



**2011 – 2012**

**WILLOW RUN COMMUNITY SCHOOLS**  
**GRADES K-8**  
**NEW STUDENT ENROLLMENT PACKET**



Welcome! We have prepared these guidelines to help make the enrollment process move quickly and smoothly. **IN ORDER TO ENROLL, PLEASE HAVE THE FOLLOWING ITEMS BELOW.**

**Registration Forms –**

1. Record Release Consent Form
2. Student Registration Form
3. Student/Household Information
4. Emergency Card
5. Home Language Survey
6. Legal Residence Form
7. Statement of Conduct
8. Technology Use Agreement/Media Release Form

**Please bring the items below to complete your enrollment –**

1. Completed registration forms
2. Birth Certificate – Must be original certificate, no copies will be accepted
  - a. Kindergarten students must be 5 years old as of December 1<sup>st</sup> to enroll
3. Immunization Records
  - a. proof of vision screening, Kindergarten students only
4. Proof of residency – One of the following: electric, gas, or water bill **OR** current rent receipt or lease agreement. Must be current within 30 days of enrollment.
5. Copy of any IEP records - if student requires Special Education Service
6. Affidavit of Legal Residence if student is not residing with parent(s). Guardianship papers must be completed prior to enrollment. They may be obtained from the Probate Court, 101 E. Huron, Ann Arbor, MI 734-994-2474
7. School of Choice Form if child does not reside in the Willow Run Community School District.

We thank you for your assistance in helping us to enroll your child in Willow Run Community Schools.

# Willow Run Community Schools

235 Spencer Lane  
Ypsilanti, MI 48198

## Request for Release of Student Records

### Previous School Information:

\_\_\_\_\_  
Name of School Last Attended

\_\_\_\_\_  
School Address

\_\_\_\_\_  
City,

\_\_\_\_\_  
State

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

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

\_\_\_\_\_  
Fax Number

**Has this student been expelled Y\_\_ N\_\_ or suspended? Y\_\_ N\_\_ If yes, when: \_\_\_\_\_**

*We are requesting the cumulative file (CA-60), including immunization/health records, birth certificate, special testing records, special education and psychological records, grades earned to date of withdraw, transcript, report card, and discipline records for the following student who has enrolled at one of our schools.*

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

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

Birth date \_\_\_\_\_

Current Grade \_\_\_\_\_

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

Date \_\_\_\_\_

Student's \_\_\_\_\_

Signature if 18 or Older \_\_\_\_\_

Date \_\_\_\_\_

***Please send records and student UIC number to the address of the school below that is checked.***

\_\_\_\_\_  
Willow Run Primary Learning Center , 2240 Clark Rd., Ypsilanti, MI 48198 Ph. (734) 481-8275/Fax (734) 481-8186

\_\_\_\_\_  
Willow Run Elementary Learning Center, 1255 Holmes Rd., Ypsilanti, MI 48198 Ph.(734)481-8280/Fax (734) 481-8175

\_\_\_\_\_  
Willow Run Intermediate Learning Center, 235 Spencer Lane, Ypsilanti, MI 48198 Ph.(734)481-8325/Fax (734)481-81710

\_\_\_\_\_  
Willow Run High School, 235 Spencer Lane, Ypsilanti, MI 48198 Ph. (734) 481-8300/Fax (734)481-8185

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

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

Printed Name of School Official: \_\_\_\_\_

1<sup>st</sup> Request: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Request: \_\_\_\_\_ Date: \_\_\_\_\_

3<sup>rd</sup> Request: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your cooperation.**



Was your child receiving special education help?  Yes  No

If yes: 1. Notify Special Education Office 2. Have parent sign a 30-day placement form and fax to special education office immediately.

