POTTERVILLE PUBLIC SCHOOLS

Student Enrollment Packet

Welcome to Potterville Public Schools!

Central Administration Office

3/10/2025

POTTERVILLE PUBLIC SCHOOLS

Enrollment Packet 2025-2026

Welcome to Potterville Public Schools!

This Enrollment Packet is for district residents and non- district residents who are interested in enrolling their child at Potterville Public Schools. All applications will be reviewed and processed as soon as possible to ensure your child is able to start school timely.

Enrollment packet must include the following documentation:

Potterville District Resident	Non-Potterville District Resident
Enrollment Packet	Enrollment Packet
Original or Certified Birth Certificate*	Original or Certified Birth Certificate*
Parent/Guardian License or Identification Card*	Parent/Guardian License or Identification Card*
Immunization Records*	Immunization Records*
Two (2) Proofs of Residency*	**Release Form from current School District**
Transcripts - *9th-12th Grade Students Only*	Transcripts - *9th-12th Grade Students Only*
Individualized Education Plan (IEP) - *If Applicable*	Individualized Education Plan (IEP) - *If Applicable*

**Originals will be copied by the Central Administration Office and returned to Parent/Guardian*

Return Packet to:

Elementary School:

Ashley Diethrich
511 East Main Street
Potterville, Michigan 48876
Ph: 517-645-2525
Fx: 517-645-0397

High School/Middle School:

April Redemacher
425 East Main Street
Potterville, Michigan 48876
Ph: 517-645-6709
Fx: 517-645-0397

Staff Initial _____

Student Demographics

Student First Name	Middle Name	Last Name
Date of Birth	**City/State of Birth**	**Current Grade**
Street Address		**PO Box**
City	**State**	**Zip**

School District in which student resides: ☐ Potterville ☐ Other (Please Specify): _____

If Other: Why Potterville? _____

Student resides with ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian

If Other (Please Specify) _____

Has the Student lived with someone other than a parent in the past 12 months? Yes ☐ No ☐

Student Gender: ☐ Male ☐ Female ☐ Prefer Not to Say

Mother First Name	Last Name	Email Address
Address	**City**	**Zip**
Telephone (Cell)	**Telephone (Alt)**	
Father First Name	**Last Name**	**Email Address**
Address	**City**	**Zip**
Telephone (Cell)	**Telephone (Alt)**	
Legal Guardian Frist Name	**Last Name**	**Email Address**
Address	**City**	**Zip**
Telephone (Cell)	**Telephone (Alt)**	

Race and Ethnicity (Part A and Part B must be answered)

Note: Both Part A and Part B must be completed. If either part (A or B) is not answered the US Department of Education requires the school district to supply an answer on your behalf.

Part A: Is this student Hispanic/Latino?

No, Not Hispanic/Latino ☐ Yes, Hispanic/Latino ☐

(Person of Cuban, Mexican, Puerto Rican, South American, or other Spanish culture or origin, regardless of race)

Part B: What is the student's race? You may choose one or more

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

Staff Initial _____

Siblings in District		
Full Name	**Age**	**Building**
Full Name	**Age**	**Building**
Full Name	**Age**	**Building**
Full Name	**Age**	**Building**

Education	
Last School Attended	**City/State**
Date Last Attended	**Last Grade Completed**

Has the Student ever repeated a Grade? No ☐ Yes ☐ If Yes, which grade(s)?

Has the Student ever been suspended? No ☐ Yes ☐ If Yes, provide reason and dates?

Has the Student ever been expelled? No ☐ Yes ☐ If Yes, provide reason and dates?

Has the Student ever been enrolled in Special Education Classes? No ☐ Yes ☐
If Yes, please list which subject areas or classifications?

Date of Last Individual Education Plan Committee Meeting: _____

Medical / Other

Allergies or medical concerns that the school should be aware of? No ☐ Yes ☐
If Yes, explain?

Has the Student ever been referred for ADD/ADHD evaluation? No ☐ Yes ☐
If Yes, provide diagnosis and dates evaluated?

I hereby certify that the student information and history is correct to the best of my knowledge.

Parent/Guardian (Please Print)_____

Signature_____**Date**_____

Staff Initial _____

Enrollment Transition Questionnaire

Student Name (Full)	Date of Birth

PLEASE FILL OUT THE INFORMATION BELOW IN ORDER TO MAKE YOUR CHILD'S TRANSITION TO OUR DISTRICT AS SMOOTH AS POSSIBLE.

Does your child *currently* receive any of the following support services?

☐ 504 Plan ☐ Behavior Support ☐ Math Support ☐ Reading Support ☐ Resource Room

☐ Physical Therapy ☐ Speech/Language Therapy ☐ Occupational Therapy ☐ Tutoring

☐ School Counseling Support ☐ Individual Education Plan (IEP)

☐ Limited English (ESL/ELL) – Primary Language _____

If yes, to any of the above, please provide any additional information you want to share.

Additional information: _____

_____

Do you have any concerns regarding your child's

☐ Hearing ☐ Vision ☐ Social Skills ☐ Math ☐ Reading

☐ Writing ☐ Speech ☐ Coordination ☐ Other:_____

If yes, to any of the above, please provide any additional information you want to share.

Additional information: _____

Has your child ever been enrolled in any of the following?

