> 2 parents or guardians _____ (Specify) <input type="checkbox"/> 1 parent and another adult _____ (Specify) <input type="checkbox"/> A relative, friend(s) or other adult(s) _____ (Specify) <input type="checkbox"/> Alone with no adults	
<p>3. Is the student currently in foster care?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Emergency medical conditions/problems: Please check  ALL that apply:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> nothing known                                  | <input type="checkbox"/> cardiac problems         | <input type="checkbox"/> hemophiliac                   | <input type="checkbox"/> diabetic       |
| <input type="checkbox"/> epileptic                                      | <input type="checkbox"/> special blood condition  | <input type="checkbox"/> wears glasses                 | <input type="checkbox"/> contact lenses |
| <input type="checkbox"/> muscle weakness                                | <input type="checkbox"/> headaches                | <input type="checkbox"/> pulmonary                     | <input type="checkbox"/> asthma         |
| <input type="checkbox"/> nose bleeds                                    | <input type="checkbox"/> ADD/ADHD                 | <input type="checkbox"/> hearing problems              | <input type="checkbox"/> multi allergy  |
| <input type="checkbox"/> urinary/bowel problems                         | <input type="checkbox"/> no medication, religious | <input type="checkbox"/> drug allergy (please specify) |   |
| <input type="checkbox"/> bee/insect bite/sting allergy (please specify) |   | <input type="checkbox"/> other (please specify)        |   |

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION FORM:**

This student will be given emergency medical treatment only when attempts to reach parents/guardians have been exhausted. I, the parent/guardian of \_\_\_\_\_, minor child, authorize the Quincy Community Schools to act on my behalf in case my child is the victim of an injury or illness when immediate medical or surgical care is needed. I authorize the staff member(s) to take such action and give consent on my behalf as his/her judgment dictates.

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

**Adult MALE residing in the home:**

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

Relationship to Child: \_\_\_\_\_

Marital Status:  Married  Single  
 Divorced  Widowed

Name of Spouse: \_\_\_\_\_

Your Occupation: \_\_\_\_\_  Active Military

Where employed: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Level of education completed (circle one)

High School 9 10 11 12 College 1 2 3 4

**Adult FEMALE residing in the home:**

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

Maiden Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Marital Status:  Married  Single  
 Divorced  Widowed

Name of Spouse: \_\_\_\_\_

Your Occupation: \_\_\_\_\_  Active Military

Where employed: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Level of education completed (circle one)

High School 9 10 11 12 College 1 2 3 4

**Natural Father (if different from above)**

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

Marital Status:  Married  Single  
 Divorced  Widowed

Name of Spouse: \_\_\_\_\_

Your Occupation: \_\_\_\_\_  Active Military

Where employed: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

**Home Address**

Number/Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Level of education completed (circle one)

High School 9 10 11 12 College 1 2 3 4

Does the natural father have court orders denying access to the child:

Yes  No

If yes, please provide the school with a copy of the court orders.

**Natural Mother (if different from above)**

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

Maiden Name: \_\_\_\_\_

Marital Status:  Married  Single  
 Divorced  Widowed

Name of Spouse: \_\_\_\_\_

Your Occupation: \_\_\_\_\_  Active Military

Where employed: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

**Home Address**

Number/Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Level of education completed (circle one)

High School 9 10 11 12 College 1 2 3 4

Does the natural mother have court orders denying access to the child:

Yes  No

If yes, please provide the school with a copy of the court orders.

