Ravenna Public Schools

12322 Stafford Street, Ravenna, MI 49451
Phone 231-853-2258; Fax 231-853-6889
ravennaschools.org

Dear Future Kindergarten Parents,

We are excited to invite and welcome you to our annual Kindergarten Round Up on Thursday, March 15th from 4:30-6:00 pm.

This event will give you and your child the opportunity to visit our beautiful building, meet our terrific teachers, tour the classrooms, and sign up for the 2018-2019 school year.

At Beechnau Elementary, we offer all day everyday Kindergarten. With the all day everyday concept, we have the opportunity to present, evaluate, and assess the required state core curriculum as well as incorporate traditional Kindergarten activities including center time, playtime, recess, art, music, computers, and physical education. We believe that with the all day everyday concept, your child will have a well-rounded and balanced first year of education.

The Kindergarten teachers, Mrs. Payne, Miss DeJonge and Mrs. Gemmill will be here to meet you and your child, as well as allow you to visit their amazing classrooms. Our school nurse, Mrs. DeSmith, will be available to address any health concerns you may have. Our office staff and other agencies will be available to answer any other questions you may have.

Enclosed in this packet are some very important forms that we would like you to fill out prior to March 15th. If your child is in HeadStart or Preschool you may return them to school as soon as they are complete or you may bring them on March 15th and turn them in to the office.

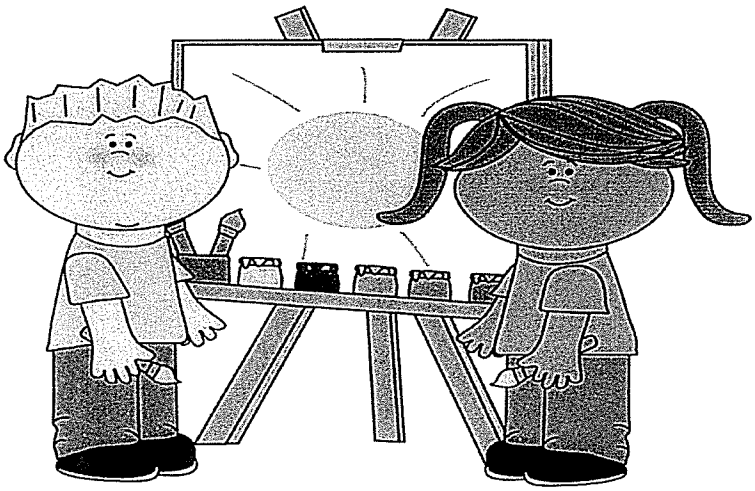
We look forward to meeting all of you and welcoming you to the Beechnau family!

If you have any questions prior to March 15th, please feel free to contact us and we will be happy to assist you.

Sincerely,

Randy Creed
Beechnau Elementary Principal

Planted in Promise...Growing in Pride



PLEASE REMEMBER TO BRING WITH YOU

BIRTH CERTIFICATE

PROOF OF RESIDENCY

CURRENT SHOT RECORD

ENROLLMENT PACKET COMPLETED

Beechnau Elementary

KINDERGARTEN SKILLS

These are some things to practice this summer that will help your child be ready for kindergarten.

- Practice putting on coat and zipping it.
- Practice putting on shoes and tying them.
- Practice letters and sounds.
- Practice counting 1-30.
- Practice recognizing numbers 1-10.
- Practice recognizing shapes.
- Practice personal hygiene (washing hands wiping self).

Ravenna Public Schools Student Enrollment Form

Child's Legal Name (as shown on birth certificate) _____ Last _____ First _____ Middle

☐ Male ☐ Female

Grade Entering _____

Birth Date _____ Place of Birth _____ Multiple Birth Status: ☐ Single ☐ Twin ☐ Triplet

Address _____
House # Street Apt./Unit # City Zip

Home Phone _____ County _____ Is this child a court placed foster child? ☐ Yes ☐ No

What is your child's Native Language? _____

Does your child speak a language other than his Native Language on a daily basis? Yes _____ No _____

If Yes, what is the language? _____

Is the primary language used in your child's home or environment a language other than English? Yes ____ No ____
If yes, what is the language? _____

Immigration Date, If not born in U.S.: _____
Number of full school years student has attended any U.S. school? _____

Ethnicity

Is this student Hispanic/Latino? (Choose only one)

☐ No, not Hispanic/Latino

☐ Yes, Hispanic/Latino – (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Race

The question to the left is about ethnicity, not race. No matter what you selected, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.

