



# BARAGA AREA SCHOOLS REGISTRATION FORM

Today's Date:						Date of Enrollment:					
Proof of Residency:				Immunization Record:							
Or School of Choice:				Birth date documentation:							
<b>STUDENT INFORMATION</b>											
Last name:				First:				Middle:		Male      Female	
Full Address:											
PO Box:		Age:		Birthdate:		City of Birth:				State of Birth:	
Race/Ethnicity--Please circle a number. You may choose more than one; if so indicate a #1 preference.											
(1) American Indian/Alaska Native		(2) Asian American		(3) African American		(4) Native Hawaiian or Other Pacific Islander		(5) White		(6) Hispanic or Latino	
School Last Attended:				City/State:				Year:			
Grade Now Entering:				Were you receiving Special Education Services? Yes      No				Will you be riding the school bus?    Yes    No			
Parent Email Address:											
<b>FAMILY DATA</b>											
Mothers Name:				Fathers Name:							
Occupation:				Occupation:							
Employer:				Employer:							
Home Phone:				Home Phone:							
Work Phone:				Work Phone:							
Cell Phone:				Cell Phone:							
Custodial Status:				Custodial Status:							
Step-parent/Guardian:				Step-parent/Guardian:							
Address (if different from student's)				Address (if different from student's)							
Whom does child reside with:											
<b>IN CASE OF EMERGENCY</b>											
In case of emergency, if no one can be reached at home or at work, call one of the following:											
Name:				Relationship:							
Home Phone:		Work Phone:				Cell Phone:					
Name:				Relationship:							
Home Phone:		Work Phone:				Cell Phone:					
Name of Childs Physician:				Name of Childs Dentist:							
Additional Comments:											
Signature of parent/guardian:								Date:			

BARAGA AREA SCHOOLS  
210 LYONS STREET  
BARAGA, MI 49908

This form is to be completed at the time of enrollment by the parent/guardian of any child who is a transfer student new to the Baraga Area School District. The information is to be used as part of the scheduling process and to help make your child's transition a good experience.

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

Is your child considered a child with a disability	Yes	No
1. Orthopedically impaired	_____	_____
2. Cognitive disabilities or other significant developmental delay	_____	_____
3. Hearing impairment	_____	_____
4. Visual impairment	_____	_____
5. Speech or language impairment	_____	_____
6. Emotional disturbance	_____	_____
7. Learning disability	_____	_____
8. Traumatic brain injury	_____	_____
9. Autism	_____	_____
10. Other health impairment	_____	_____
Type:		

Has your child been enrolled in a special education program in another school district?	Yes	No
-----------------------------------------------------------------------------------------	-----	----

If yes, please describe: \_\_\_\_\_

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

\_\_\_\_\_  
Date

# Baraga Area Schools Attendance and Truancy

2022-2023

## Michigan Compulsory Attendance Law

The law in Michigan governing compulsory attendance requires a parent, legal guardian, or other person having control or charge of a child aged six to sixteen to send the child to school during the entire school year, except under the limited circumstances specified in subsection (3) of section 380.1561. A child who was age eleven on or after December 1, 2009 or who was age eleven before that date and entered grade 6 in 2009 or later shall attend school from age six to eighteen. The exceptions include, but are not limited to, sending the child to a state-approved, nonpublic school or educating the child at home in an organized educational program. Although the compulsory school attendance law does not apply to children under the age of six, a child who is at least five years of age by December 1 of the school year and is a resident of a school district which provides kindergarten work is entitled to enroll in the kindergarten [MCL 380.1147].

**Chronically absent** means absent for 10% or more of the enrolled school days in a school year, whether absenteeism is due to unexcused, excused, or disciplinary absences. (For instance, missing 3 days of school the first month of the year; 8 days in the first half of the year; or 18 days in the entire school year.) Note: All absences for the school year should be counted, even if they have carried over from a different school.

**Disciplinary absence** means absences that result from school or district disciplinary action and are neither unexcused nor excused absences.

**Truant** means a child who has ten (10) or more unexcused absences per school year. A child should be counted as truant only once in a given school year. Once deemed truant, a child shall be monitored throughout the school year until improved attendance is consistent.

**Tardy/Late Absences** A student who enters a classroom after the bell is considered tardy, unless excused. Tardy students not only miss learning time, but also interrupt the learning of other students in class.

