



# CASEVILLE PUBLIC SCHOOL



6609 Vine Street, Caseville, MI 48725  
Phone: 989-856-2311 ♦ Fax: 989-856-8641

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## Enrollment Checklist

### Packet

- Student Enrollment Form
- Emergency Form
- Request for Records
- Residency Statement (completed by school personnel)
- School of Choice Form (if applicable)
- Transportation Form
- Consent for Health Dept. Disclosure Form
- Consent for Counseling (if applicable)
- Free & Reduced Meal Form

### Additional Items

- Birth Certificate
- Immunization Record
- Proof of Residency (ex. piece of mail with address)
- Custody Papers or Court Order Papers (if applicable)
- Copy of IEP (if applicable)



# Caseville Public School STUDENT ENROLLMENT FORM



Directions for Applicants: Please complete all sections.

## STUDENT DEMOGRAPHIC INFORMATION

STUDENTS LEGAL NAME: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ GENDER:  Male  Female  
 HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
 ADDRESS (street, city, and zip code and PO Box, if applicable): \_\_\_\_\_  
 SCHOOL STUDENT IS CURRENTLY ATTENDING (OR LAST ATTENDED): \_\_\_\_\_  
 LANGUAGE SPOKEN IN THE HOME: \_\_\_\_\_

**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:** (Use percentages to rank ethnic groups in order.) The question above 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.

- |   |   |
|---|---|
| <input type="checkbox"/> American Indian/Alaska Native    | <input type="checkbox"/> Asian American         |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> White                            |   |

## RESIDENCY INFORMATION

RESIDENT DISTRICT: \_\_\_\_\_ COUNTY OF RESIDENCE: \_\_\_\_\_

\*If student is not a resident of the district, please complete a Schools of Choice Application

Where is the student living now? (Please check one)

- |   |  |
|---|--|
| <input type="checkbox"/> in a one family dwelling                                 | <input type="checkbox"/> with more than one family in a house or apartment |
| <input type="checkbox"/> with friends/family members (other than parent/guardian) | <input type="checkbox"/> in a trailer park or campsite                     |
| <input type="checkbox"/> in a car   | <input type="checkbox"/> in a motel or hotel                               |
| <input type="checkbox"/> in a shelter   |  |
| <input type="checkbox"/> none of the above – please explain: _____                |  |

## SPECIAL EDUCATION INFORMATION

Is this student eligible for special education?  Yes  No

If yes, please check the programs/services this student has received:

- |  |  |
|--|--|
| <input type="checkbox"/> Special Education Classroom | <input type="checkbox"/> Occupational Therapy        |
| <input type="checkbox"/> Teacher Consultant Services | <input type="checkbox"/> Physical Therapy            |
| <input type="checkbox"/> Speech and Language Therapy | <input type="checkbox"/> School Social Work Services |

## SECTION 504 INFORMATION

Does student have a disability requiring a Section 504 Plan?  Yes  No

## EMERGENCY CONTACT INFO

(If we are unable to contact parent(s), please include name, phone number and relationship to child)

Emergency Contact #1 \_\_\_\_\_  
 Emergency Contact #2 \_\_\_\_\_  
 Emergency Contact #3 \_\_\_\_\_

**INTERNET ACCESS**

Caseville Public School has an Acceptable Use Policy for Internet Access in their student handbooks, or is available upon request. Also available is "Internet Etiquette."

Please read the following document carefully before signing. It is a legally binding document.

After reading the Acceptable Use Policy, please sign complete the rest of this page.

**STUDENT: I understand and will abide by Terms and Conditions for Internet Access. I further understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken and/or appropriate legal action.**

**STUDENT USER'S SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_ **GRADE** \_\_\_\_\_

*(If you are under the age of 18, a parent or guardian must also read and sign this agreement.)*

**PARENT OR GUARDIAN: As the parent or guardian of this student, I have read the Terms and Conditions for Internet Access. I understand that this access is designed for educational purposes and Caseville Public School has taken available precautions to eliminate controversial material. However, I also recognize that it is impossible for Caseville Public School to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network.**

**PARENT/GUARDIAN (please print full name)** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**INFORMATION TO PARENTS**

Dear Parent or Guardian,

Here are a few items we would like to bring to your attention.