____ American Indian/Alaska Native ____ Asian American

____ Native Hawaiian/Pacific Islander ____ Black/African American

____ White

Last School Attended _____ City/State _____

Code: ☐ Public School Michigan ☐ Public Out of State ☐ Church/Private ☐ Preschool

Did your child receive any special education services at a previous school? ☐ Yes ☐ No (If yes, please indicate the types of services he/she received)
(Check all that apply) ☐ Special Education Classes ☐ Speech ☐ OT/PT ☐ Social Work ☐ 504 Plan

Name of Primary Parent/Guardian Residing in the Home	Place of Employment	Email	Work Phone (area code first)	Cell Phone (area code f

Relationship: ☐ Father ☐ Mother ☐ Grandparent ☐ Guardian ☐ Self (Student Enrolling) ☐ Other _____

Name of Secondary Parent/Guardian Residing in the Home	Place of Employment	Email	Work Phone (area code first)	Cell Phone (area code

Relationship: ☐ Father ☐ Mother ☐ Stepmother ☐ Stepfather ☐ Grandparent ☐ Guardian ☐ Other _____

Name of Parent Living Elsewhere	Relationship to child	Residence Phone (area code first)	Work Phone (area code first)	Cell Phone (area code

Address

Have custody papers been provided to the district? ☐ Yes

Should this person receive report cards/mailings? ☐ Yes ☐ N

Custody Restrictions:

OTHER CHILDREN IN THE FAMILY

Name (First & Last)	Birth Date	School of Attendance

The undersigned hereby acknowledges that the information provided on this form is true and accurate. The undersigned understands that it is his/her responsibility to inform the appropriate school office if and when any of the information set in this form changes.

_____ Parent/Guardian/Student (if over 18) Signature

_____ Date

OFFICE USE ONLY:

Entry Date:_____ ☐ New ☐ Returning Building: _____ Family #_____ Student #: _____ Staff User N _____

Proof of Residence: ☐ Property Tax Statement. ☐ Utility ☐ Computer Verify ☐ Lease ☐ Affidavit - living with _____
☐ Purchase Agreement ☐ Mortgage ☐ Ins. Other_____ Exp: Mo____ Yr____

Documents:
☐ Birth Certificate ☐ Health Questionnaire ☐ Records Request ☐ Parent ID ☐ Conduct Stmt(Secondary)
☐ Birth Affidavit ☐ Immunizations ☐ Tech Agreement ☐ KDG Vision ☐ Temp Placement IE
☐ Passport ☐ Complete ☐ Incomplete ☐ Elem. Student Survey ☐ Courses/Transcript ☐ Reduced Lunch

Room # _____ Teacher_____ AM Bus #_____ PM Bus #_____ Walker_____

Transportation_____ Nurse _____ Add Book _____ Records Request _____

CENTRAL REGISTRATION USE ONLY:

Date received: _____	UIC Number: _____	Date Completed: _____

STUDENT LIVING SITUATION

School: _____ Grade: _____ Date: _____

Student Name: _____ Birth date: _____ Foster Child: ___Yes ___No

Please list all of your preschool and school-aged children currently living with you: (continue on back if more space is needed)

Name: _____ Birth date: _____ School: _____

Name: _____ Birth date: _____ School: _____

Name: _____ Birth date: _____ School: _____

Information provided on this form is confidential.

