



Kick OFF
to
Kindergarten



Call or email us for registration forms, or print out and complete the forms then mail them to Chassell Township Schools to register for the upcoming 2020-2021 school year. **Call (906) 483-2132 ext. 401 or email: (Steve Spahn) spahns@cts.k12.mi.us**

Chassell Twp Schools ~P.O. Box 140~ Chassell, MI 49916

We will have a Kindergarten experience in late August where children will have the opportunity to meet the teacher, tour the classroom & school, and participate in an activity.

A specific date and time is yet to be determined.

Documents we will need from you, as well as the completed school forms:

- Birth Certificate
- Immunization Record (we have access to them if you don't have)
- Proof of residency (driver's license/ piece of mail)



CHASSELL TOWNSHIP SCHOOLS
 41585 U.S. Hwy 41 – P.O. Box 140
 Chassell, Michigan 49916-0140
 www.chassellschools.org

Superintendent:
 Stephen S. Spahn
 Phone: (906) 483-2132
 Fax: (906) 487-9045

Board of Education:
 Roger Tervo, President
 Ken Kytta, Vice President
 Suzanna Tuomi, Secretary
 B.J. Tervo, Treasurer
 Randal Danison, Trustee
 Tanya Etelamaki, Trustee
 Carl Olson, Trustee

STUDENT REGISTRATION FORM

Date: _____ Birth date: _____

Student's Name: First: _____ Middle: _____ Last: _____

Address: _____

Father's Name: _____ Address: _____

Home phone: _____ Wk: _____

Cell phone: _____ Email: _____

Mother's Name: _____ Address: _____

Home phone: _____ Wk: _____

Cell phone: _____ Email: _____

Legal Guardian: _____ Address: _____

Home phone: _____ Wk: _____

Cell phone: _____ Email: _____

Male: _____ Female: _____

Nationality:
 American Indian/Alaska Native: _____ Asian American: _____ African American: _____
 Native Hawaiian or Pacific Islander: _____ Caucasian: _____ Hispanic Latino: _____

Name of Last School Attended: _____

Last grade completed: _____ Entering grade: _____

Has your child received any services?: Yes: _____ No: _____

Does your child have an IEP (Individualized Education Plan)?: Yes: _____ No: _____

Does your child have any allergies? Yes: (Please List): _____ No: _____

Name, Address and Fax Number of Previous School (if available):

Parent Signature: _____

Parental Comments:

Circle one that describes your current living situation:

- A. Own/Rent my own home or apartment
- B. Doubled up: Sharing the housing of others due to loss of housing or economic hardship
- C. Staying in a Shelter
- D. Staying in Transitional Housing (awaiting permanent housing)
- E. Awaiting foster care/temporary foster care placement, or currently in first six months of foster care.
- F. Temporarily living in a motel or hotel
- G. Unsheltered
- H. Unaccompanied Youth: not in the physical custody of a parent or guardian

OFFICE USE ONLY
 Birth Certificate Y / N
 Immunization Record Y / N

Proof of Residency: Homestead Property Form, Utility Bill, School of Choice Forms

Administration's Signature: _____

"Learning for Life"

Chassell Township School

Consent for Disclosure of 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 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 Chassell Township School to release my child's immunization record 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: _____



CHASSELL TOWNSHIP SCHOOLS

Elementary, JH and HS - Handbook Signature Forms

Please read over the *Chassell Township School Handbook* for the 2020-2021 school year. By signing at the end of this document, you are agreeing to the terms and uses listed in the 2020-2021 handbook and those listed below.

*Note – The CTS Handbook can be found on-line at <http://www.cts.k12.mi.us> or you may request a paper copy from the Principal’s Office.

This form must be filled out and returned to the school.

STUDENT NAME: _____

GRADE: _____

NON PRESCRIPTION INFORMATION

This section must be filled out completely before any over the counter medication will be given to the student named below. **Please CHECK ALL the boxes for the medication he/she may receive.**

Tylenol/Acetaminophen Ibuprofen/Advil/Motrin Antacid (Tums or Rolaids)
 Cough Drops Benadryl Allergies _____

IMPORTANT PARENT NOTE:

If you send in an over the counter medication to be given to your child during the course of the school year, please put your child’s name on the bottle, the time and dosage they should receive it, and any special instructions. Instruct them to bring it to the office to be administered. They should NOT keep it in their lockers.

If your student needs to take prescription medicine during school hours you must complete and return a different form that you may get from the principal’s office or call 483-2132, ext 404 and one will be sent home with your child.

K - 12 INTERNET PERMISSION FORMS

I, the undersigned, understand and abide by the Chassell Township Schools user’s agreement and Code of Conduct for electronic resources. I further understand that any violation of the policies is unauthorized, unethical, and may constitute a criminal offense. Should I commit any violation, my privileges may be revoked, and disciplinary action and/or appropriate legal action may be taken.

Yes No As a parent/guardian of this student, I understand that Internet access provided by Chassell Township Schools is intended for educational purposes and that student users will be provided supervision while using internet.

MEDIA RELEASE

Yes No Chassell Township Schools has permission to use and publish my child’s picture, name, grade, or school activities in the yearbook, school newsletter, honor roll, school web pages, and other school approved media releases.

By signing this form, I am stating that I understand and affirm the information on this document, and I verify that I have read the student handbook and understand its contents.

Student Signature

Date

Parent/Guardian Signature

Date