**EMERGENCY CONTACT(S) OTHER THAN PARENT(S)**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

This child may also be released to the following persons:

1. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**IF SCHOOL SHOULD BE DISMISSED EARLY AND UNEXPECTEDLY AT ANY TIME, WHAT SHOULD YOUR CHILD DO?**

\_\_\_\_\_  
\_\_\_\_\_

Other children who reside in the home:

Name:	Birthdate:	Grade:	Natural Sibling	Step Sibling
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Does your child attend a day care center or go to a sitter after school?  Yes  No

If yes, name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please check below all services or conditions that your child received at his/her previous school:**

- Takes medication regularly at school
- Section 504 Plan (physical or mental disability)
- Received special education services: Please check  all that apply to your child:
  - Individual psychological testing
  - L.D. (Learning Disabled)
  - P.O.H.I. (Physically or Otherwise Handicapped)
  - Visually Impaired
  - Title I Services
  - Migrant Education Services
  - P.P.I. (Pre-Primary Impaired)
  - Occupational Therapy (OT)
  - E.M.I. (Educable Mentally Impaired)
  - E.I. (Emotionally Impaired)
  - Hearing Impaired
  - Speech
  - Bilingual Services
  - Gifted/Talented Education
  - Cognitively Impaired
- Alternative Education: Please check  all that apply to your child:
  - Drop Out
  - Expulsion/Suspension
  - Pregnant/Parent
  - Virtual High School

Has your child been suspended or expelled by a Principal, Superintendent, Hearing Officer, or Board of Education for a semester or more?  Yes  No      If yes, current status? Reinstated:  Yes  No

If yes, by whom? \_\_\_\_\_

If yes, for what reason were they suspended/expelled? \_\_\_\_\_

I affirm, that as the parent/legal guardian, all information provided above is true and accurate, and that my child and I reside at the listed address. I understand any false information provided by me may subject me to legal penalties for perjury and result in my child being excluded from enrollment.

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

<b>Please check the appropriate boxes:</b>	
<b>Family 1 would like to receive:</b>	<b>Family 2 would like to receive:</b>
<input type="checkbox"/> Electronic Report Cards	<input type="checkbox"/> Electronic Report Cards
<input type="checkbox"/> Hard Copy Report Cards	<input type="checkbox"/> Hard Copy Report Cards
<input type="checkbox"/> Forms	<input type="checkbox"/> Forms



# BUS FORM

Please check if transportation is **NOT** needed.

Child's Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Pick Up       Drop Off       Both

\*If your child will be picked up or dropped off at a location other than your home, please fill out the following:\*

Sitter/Relative's Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Pick Up       Drop Off       Both

# Quincy Community Schools - Parent Questionnaire

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Mother's Date of Birth: \_\_\_\_\_

1. With whom has the child lived for most of the past year?

\_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other (specify)

2. Child attended preschool? \_\_\_\_\_ yes \_\_\_\_\_ no

A. If yes, for how long? \_\_\_\_\_ 6 months \_\_\_\_\_ 1 year \_\_\_\_\_ 2 years \_\_\_\_\_ MORE THAN 2 years

B. Name of child's present or most recent pre-school:

\_\_\_\_\_

3. Has your child ever had any significant injuries, or an illness that required a lengthy hospital stay?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

4. Does your child have a physical handicap that the school should be aware of?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

5. Language spoken at home: \_\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ Other (specify)

6. Child's primary language: \_\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ Other (specify)

7. Do parents need an interpreter for Conferences? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Do parent need translated documents? \_\_\_\_\_ Yes \_\_\_\_\_ No

9. Do you have internet access at home? \_\_\_\_\_ Yes \_\_\_\_\_ No

VERIFICATION OF RESIDENCY REQUIREMENTS  
FOR PURPOSES OF ENROLLMENT  
AT QUINCY COMMUNITY SCHOOLS

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

Date of Enrollment: \_\_\_\_\_

Resident Address: \_\_\_\_\_  
\_\_\_\_\_

On this date I verified the residency of the student enrolled above using the following source(s) of documentation. (Please check one.)

- |   |  |
|---|--|
| <input type="checkbox"/> Rent Receipt     | <input type="checkbox"/> Mortgage Payment Receipt      |
| <input type="checkbox"/> Utility Bill     | <input type="checkbox"/> Property Tax Bill (if recent) |
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Medicaid Card                 |
| <input type="checkbox"/> Other _____      |  |

This verification will remain continuously applicable for this student in subsequent school years of enrollment unless such time as the school district is notified of a change in residence by the parent, guardian, or legally responsible person.

\_\_\_\_\_  
Name of Person Verifying Residency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position

**RESIDENCY VERIFICATION AFFIDAVIT:** According to State Attorney General Opinion No. 5925, school districts have the right to ask new enrollees to prove 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 residence and that the parent lives outside the boundaries of the Quincy Community School District, a release from the district of residence must be provided immediately or the student may be excluded from the district.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address



**QUINCY COMMUNITY SCHOOLS**

One Educational Parkway  
Quincy, MI 49082

**PERMISSION TO RELEASE OFFICIAL RECORDS**

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

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Former School: \_\_\_\_\_

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

Please send the above named student's complete school records including:

- Official administrative record (name, birth date, place of birth, grades, class standing, and citizenship record)
- Standardized achievement, aptitude and intelligence test scores
- Special education records (IEPC, diagnostic reports, medical records)

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please send records to:

**Grades K-4**

Jennings Elementary School  
44 East Liberty Street  
Quincy, MI 49082  
Attn: Brooke Heckel  
Fax: 517-639-3461

**Grades 5-8**

Quincy Middle School  
32 Fulton Street  
Quincy, MI 49082  
Attn: Trina Craig  
Fax: 517-639-3701

**Grades 9-12**

Quincy High School  
18 Colfax Street  
Quincy, MI 49082  
Attn: Michelle Dobson  
Fax: 517-639-3701

QUINCY COMMUNITY SCHOOLS  
1 Educational Parkway, Quincy, Michigan

**AFFIRMATION OF PRIOR DISCIPLINE RECORD**

A willful false statement on this affirmation will result in a report to the appropriate authorities.

**DIRECTIONS:** Check the applicable paragraph, provide all appropriate information, and sign this document.

Paragraph 1:

The undersigned affirms that \_\_\_\_\_ **has not been** suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or 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.

Paragraph 2:

The undersigned affirms that \_\_\_\_\_ **has been** suspended or expelled from a public or private school in Michigan or another state for one or more offenses involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for an 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.

If you checked paragraph 2, explain the circumstances in detail. Include the school name, dates of suspension or expulsion, and a description of the incident resulting in the suspension or expulsion.

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_____	_____
(Date)	(Signature of Student)
_____	_____
(Date)	(Signature of Parent/Guardian)

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Date copy sent for verification: \_\_\_\_\_ Initials of Quincy Schools Staff Member \_\_\_\_\_

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Name of Sending (former) School District: \_\_\_\_\_

- Sending School – Please Check One:
- According to our records, we can verify that the information provided above by the parent/student is correct.
  - According to our records, the information provided above by the parent/student is not correct.

If the student has been involved in offenses involving weapons, alcohol or drugs, or willful infliction of injury to persons or an act of violence against persons and/or property committed on school premises, at a school sponsored activity, or on a public or private conveyance providing transportation to or from school or a school sponsored activity, **please forward appropriation disciplinary documentation.**

_____	_____	_____
(Date)	(Signature of Sending District Administrator)	(Title)

# Branch ISD

## Consent for Immediate Placement

Date \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

District Attending \_\_\_\_\_

Building Attending \_\_\_\_\_

Transfer In from Out-of-State  Yes  No

Transfer From/Previous School \_\_\_\_\_

I request and give consent for my child to receive special education services indicated below. Upon verification of Special Education eligibility, the current IEP (Individualized Education Program) will be fully implemented OR within 30 school days I will be invited to an IEP Team meeting which will develop an Individualized Education Program (IEP).

Procedural Parental Safeguards are available at [http://www.michigan.gov/mde/0,4615,7-140-6598\\_36168-188305--,00.html](http://www.michigan.gov/mde/0,4615,7-140-6598_36168-188305--,00.html) or you may call 279-5804 to request a copy.