**Excused absences** include the following, but not limited to:

- *Student illness/injury with doctor's note*
- *Medical appointments*
- *Religious holidays*
- *Extreme family emergencies*
- *Lice (3 days)*
- *Funeral/death in family*
- *Mandated court appearances (documented)*
- *Placement by Juvenile Court in detention, shelter care, foster care or residential placement.*

- *Educational opportunities approved by school officials*
- *Homelessness*

**Unexcused absence** is any absence not accounted for above, examples of unexcused absences include, but not limited to:

- *Staying home to baby-sit*
- *Overslept*
- *Travel*
- *Needed at home*
- *Weather*
- *Missed bus*
- *Child is not immunized*
- *Sickness (not documented)*
- *Willful truancy (skipping)*

Student's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Signature of Parent/Guardian

Or Eligible Student: \_\_\_\_\_ Date: \_\_\_\_\_

# BARAGA AREA SCHOOLS

## Administration

Mrs. Lori Wisniewski  
Superintendent

Ms. Christina Gallup  
K-12<sup>th</sup> Principal



## Board of Education

JoAnne Danielson, President  
Megan Haataja, Vice-President  
Carmen Larson, Secretary  
Sue Wilson, Treasurer  
Steve Jahfetson, Trustee  
Tony Loonsfoot, Trustee  
Michael Lahti, Trustee

### 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 \_\_\_\_\_ Baraga Area 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 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: \_\_\_\_\_

### Central OfficeHigh SchoolElementary School

Phone (906) 353-6664  
Fax (906) 353-7454

(906) 353-6661  
(906) 353-6662

(906) 353-6663  
(906) 353-7454

210 Lyons Street, Baraga, MI 49908

**[www.baragaschools.org](http://www.baragaschools.org)**

# Child Custody Notification - Baraga Area Schools

As per State and Federal Law (MCL 722.30 & FERPA), please be advised, Baraga Area Schools recognizes the equal rights of the parents and guardians as indicated on a certified birth certificate or legal court order.

**In cases where parents/guardians are legally separated, or divorced, the parental rights of both parties will be equally recognized unless and until a parent/guardian has a legal court order that specifically restricts or denies the non-custodial parent's access to the child, the child's records, or other protective order.**

**To accommodate a custodial parent's request to deny non-custodial parent's rights to access any information on a child, the school must have a copy of the most recent court order on file that indicates that the parent's access and information rights are inhibited. Otherwise, either parent with proper identification, may have access to the child, request and receive information and be included in the child's educational process.**

The Michigan Missing Children's Act, MCL 380.1135 of the Revised School Code, requires that a person enrolling a pupil in school for the first time provide the school district with a certified copy of the pupil's birth certificate. If the mother of this child cannot enroll the pupil as a resident of the district, then the father must show proof that he is the child's parent or legal guardian. The father should be notified that proof of parentage or guardianship must be provided with 30 days. If proof is not provided, the authorities will be notified.

Please sign to indicate you have read and understand  
**Even if this is not applicable, please sign still! Thank you!**

-----  
(Student name-please print)

-----  
(Parent/Guardian name-please print)

-----  
(Parent/Guardian Signature)

-----  
(Date)

# BARAGA AREA SCHOOLS

## Administration

Mrs. Lori Wisniewski  
Superintendent

Ms. Christina Gallup  
K-12<sup>th</sup> Principal



## Board of Education

JoAnne Danielson, President  
Megan Haataja, Vice-President  
Carmen Larson, Secretary  
Sue Wilson, Treasurer  
Steve Jahfetson, Trustee  
Tony Loonsfoot, Trustee  
Michael Lahti, Trustee

To: Parents and Guardians

From: Amber Pinnow, School Counselor

Re: McKinney-Vento Rights, Documents and Student Information

Children that fall under the guidelines of McKinney-Vento have a right to free and immediate enrollment in public schools as well as other services and rights under the McKinney-Vento Law. For information about the rights of and services available to students living in transitional housing, please contact the local McKinney-Vento Liaison, Michele Serafin, at Baraga Area Schools.

Students may be considered as living in transition if they meet any of the following conditions:

Are doubled up or sharing the housing of others due to loss of housing or economic hardship.  
Are doubled up or sharing the housing of family or friends due to parents or guardians being unable to care for children at the present time.

