

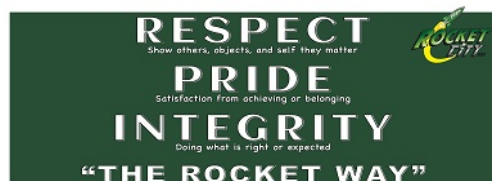


# REETHS-PUFFER SCHOOLS

## KINDERGARTEN ROUND-UP

### Requirements for Registration

1. BIRTH CERTIFICATE (State Record of Birth, not hospital record).
  2. IMMUNIZATIONS:
    - DTP/DT - Four (4) doses
      - If the last dose was not given after your child's fourth (4<sup>th</sup>) birthday, a booster dose of DPT/DT is required.
      - There must be at least 112 days between doses three and four.
    - POLIO/(OPV) - Three (3) doses
      - If the last dose was not given after your child's fourth (4<sup>th</sup>) birthday, a booster dose of POLIO is required.
    - MMR (Measles, Mumps, Rubella) – Two (2) doses
      - The first dose must have been given on or after your child's first (1<sup>st</sup>) birthday.
      - The second dose must have been given at least 30 days from the first dose and after 15 months of age.
    - HEPATITIS B – Three (3) doses in the series
      - Your child should have all three or at least have started the series to enter school.
    - CHICKEN POX – Two (2) doses
      - Please indicate on green Health Appraisal form (given at Kindergarten Round-Up) if your child has had chicken pox (month/year) or if your child has had the vaccine (month/day/year).
  3. HEARING AND VISION TESTS
    - Michigan Law requires every child to have hearing and vision testing done within 6 months of their entry of school. If the student's physician does not do the testing, parents may call the Health Department at 724-1394 for an appointment. Parents must provide a copy for the office.
  4. PROOF OF RESIDENCY (Copy of State ID and one of the following):
    - Current Property Tax Bill
    - Current Mortgage Payment
    - Current Rent Receipt
    - Current Utility Bill
- \* The Michigan School Code requires that all Kindergartners must have a birth certificate, up-to-date immunization record and proof of hearing and vision test on file in the school office before they start classes.



Child's Name: \_\_\_\_\_

## Registration Checklist

- \_\_\_\_\_ Registration Form (front and back including Part A & B of Ethnicity  
\_\_\_\_\_ section) Waiver form (if age 5 after 9/1/2024)
- \_\_\_\_\_ Official State Birth Certificate (not hospital record) (School office  
will make a copy)
- \_\_\_\_\_ Proof of Residency (School office will make a copy of both)
- \_\_\_\_\_ Driver's License **and 1 of the following**  
\_\_\_\_\_ Property Tax Bill \_\_\_\_\_ Mortgage \_\_\_\_\_ Rent Receipt \_\_\_\_\_ Utility Bill  
\_\_\_\_\_ Mail \_\_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_\_ Health Physical  
\_\_\_\_\_ Immunization record updated  
\_\_\_\_\_ Hearing  
\_\_\_\_\_ Vision
- \_\_\_\_\_ Transportation Form
- \_\_\_\_\_ Student Residency Questionnaire (Be sure to include address, phone,  
and signature at the bottom of form)
- \_\_\_\_\_ Concussion Form
- \_\_\_\_\_ Records Request Form
- \_\_\_\_\_ In-District Transfer (if applicable) \_\_\_\_\_ SOC (if applicable)
- \_\_\_\_\_ Consent for disclosure of immunization information

**Preschool child attended (for DK/K enrollee only)**

\_\_\_\_\_

Reeths-Puffer Schools  
Student Registration Form



Office Use Only

\_\_\_ Central \_\_\_ Twin Lake  
\_\_\_ R-P Elementary \_\_\_ Pennsylvania

Date: \_\_\_\_\_  
Teacher: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Bus Numbers: \_\_\_\_\_  
Student Number: \_\_\_\_\_

**PLEASE PRINT**

\_\_\_ DK \_\_\_ Kindergarten

AI - AC AA - BD B - CE H/PI - DF W- EG H/L - FJ

**A state certified birth certificate, immunization record and proof of residency must be presented at time of registration.**

Child's Name: \_\_\_\_\_ Sex: Male Female  
Last First Middle (Circle One)

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Street City Zip Code Cell Number: \_\_\_\_\_

Child's Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City State Month/Day/Year

Name of Last District Attended: \_\_\_\_\_ School Building: \_\_\_\_\_  
Address of Last School Attended: \_\_\_\_\_  
Phone Number of Last School Attended: \_\_\_\_\_ Name of Former Teacher: \_\_\_\_\_

	Mother	Father
Name and Age	_____	_____
Home Address	_____	_____
Marital Status	_____	_____
Step Parent or Guardian	_____	_____
Email Address:	_____	_____

