



Midland Public Schools

Inspiring Excellence

600 E. Carpenter Street, Midland, MI 48640 • www.midlandps.org •
989.923.5001

Dear Parent/Guardian

Thank you for considering Midland Public Schools for your child's educational journey. We welcome your partnership to help your child reach his or her potential.

Please contact the Pre-Primary Center at Carpenter Street School for information regarding our Pre-School options: 989-923-6411.

The following documents are required for Pre-Registration for grades K through 12. Return this enrollment packet to your home attendance area school, along with the following:

- An original birth certificate (the school office will make a copy)
- A documentation of your residency (utility bill, rent receipt, lease agreement)
- Immunization record

Non-Resident students who are new to the district, are welcome to pre-register with the MPS Administration office, 600 E. Carpenter St., Midland, MI 48640, by following the pre-registration links on the MPS website: www.midlandps.org. For more information, call 989-923-5024. Your acceptance is conditional until MPS receives and reviews all school reports.

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School Entrance Form

Midland Public Schools
Midland, MI
PLEASE PRINT

For School Use Only

Teacher Number	Room No.	Residency verified by	Resident Dist.	Student Number
Entrance Date	Grade	Date	Attendance Area	DOB Verified by

Student Information

Legal Name: First Name		Middle Name	Last Name	
Preferred Name: First Name/Nickname		Middle Name	Last Name	
Is this student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	Date of Birth	Multiple Birth (Twin, Triplet, etc)	
What is the students' race? <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American		Place of Birth	Country of Citizenship	
		Alien Registration Number	Entry date into U.S. (if within 12 months)	
Home Language Information				
1. Is your student's primary language a language other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes, Please Specify _____				
2. Is there a language other than English spoken regularly in the home? <input type="checkbox"/> No <input type="checkbox"/> Yes, Please Specify _____				
Do you wish to have your student tested for potential tutoring in English as a second language? <input type="checkbox"/> Yes <input type="checkbox"/> No, we refuse ESL Services				
Is there a current Order of Protection, No Contact Order or other safety factors concerning this student? <input type="checkbox"/> Yes, please provide documentation <input type="checkbox"/> No				

Physical Address

Apt Number	Street	Apt Number	Street	P.O. Box
City	Zip	City	State	Zip

Mailing Address (if different than physical address)

Apt Number	Street	P.O. Box
City	State	Zip

If your student is experiencing a loss of housing, foreclosure, eviction, or has had to move due to hardship, he or she may be eligible for assistance. This program requires school districts to remove any barriers to the immediate enrollment, attendance, full participation, and success of students, preK-12th grade, who lack a "fixed, regular, and adequate overnight residence." If eligible, students protected under the McKinney-Vento Act are entitled to immediate enrollment into school even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. The federal McKinney-Vento Homeless Assistance Act, Title IX Part A, of the Every Student Succeeds Act of 2015 includes a definition of who is considered "homeless" or as more commonly referenced "in transition" for the purposes of the Act and, therefore, eligible for the rights and protections it provides.

- ☐ I am a student not living with a parent or legal guardian. ☐ Shelter: ☐ Shelterhouse ☐ Open Door
- ☐ Campground, park, camper or Car. Where: _____
- ☐ Doubled-up or couch surfing due to economic hardship or loss of housing, residing with: ☐ Family ☐ Friends
- ☐ Motel/Hotel Where: _____
- ☐ Abandoned apartment or building Where: _____
- ☐ In a Foster Care Placement ☐ No ☐ Yes, Where: _____

Custodial Guardian

First Name		Middle Name	Last Name	
Relationship to student (father, mother, etc)	Employer	Email Address		
Education Level Completed	Apt Number	Street		
P.O. Box	City	State	Zip	Active Military? <input type="checkbox"/> Yes
Home Phone	Work Phone	Extension	Cell Phone	Pager

Custodial Guardian

First Name		Middle Name	Last Name	
Relationship to student (father, mother, etc)	Employer	Email Address		
Education Level Completed	Apt Number	Street		
P.O. Box	City	State	Zip	Active Military? <input type="checkbox"/> Yes
Home Phone	Work Phone	Extension	Cell Phone	Pager

Non-Custodial Guardian

First Name		Middle Name	Last Name	
Relationship to student (father, mother, etc)	Employer	Email Address		
Education Level Completed	Apt Number	Street		
P.O. Box	City	State	Zip	Active Military? <input type="checkbox"/> Yes
Home Phone	Work Phone	Extension	Cell Phone	Pager

