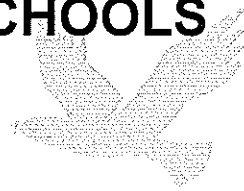


LAKEVILLE COMMUNITY SCHOOLS

Otisville Elementary School
131 N. Woodward Avenue
Otisville, MI 48463



Vickie Luoma, Superintendent

Stephanie Stiles, Principal

To: All Prospective Kindergarten Parents
From: Lakeville Community Schools
Re: Full-day Kindergarten Registration

Kindergarten registration is a very important event in your child's life. Therefore, Otisville Elementary School will be hosting Kindergarten Registration for the 2010-2011 school year on Tuesday, April 13th from 9:00 a.m.-3:30 p.m. and Wednesday, April 14th from 12:00 noon-7:00 p.m. If your child will be 5 years or older on or before December 1st, 2010, you will need to complete the forms in your registration packet and bring them with you to Otisville Elementary during the registration times listed above. At registration, you will be making an appointment to have your son/daughter evaluated for school readiness.

Please complete the following forms that are enclosed in this packet and bring them with you to the Kindergarten Registration.

1. Enrollment Form (Blue)
2. Kindergarten Questionnaire (White)
3. Health Appraisal (completed by physician)* (Green)
4. Certified copy of Birth Certificate*
5. Record of Immunization*
6. Proof of Residence (Utility bill, lease, deed, etc.)*
7. Child's Social Security Card

***These items are required by the State of Michigan and we will not be able to complete the enrollment process without them.**

If you have any questions or concerns, please contact:

Daune Bellant – Otisville Elementary – 810-591/538-3985 or 810-591/538-3120

Registration

A copy of your child's birth certificate and proof of residency must be provided at registration. The Health Appraisal Form must be filled out by your doctor and turned in **prior to the start of school.** Your child must also have all necessary immunizations before starting school. An early physical examination is desirable so that problems can be detected and corrected immediately. If you do not have a family doctor, the Genesee County Health Department and the Lapeer County Health Department hold immunization clinics and schedule kindergarten physicals. Please contact them to schedule an appointment for a physical or to find out where the immunization clinics are held. Immunization against diphtheria, tetanus, whooping cough, measles, rubella, polio, influenza - type B (H1B), hepatitis, and chickenpox are all required and must be up to date.

The law requires a vision and hearing examination. Your family doctor can provide this service at the time of your child's physical. After the start of school the Genesee County Health Department provides this service to our students.

Community Resources

Genesee County

Community Health Department (810) 257-3612
Mott Children's Center (810) 767-5750

Lapeer County

Health Department (810) 667-0391 or 667-0393



Lakeville Community Schools Student Enrollment Form

Male Female

Enrollment Date _____

Grade Entering _____

Student Name _____
Last
First
Middle

Address _____
Street
PO Box
City/State
Zip

County of Residence _____ Phone Number _____

Date of Birth _____ Place of Birth _____

Multiple Birth Status _____ Single _____ Twin _____ Triplet

Race: Please indicate with a 1 student's primary racial/ethnic group. If student is considered multiracial, indicate secondary choice with a 2. Indicate next choice with a 3, etc.

_____ American Indian _____ Asian American _____ Black African/American
 _____ White _____ Hispanic or Latino _____ Native Hawaiian or other Pacific Islander

Is your child's native tongue a language other than English? _____ Yes _____ No

Is the primary language used in your child's home or environment a language other than English? _____ Yes _____ No

If Yes, name of Language _____ If Yes, name the language _____

Last School attended _____ Address _____

Last Grade Completed _____ Reason for Leaving _____

Did your child receive any special education services at a previous school? ___ Yes ___ No

Please explain (i.e. Special Education Classes, Speech, OT/PT, Social Work, 504 Plan):

Siblings attending Lakeville Schools

Name (first and last)	Birth Date	School of Attendance

LAKEVILLE COMMUNITY SCHOOLS
FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT
ANNUAL NOTIFICATION OF RIGHTS AND
DESIGNATION OF DIRECTORY INFORMATION

Each year the Lakeville Community Schools is required to give notice of the various rights accorded to parents or students pursuant to the Family Educational Rights and Privacy Act ("FERPA"). Parents and eligible students have a right to be notified and informed. In accordance with FERPA, you are notified of the following:

1. RIGHT TO INSPECT: You have the right to inspect and review substantially all of your education records maintained by or at the Lakeville Community Schools. This right extends to the parent of a student under 18 years of age and to any student age 18 or older.
2. RIGHT TO REQUEST AMENDMENT: You have the right to seek to have corrected any parts of an education record which you believe to be inaccurate, misleading or otherwise in violation of your rights. This right includes the right to a hearing to present evidence that the record should be changed if a designated official of the Lakeville Community Schools decides not to alter the education records according to your request. If no change is made to the education record after the hearing, you have a right to place a written rebuttal in the record.
3. RIGHT TO PREVENT DISCLOSURES: You have the right to prevent disclosure of education records to third parties with certain limited exceptions. It is the intent of the Lakeville Community Schools to limit the disclosure of information contained in your education records to those instances when prior written consent has been given to the disclosure, as an item of directory information of which you have not refused to permit disclosure, or under the provisions of FERPA which allow disclosure without prior written consent.
4. RIGHT TO COMPLAIN: You have the right to file a complaint with the United States Department of Education concerning the alleged failure of the Lakeville Community Schools to comply with FERPA. Your complaint should be directed to:

Family Policy and Regulations Office
Office of Management
U S Department of Education
400 Maryland Avenue, S.W
Washington, D C. 20202
202-732-2057

5. RIGHT TO OBTAIN POLICY: You have the right to obtain a copy of the Policy adopted by the Lakeville Community Schools Board of Education in compliance with FERPA. A copy may be obtained in person or by mail from:

Office of the Superintendent
Lakeville Community Schools
G-11107 Washburn Road
Otisville, MI 48463

Required Childhood Immunizations for Michigan School Settings

Entry Requirements for All Public & Non-Public Schools		
Age → Vaccine** ↓	4 years through 6 years	7 years through 18 years
Diphtheria, Tetanus, Pertussis	4 doses DTP or DTaP, one dose must be on or after 4 yrs	4 doses D and T OR 3 doses Td if #1 given on or after 7 yrs of age. Must have 1 dose within last 10 years
Polio	4 doses, if dose 3 administered on or after 4 years, only 3 doses required	3 doses
Measles,* Mumps,* Rubella*	2 doses on or after 12 mo.	2 doses on or after 12 mo.
Hepatitis B*	3 doses	3 doses
Varicella* (Chickenpox)	1 dose if given on or after 12 months of age and prior to 13 th birthday OR 2 doses if initiated on or after 13 th birthday OR current lab immunity OR reliable history of disease	

* Current laboratory evidence of immunity is acceptable instead of immunization with antigen.
For more information, please refer to www.michigan.gov/immunize

**All doses of vaccines must be given with appropriate spacing between doses and at appropriate ages to be considered valid.



Early Screening Inventory-RevisedTM Meisels et al.

Parent Questionnaire

Date _____

CHILD INFORMATION

NAME _____ Male Female

HOME ADDRESS Street _____ Apt _____

City _____ State _____ Zip _____

Phone (_____) _____ Date of Birth _____

Who is completing this Mother Father Other Relative (specify) _____

Parent Questionnaire? Guardian Caregiver Other (specify) _____

FAMILY

Mother

NAME _____

HOME ADDRESS Street _____ Apt _____

same as City _____ State _____ Zip _____

child's Phone (_____) _____ Date of Birth _____

EDUCATION Highest Grade Completed _____

OCCUPATION (be specific) _____

Father

NAME _____

HOME ADDRESS Street _____ Apt _____

same as City _____ State _____ Zip _____

child's Phone (_____) _____ Date of Birth _____

EDUCATION Highest Grade Completed _____

OCCUPATION (be specific) _____

Other Family Information

With whom has the child lived Mother Father Both Guardian

for most of the past year? Other (specify) _____

Other children in the family -- How many older? _____ How many younger? _____

Other people living in the household _____

What language(s) are spoken at home? English Other (specify) _____

PRESCHOOL/CHILD CARE HISTORY

Has your child attended preschool/child care before? Yes No

If yes, for how long? 6 months 1 year 2 years more than 2 years

Name of child's present or most recent school _____

MEDICAL HISTORY continued

Child's Health
Since Birth continued

Has your child ever had any significant injuries or hospitalizations? Yes No
If yes, please explain:

Does your child have allergies? Yes No
If yes, please describe:

Is your child presently on any medications? Yes No
If yes, please describe:

Please describe any other health concerns:

CHILD'S DEVELOPMENT

- Can your child —
- feed him or herself using a spoon and/or a fork? Yes No
 - wash and dry his or her own hands? Yes No
 - help with dressing or dress with little assistance? Yes No
 - stay with a babysitter? Yes No
 - speak so that he or she can be understood by others? Yes No
 - express his or her thoughts and needs easily? Yes No

Do you have any concerns about your child's appetite or willingness to try different foods? Yes No

If yes, please explain:
