

Atlanta Community Schools

Grades 1-12 Registration Checklist

Student Name: _____ Grade: _____

Forms Enclosed

- Request for Educational Records
(from previous school)
- School of Choice Application
(only if living out of District)
- ACS Student Registration Form
- ACS Consent to Disclose Immunizations
- ACS School Admissions Proof of Residency Form
- ACS Transportation Bus Route Info
(fill out even if planning on not using bussing)
- Home Language Survey
- Medical Authorization Form
- Athletic Eligibility Form
(only needed for 9-12 grade students)
- ACS Handbook Compliance Agreement
(may receive at a later date)

Must Also Be Provided

- Birth Certificate
(a copy is acceptable)
- Court/Guardianship paperwork
(if applicable)
- Proof of Residency
(something with your name and physical address on it)
- Immunizations Record
(current & up to date, from doctor or health department)
- Most recent IEP, 504, or other Special Services
(If your child receives services, a copy of a current IEP is required)
- Current Schedule & Transcript
(only for 9-12 grades)
- Band Info
(only if in 6-12 grades)

Please bring completed forms and required documentation to the school office at Atlanta Community Schools. Call 989-785-4842 with any questions. Thank-you!

Welcome to the Huskie Pack!

**ATLANTA COMMUNITY SCHOOL
10500 COUNTY RD 489
ATLANTA, MI 49709
989-785-4877**

Request for Educational Records

Date: _____

School last attended: _____

Address: _____

Please send the educational records of the following student(s):

Student Name *Grade* *Birth date*

Student Name *Grade* *Birth date*

Student Name *Grade* *Birth date*

These records should be sent to the following address:

**ATLANTA COMMUNITY SCHOOLS
10500 COUNTY RD 489
ATLANTA, MI 49709**

Please email any IEP records, Discipline records, and high school transcripts to:
thisscock@atlantaschools.us

Signature of Principal/designee

This transfer is provided for in the Family Educational Rights and Privacy Act of 1974, as amended June 17, 1976. The new regulations no longer require an acknowledgment from the parent or eligible student that he or she has received notification before records may be released to other educational institutions. (Section 99.34)



Atlanta Community Schools
Schools of Choice Application

Date of Application: _____

Student Name: _____

Grade Entering in the current school year: _____ Date of Birth: _____

School Attended in previous school year _____

The school district in which you reside: _____

Parent/Guardian Name(s):

Street Address:

Phone (home): _____ Alternate phone number(s): _____

Email address: _____

Is a sibling currently attending Atlanta Community Schools as a Schools of Choice Student? Yes No

Name(s) and grades of siblings:

Has your child ever been expelled from any school district? Yes No

If yes, state the school, date, and reason:

Has your child ever been suspended from **any** school within the last two (2) years? Yes No

If yes, state the school, date, and reason:

Has your child ever been convicted of a felony? Yes No

If yes, explain and when:

Has your child ever been tested for specialized services? Yes No

Does your child receive specialized assistance in school? Yes No

I give my permission for the release of information to Atlanta Community Schools regarding **all** suspensions within the past two (2) years as well as any expulsions involving my child. Yes No

I understand transportation will be the responsibility of the parent/guardian. Yes No

I understand that misrepresenting or withholding information on the application may cause the application to be withdrawn or rejected. Yes No

I understand that Michigan High School Athletic Association (MHSAA) regulations apply to all high school age transfers. Yes No

Student's Name:

Parent/Guardian or Student's reason for transfer to a School of Choice:

Please note that the following applies to School of Choice applications for students who reside in an intermediate school district other than the Atlanta Community School District: If your application for schools of choice enrollment is accepted and if your child is eligible for special education programs and services according to statute or rule, or is a child with disabilities, as defined under the individuals with disabilities education act, Title VI of Public Law 91-230, actual enrollment **cannot** occur until Atlanta Community Schools reaches a written agreement with the district in which you reside. This agreement will address providing your child with a free appropriate public education and must also include, but is not limited to, an agreement on the responsibility for the payment of the added costs of special education programs and services for the pupil. **If such agreement is not reached, your application will not be accepted.*

By my signature below, I give my permission for the release of discipline information for

_____ (Student's name), to Atlanta Community Schools, and I certify that all of the information contained in this application form is complete and correct. I understand that any incorrect or inaccurate statement, including but not limited to the statement on suspensions and expulsions, will result in either non-admission or no further consideration of this application or if already admitted, immediate suspension and dismissal as a student.

Parent's/Guardian's Signature (required)

Date (required)

******OFFICIAL OFFICE USE ONLY******

The student has been **Accepted** **Rejected** to participate in the requested School of Choice program in Atlanta Community Schools.