Other children in household (please begin with oldest child)

Full Name (Last, First, Middle)	Gender	Date of Birth	Age	Grade
Full Name (Last, First, Middle)	Gender	Date of Birth	Age	Grade
Full Name (Last, First, Middle)	Gender	Date of Birth	Age	Grade
Full Name (Last, First, Middle)	Gender	Date of Birth	Age	Grade

Emergency Contact

First Name		Middle Name		Last Name	
Relationship to student (uncle, aunt, family friend, etc)		Apt Number	Street		
P.O. Box	City			State	Zip
Home Phone		Work Phone	Extension	Cell Phone	Pager

Emergency Contact

First Name		Middle Name		Last Name	
Relationship to student (uncle, aunt, family friend, etc)		Apt Number	Street		
P.O. Box	City			State	Zip
Home Phone		Work Phone	Extension	Cell Phone	Pager

Emergency Contact

First Name		Middle Name		Last Name	
Relationship to student (uncle, aunt, family friend, etc)		Apt Number	Street		
P.O. Box	City			State	Zip
Home Phone		Work Phone	Extension	Cell Phone	Pager

Health/Medical Information

Family Doctor		Phone	
Immunizations: Please attach current immunization records. We must have current immunization information or a waiver to complete your students registration.	Allergies or reactions to:	Medical devices:	
	<input type="checkbox"/> Medication _____		<input type="checkbox"/> Brace
	<input type="checkbox"/> Insect Stings _____		<input type="checkbox"/> Contact Lenses
	<input type="checkbox"/> Foods _____		<input type="checkbox"/> Glasses
	<input type="checkbox"/> Seafood		<input type="checkbox"/> Hearing Aide
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
Does student use Epi-Pen or other emergency medications? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, will it be at school? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Health alerts, Please explain:

Does student have any chronic health problems?

<input type="checkbox"/> Asthma	<input type="checkbox"/> Blood	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Cancer	<input type="checkbox"/> Convulsions/Seizures	<input type="checkbox"/> Cystic Fibrosis
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hearing	<input type="checkbox"/> Immuno-Deficiency	<input type="checkbox"/> Neurological	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Psychological
<input type="checkbox"/> Sickle Cell Anemia	<input type="checkbox"/> Speech	<input type="checkbox"/> Vision	<input type="checkbox"/> Other _____		

Is this condition potentially life threatening? ☐ Yes ☐ No If yes, please describe below

A history of mental health concerns; worries, anxiety, fears, depression? ☐ Yes ☐ No If yes, please describe below

Medical Notes, Descriptions, Diagnosis

Last School Attended

School Name		Street Address		
City	State	Zip	Withdraw Date	Type of School <input type="checkbox"/> Public <input type="checkbox"/> Private

3 year old preschool setting

Name of preschool/Daycare	How many days a week	Name of preschool/Daycare	How many days a week
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4 year old preschool setting

Name of preschool/Daycare	How many days a week	Name of preschool/Daycare	How many days a week
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Young 5 setting

Name of preschool/Daycare	How many days a week	Name of preschool/Daycare	How many days a week
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Enrollment

Has this student ever received any special education services or attended special education classes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this student currently receiving special education services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student currently receive services under Section 504?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the student ever had a mental health or behavioral residential placement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to any of the above, please provide a copy of the current documentation.		

Discipline

Public Act 328 (effective January 1, 1995) requires public school districts to expel any student who possesses a dangerous weapon in a weapon-free school zone or commits either arson or rape in a school building or on school property (including school buses and/or other school transportation).

A dangerous weapon is defined as "a firearm, dagger, dirk, stiletto, knife with blade over three (3) inches in length, pocket knife opened by a mechanical device, iron bar, or brass knuckles or other devices designed to or likely to inflict bodily harm, including, but not limited to, air guns, and explosive devices."

Please Check One:

☐ Student has not been expelled from another school.

☐ Student has been expelled from another school or has expulsion charges pending. Please explain below.

☐ Is currently or previously been suspended from another school. Please explain below.

Directory Information

The Board designates as student "directory information" a student's name, address, telephone number, date and place of birth, photograph, year book pictures, video and/or electronic images, major field of study, participation in officially recognized activities and sports, height and weight, if a member of an athletic team, dates of attendance, date of graduation, awards received, honor rolls, and scholarships. If you have any objections regarding the release of this information about your child, please notify the school your child will be attending in writing.

Parent Consent

In case of illness, accident, or injury serious enough to warrant immediate medical attention, I hereby give permission to transport the above named child to the nearest hospital. I understand I am responsible for any and all costs incurred.