The school is required to notify you that you must provide the district within 30 days, a **certified copy of the child's state birth certificate**. If you do not comply with this, we must report you to a law enforcement agency. This is all with your child's safety in mind.

For registration, you will also need an up to date **immunization record** and **proof of residency** such as a driver's license or a utility bill.

You will be given a **handbook**, please read it. Students should **sign the agreement form** at the end of the handbook and return it to the principal's office. If you have any questions, please call the school.

The Board of Education has established a program of instruction entitled "Sex Education, Reproductive Health and Family Planning." During the school year we will be having classes and presentations on human growth and hygiene. There will be discussions of sexually transmitted diseases. According to law PA226 of 1977, you have the right to review the materials to be used in these classes. The Board of Education, in compliance with the statute has made the materials available for your review. Your child is eligible to participate. By law, you have the right to excuse your child from participation if you choose. If you wish to exercise your right to excuse your child, please send a written notice to the school.

Sincerely,

Kenneth J. Ewald  
Superintendent

**SIGNATURE OF APPLICANT**

**GRADE LEVEL REQUESTED (example: 5<sup>th</sup>, 8<sup>th</sup>, 12<sup>th</sup>):** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**APPLICANT'S SIGNATURE (PARENT, GUARDIAN, OR STUDENT, IF OVER 18)** \_\_\_\_\_

# CASEVILLE PUBLIC SCHOOL EMERGENCY FORM

STUDENT'S FULL NAME \_\_\_\_\_

GRADE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

FATHER/GUARDIAN NAME \_\_\_\_\_

MOTHER/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PO BOX \_\_\_\_\_

ADDRESS \_\_\_\_\_ PO BOX \_\_\_\_\_

CITY, STATE \_\_\_\_\_

CITY, STATE \_\_\_\_\_

CELL / WORK PHONE # \_\_\_\_\_

CELL / WORK PHONE # \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

HOME PHONE # \_\_\_\_\_

HOME PHONE # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PLEASE FILL IN ADDITIONAL INFO BELOW, IF APPLICABLE:

STEPMOTHER'S NAME \_\_\_\_\_

STEPFATHER'S NAME \_\_\_\_\_

CELL / WORK PHONE # \_\_\_\_\_

CELL / WORK PHONE # \_\_\_\_\_

HOME PHONE # \_\_\_\_\_

HOME PHONE # \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**IN CASE OF ILLNESS OR INJURY AND NONE OF THE ABOVE CAN BE REACHED AT HOME OR BUSINESS  
PLEASE CALL:**

NAME \_\_\_\_\_

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

CELL / WORK PHONE # \_\_\_\_\_

CELL / WORK PHONE # \_\_\_\_\_

HOME PHONE # \_\_\_\_\_

HOME PHONE # \_\_\_\_\_

**IN CASE OF AN EMERGENCY, ACCIDENT, OR ILLNESS WHICH NEEDS A DOCTOR'S IMMEDIATE ATTENTION, I  
GIVE MY PERMISSION TO TRANSPORT MY CHILD FOR CARE AND FOR MY DOCTOR TO GIVE THE CARE  
NEEDED.**

DOCTOR \_\_\_\_\_

PHONE # \_\_\_\_\_

HOSPITAL \_\_\_\_\_

PHONE # \_\_\_\_\_

Please list any medical concerns we should be aware of: \_\_\_\_\_

### SHADED AREA MUST BE FILLED IN!

In case of accident or serious illness, if the school is unable to contact me, I hereby authorize the school to take my child to the physician indicated on this form. If it is impossible to contact this physician, the school may take my child to another physician or hospital authorized by the Board of Health, or the friend, neighbor or relative listed on this form. I further authorize that school personnel may apply first aid as recommended by the County Department of Health and the County Medical Society.

