



**ENROLLMENT REQUIREMENTS**  
**Grades 1st– 12th**  
**PARENT CHECKLIST**

**The following items must be presented to the District Registrar prior to your child being enrolled into Charlotte Public Schools.**

- o Original Certified Birth Certificate
- o Parent/Guardian Identification
- o Up-to-date Immunization Records
- o Enrollment Form
- o Enrollment Transition Questionnaire Form
- o Residency Verification Affidavit with two Proofs of Residency
- o Request for Educational Records ( if applicable)
- o Student Network Application (**Only for Grades 4th—12th**)
- o Transportation Form
- o Technology Acceptable Use Policy Form
- o Special Education Services with Copy of Last IEP
- o Copy of any court order establishing the right of custody will be required for registration if adult enrolling the student is not listed on the certified birth certificate.
- o McKinney-Vento Assistance Form (if applicable)



**MEDICAL INFORMATION**

Medication, allergies, etc. Health conditions that apply to your child: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Office Phone: \_\_\_\_\_

**MILITARY**

Is a parent Full Time Armed Forces, National Guard or Active Duty: **YES** **NO** Branch \_\_\_\_\_

**FAMILY INFORMATION**

Siblings Attending Charlotte Public Schools:

Name: \_\_\_\_\_ Building they attend: \_\_\_\_\_

Name: \_\_\_\_\_ Building they attend: \_\_\_\_\_

Name: \_\_\_\_\_ Building they attend: \_\_\_\_\_

**Adults in This Family / Living with Child**

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

FIRST NAME MIDDLE NAME LAST NAME

Relationship to Child:  Father  Mother  Foster Parent  Other (Please Specify) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_

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

FIRST NAME MIDDLE NAME LAST NAME

Relationship to Child:  Father  Mother  Foster Parent  Other (Please Specify) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**If child's mother or father lives at a DIFFERENT address, provide that information here**

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

FIRST NAME MIDDLE NAME LAST NAME

Relationship to Child:  Father  Mother  Other (please specify): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

STREET ADDRESS CITY STATE ZIP CODE

**EMERGENCY CONTACTS:** In an emergency the school may contact and/or release this student to the following adults. Please use persons that can be reached by phone. List in order which you would like contact to be made.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Charlotte Public Schools
Enrollment Transition Questionnaire

Dear Parents,

Welcome to Charlotte Public Schools! In order to make your child's transition to our school district as smooth as possible, please fill out the following information. Check any that may apply to your child.

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

Does your child:

Have any medical conditions? \_\_\_\_\_

Take any medication regularly? \_\_\_\_\_

Have a native tongue language other than English? [ ] Yes [ ] No

Is the primary language used in your child's home or environment a language other than English? [ ] Yes [ ] No

If Yes, Language spoken: \_\_\_\_\_

Do you have any concerns about your child's:

Hearing \_\_\_\_\_ Vision \_\_\_\_\_ Social Skills \_\_\_\_\_ Math \_\_\_\_\_

Reading \_\_\_\_\_ Writing \_\_\_\_\_ Coordination \_\_\_\_\_ Speech \_\_\_\_\_

Has your child ever had special help in:

Speech or Language \_\_\_\_\_ Math \_\_\_\_\_ Reading \_\_\_\_\_

Writing \_\_\_\_\_ Social Skills or Guidance \_\_\_\_\_ Other \_\_\_\_\_

Does your child currently have an IEP (Individual Educational Plan)? \_\_\_\_\_

Has your child ever been enrolled in:

Tutoring \_\_\_\_\_ Title One Reading \_\_\_\_\_ Title One Math \_\_\_\_\_

Speech Therapy \_\_\_\_\_ LD Class \_\_\_\_\_ CI Class \_\_\_\_\_

EI Class \_\_\_\_\_ Other Special Education Services \_\_\_\_\_

What other information do you think we should know to best serve your child?