The Board may establish online access for the parents or the eligible student to the student's confidential academic and attendance records. Please be reminded that the account and confidential information about the student is only as secure as the parents or student keeps their information. The parent, eligible student, or unauthorized party will hold neither the District nor its employees responsible for any breach of this information.

I understand, for the health, safety, and/or educational needs of my child, information may need to be shared with individuals working with my child. Typically, this would include the building administrator, secretary, teachers, aides, counselors, school social workers, noon duty staff, transportation staff, technology staff, school nurse, truancy program coordinator, and school resource officer.

I understand that Midland Public Schools will 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. You may withdraw your consent to share this information by notifying your child's school in writing at any time.

There may be an occasion for enrollment in a virtual class. I hereby give permission to allow my child to enroll in a class that is taught in that format.

I understand that:

1. Midland Public Schools will request records for this student from previous school(s); and
2. enrollment is conditional until records are received and reviewed by the district; and
3. if student records received from the previous school(s) are not as represented, this student may be excluded from Midland Public Schools immediately without further recourse.

Parent/Guardian Signature	Date
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Release of Student Records

Previous School: _____

City and State: _____

Phone Number: _____ Fax Number: _____

Student's Name: _____

Date of Birth: _____ Grade: _____

Did student Receive (check all applicable) ____ Special Education ____ Speech/language ____ English as Second Language

Has the student been expelled from another school district? _____

Please fax transcript as soon as possible and mail student's complete file, which includes the following:

- ✓ Official Transcript (High School)
- ✓ Standardized Test Scores
- ✓ Discipline/Attendance records
- ✓ Immunization records
- ✓ Special Education records
- ✓ Withdrawal grades (if student left before end of semester)
- ✓ Any other applicable student records

Signature of Parent/Guardian

Date

High Schools

H. H. Dow High School

3901 North Saginaw Rd
Midland, MI 48640
Registrar: Joe Moore
Ph: (989) 923-5386
Fax: (989) 923-5301

Midland High School

1301 Eastlawn Dr.
Midland, MI 48642
Registrar: Karen Decker
Ph: (989) 923-5181
Fax: (989) 923-5100

Middle Schools

Jefferson Middle School

800 W. Chapel Ln
Midland, MI 48640
Admin Asst: Lisa Rabie
Ph: (989) 923-5875
Fax: (989) 923-5800

Northeast Middle School

1305 E. Sugnet Rd
Midland, MI 48642
Admin Asst: Barb Camp
Ph: (989) 923-5775
Fax: (989) 923-5780

Elementary Schools

Adams Elementary School

1005 Adams Dr
Midland, MI 48642
Admin Asst: Wendy Sekely
Ph: (989) 923-6040
Fax: (989) 923-6035

Central Park Elementary

1400 Rodd St
Midland, MI 48640
Admin Asst: Amy Crowley
Ph: (989) 923-6416
Fax: (989) 923-6876

Chestnut Hill Elementary

3900 Chestnut Hill Dr
Midland, MI 48642
Admin Asst: Joanne Coates
Ph: (989) 923-7838
Fax: (989) 923-6630

Plymouth Elementary

1105 East Sugnet Rd
Midland, MI 48642
Admin Asst: Joni Wing
Ph: (989) 923-7618
Fax: (989) 923-7665

Siebert Elementary School

5700 Siebert Street
Midland, MI 48640
Admin Asst: Sarah Duley
Ph: (989) 923-7837
Fax: (989) 923-7835

Woodcrest Elementary School

5500 Drake Street
Midland, MI 48640
Admin Asst: Katrina Kolarik
Ph: (989) 923-7942
Fax: (989) 923-7919

Pre-Primary Center

1407 W Carpenter St.
Midland, MI 48640
Admin Asst: Amy Gates
Ph 989-923-6411
Fax: 989-923-6410

Series 3000: Operations, Finance, and Property

3100 General Operations

3116-F-2 Agreement for Acceptable Use of Technology Resources Middle School/High School

Building/Program Name

Student Name

This Agreement is entered into on: _____

This Agreement is between _____ ("Student")

and Midland Public Schools ("District").

The purpose of this Agreement is to grant access to and define acceptable use of the school's technology resources ("Technology Resources") by students.