What is your current living situation? *(Based of your situation, your child may be eligible for additional services)*

_____ **I own or rent my own home/apartment.** STOP here...you do not need to answer any additional questions

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_____ **Sharing the housing of other persons due to:** (check one)

____Loss of housing due to eviction, foreclosure, or other economic hardship

Explain: _____

____Long-term, cooperative living arrangement to save money or a similar reason

_____ **At a motel, hotel, campground or similar setting due to:** (check one)

____Lack of alternative adequate accommodations

____A convenient living arrangement, or waiting for apartment or house to be ready

_____ **In an emergency or transitional shelters** (domestic violence or homeless shelters or transitional housing)

_____ **In a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans**

_____ **In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar setting**

How long do you anticipate living at this location? _____

Current Address: _____

Phone Number: _____

_____ Date: _____

Parent/Guardian/Unaccompanied Youth Signature

OFFICE USE ONLY: ____McK-V ____UnY ____FC *If checked, complete referral form.*

DATE COMPLETED: _____

GRADUATING CLASS OF: _____

STATE BOARD OF EDUCATION
APPROVED HOME LANGUAGE SURVEY*

Ravenna Public 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_____ D.O.B._____
(Date of Birth)

School Building ☐ Beechnau ☐ Middle School ☐ High School ☐ NEEC

1. Is your child's native tongue a language other than English?
   ☐ Yes ☐ No What is that language?_____

2. Is the primary language[1] used in your child's home or environment a language other than English?
   ☐ Yes ☐ No What is that language?_____

Signature of Parent/Guardian _____

Address_____

_____

[1]"Primary language" means the dominant language used by a person for communication.
*Translation of this survey form in Spanish, Arabic, French, Italian and Ojibwa is available at the Office of Field Services at 517-373-6066.

SECRETARY PLEASE DISTRIBUTE:
ORIGINAL - DIANE DEBOER, BEECHNAU ELEMENTARY
COPY - CA60

Medical Information for _____ Birthdate_____

Birth; Pregnancy Complications? Y or N
Explain_____

Birth Complications? Y or N
Explain_____

Early Development Difficulties?

Sleeping Y or N_____

Eating Y or N_____

Toilet Y or N _____

Speech Y or N _____

Coordination Y or N _____

Illnesses Y or N _____

Health Difficulties?

Vision Y or N _____

Hearing Y or N _____

Allergies Y or N_____

Seizures Y or N_____

Hyperactive Y or N_____

Emotional Y or N_____

Behaviors at Home

____Happy ____Cooperative ____Listens well ____Sad

____Preoccupied ____Temper Tantrum ____Wants to please ____Withdrawn

____Fearful ____Easy to Discipline ____Cries easily ____Easily led

____Hard to disciple ____Communicative

PERSONAL HISTORY: Mark an "X" next to all medical problems your child has had or currently experiences.

___Scarlet Fever
___Measles
___German Measles
___Mumps
___Chicken Pox
___Malaria
___Sinusitis
___Eye Trouble
___Ear, Nose, Throat
___Sickle Cell Anemia
___Pneumonia
___Pleurisy
___Blood Sugars
___Cancer/tumors

___Insomnia
___Anxiety
___Depression
___Headaches
___Hay Fever/Asthma
___TB
___Shortness of Breath
___Digestive Issues
___Fainting
___Chronic Colds
___Heart Murmur
___Palpitations
___Diabetes
___Hernia

___Back Pain
___Gallbladder
___Appendix

___Chest Pain
___Tonsillectomy
___Joint Issues
___Rheumatic Fever
___Migranes
___Jaundice
___Frequent Urination
___Bowel Issues

___Allergic Reactions

Has your child's physical activity been restricted during the past 5 years? Comments:_____

Does you child have any special needs for the classroom? Comments:_____

Is your child now under medical care or treatment? Medications being taken? Comments:_____

Any additional information?_____

Date of last physical? _____ Date of Hearing/vision test? _____

Insurance Information: Coverage? Y or N

Group #_____ Contract #_____

Insurance Company Name/Address_____

Subscriber Name/Address_____

Medicaid/Medicaid Case Number_____

Anticipated Start Date:_____

RAVENNA PUBLIC SCHOOLS
TRANSPORTATION DEPARTMENT
2018 – 2019 Student Transportation Enrollment Form

Telephone: (231) 853-6311 **Email:** rafunktj@ravennaschools.org

Dear Parent or Guardian:
In order to complete our student lists for busing, we need to compile the following information about your child(ren). Please fill out this student transportation form for your child(ren). *Only one form is needed per household.* Thank you.