\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



<i>For Office Use Only</i>	
Verified By Transp. Dept	<input type="text"/>
Initial of Staff Person	<input type="text"/>

## Residency Verification Affidavit Charlotte Public Schools

Name of Student: \_\_\_\_\_ Student's DOB: \_\_\_\_\_

According to State Attorney General Opinion No. 5925, school districts have the right to ask new enrollees to residency. By signing this affidavit you are affirming that the address given on all enrollment forms is the legal 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 and prove their residency.

Verification of residency may be made with any two of the following (check those that apply):

- Driver's License     
  Property Tax Statement     
  Utility Bill     
  Lease Agreement  
 Voter Registration     
  Mortgage/Home Closing Documents     
  Other \_\_\_\_\_  
(describe)

**---PLEASE READ CAREFULLY---**

Should the district learn that this is not the residence and that the parent lives outside the boundaries of the Charlotte School District, the student will be excluded from the district immediately.

Further, the district will require a tuition payment be made for the time in attendance as a non-resident and will take any legal steps to recover the same.

Finally, the falsification of documents will result in a filing of a complaint with the appropriate law enforcement agency for criminal prosecution against all parties involved.

**---BY SIGNING BELOW YOU INDICATE THAT YOU HAVE READ AND UNDERSTAND THIS DOCUMENT---**

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

Person With Whom Residing (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

CPS Staff Signature & Title: \_\_\_\_\_ Date \_\_\_\_\_



REQUEST FOR EDUCATIONAL RECORDS & AFFIRMATION OF PRIOR DISCIPLINE RECORD

Please forward all transcripts, grades, test records, psychological and diagnostic valuations, health records and State of Michigan assigned unique identification code at your earliest opportunity. Also, please send any special education records for the student named below:

\_\_\_\_\_  
(Student's Name) (Grade) (Date of Birth)

Last School Attended:

\_\_\_\_\_  
(Name of School)

\_\_\_\_\_  
(Address) (City) (State) (Zip)

DIRECTIONS: Check the box next to the appropriate paragraph. Please provide information, and sign this document.

Paragraph 1:

The undersigned affirms that \_\_\_\_\_ has NOT been suspended or expelled from any school.

Paragraph 2:

The undersigned affirms that \_\_\_\_\_ HAS been suspended or expelled from any school.

If you checked the box in paragraph 2, please explain the circumstances. Include the school name, date of suspension or expulsion, and a brief description of the incident giving rise to the suspension or expulsion.

\_\_\_\_\_

I hereby authorize the release of all records requested above.

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)

FOR OFFICE USE ONLY

Date copy sent for verification: \_\_\_\_\_ Signature of CPS staff member \_\_\_\_\_

Please Send Records To:

- Charlotte High School, Charlotte Middle School, Charlotte Upper Elementary School, Parkview Elementary School, Washington Elementary School

\*\*\*\*\*PLEASE INCLUDE STATE ASSIGNED UIC # \_\_\_\_\_\*\*\*\*\*

**Charlotte Public Schools  
Acceptable Use Policy  
Electronic Information Access and Use for Educational Purposes  
Member Responsibility Declaration**

Charlotte Public Schools has developed an Electronic Information Access and Use for Educational Purposes Policy for using the Internet, local and wide area networks, computers and related technical and audio visual equipment. Access and use of these technologies is a privilege for the User and must be used responsibly in the pursuit of educational endeavors.

**I have read, understand, and will abide by the Electronic Information Access and Use Policy located at [www.charlottenet.org/technology.htm](http://www.charlottenet.org/technology.htm) and the Lab/Classroom-Computers/Equipment/Internet Use Policy, and the applicable sections of the Student Handbook.** I agree to be responsible for and abide by all rules and regulations of these policies and handbook. I understand that should I commit any violation, my privileges may be revoked, school disciplinary action and/or appropriate legal action may be taken.

**User's Signature:** \_\_\_\_\_

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

**(If you are a student of Charlotte Public Schools, a parent or guardian must also read and sign this agreement)**

Charlotte Public Schools has taken precautions to prohibit access to inappropriate materials. However, I also recognize it is impossible for Charlotte Public Schools to restrict access to all inappropriate or copyrighted materials and I will not hold them responsible for materials acquired on the network.