Technology Resources are any type of instrument, device, machine, equipment, technology, or software that is capable of transmitting, acquiring, or intercepting any telephone, electronic, data, Internet, audio, video, or radio transmissions, signals, telecommunications, or services and include without limitation: (1) internal and external network infrastructure, (2) Internet and network access, (3) computers, (4) servers, (5) storage devices, (6) peripherals, (7) software, and (8) messaging or communication systems.

Student:

In exchange for the use of the school's Technology Resources either at school or away from school, you understand and agree to the following:

- A. Your use of the school's Technology Resources is a privilege that may be revoked by the school at any time and for any reason.
- B. You have no expectation of privacy when using the school's Technology Resources. The school reserves the right to monitor and inspect all use of its Technology Resources, including, without limitation, personal email and voicemail communications, computer files, databases, web logs, audit trails, or any other electronic transmissions accessed, distributed, or used through the Technology Resources. The school also reserves the right to remove any material from the Technology Resources that the school, in its sole discretion, chooses to including, without limitation, any information that the school determines to be unlawful, obscene, pornographic, harassing, intimidating, disruptive, or that otherwise violates this Agreement.
- C. The Technology Resources do not provide you a "public forum." You may not use the Technology Resources for commercial purposes or for political positions or candidates unless expressly authorized in advance by a teacher or administrator

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Middle School/High School

as part of a class project or activity. You may, however, use the Technology Resources to contact or communicate with public officials provided you follow all other rules.

- D. The school's Technology Resources are intended for use only by registered users. You are responsible for your account/password and any access to the Technology Resources made using your account/password. Any damage or liability arising from the use of your account/password is your responsibility. Use of your account by someone other than you is prohibited and may be grounds for suspension from the Technology Resources and other disciplinary consequences for both you and the person(s) using your account/password. Likewise, using or accessing another person's account is prohibited and may be grounds for suspension from the Technology Resources and other disciplinary consequences for both you and the person whose account or password you used or accessed.
- E. You may not use the Technology Resources to engage in bullying, including cyberbullying. Bullying and cyberbullying are defined as:

Any written, verbal, or physical act, or any electronic communication, that is intended or that a reasonable person would know is likely, to harm one or more pupils either directly or indirectly by doing any of the following:

1. Substantially interfering with educational opportunities, benefits, or programs of one or more pupils;
2. Adversely affecting the ability of a pupil to participate in or benefit from the educational programs or activities by placing the pupil in reasonable fear of physical harm or by causing substantial emotional distress;
3. Having an actual and substantial detrimental effect on a pupil's physical or mental health; or
4. Causing substantial disruption in, or substantial interference with, the orderly operation of the school.

Use of other communication/messaging devices (including devices not owned by the school) to engage in bullying or cyberbullying may be grounds for discipline under the school's student code of conduct.

- F. If you misuse the Technology Resources, your access to the Technology Resources may be suspended and you may be subject to other disciplinary action, up to and including expulsion. Misuse includes, but is not limited to:
1. Accessing or attempting to access material that is "harmful to minors." Material that is "harmful to minors" includes any picture, image, graphic image file, or other visual depiction that: (1) taken as a whole and with respect to minors, appeals to a prurient interest in nudity, sex, or excretion; (2) depicts, describes, or represents, in a patently offensive way with respect to what is suitable for minors, an actual or simulated sexual act or sexual contact, actual or simulated

3116-F-2 Agreement for Acceptable Use of Technology Resources
Middle School/High School

- normal or perverted sexual acts, or a lewd exhibition of the genitals; and (3) taken as a whole lacks serious literary, artistic, political, or scientific value as to minors.
2. Accessing or attempting to access material that is unlawful, obscene, pornographic, profane, or vulgar.
 3. Bullying and cyberbullying (as defined in paragraph E).
 4. Sexting, which includes, without limitation, possessing, sending, or distributing nude, sexually explicit, or sexually suggestive photographs, videos, or other visual depictions of yourself or another person.
 5. Vandalism, which includes, without limitation, any malicious or intentional attempt to harm, steal, destroy, or disrupt user data, school material, or school hardware or software.
 6. Hacking, which includes, without limitation, gaining or attempting to gain access to, modifying, or obtaining copies of information belonging to others or information you are not authorized to access.
 7. Unauthorized copying or use of licenses or copyrighted software.
 8. Plagiarizing, which includes the unauthorized distributing, copying, using, or holding out as your own, material that was written or created by someone else, without permission of, and attribution to, the author/creator.
 9. Posting or distributing confidential or inappropriate information meant to harass, intimidate, or embarrass others.
 10. Allowing someone else to use your account or password or not preventing unauthorized access to Technology Resources when leaving them unattended.
 11. Using or soliciting the use of or attempting to use or discover the account information or password of another user.
 12. Attempting to or successfully disabling security features, including technology protection measures required under the Children's Internet Protection Act ("CIPA").
 13. Misusing equipment or altering system software without permission.
 14. Commercial for-profit activities, advertising, political lobbying, or sending mass mailings or spam. You may contact a public official, however, to express an opinion on a topic of interest.
 15. Copying, recording, or sharing any information received or obtained via the school's Technology Resources that includes personally identifiable information about any other student including, without limitation, videos, audio,

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Middle School/High School

documents, or other records that identify another student by name, voice, or likeness.