Special Services your child received at previous school: (check all that apply)

Speech  Special Education  Social Work  504 Plan  OT/PT

**HOUSEHOLD INFORMATION (primary residence of student)**

Child lives with:  Mother/Father  Mother/Step-Father  Father/Step-Mother  
 Mother Only  Father Only  
 Grandfather/Grandmother  
 Guardian/Other (please explain relationship)

In boxes below, please fill in the information for the people with whom the child lives.  
(as indicated above)

**Circle:** Dr. Miss Mr. Mrs. Ms.

1.	_____	_____	_____	_____	Home # (____) _____
	Last Name	First Name			
	_____	_____	_____	_____	Work # (____) _____
	Address	City	State	Zip	
	_____	_____	_____	_____	Cell # (____) _____
	Email Address				

**Circle:** Dr. Miss Mr. Mrs. Ms.

2.	_____	_____	_____	_____	Home # (____) _____
	Last Name	First Name			
	_____	_____	_____	_____	Work # (____) _____
	Address	City	State	Zip	
	_____	_____	_____	_____	Cell # (____) _____
	Email Address				

**Siblings attending Willow Run Schools:**

Name	Date of Birth	School Attending	Relationship

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

*By signing, I am verifying that the information I have given is true to the best of my knowledge and that I have read, understand, and agree to the terms which are listed on the reverse side of this application.*

## Willow Run Community Schools Home Language Survey

The Willow Run Community 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 380.1152-380.1157 of the School Code of 1995, 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: \_\_\_\_\_

1. Is your child's native tongue a language other than English?  
\_\_\_\_yes    \_\_\_\_no    What is that language? \_\_\_\_\_
  
2. Is the primary language used in your child's home or environment a language other than English?  
\_\_\_\_yes    \_\_\_\_no    What is that language? \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

WILLOW RUN COMMUNITY SCHOOLS

Emergency Card

School year: 2011- 2012

School Building: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Child's last name \_\_\_\_\_ First name \_\_\_\_\_ Middle \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home phone # \_\_\_\_\_

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

Important: With whom does the child reside? - circle all that apply.

Father Mother Stepfather Stepmother Guardian (other than parent)

Relative (specify) \_\_\_\_\_ Other (specify) \_\_\_\_\_

Father's name \_\_\_\_\_ Place of employment \_\_\_\_\_ Work phone # \_\_\_\_\_

Work hours \_\_\_\_\_ Cell or pager # \_\_\_\_\_

Mother's name \_\_\_\_\_ Place of employment \_\_\_\_\_ Work phone # \_\_\_\_\_

Work hours \_\_\_\_\_ Cell or pager # \_\_\_\_\_

Guardian's name \_\_\_\_\_ Place of employment \_\_\_\_\_ Work phone # \_\_\_\_\_

Work hours \_\_\_\_\_ Cell or pager # \_\_\_\_\_

In case of illness or emergency, if parent/guardian cannot be reached, call one of the following:

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

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

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

In case of emergency school closing, where should student be sent?

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

List any health problems/conditions: (Note: Any obligation for medical expenses resulting from the need to request emergency services is to be paid by the parents/guardians of the child.)

Has your child had Chicken Pox Disease? [ ] yes [ ] no If yes, approximate year: \_\_\_\_\_

[ ] No known health problems [ ] Severe allergies [ ] insects [ ] seasonal [ ] medication [ ] food specify \_\_\_\_\_

[ ] Asthma [ ] Diabetes [ ] Seizures [ ] Eczema [ ] Heart condition [ ] Bowel problems [ ] Urinary tract problems

[ ] Vision problems [ ] Wears glasses [ ] Hearing problems [ ] Wears hearing aid

[ ] Other \_\_\_\_\_

Explain conditions listed: \_\_\_\_\_

List any medications taken regularly at home: \_\_\_\_\_

Will medications need to be taken during school hours? [ ] Yes [ ] No (Note: If yes, an authorization form must be completed)

Doctor's name \_\_\_\_\_ Phone # \_\_\_\_\_

List the child's primary health insurance:

[ ] Medicaid -type: (ex: Midwest, MCare...) \_\_\_\_\_ [ ] Private (name) \_\_\_\_\_

Please sign for the safety of your child: Information on this sheet may be shared with appropriate school staff and emergency personnel as necessary to provide for the health, safety, and educational needs of my child.

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

**AFFIDAVIT OF LEGAL RESIDENCE FOR  
PUBLIC SCHOOL MEMBERSHIP**

Section 380.1148 of the Revised School Code states: "... a child placed under the order or direction of a court or child placing agency in a licensed home, or a child whose parents or legal guardians are unable to provide a home for the child and who is placed in a licensed home or in a home of relatives in the school district for the purpose of securing a suitable home for the child and not for an educational purpose, shall be considered a resident for educational purposes of the school district where the home in which the child is living is located. The child shall be admitted to the school in the district."

\_\_\_\_\_ is residing at \_\_\_\_\_  
(Student) (Address)

within the Willow Run Community School District for the purpose of securing a suitable home for said child and not for educational purposes.

The placement of said child is in:

A licensed Michigan home

\_\_\_\_\_  
Name

\_\_\_\_\_

\_\_\_\_\_  
Address of Home

-OR-

A home of a relative

\_\_\_\_\_  
Name of Relative

\_\_\_\_\_

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

\_\_\_\_\_  
Address of Relative

We the undersigned do solemnly swear (or affirm) that the said child has been removed from the physical custody of his/her parents and has been placed in a residence as indicated above.

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

\_\_\_\_\_  
Signature of Relative

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Other as Required

# **STATEMENT OF CONDUCT**

## Statement Concerning Off-Campus Conduct Resulting In Long Term Suspension Or Expulsion in Other School Districts

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

Students are prohibited from engaging in off-campus misconduct of a serious and/or criminal nature which poses a likelihood of danger to the health (physical or emotional) or welfare of students or district personnel, or which makes the presence of the student in the school disruptive to the educational process. Such conduct, if established, may make a student ineligible to enroll in and attend Willow Run Community Schools.

In addition, a student who has engaged in misconduct resulting in expulsion or long-term suspension in another school system, or who has withdrawn from said school system before such misconduct was established by an appropriate hearing, which misconduct, if true, is of sufficient gravity to pose a threat to the health or welfare of students or district personnel, or makes the presence of the student in the school district disruptive to the educational process, may be subject to a suspension or expulsion due process hearing prior to admission in Willow Run Community Schools. Such conduct, if established, may make a student ineligible to enroll in and attend Willow Run Community Schools.

In order to process the student's enrollment, the parent or legal guardian (if the student is under 18 years of age) or the student (if the student is 18 or older) must answer the questions below:

1. Has the student been convicted of a crime, or are any felony charges pending against the student?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Has the student been expelled or received a long-term suspension (10 days) from another school district?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Has the student withdrawn from a school district instead of being charged with conduct that may have resulted in expulsion or long-term suspension?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent or Legal Guardian Signature (Student if 18 years or older)

\_\_\_\_\_  
Date

**Willow Run Community Schools**  
**Technology Use Agreement/Media Release Form**

This form must be signed and returned to the school office before any school technology can be used.

**STUDENTS MUST COMPLETE THE FOLLOWING:**

First \_\_\_\_\_ Middle In. \_\_\_\_\_ Last \_\_\_\_\_

I have read and hereby agree to comply with the Willow Run Community Schools Technology Use Policy. I further understand that any violation of the policy is unethical and may constitute a criminal offense. Should I commit any violation of the policy, my access privileges may be revoked, and school disciplinary action and/or appropriate legal action may be taken.

**PARENT/GUARDIAN: Technology (Must be signed if applicant is under 18 years of age).**

*As parent/legal guardian of the student signing above, I have discussed the terms of this request with my child, and hereby request that my child be allowed access to the District network in accordance with these terms. I understand that this access is designed for educational purposes. I also recognize it is impossible for Willow Run Community Schools to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I consent to the unrestricted release of any of my child's work, materials, and/or records, which my child voluntarily or accidentally places in public-access storage areas on the District network/Internet. I hereby give permission for my child to access school technology and certify that the information contained on this form is correct.*

**PARENT/GUARDIAN: Media Release**

*As the parent/legal guardian of the student signing above, I hereby grant my permission to Willow Run Community Schools, for my child to appear separately or as part of a group in still photographs, videotapes and sound recordings, I agree that such photographs, videotapes and sound recordings may be used in whole or in part for general education and informational purposes without time restriction or compensation. I understand that such photographs, videotapes and sound recordings may be used in the public media, newspapers or the district's web site to represent Willow Run Community Schools.*

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**Parent/guardian: Check One** I hereby  Give  Expressly withhold permission for my child's photo, or any personal or directory information to be published on the District Web pages or the Internet.

**Parent/guardian: Check One** I Do  I Do Not  give permission for my child's photo and name to be published on District Web pages or on the Internet as part of a "team" or other large group photo.

**STUDENT Signature:** \_\_\_\_\_

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**Parent/Guardian (Please Print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

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**DISTRICT AUTHORIZATION:** \_\_\_\_\_

Account Name: \_\_\_\_\_ Password: \_\_\_\_\_

The District provides access to our computer network to students and staff to promote and enhance learning through communication, innovation, and sharing of resources. Access to the network is a privilege, not a right, and the District may restrict, suspend, or terminate any staff or student user's account with or without cause at any time. In requesting an account for access to the network, the user agrees to the following terms and conditions. Failure to abide by these terms and conditions, or any of the District's rules and regulations for computer network use, may result in the loss of privileges, disciplinary action, and/or legal action.

1. Use of the network must be for the purpose of education and research consistent with the goals of the District.
2. All use of the network must be in accordance with the District's rules on acceptable use of network resources, as updated from time to time by the District.
3. The District makes no warranties of any kind, whether expressed or implied, for the service it is providing. The District will not be responsible for any damages the user suffers, including but not limited to the loss of data, delays, non-deliveries, or service interruptions caused by its negligence or the user's errors or omissions.
4. The network provides access to third-party data and information over which the District has no control. Though the District may make efforts to block inappropriate material, users may be exposed to defamatory, inaccurate, or otherwise offensive material. Use of the network or any information obtained via the network is at the user's own risk. The District specifically denies any responsibility for the accuracy or content of information obtained through its services.
5. The user is solely responsible for all charges and fees, including outside telephone, printing, and merchandise purchases made through the network. The District is not a party to such transactions and shall not be liable for any costs or damages, whether direct or indirect, arising out of network transactions by the user.
6. The user agrees to indemnify the District for any losses, costs, or damages, including reasonable attorney's fees, incurred by the District relating to or arising out of any breach of the terms of this request for network access.
7. The user acknowledges that the District's computer network belongs solely to the District and that any files, records, electronic mail or other communication may be examined, edited, or deleted by the District at any time, in accordance with District policy or regulations. In general, electronic mail personal accounts will not be inspected without the consent of the sender or recipient, except as necessary to investigate a complaint.
8. The user is responsible for regular and prompt payment of any fees charged by the District for network use.

**Users may not:**

- Use the District equipment for anything contrary to law, or to solicit others to break any law.
- Illegally copy, send, or distribute any copyrighted software, work, or other material.
- Send, publish, download, access, or retrieve any communication or material which may be defamatory, abusive, obscene, profane, sexually explicit, threatening, racially or ethnically offensive, harassing, or illegal, or anything which violates or infringes on the rights of any person.
- Use the network for any commercial purpose or financial gain.
- Use the network for any advertisement or solicitation without approval from the Director of Technology.
- Access, attempt to access, modify, or delete any record or file without permission or authorization.
- Make any attempt to harm or destroy the data of any other user or any system on the network, including creating or sending computer viruses, Trojan horses, or similar computer code.
- Use electronic mail to send unsolicited, bulk, chain, harassing, anonymous, or other messages which are commonly considered an annoyance to recipients or degrade system performance.
- Use vulgarity, obscenity, or swearing in messages or electronic postings, or send e-mail/message "flames" or other attacks.
- Attempt to access material or sites which are blocked by the District, or attempt to use the network while access privileges are suspended.