\_\_\_\_\_  
Parent/Guardian Signature                      Relationship to Student                      Date

**When completed, please fax to: 517-278-5282 or email to [coans@branch-isd.org](mailto:coans@branch-isd.org)**

### FOR ISD OFFICE USE ONLY

Date Received by ISD Special Education Office: \_\_\_\_\_ Date Consent Form Emailed to Case Manager: \_\_\_\_\_

Student's Eligibility:  ASD  CI  DHH  ECDD  EI  HI  OHI  
 PI  SLD  SLI  SXI  TBI  VI

Date of Las Re-Evaluation: \_\_\_\_\_ Date of Last Valid IEP: \_\_\_\_\_

Information Verified by:  Phone  CA-60  Other

Signature of person verifying information: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Specialized Transportation:  Yes  No

<u>Program/Service</u>	<u>Time/Frequency</u>	<u>Provider</u>

# Identification Form for McKinney-Vento Children and Families

Does the applicant live in any of the following circumstances? Check all that apply.

## McKinney-Vento Families and Children

- In a shelter (Family shelter, Domestic Violence shelter, Youth or Temporary Housing shelter)
- In a motel, hotel, or weekly housing rate.
- Doubled up with friends or relatives because you cannot afford housing (i.e. not by choice)
- In an abandoned building. Or other inadequate accommodations, or a vehicle.
- On the street.
- Temporary foster care placement.
- With friends or relatives because you are an unaccompanied youth.

Parent/Youth Certification: Yes I/we live in one of these situations

\_\_\_\_\_  
Child Name

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

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

\_\_\_\_\_  
Date

# Skyward Family Access

Skyward Family Access is a great way to keep informed about your child's progress at school. From Gradebook grades, attendance, and even a listing of the activities they are involved in, Skyward has a lot of information in one easy to access location. Skyward can be accessed via the website by clicking the link and also is available as an app download in the Google Play store or the iTunes App Store.

## **How can I sign up for an account?**

Signing up for a Family Access account is easy. Simply send your request to [skywardreg@quincyschools.org](mailto:skywardreg@quincyschools.org) and please include the following information:

- Your name
- Your son(s)/daughter(s) name that you want to have access to

You should have an email on file with the District prior to requesting access. You can contact the main office of the building your child(ren) attend(s) to add an email address to your account.

## *Alternate Registration*

There is an alternate way you can retrieve your logon credentials. This will ONLY work however if you have been previously given access to Skyward by the School District and have a VALID email on file. Visit the Skyward logon page click on the Forgot Your Logon/Password link. Skyward will send you an email with instructions on how to reset your credentials, even if you didn't have them previously.

## **I have forgotten my password and/or username.**

If you have forgotten your logon credentials, you can click the Forgot Your Logon/Password link that is located on the Skyward logon page.

## **How do I make a Food Service Payment online?**

To make a Food Service payment online via Skyward you will first need to have an efunds account. Once you have signed up and created an efunds account, then you can logon to Skyward Family Access and choose Food Service from the menu to make a payment.

*Please note: If you are having trouble creating an efunds account or DO NOT have your student's Skyward number, please contact Andrew Craig.*

## **Who to contact for additional help with Skyward Family Access.**

If you need additional help with Skyward Family Access, please contact the school district at [skywardreg@quincyschools.org](mailto:skywardreg@quincyschools.org).

# Quincy

JENNINGS ELEMENTARY

Ronald Olmsted, Principal

Darcy Roach, Title One Director

Brooke Heckel, Secretary

44 E. Liberty Street Quincy, MI 49082 Phone: 517 639-9885 Fax: 517 639-3461

Dear Parent(s):

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.

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I authorize Jennings Elementary School 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: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Printed Parent/Guardian Name: \_\_\_\_\_