Reason for rejection: Suspended within last two years Expelled Convicted of a felony
 105c Special Education Cooperative Agreement not reached

Atlanta Community Schools Signature (required)
Principal - Tawny Hisscock

Date (required)

Office use only:

Date application received: _____

ATLANTA COMMUNITY SCHOOLS STUDENT REGISTRATION FORM

BIRTH CERTIFICATE	IMMUNIZATION	PROOF OF RESIDENCY	IEP	NON-RESIDENT	504	DISABILITY	ATHLETICS
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STUDENT: _____ Gender: MALE FEMALE

First Name
Middle Name
Last Name

Age: _____ Date of Birth: _____ Birth City: _____ Birth State: _____

Federal Race: AMERICAN INDIAN/ALASKAN NATIVE
 ASIAN
 BLACK or AFRICAN AMERICAN
 NATIVE HAWAIIAN or Other Pacific Islander
 WHITE

HISPANIC or LATINO ETHNICITY?
 YES
 NO

LANGUAGE: _____
 ANCESTRY: _____

Address: _____ Township: _____
 Mailing Address (PO Box): _____ Home Phone: _____

Family 1 (with whom the student resides)

Name: _____ Relationship: _____ Mobile Phone: _____ Work Phone: _____ Email: _____ Occupation: _____ Active Duty? <input type="radio"/> YES <input type="radio"/> NO Employer: _____	Name: _____ Relationship: _____ Mobile Phone: _____ Work Phone: _____ Email: _____ Occupation: _____ Active Duty? <input type="radio"/> YES <input type="radio"/> NO Employer: _____
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Family 2 (if applicable)

Name: _____ Relationship: _____ Mobile Phone: _____ Work Phone: _____ Email: _____ Active Duty? YES NO Ok for pick up? YES NO Ok to receive Student Records? YES NO Mailing address: _____	Name: _____ Relationship: _____ Mobile Phone: _____ Work Phone: _____ Email: _____ Active Duty? YES NO Ok for pick up? YES NO Ok to receive Student Records? YES NO
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Where is the student currently residing?
 In a shelter With more than one family in a house or apartment
 In a motel, car or campsite With friends or relatives other than parent/guardian

If one of the above options are checked the student may be eligible for McKinney-Vento services.

Is the student living with parents or legal guardians? [] Yes [] No

***More items to be filled out on the back...**

Emergency Contacts

Name	Relationship	Primary Phone	Second Phone	Third Phone	Allow Pick Up

Allergies, medicine or other medical conditions: _____

Physician's Name: _____ Contact Number: _____

Emergency Medical Authorization

In the event reasonable attempts to contact me and emergency contacts have been unsuccessful, I, as the parent/legal guardian of the above student, do hereby authorize any and all emergency treatment necessary for my child that may be required due to sudden injury or illness. This release is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/Guardian Signature

Date

Statement of Student Discipline

In accordance with the Safe Schools Act of 1996, Atlanta Community Schools requires that parents provide criminal and school disciplinary information. To implement that law, this district's board policy requires that the following questions be answered by parents/legal guardians who are enrolling new students to the school:

1. Is the student presently or ever been under suspension or expulsion from another school district? YES NO
If yes, please describe: _____
Name of School District: _____

2. Has the student been convicted or charged with any of the following crimes? (check any that applies)

<input type="radio"/> First Degree Murder	<input type="radio"/> Second Degree Murder	<input type="radio"/> First Degree Assault
<input type="radio"/> Forcible Rape	<input type="radio"/> Forcible Sodomy	<input type="radio"/> Robbery in the First Degree
<input type="radio"/> Distribution of Drugs to a Minor	<input type="radio"/> Arson in the First Degree	<input type="radio"/> Kidnapping (Class A Felony)

In accordance with the law, no student may be readmitted or enrolled in the school who has been convicted of or charge with an act that if committed by an adult would be one of the above. Nothing in the law shall prohibit the re-admittance or enrollment of any students if a charge has been dismissed, or when a student has been acquitted of any of the above offenses. This section does not apply to a student with disability, as identified under state eligibility criteria, who is convicted as a result of an action related to the student's disability.

I attest that all of the information stated in this form is correct and true.

Parent/Legal Guardian Signature

Date

*If item 1 is marked yes, and if item 2 has any check mark the enrollment is to be approved by the Superintendent.