Staying in a shelter.

Unsheltered.

Staying in transitional housing (awaiting permanent housing).

Living with a boyfriend or girlfriend.

Living in housing that lacks adequate heat, running water or electricity.

Unaccompanied Youth: not in the physical custody of a parent or guardian.

Please fill out the "Student Residency Questionnaire" regarding your child's living situation. The school district is required to collect this information in order to assure that students who are eligible for assistance are properly identified. Current information regarding rights and services is available in English. Thank you for completing the paperwork.

Sincerely,

Amber Pinnow

## Central OfficeHigh SchoolElementary School

Phone (906) 353-6664

(906) 353-6661

(906) 353-6663

Fax (906) 353-7454

(906) 353-6662

(906) 353-7454

210 Lyons Street, Baraga, MI 49908

**[www.baragaschools.org](http://www.baragaschools.org)**

## STUDENT/FAMILY RESIDENCY QUESTIONNAIRE

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11431 et seq. Your answers will help determine if the student(s) meets eligibility requirements for services under the McKinney-Vento Act.

**Please choose which of the following situations the student (s) currently resides in:** (You can choose more than one)

- ☐ House or apartment with parent or guardian
- ☐ Motel, car, or campsite
- ☐ Shelter or other temporary or transitional housing
- ☐ With friends or family members (without parent/guardian)
- ☐ With friends or family members (in addition with parent/guardian)
- ☐ In housing that lacks adequate heat, running water or electricity

**If the student(s) is living in shared housing, please check all of the following reasons that apply:**

- ☐ Loss of housing
- ☐ Economic situation
- ☐ Temporarily waiting for house or apartment
- ☐ Providing care for a family member
- ☐ Living with boyfriend/girlfriend
- ☐ Loss of employment
- ☐ Parent/Guardian is deployed
- ☐ Parent/Guardian is incarcerated
- ☐ Other family hardship \_\_\_\_\_
- ☐ Other (Please explain) \_\_\_\_\_

**Is the student under the age of 18 and living apart from parents or guardians?** Yes No

If yes, who is the student's primary caregiver? \_\_\_\_\_ Relationship \_\_\_\_\_

### **STUDENT(S) NAMES**

First	Middle	Last	M/F	D.O.B.	Grade	School Name

***Please list any other children who also live in the home, but are not attending school:***

### **STUDENT(S) NAMES**

First	Middle	Last	M/F	D.O.B.	Age	If child is under 5, does he/she attend a preschool program?

**Students without fixed, regular, and adequate living situations have the following rights:**

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extracurricular activities to the same extent that it is offered to other students.

**By signing below, I acknowledge that I have received and understand the above rights. Any questions about these rights can be directed to the local McKinney-Vento Liaisons Amanda Rinkinen at 906-353-6661 or the State Coordinator at 517-373-6066.**

Parent/Guardian/Student Name

Signature

Date

(Area Code) Phone number

Street/Contact Address

City

State

Zip



## Indian Student Eligibility

To the family of: \_\_\_\_\_

Your Child may qualify for services through the Title VI program. Eligibility is based on the following:

Child is an enrolled tribal member

OR

Parent is an enrolled tribal member

OR

Grandparent is an enrolled tribal member

These Services can include tutoring assistance in the classroom or one-on-one, and attendance assistance.

Please fill out the enclosed form and return it with the rest of the packet.

Thank you,

Linda Moffett  
Title VI Coordinator-Tutor

**ED 506 Form**  
**Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program**

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**Student Information**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade level \_\_\_\_\_

Name of School \_\_\_\_\_ School District \_\_\_\_\_

**Tribal Membership**

The individual with Tribal membership is the (select only one): \_\_\_\_child \_\_\_\_child's parent \_\_\_\_child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: \_\_\_\_\_

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The Tribe or Band is (select only one):

- ☐ Federally Recognized Tribe
- ☐ State Recognized Tribe
- ☐ Terminated Tribe
- ☐ Alaska Native
- ☐ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ☐ Membership or enrollment number establishing membership (if readily available) or
- ☐ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). \_\_\_\_\_

**Attestation Statement**

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

**For Parent/Guardians:**

**Definitions:**

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

**Student Information:** Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

**Tribal Membership:** Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

**Attestation Statement:** Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

**Paperwork Burden Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335