Number of Children in the Family: Boys \_\_\_ Girls \_\_\_ Total \_\_\_

Name and Birth Date of Siblings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other People Living in the Home: \_\_\_\_\_

Any Health Conditions the School Should Know About? Please Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does Your Child have a Current 504 Plan? \_\_\_\_\_

Does Your Child have a Current IEP for Special Education Services? \_\_\_\_\_

Is your child's native language a language other than English? \_\_\_ (HLS)

Is the primary language used in your child's home or environment a language other than English? \_\_\_ (HLS)

*If the answer to either of the home language survey (HLS) questions is yes, then the following questions must be answered. Office staff to forward copy (both sides) to Curriculum Office.*

What is your child's native language? \_\_\_\_\_

Date your child entered the United States: \_\_\_\_\_

Has your child been previously enrolled in any U. S. school? \_\_\_\_\_

Information: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Custodial Information:** If a court has ordered legal limited custody for one of the parents of this child, the school must have a copy of the court order on file.

**Medication Administered at School:** “Medication” shall include all medicines including those prescribed by a physician and any non-prescribed (over the counter) drugs, inhalers, preparations, and/or remedies.

Before any medication or treatment may be administered to any student during school hours, the school’s medication form must be filled out by the parent and the medication must be brought to the office between the hours of 8:00 a.m. and 4:00 p.m. **NOTE: Medication is not to be sent to school with a student.**

**Only medication in its original container, labeled with the date, if a prescription; the student’s name; and exact dosage will be administered.**

.....

**Race and Ethnicity: (Note: Both Part A and Part B of the question must be answered.**

Part A:	<b>Is this student Hispanic/Latino?</b> (choose only one) <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.)
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The above part of the question is about ethnicity, not race. No matter which box you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student’s race to be.

Part B:	<b>What is your student’s race?</b> (Choose one or more) <input type="checkbox"/> <b>American Indian or Alaska Native</b> (A person having origins in any of the original people of North and South America, including Central America.) <b>(If checked, complete Title VII Form)</b> <input type="checkbox"/> <b>Asian</b> (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.) <input type="checkbox"/> <b>Black or African American</b> (A person having origins in any of the black racial groups of Africa.) <input type="checkbox"/> <b>Native Hawaiian or Other Pacific Islander</b> (A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.) <input type="checkbox"/> <b>White</b> (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)
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NOTE: Both Parts A and B **MUST** be completed. We encourage you to select an answer for **both** parts. If either part (A or B) is not answered, the U. S. Department of Education **requires** the school district to supply an answer on your behalf.



# REETHS-PUFFER SCHOOLS



Dear Parent/Guardian:

The State of Michigan has enacted a concussion law to provide increased education and additional protection for students in Michigan.

Please read the attached information page on concussion symptoms and actions to take if you suspect your child has suffered a concussion. Once you have read this material, please sign the acknowledgement form. Please return the signed form to the office at kindergarten round-up.

If you need to access concussion symptoms in the future, you can access this information at:  
<http://www.michigan.gov/mdch>

Please call the building principal with any questions you have regarding this new law.

## CONCUSSION AWARENESS EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by Reeths-Puffer Schools.

\_\_\_\_\_  
Participant Name Printed

\_\_\_\_\_  
Parent or Guardian Name Printed

\_\_\_\_\_  
Participant Name Signature

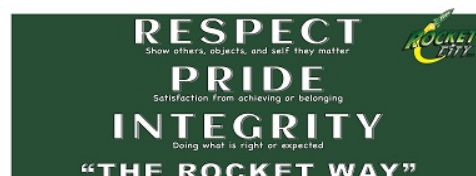
\_\_\_\_\_  
Parent or Guardian Name Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Return this signed form to the office for file until age 18.

Participants and parents please review and keep the educational materials available for future reference.



# REETHS-PUFFER SCHOOLS

## Student Transportation Schedule

(Please complete whether your child requires  
Transportation or not.)



School Building: \_\_\_\_\_

Grade: \_\_\_\_\_

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

**Important:** If your child is riding a bus to or from day care, your child care provider must live within your child's elementary service area in order for the District to provide transportation. Students are provided transportation to and from bus stops near their home. Kindergarten students will be allowed only one designated pick-up address and only one designated drop-off address. (For example, pick-up address is 111 Daycare Lane, Monday-Friday; drop-off address is 222 Home Address Drive, Monday-Friday.)

Yes, I need transportation for my child \_\_\_\_\_. No, I do not need transportation for my child \_\_\_\_\_.  
(Continue completing form) (No further information needed)

My child will be bused **to** school from:

Home address \_\_\_\_\_ **or**  
Day care address \_\_\_\_\_

My child will be bused **from** school to:

Home address \_\_\_\_\_ **or**  
Day care address \_\_\_\_\_

Please complete if using transportation services:

Students Home Phone: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Name of Child Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Hours Your Child Attends Day Care: From \_\_\_\_\_ to \_\_\_\_\_

Scheduled Days at Day Care: Every Day \_\_\_\_\_ Certain Days \_\_\_\_\_

Please Specify Days: \_\_\_\_\_

Effective dates: Over the summer, this information is used to establish bus routes for the fall of 2024. To assist us in establishing our tentative bus routes, please provide your student transportation/ childcare information to your elementary office as soon as possible. If you have changes in your child care provider over the summer, contact your building secretary as soon as possible. Please leave a message if necessary.

Should the bus driver be aware of any health concerns or other issues for your child?

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

\_\_\_\_\_  
Date

**Please return this form whether your child requires transportation or not.**



Reeths-Puffer Schools  
991 W. Giles Road, Muskegon, MI 49445



**Kindergarten Notification Request for 2024-2025 School Year**

According to Michigan Law, if a child residing in Reeths-Puffer Schools is not five years of age on September 1 but will be five years of age not later than December 1, the parent or legal guardian of that child may enroll the child in kindergarten for the current school year if the parent or legal guardian notifies the school district in writing that he or she intends to enroll the child in kindergarten.

A school district that receives this written notification may make a recommendation to the parent or legal guardian as to whether the child is not ready to enroll in kindergarten due to the child's age or other factors. Regardless of the district recommendation, the parent or legal guardian retains the sole discretion to determine whether or not to enroll the child in kindergarten if the student is five years of age not later than December 1.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Verification of Age: ☐ Birth Certificate ☐ Government Record ☐ Hospital Record  
(Check one) ☐ Court Record ☐ Citizenship Paper ☐ Other: \_\_\_\_\_  
(Specify)

Evidence of School Readiness, including preschool information (provided by parent):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**Reeths-Puffer Schools Recommendation**

☐ \_\_\_\_\_ agrees with the recommendation of the parents to enroll in Developmental  
(Administrators Name)  
Kindergarten.

☐ \_\_\_\_\_ agrees with the recommendation of the parents to enroll in Kindergarten.  
(Administrators Name)

☐ \_\_\_\_\_ recommends Kindergarten begin in September of next year for the following  
(Administrators Name)  
reasons:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

\_\_\_\_\_  
School Administrator's Signature

\_\_\_\_\_  
Date

# REETHS-PUFFER SCHOOLS



## 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 students 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 disclosure of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

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I authorize Reeths-Puffer Schools 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 information and limited personally identifiable information from the school.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent/Guardian  
or Eligible Student: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# STUDENT RESIDENCY QUESTIONNAIRE



School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Foster Child: \_\_\_ Yes \_\_\_ No If Yes, how long has this foster child lived with you? \_\_\_\_\_

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: \_\_\_\_\_

## **Information provided on this form is confidential**

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

\_\_\_\_\_ **I own or rent my own home/apartment. If you checked this box** fill in current address and phone number at the bottom of this form. Then sign and date the form.

\_\_\_\_\_ **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

☐ It being a convenient living arrangement, or waiting for apartment or house to be ready

\_\_\_\_\_ **In an emergency or transitional shelter** (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.*



# Important Names and Numbers

## Reeths-Puffer Schools

### Central Elementary

Mr. Cody Hamilton, Principal  
(231) 744-1693, Ext. 2535  
Mrs. Sarah Wilson, Secretary  
Ext. 2500  
1807 W. Giles Road  
Muskegon, MI 49445

### Twin Lake Elementary

Mr. Paul Siembida, Principal  
(231) 719-3190, Ext. 2225  
Mrs. Carly Akins, Secretary  
Ext. 2200  
3175 Fifth Street  
Twin Lake, MI 49457

### Reeths-Puffer Elementary

Mr. Paul Klimsza, Principal  
(231) 744-4777, Ext. 2030  
Mrs. Linda Somerville,  
Secretary  
Ext. 2032  
874 E. Giles Road Muskegon,  
MI 49445

### Food Service Department

Mrs. Jackie Blomeke, Supervisor  
(231) 744-4736, Ext. 1112

### Transportation Department

Mrs. Patty Harpster, Supervisor  
(231) 719-0110

### Reeths-Puffer Schools is located in Rocket City, U.S.A.

You won't find Rocket City on a map, but it does exist. Your GPS won't locate Rocket City either, but it's definitely a destination worth reaching. Rocket City is Reeths-Puffer Schools. Our border stretches over five different townships, but our mission focuses on only one goal: success. Success for our students in the classroom, in college, and in life. Success for our families who roll up their sleeves and care for a school system second to none. Success for an unrivaled faculty fueled by innovation and compassion and educated by over 250 college degrees. Rocket City isn't like any other city, because Reeths-Puffer isn't like any other school.