16. Using the Technology Resources in any way that violates any federal, state, or local law or rule, Policy, or the school's codes of conduct, or student handbooks.

- G. You must promptly disclose to your parent/guardian or teacher any content you view or receive over the Technology Resources that is inappropriate or that makes you feel uncomfortable, harassed, threatened, or bullied, or that contains sexually explicit content. You should not delete such content until instructed to do so by a school employee.
- H. It is the policy of the school, as a recipient of certain federal funds, to monitor the online activities of its minor students and provide technology protection measures on its computers with Internet access designed to prevent minors from accessing visual depictions that are: (1) obscene, (2) child pornography, or (3) harmful to minors.
- I. It is the policy of the school to prohibit its minor students from: (1) accessing inappropriate matter on the Internet; (2) engaging in hacking or other unlawful online activities; and (3) accessing materials that are harmful to minors. It is also the policy of the school to educate students about cyberbullying awareness and response and about appropriate online behavior, including disclosing, disseminating, or using personal information and safely and appropriately interacting with other individuals in social networking websites, chat rooms, by email, and other forms of direct electronic communications.
- J. The school does not guarantee that measures described in paragraphs H and I will provide any level of safety or security or that they will successfully block all inappropriate material from the school's students. You agree that you will not intentionally engage in any behavior that was intended to be prevented by paragraphs H and I.
- K. The school does not warrant or guarantee that its Technology Resources will meet any specific requirement or that they will be error free or uninterrupted; nor will the school be liable for any damages (including lost data, information, or time) sustained or incurred in connection with the use, operation, or inability to use the Technology Resources.
- L. You will return all Technology Resources to the school in good working order immediately on request.
- M. You are responsible for the proper use of the Technology Resources and will be held accountable for any damage to or replacement of the Technology Resources caused by your inappropriate use.

I agree to follow this Agreement and all rules and regulations that may be added from time to time by the school or its Internet Service Provider. I also agree to follow all rules in the applicable student code of conduct and handbook. As a condition of using the

3116-F-2 Agreement for Acceptable Use of Technology Resources
Middle School/High School

Technology Resources, I agree to release the school and its board members, agents, and employees, including its Internet Service Provider, from all liability related to my use or inability to use the Technology Resources.

I understand that data I send or receive over the Technology Resources is not private. I consent to having the school monitor and inspect my use of the Technology Resources, including any electronic communications that I send or receive through the Technology Resources.

Parents/Guardian:

I have read this Agreement and agree that as a condition of my child's use of the Technology Resources, I release the school and its board members, agents, and employees, including its Internet Service Provider, from all liability related to my child's use or inability to use the Technology Resources. I also indemnify the school and its board members, agents, and employees, including its Internet Service Provider, for any fees, expenses, or damages incurred as a result of my child's use, or misuse, of the school's Technology Resources.

I authorize the school to consent to the sharing of information about my child to website operators as necessary to enable my child to participate in any program, course, or assignment requiring such consent under the Children's Online Privacy Protection Act.

I understand that data my child sends or receives over the Technology Resources is not private. I consent to having the school monitor and inspect my child's use of the Technology Resources, including any electronic communications that my child sends or receives through the Technology Resources.

I agree that I will not copy, record, or share, or allow my child to copy, record, or share, any information sent to my child via the school's Technology Resources that includes personally identifiable information about any other child including, without limitation, videos, audio, or documents that identify another student by name, voice, or likeness.

I agree that my child will return all Technology Resources to the school in good working order immediately on request and that I am responsible for any damage to the Technology Resources beyond normal wear and tear.

I agree that I have reviewed this Agreement with my child and they agree to be bound by its terms and conditions.

I understand and agree that my child will not be able to use the school's Technology Resources until this Agreement has been signed and returned.

I have read this Acceptable Use Agreement and agree to its terms.

Parent/Guardian Signature

Date

cc: parent/guardian, student file