

Gaylord Community Schools

Enrollment Form

(PLEASE FILL IN COMPLETELY)

If information changes during the school year, call the school ASAP.

GIS
4-5-6th

Entering Grade _____ Gender M F Today's Date _____

Student's Name _____
Last First Middle Preferred First Name

Birth date ____/____/____ Birthplace _____

Mail to: (Please Circle) Mr./Mrs./Ms. _____

Street Address _____ Mailing Address _____

City _____ Zip Code _____

School District you currently reside in: _____

Home Phone(s):
Name _____ Number (_____) _____
(Please Circle) Listed/Unlisted
Name _____ Number (_____) _____
(Please Circle) Listed/Unlisted

Cell Phone(s):
Name _____ Number (_____) _____
(Please Circle) Listed/Unlisted
Name _____ Number (_____) _____
(Please Circle) Listed/Unlisted

Father Work Place _____ Work Phone(_____) _____ Ext./Dept. _____

Mother Work Place _____ Work Phone(_____) _____ Ext./Dept. _____

Names of Adults Residing in the Home: _____

Student Lives With: (Please Check)
 Both natural parents Father only Host family Divorced-joint custody
 Father/Stepmother Mother only Relative Adult student
 Mother/Stepfather Legal guardian Court placed

Student's Residence Is: (Please Check)
 Single Family Dwelling More than 1 family in house/apartment
 Motel/Car/Campsite Shelter _____
 With friends/family (other than parent/guardian) _____
 Other _____

Student Ethnic Code: Use 1,2,3 to rank primary and secondary ethnic groups
 American Indian Asian American Black/African-American
 Hawaiian/Pacific Isl. Hispanic/Latino White

Language Spoken at Home: English _____ Other _____

OFFICE USE ONLY

Bus # _____

Teacher _____

Student # _____

Entry Date _____

Gaylord Intermediate
Gaylord Middle School
Gaylord High School
Gaylord Adventist

Birth Certificate _____
Immunization Record _____
Lunch Application _____

Student Records:
Requested _____
Received _____

Special Education _____

Other _____

RESIDENT STATUS
 Resident Student
 Non-public Resident

NON-RESIDENT STATUS:
 Non K-12 District
School of Choice

 Out of State

 Out of State (Public)
Non-public _____

Parent Living Elsewhere:

Name: _____

Address: _____

Phone: (____) _____

If there are adults who are restricted from seeing your child by order of a court, please list them here:

(We cannot restrict a parent without proper legal documentation on file at the school.)

Previous School Attended: _____ Former School Phone Number: _____

Address: _____ (____) _____
Street City Zip Code

Has your child ever been expelled from a school district? (A Board of Education took official expulsion action.) Yes No

Special services your student received at previous school: (Please check all that apply.)
 504 (Section 504) Special Education ("Permission to Place" form needed) Other _____

Gaylord Community Schools

Residency Verification

Proof of Residency Shown:

- Drivers License
- Rent Receipt
- Utility Bill
- Property Tax Bill
- Other _____

I declare that I physically reside at: _____

In order to affirm my residency in the Gaylord Community School District I have presented certain documents with my address to school officials. I declare that these documents are true and accurate and further, I am aware that the deliberate falsification of information for school attendance purposes is unlawful. I further understand that if statements made on this verification form change, I must immediately notify the appropriate Gaylord Community School District official.

I verify that all statements made and documents furnished regarding the residence of my student are true and accurate. I agree to accept responsibility for payment of tuition in the event that it is found that I have established residency by using false or inaccurate information.

| Student Name | Grade | School |
|--------------|-------|--------|
| | | |
| | | |
| | | |
| | | |

Printed Name

Signature

Date

**GAYLORD COMMUNITY SCHOOLS
MEDIA & FIELD TRIP RELEASE FORM**

GAYLORD INTERMEDIATE SCHOOL

Parents who have students attending Gaylord Intermediate School are asked to read this document and indicate with a check for yes or no their preference for the following events or activities.

yes no

1. Photographs and/or videos may be taken of student activities. I give permission for my child to appear, and to be named in newspaper photographs and articles.

yes no

2. My child's class may be taking field trips during the school year. When field trips require transportation, my child will be transported by bus. I give permission for my child to participate.

yes no

3. There are times during the school year when parents and room mothers require a class list of student names, phone numbers and an address for various reasons such as, classroom event, birthday parties, etc. I give permission for my child's name, phone number, and address to be distributed on a classroom list or school directory.

Parent/Guardian Signature

Date

Student Name

Teacher

GAYLORD INTERMEDIATE SCHOOL
240 E. Fourth Street - Gaylord, MI 49735
Phone (989) 731-0856 Fax-(989) 732-6475

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

TODAY'S DATE _____

| Student's Name | Birth Date | Current Grade Level |
|----------------|------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I authorize release of the following records for the child(ren) listed above:

- | | |
|--|-----------------------------|
| _____ Complete Cumulative | _____ Medical File |
| _____ Confidential Files (I.E.P.C.) | _____ Social Worker Reports |
| _____ Psychological and Diagnostic Reports | |

Has/have the above child(ren) received special education services? () no () yes
If marked yes, please indicate in which area (s) services were provided.

I requested that the information be kept confidential; used for professional reasons only and not be released to another individual or organization unless authorized by me. I understand that I have the right to inspect or receive a copy of the school records that are released.

Signature of parent or guardian

Parental permission is no longer required when records are requested by authorized school personnel in compliance with "Federal Education Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol 41, No. 11, Page 2465".

NOTE: The Michigan Attorney General ruled on April 23, 1982 that a school district may not withhold records of a student who transfers to another district if the student has an outstanding obligation to the school district.

INFORMATION TO BE RELEASED FROM:

SCHOOL DISTRICT _____

NAME OF SCHOOL _____

ADDRESS OF SCHOOL _____

CITY _____ STATE _____

PHONE() _____ FAX() _____

Gaylord Intermediate School

240 E. Fourth, Gaylord, MI 49735

Student Information Sheet

Student's Name _____ Birthdate _____
Address _____ Bus Number _____
Teacher _____ Grade _____

Welcome to Gaylord Intermediate School!

In order that we may become better acquainted with your child at the time of initial entrance in our school, we are asking you to provide us with information regarding your child so we may effectively place your child in the best learning environment. The classroom teacher will review this information.

1) How does your child spend his/her leisure time? _____

2) Are there any subjects or activities in school that your child has a keen interest in? _____

3) What type of learning environment motivates your child to do their best? _____

4) List your child's academic strengths _____

5) List your child's academic weaknesses _____

6) What form of classroom discipline do you support for your child? _____

7) What would be the main goal that you would like to see your child attain while attending Gaylord Intermediate School? _____

8) Is there anything about your child that you feel is important for us to know? _____

9) Does your child have any health problems (physical, educational, emotional)? _____

10) List any information that you have regarding your child's school performance that has not been covered in questions 1 through 9. _____

Gaylord Community Schools

An NCA Accredited School District

Dear Parents,

Keeping you informed and involved helps to assure student safety and improve student success. We want to reach our families quickly and effectively. This is why the Gaylord Community Schools is trying a new system called Instant Alert for Schools.

Within minutes, school officials can use Instant Alert to deliver a message to you by telephone, cell phone, pager, e-mail or PDA in any combination. Instant Alert will be used to notify you of school cancellations as well as activities and/or schedule changes.

Instant Alert is Internet based, allowing each family to maintain a secure, password-protected online profile. When you log on, you will receive instructions for accessing the system and updating your family's profile. You can log onto your profile anytime to update your contact information. Maintaining the accuracy of your profile will increase the ability of the school to keep you informed.

Your online profile will enable you to :

- * Input additional contact information -- email address, cell phone, work phone, etc.
- * Send yourself a test text message to make sure your text messaging information is correct.
- * Add contact information for other caretakers of your children, such as grandparents or neighbors.
- * Access a history of all the alerts you have received in the past.

The system is now ready for you to use at <https://instantalert.honeywell.com/>. I encourage you to take advantage of this opportunity. If you need assistance with your profile please contact your child's school. If you do not have access to a computer, please feel free to come to my office in the Board of Education building to use our facilities.

Sincerely,

Cheryl A. Wojtas
Superintendent

**Gaylord Community Schools
TRANSPORTATION REGISTRATION
Bus Garage - 989-705-3022**

Date _____
School _____

Child's Name _____ Grade _____ Sex _____
Residential Address _____ City _____ Zip _____
Mailing Address _____ City _____ Zip _____
Home Phone _____
First Parent's Name _____ Work Phone _____
Second Parent's Name _____ Work Phone _____
Emergency Contact _____ Emergency Phone _____

Transportation Desired (We can accommodate one Pick Up and one Drop Off location.)

Will your child be riding to/from home? AM _____ PM _____
Will your child be riding to/from a Day Care? AM _____ PM _____

Day Care Information: Name _____
Address _____
Phone _____

Special Needs _____

**If your needs change, please notify both the School and Bus Garage.
It may take up to 3 days to arrange transportation after receiving this card.**