Superintendent/Principal

Date

Atlanta Community Schools

Consent for Disclosure of Personally Identifiable Information and 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 and immunization 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 _____ Atlanta Community Schools _____ to release my Child's immunization record and personally identifiable information 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: _____

ATLANTA COMMUNITY SCHOOLS
School Admissions
(Proof of Residency Form)

In order to register a resident student, the parent, legal guardian or the student shall provide proof of residency or proof that a waiver has been requested as outlined below and shall complete all admission requirements as determined by Board policies, rules and regulations. Resident students who cannot provide adequate proof of residency may request a waiver in accordance with state law. Students who do not meet the residency requirements may apply for admission in accordance with state law regarding admission of nonresident students.

At least one (1) of the following criteria shall be used in determining student residency:

1. The student physically resides and is domiciled in the district. The domicile of a minor child shall be the domicile of a parent or court-appointed legal guardian.

2. The student is otherwise proven to be legally domiciled within the district.

In order to satisfy the District's residency requirements, the student, parent or court-appointed legal guardian must provide one (1) or more of the following items as proof of residency:

- | | |
|---------------------------|-------------------------------|
| 1. Property Tax Statement | 5. Legal property description |
| 2. Driver's License | 6. Rental Agreement |
| 3. Utility Bill/Agreement | 7. Telephone Bill |
| 4. Real Estate contract | 8. Other _____ |

STUDENT INFORMATION
Name of student: _____
Address of student: _____ _____
Name of Parent/legal guardian: _____
Address of Parent/legal guardian: _____ (If different than above)

Parent/Legal Guardian Signature _____ Date _____

ATLANTA COMMUNITY SCHOOLS
TRANSPORTATION
BUS ROUTE INFORMATION

Date: _____

Student(s) Name: _____ Current Grade _____

Address: _____

Parent/Guardian Name: _____ Phone # _____

Parent/Guardian Name: _____ Phone # _____

Description of House: _____

Not Needed at This Time AM PM

TRANSPORTATION USE ONLY

Authorized person will meet the bus. _____

Authorized person will wave from doorway.

Student is allowed off the bus with an older sibling: _____

Student gains access into home.

Student is old enough to be at HOME, ALONE without a parent, guardian or caretaker present.

Parent Notified: () _____ Date _____

Bus Route # am _____ time: _____

Bus Route # pm _____ time: _____

Teacher Notified: () _____ Date _____

Rochelle Thornberg, Transportation Supervisor
989-785-4785 Office
989-306-2904 cell

STATE BOARD OF EDUCATION
APPROVED HOME LANGUAGE SURVEY*

The _____ 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 – 380.1158 of the School Code of 1976, Michigan's Bilingual Education Law. Would you please help by providing the following information?

Thank you very much for your cooperation.

Name of Student _____ Grade _____ Age _____

School Building _____

1. Is your child's native tongue a language other than English?

Yes

No What is that language? _____

2. Is the primary language¹ used in your child's home or environment a language other than English?

Yes

No What is that language? _____

Signature of Parent
or Guardian

Address

Date

¹"Primary language" means "dominant language used by a person for communication."

*Translation of this survey form in Spanish, Arabic, French, Italian, and Ojibwa is available at the Office of Field Service.

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)

School _____ Grade _____ Teacher _____

Birthdate _____ Sex _____ Telephone _____

Parent or Guardian Names _____

Home Address _____

Mother's Employment _____ Telephone _____

Father's Employment _____ Telephone _____

Doctor Preferred _____ Telephone _____

Doctor's Address _____

Dentist Preferred _____ Telephone _____

Dentist's Address _____

Insurance Company _____ I.D. No. _____

Important Medical Information

Allergies _____

Current Medications or Treatments _____

Previous Operations or Hospital Confinements _____

Other: _____

NEW STUDENT FORM **2024-25** – For students who change schools after starting 9th grade

YES NO

I AM INTERESTED IN PARTICIPATING IN ATHLETICS

To be completed by new students, parents, and former school. This form is intended to assist schools in compiling information to determine eligibility under MHSAA Regulations. Provide copies in new student packets and as soon as possible, the form should be submitted to the athletic director for evaluation. The AD may then contact the MHSAA for assistance. Consult Int. 65 and 77 or the Residential Change Check List on MHSAA.com (Schools → Parents → Regulations Summary) to assist in determining if residential changes are full and complete. **Int. 37 states two current and complete documents are prerequisites for participation: Physical Exam/Consent Form or Health Questionnaire/Consent Form and official school record (transcript) since first enrolling in the 9th grade of any school.**

SECTION COMPLETED BY SCHOOL & STUDENT – CHECK TRANSCRIPT	- Official enrollment date (in school records & attending one or more classes) →	
	- Number of classes for which credit has been given in the previous academic term →	
	- Number of potential classes for a full-time student in the previous high school →	
	- Number of semesters and/or trimesters in grades 9-12 COMPLETED to date →	
	- In what school year did the student END the 8th grade (and BEGIN grade 9th) →	
	- Has the student REPEATED any grades 9-12? →	

STUDENT'S NAME _____ GRADE _____ BIRTHDATE ____/____/____

PHONE (____) _____ EMAIL _____

CURRENT (NEW) ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF RESIDENCE CHANGE INTO CURRENT (NEW) ADDRESS _____

CURRENT (NEW) PUBLIC SCHOOL DISTRICT IN WHICH YOU RESIDE _____

NEW ADDRESS IS IN A DIFFERENT PUBLIC SCHOOL DISTRICT (OR ATTENDANCE AREA OF A MULTI-HIGH-SCHOOL DISTRICT) Y N

OLD HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

FORMER RESIDENCE (CHECK ALL THAT APPLY) VACANT SOLD RENTED ALL BELONGINGS MOVED? Y N

FORMER PUBLIC SCHOOL DISTRICT OF RESIDENCE _____

PARENT(S) OR GUARDIAN(S) _____ PHONE: (____) _____

1. The last school the student attended _____

2. While enrolled at the former school, the student lived with _____
(List ALL people & their relationship to the student - parents, siblings, or others)

YES NO The student lived with the above for at least 30 days during the most recent previous academic term.

3. The student NOW lives with _____
(List ALL people & their relationship to the student - parents, siblings, or others)

SELECT THE APPROPRIATE ANSWER

4. 9 10 11 12 Circle the highest grade in which the student was enrolled at any previous school.

5. YES NO School previously attended was a nonpublic or charter school.

6. YES NO Student is a "Ward of the Court/State" and was placed in this school District by court order.

7. YES NO Student is an international student enrolling from a foreign country. **Select VISA:** F1 J1

7a. YES NO Student is from an MHSAA Approved International Student Program (AISP).

Program Name: _____ Program is listed on MHSAA.com Y N

8. YES NO Student's previous school has been closed, dissolved, or reorganized. (see Int. 64 & 90)

9. YES NO Student's parents are DIVORCED. If divorced, give exact decree date: **Month** ____ **Day** ____ **Year** ____

10. YES NO Student is 18 or under, or the 19th birthday is on or after Sept. 1st of this school year.

11. YES NO Last year, the student lived at a boarding school, or while enrolled out of state, attended a sports academy.

12. YES NO Student is 18 and moved into this District WITHOUT his or her parents.

13. YES NO Student participated in a cooperative program involving his/her previous school and our school.

14. YES NO Student wishes to discuss her/her situation with the athletic director.

OVER →

VERIFICATION OF PREVIOUS HIGH SCHOOL SPORTS PARTICIPATION

15. List ALL high school sports the student participated in (game/meet or scrimmage at any level) in the most recent previous school year and, if the transfer occurs after the school year started, list any sports participated in at any level during the current school year. List the year next to the sport played (e.g., **2023-24**).

FALL	WINTER	SPRING

16. List the sport(s) in which the student desires to participate in during the next 12 months at the new school:

- _____
- _____
- _____
- _____

Unless a student meets one of the 15 stated Exceptions, the student is INELIGIBLE for participation in any of the sports listed above (item #15) during the **2024-2025** school year. Students are eligible for participation in sports NOT listed above (item #15).

Today's Date _____ **IN THE PAST 12 MONTHS?**

17. YES NO While at the **previous high school, the student was coached by** any member of our high school's coaching staff (current or incoming). If yes, indicate the name of the coach(es) and sport(s):

RECOMMENDED VERIFICATION & COMMUNICATION BETWEEN SCHOOLS

By my signature below, I state that the above is true and accurate. I also understand that contests the student participates in may be forfeited to opponents if the information submitted is not accurate:

STUDENT DATE

PARENT/GUARDIAN DATE

NEW SCHOOL ATHLETIC DIRECTOR DATE

SCHOOL NAME + EMAIL OR FAX

TO PREVIOUS SCHOOL A.D. - PLEASE SIGN AND RETURN TO A.D. AT THE STUDENT'S NEW SCHOOL

Exchange this form between athletic directors for students who wish to play the same sport as played previously. The previous school athletic director indicates that to the best of their knowledge, the above is true and accurate:

PREVIOUS SCHOOL ATHLETIC DIRECTOR DATE

Form Returned to NEW School: _____
DATE

Notes if previous AD declines to sign: _____

ALERT! The Sport Specific Transfer Rule states: ANY sport a student played in **2023-24** determines eligibility in **2024-25** should the student transfer and not meet one of the 15 stated Exceptions.