STUDENT NAME	D.O.B / GENDER	SCHOOL BLDG (circle one)	GRADE	REQUEST BUS RIDE Yes	REQUEST BUS RIDE No
1. _____	_____M__F__	EL MS HS	_____	( )	( )
2. _____	_____M__F__	EL MS HS	_____	( )	( )
3. _____	_____M__F__	EL MS HS	_____	( )	( )
4. _____	_____M__F__	EL MS HS	_____	( )	( )
5. _____	_____M__F__	EL MS HS	_____	( )	( )

Home Address:_____ Phone #._____
House # Street City Zip

Only one pick up and one drop off will be allowed per BOE Policy. *Pick up & Drop off location may be different but must be consistent (i.e. sitter, daycare, grandparent, etc)*
****Only if different than home address****

Pick Up:_____ Reason:_____

Drop Off:_____ Reason:_____

Parent/Guardian Name:	***Phone Number:***	***Relationship:*** *(May student be released to this person)*
_____	_____	_____
_____	_____	_____

Emergency Contact Name:	***Phone Number:***	***Relationship:*** *(May student be released to this person)*
_____	_____	_____
_____	_____	_____

Please list any *health concerns* for your child(ren):

Student Name: ***Explanation of concern & action to be taken:***

_____

_____

_____ _____
Parent/Guardian Signature Date

FREE

HEARING AND VISION SCREENING

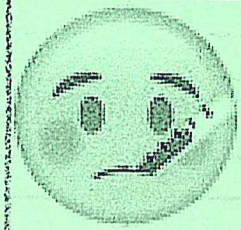
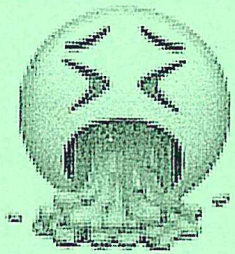
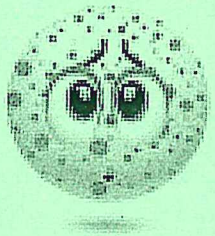
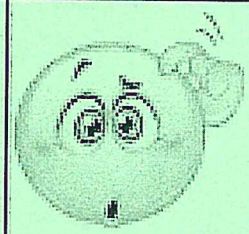
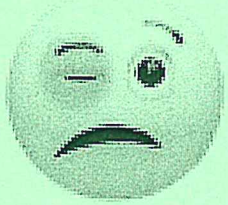
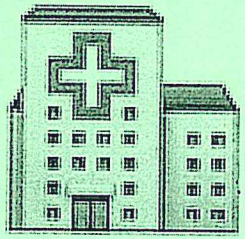
Public Health
Prevent. Promote. Protect.
Public Health - Muskegon County

children age 3 to 18

Monday-Friday
by appointment only

231-724-1394
H&V@co.muskegon.mi.us

I NEED TO STAY HOME IF...

I HAVE A FEVER	I AM VOMITING	I HAVE DIARREHA	I HAVE A RASH	I HAVE HEAD LICE	I HAVE AN EYE INFECTION	I HAVE BEEN IN THE HOSPITAL
						
Temperature of 100.4 or higher	Within the past 24 hours	Within the past 24 hours.	Body rash with itching or fever.	Itchy head, active head lice.	Redness, itching, and/or "crusty" drainage from eye.	Hospital stay and/or ER Visit

I AM READY TO GO BACK TO SCHOOL WHEN I AM...

Fever Free for 24 hours without the use of fever reducing medication i.e. Tylenol, Motrin	Free from vomiting for at least 24 hours	Free from diarrhea for at least 24 hours	Free from rash itching, or fever I have been evaluated by my doctor if needed	Treated with appropriate lice treatment Removal of all lice and nits. Designated staff member MUST do a hair check with a parent present before returning to school	Evaluated by my doctor and have a note to return to school	Evaluated by my doctor and have a note to return to school