I will instruct my child about any other access restrictions in addition to those set forth in District Policy. I will emphasize to my child the importance of following the District rules for personal safety.

Users are responsible for following instructions in the use and care of educational technology and should refrain from using any technology for which they have not received instructions

Users may be required to make full financial restitution for any damages to educational technology or unauthorized expenses incurred through the use of educational technology.

I give permission for my child to use available technologies for educational endeavors.

**As the parent or guardian of this student, I have read the Electronic Information Access and Use Policy located at [www.charlottenet.org/technology.htm](http://www.charlottenet.org/technology.htm) and the Lab/Classroom-Computers/Equipment/Internet Use Policy and the applicable sections of the Student Handbook. I understand that this access is designed for educational purposes.**

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

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

*(See other side for your student's guideline level.)*

**CHARLOTTE PUBLIC SCHOOLS**  
**LAB/CLASSROOM**  
**COMPUTERS/EQUIPMENT/INTERNET USE POLICY**

The goal of using computers, the Internet, and/or any type of equipment, is to locate information for educational purposes. Students using computers and/or the Internet will increase their technological skills, communication skills and information gathering skills as they work with data and other people. Students using computers/Internet agree to follow these guidelines:

**K-4 STUDENT**

- ◆ I will always follow my teacher's directions for using computers, equipment and the Internet.
- ◆ I will not use the Internet unless I have my teacher's permission.
- ◆ I will use computers and equipment with respect.
- ◆ I will follow the rules about using the Internet.
- ◆ I will ask for help when I need it.
- ◆ I will not give out my name, address or phone number on the Internet.
- ◆ I will tell my teacher if the computer or equipment isn't working.
- ◆ I will not copy or use someone else's files or software.

**5-8 STUDENT**

- ◆ I will always follow my teacher's directions for using computers, equipment and the Internet.
- ◆ I will not use the Internet unless I have my teacher's permission.
- ◆ I will use computers, equipment, and the Internet responsibly and respectfully.
- ◆ I will ask for help if I do not know how to use computers or equipment.
- ◆ I will not give out personal information on the Internet without my teacher's permission.
- ◆ I will follow the rules about using the Internet.
- ◆ I will tell my teacher if the computer or equipment is not working properly.
- ◆ I will not share my login, password or files with others.
- ◆ I will not copy or download files or software from the Internet or access someone else's files on school computers.
- ◆ I will make sure that the web sites I access and the language I use on the Internet is respectful, responsible, and educational.

**9-12 STUDENT**

- ◆ I will not use the Internet unless I have a CharlotteNet account and/or Instructor's permission.
- ◆ I will follow the Instructor's directions on the Internet and use it only for school purposes.
- ◆ I will not abuse any policies, procedures or computer hardware, software, and/or other technology equipment.
- ◆ I will not give out any personal information (*name, address, phone number*) about others or myself on the Internet without my Instructor's permission.
- ◆ I understand that the web sites I access and the language I use on the Internet must be respectful, responsible, and educational. If I have any doubts as to the appropriateness of a site, I will contact my Instructor **BEFORE** accessing that site.
- ◆ I will notify my Instructor immediately if a problem exists with hardware, software or Internet use.
- ◆ I will not copy, alter, install, download or give out files unless I get permission from my Instructor.
- ◆ I understand class accounts are to be used **ONLY** during that class period with permission from my Instructor *no other time is allowed unless special permission is granted and supervision is provided by the classroom teacher in charge.*

A full version of the District's Policy for Electronic Information Access and Use for Educational Purposes can be located at

[www.charlottenet.org/technology.htm](http://www.charlottenet.org/technology.htm)

(see other side for Member Declaration Agreement)



\_\_\_\_\_  
Last Name, First Name

\_\_\_\_\_  
Expected Graduation Date



Member Information

Date \_\_\_\_\_

Name (full name-no aliases) \_\_\_\_\_

FIRST

MIDDLE

LAST

Street Address \_\_\_\_\_

City \_\_\_\_\_, MI Zip \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone Numbers (Home) \_\_\_\_\_

Mother's maiden name (for security reasons) \_\_\_\_\_

You are a student at which school or site? \_\_\_\_\_

**Please read the following VERY carefully and follow the instructions EXACTLY or your application cannot be processed!**

Your Account will be identified by your login name. **The first six characters of your last name followed by your first name initial and grad year.** If you last name is less than 6 digits, then your login name will just be your last name followed by your first initial. You must use all lower case letters. In the event of a duplicate login name request, middle initials will be added as the seventh digit.

Example: Abraham Lincoln would graduate in 2025 so his username would be **lincola25**

Applications will be processed upon receipt. Please allow 3 working days after we receive this application for your account to be established. You can tell it has been established when your login name and password are accepted at the login prompt. Return Membership Application and Membership Responsibility Declaration to:

Charlotte Technology Department  
1068 Carlisle Hwy  
Charlotte, MI 48813  
Phone 517-541-5750  
Fax 517-541-5755

**PASSWORD:**

**Your password to access Charlotte Public Schools network should be known to you and no one else.** You are responsible for all activity related to this login account and your password is your protection. You must provide a password on this application. Should you lose or forget your password, you will need to contact the System Administrator to request assistance. If you feel that someone else has learned your password, change it immediately and notify the System Administrator. **Allowing another person to use your password is strictly forbidden and may result in cancellation of your account.**

**GUIDELINES:**

**The password must be no less than 8 characters and no more than 10 characters.** Use a combination of letters and numbers. No spaces. **Passwords must contain at least one number.**

1. Don't use your CharlotteNet ID, name, family names, initials, your department or office mate's name, your hobbies or pets' names.
2. Avoid the use of sports or other activities in which you participate.
3. Make it something you can remember. Don't write it down!
4. Make it something you can type easily and quickly.
5. Avoid the use of nouns.
6. Don't use dates such as birthdays, anniversaries, etc.
7. Use a combination of letters and numbers. No spaces.
8. Upper and lower case letters may be used.
9. Your password must be entered **exactly**, including the correct upper and lower case letters.
10. Carefully distinguish uppercase from lowercase, I's from 1's (ones) and O's from 0's (zeros)

**(Please circle UPPERCASE letters and underline numbers)**

Request for Password: \_\_\_\_\_

(REMINDER: **8-10 Characters only**)

**Signatures:**

Please be sure to sign and date this application. By signing this application, you acknowledge you have read the Use and Access Policy for the use of the network and agree to use this service for educational purposes only. As a member of the Charlotte Public Schools, you understand that changes are made occasionally to the Use and Access Policy document and agree to abide by the current version of the document as posted electronically on Charlottenet.org. Any questions related to the Use and Access Policy should be directed to the System Administrator. As a member of Charlotte Public Schools, you agree that if you are unwilling to comply with any provision in the current Use and Access Policy, you will immediately cease using the Network Log on and contact the System Administrator to request that your login account be closed. Any violation of the Use and Access Policy may result in the loss of Network privileges and/or legal action against the individual(s).

**Users have no exception of privacy as to information or activity on the Districts electronic information technologies. The District retains the right to monitor all use, including but not limited to email and voicemail communications, computer files, databases, web logs, audit trails, or any other electronic transmissions accessed through District's electronic information technologies.**

Member Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(required if member is under 18)



**Transportation** 1101 Mikesell, Charlotte, MI 48813 PH: 517.543.3400 FAX: 517.543.8558

Dear Parents,

**WELCOME!** Charlotte Public Schools is pleased to have you as part of our school district. The Transportation Department is looking forward to transporting your child safely to and from school.

A transportation registration form must be completed for each student. After a form is completed and received by the transportation department, it may take up to five (5) school days before your child can begin riding the school bus.

#### REGISTERING FOR BUS TRANSPORTATION

Each student will only have one pick-up location and one drop-off location within the school district - five days a week. This is for the safety of all students and for the purpose of eliminating any potential confusion as to where a child is to be picked-up and/or dropped-off. The single pick-up and drop-off locations can be different as long as they are both within your student's assigned school zone.

#### CHILD CARE

We offer transportation to and from daycare if the daycare address is located within the student's school boundary. Please check with the transportation office to determine if your day care is located in the proper school zone.

If you have any questions or concerns concerning transportation, please call us at (517)543-3400.

Sincerely,

The Transportation Department

# Charlotte Public Schools Transportation Registration Form

378 State Street  
Charlotte, MI 48813  
Phone (517) 543-3400 Fax (517) 543-8558

**\* One Registration form must be completed for EACH Student**

Today's Date: \_\_\_\_\_

Students Name: \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Parents/Guardians Names: \_\_\_\_\_

Dad's Work Phone: \_\_\_\_\_

Dad's Cell Phone: \_\_\_\_\_

Mom's Work Phone: \_\_\_\_\_

Mom's Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical Info/Other Concerns: \_\_\_\_\_

## Bus Stop Registration:

### Single PICK-UP Location:

Not Needed

At Home or nearest designated bus stop

At Daycare or nearest designated bus stop

**\*\* For Daycare complete the information below:**

Provider's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Single DROP-OFF Location:

Not Needed

At Home or nearest designated bus stop

At Daycare or nearest designated bus stop

**\*\* For Daycare complete the information below:**

Provider's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**\*Date you would like this to begin** \_\_\_\_\_

(Please understand that it may take up to 5 days before transportation will begin.)

<i>For Office Use Only:</i>	
Name of Person Contacted: _____	Start Date: _____
Contact Date: _____	_____
Initials of Transportation Employee _____	_____

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# Homeless Children & Youth Have The Right to a Free, Appropriate Public Education

## Who is Homeless?

Anyone, due to a lack of housing who lives:

- In emergency or transitional shelters
- In motels, hotels, trailer parks, campgrounds, abandoned in hospitals, awaiting foster care
- In cars, parks, public places, bus or train stations, abandoned buildings
- Doubled up with relatives or friends
- Migratory children living in these conditions

## Where can homeless Children and youth attend School?

- The school the child attended before becoming homeless or was last enrolled (school or origin)
- The school in the attendance area where the child or youth is temporarily living

## How can delays be avoided When enrolling a homeless child or youth in school?

- \* Homeless children must be enrolled immediately.
- \* If school records are unavailable, ask that the records be sent electronically or information shared over the phone.
- \* Ask that a student's Immunization records be transferred over the phone from the sending school to the receiving School.
- \* Contact your school district, principal, counselor, or local homeless education liaison with any concerns.

**Local Homeless Education Liaison  
Laura Lezotte, Special Ed Director  
Charlotte Public Schools  
517-541-5130  
lezottl@charlottenet.org**



**IF YOUR FAMILY IS IN A "HOMELESS" SITUATION PLEASE COMPLETE THIS FORM**

This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind). The question below is to assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act. In the event that the child is not staying with his/her parent(s) or guardian(s), use the caregiver authorization form to address guardianship issues.

Where does the student stay at night?

\_\_\_\_\_ in a shelter

\_\_\_\_\_ in another location that is not appropriate for people (e.g., an abandoned building)

\_\_\_\_\_ in a motel/hotel

\_\_\_\_\_ temporarily with more than one family in a house, mobile home, or apartment (because the family does not have a place of its own)

\_\_\_\_\_ in a car

\_\_\_\_\_ other (in an arrangement that is not fixed, regular, and adequate and is not described by the other choices)

\_\_\_\_\_ at a campsite

I, (name) \_\_\_\_\_  
declare as follows:

I am the parent/legal guardian of (name of student) \_\_\_\_\_

who is of school age and is seeking enrollment in Charlotte Public School District.

Since (date) \_\_\_\_\_ our family has not had a permanent residence.

Under penalty of perjury under the laws of this state, I declare that the information provided here is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to do so.

Name of person completing the form: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

I can be reached for emergencies at: \_\_\_\_\_