☐ Tutoring ☐ Title 1 Reading ☐ Title 1 Math ☐ Speech Therapy ☐ LD Class

☐ EMI Class ☐ EL Class ☐ Other Special Education Services

If yes, to any of the above, please provide any additional information you want to share.

Additional information: _____

What language is used most at home?_____

What language is used most by the student?_____

Parent/Guardian (Please Print)_____

Signature_____**Date**_____

Staff Initial _____

Student Residency Verification

Student Name (Full)	Date of Birth

According to State Attorney General Opinion No 5925, school districts have the right to ask new enrollees to prove residency. By signing this affidavit you are affirming that the addresses given on all enrollment forms is the legal residence of the parent/guardian enrolling the student and is the residence of the student.

If you are living in the home of another person without a rental or lease agreement, that person must also sign this document under "Person with whom Residing" and prove their residency

Verification of residency may be made with any two of the following (check those provided)

☐ Property Tax Statement ☐ Utility Bill ☐ Lease Agreement ☐ Voter Registration

☐ Mortgage/Home Closing Document ☐ Other:_____

Guardianship Verification Affidavit

☐ Parents

☐ Full Guardianship awarded to _____(must provide court paperwork)

☐ Limited Guardianship awarded to _____(must provide court paperwork)
Date Begins _____ *Date Ends* _____

Should Potterville School District learn that this is not the residence and that both parents/guardian live outside the boundaries of Potterville Public School, the student will immediately be excluded from the school.

By signing below, I certify that all answers I have given on this affidavit are complete, accurate and truthful. I understand that falsification or omission of information provided here may result in revocation of admission to Potterville Public Schools, regardless of the length of time that might be necessary to confirm records and verify answers given and information provided.

Finally, the falsification document will result in the filing of a complaint with the appropriate law enforcement agency to bring criminal prosecution against all parties.

-- By Signing Below you indicate that you have read and understand this document --

Parent/Guardian (Please Print)_____

Signature_____**Date**_____

Person with whom residing if Different from Above (Please Print)_____

Signature_____**Date**_____

Student Name	Date of Birth	
Address		
City	State	Zip

Staff Initial _____

MCKINNEY-VENTO QUESTIONNAIRE STUDENT RESIDENCY

By completing this questionnaire, you help the district comply with the McKinney-Vento Act, Title X, Part C of the No Child Left behind Act. Your truthful and accurate answers help the district identify services that the student may be eligible to receive.

Student Name	**Date of Birth**	
Student Age	**Student Grade**	
Parent(s)/Legal Guardian(s) Name		
Address		
City	**State**	**Zip**
Telephone	**Email**	

1. **Where is the student living now?**

☐ In a shelter ☐ In a motel or hotel ☐ In a car ☐ With more than one family in a house or apartment

☐ In a trailer park or campsite ☐ unaccompanied youth

☐ With friends or family members (other than parent/guardian) ☐ None of the above

Please provide any additional information you may want to share: _____

_____

2. **To your knowledge, was the student listed as eligible under McKinney-Vento in a previous district since the beginning of this school year?** ☐ Yes ☐ No

   If yes, name/age of other family members: _____

If you checked the box marked "None of the above" and "No" for previous eligibility, you do not have to complete the remainder of this form. Please sign below and return this form to your school office.

3. **Does the living arrangement checked in question 1 result from a loss of housing or economic hardship?**
   ☐ Yes ☐ No ☐ Unsure

4. **The student(s) lives with**
   ☐ One Parent ☐ Two Parents ☐ One Parent & Another Adult ☐ Relative ☐ Legal Guardian

Parent/Guardian (Please Print)_____

Signature_____**Date**_____

FOR SCHOOL USE ONLY

__ Student not covered by McKinney-Vento Act
__ Student covered by McKinney-Vento Act
__ Student not currently M-V, but eligible for services for the remainder of the school year based on previous district
__ Follow-up required

Resources offered:

__ Housing __ Transportation __Educational __ Community Resources __ Program Referrals __ Free/Reduced Lunch

Name and telephone # of a contact person at the student's school who may know of the family's situation:

Name/Phone #_____**Date** _____

Staff Initial _____

Permission to Release Student Records to Potterville Public Schools

Student Name	**Date of Birth**	
Address		
City	**State**	**Zip**
Last School Attended		
Address	**City/State/Zip**	
Telephone	**Fax**	
Dates Attended		

Please send the complete school records (CA 60) including but not limited to the following to Potterville Public Schools:

1) Official administrative record *(demographics, transcripts, class standing, attendance, immunizations)*
2) Standardized achievement *(aptitude and intelligence test scores)*
3) Special Education Records (*IEP, MET, psychological and diagnostic reports, medical records)*
4) Unique Identification Code – UIC **Michigan Residents Only*

This student received special education services? No ☐ Yes ☐

Parent/Guardian (Please Print)_____

Signature_____**Date**_____

FOR OFFICE USE ONLY

Date Copy sent for verification: _____ **Signature of PPS Staff** _____

1st Request ☐ **2nd Request** ☐ **3rd Request** ☐

Please Mail Records to

☐ **Potterville Public Schools**
Attn: April Rademacher
425 East Main Street
Potterville, Michigan 48876

☐ **Potterville Public Schools**
Attn: Ashley Diethrich
511 East Main Street
Potterville, Michigan 48876

Staff Initial _____