**I agree to pay all expenses incurred in the emergency care.**

TO MY KNOWLEDGE:

- My child is able to fully participate in all school activities, including physical education.  
 My child has a physical condition which may have a degree of restriction in school activities.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



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## REQUEST FOR EDUCATIONAL RECORDS

***I hereby request:***

Name of Previous School: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

***To release and send the records of:***

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

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

***Please fax:***

Transcript or Last Report Card  
Discipline Record  
Attendance Record  
Current IEP or 504 Plan (if applicable)

***Please mail CA60 file to:***

Caseville Public School  
6609 Vine Street  
Caseville, MI 48725

I authorize the release of all records for the above named student to Caseville Public School.

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



**CASEVILLE PUBLIC SCHOOL  
RESIDENCY STATEMENT**



Based on the current address of this student, whose name and address is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that he/she lives within the boundary lines of our school district. Futhermore, the student meets one of the criteria for determining residency as defined in Section 4- Pupil Residency- Michigan Department of Education Membership Accounting and Auditing Manual. My certification is also based upon one or more of the following criteria:

- \_\_\_\_\_ 1) Personal observation/knowledge of the location of the dwelling
- \_\_\_\_\_ 2) Address is within the village/city limits of our school district
- \_\_\_\_\_ 3) Student is transported by school bus and dwells at a location within our district boundary lines
- \_\_\_\_\_ 4) Other (please state): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date



Caseville Public School  
**SCHOOLS OF CHOICE APPLICATION**



STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

DISTRICT STUDENT RESIDES IN (Outside Caseville School District): \_\_\_\_\_

REASON FOR SCHOOL OF CHOICE REQUEST: \_\_\_\_\_

**APPLICATION**

Complete one application for each student that lives outside of the Caseville School District. Kindergarten – 12<sup>th</sup> grade students in the Huron ISD and bordering ISD's may apply to attend other participating public school districts in these ISDs. This application form must be completed and sent to the school district at the following address: 6609 Vine Street, Caseville, MI 48725, Phone Number: 989-856-2311. Applicants will be notified of approval or disapproval.

Admission may only be available to a student applicant for a specific grade, school, and/or special program which has been specifically identified as open for enrollment by the Board of Education. Admission is subject to the terms and conditions of the policies, rules, and regulations of the Board of Education, its administrators, this Application, and applicable Michigan Law.

**SUSPENDED/EXPELLED STUDENTS**

Our School District may refuse to enroll a nonresident applicant if:

- The applicant is, or has been within the preceding 2 years, suspended from another school.
- The applicant has at any time been expelled from another school.
- The applicant has at any time been convicted of a felony.

**SECTION 105C SPECIAL NEEDS STUDENTS**

Applicants under section 105C (crossing ISD boundaries) with special needs will not be approved until the resident district enters into a cooperative agreement as mandated.

**TRANSPORTATION**

The School District is not required to provide transportation for a nonresident pupil who becomes enrolled through the Schools of Choice program or for a resident pupil enrolled in another school district through the Schools of Choice program (except as may be required by federal law.)

**INFORMED CONSENT**

I understand that the Student Application must meet the same criteria, other than residence, which an applicant who is a resident of the school district must meet for enrollment in a grade, specialized, magnet or intra-district choice school or special program to which admission is requested for this Student Applicant. I state and declare that all of the information provided in the Application is accurate and true.

I understand that if any of the above information which I have provided is inaccurate, a misrepresentation or otherwise incomplete in any way, that this Application for admission to the Caseville School District may be rejected. I also understand that submission of the Application to the Caseville School District does NOT guarantee or assure that admission and enrollment will be granted. I understand that I may be required to complete an Authorization to Release Information to the Caseville School District as part of enrollment.

DATE: \_\_\_\_\_  
 SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

**RECEIVING INFORMATION (to be completed by school district official)**

Date Application Received: _____	
APPLICATION STATUS: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
Signature of School Official _____	Date _____



# Caseville Public School Transportation Information



**PLEASE COMPLETE ONE FORM PER FAMILY**

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

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

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

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Student(s) will be needing Bus Transportation on a regular basis:  Yes  No

Student(s) will be walking or dropped off/picked up on a regular basis:  Yes  No

Caseville Public School wants to maintain a safe and pleasant bus riding experience for all students. To accomplish this, students and parents should review the Student Handbook on student conduct. To ensure that buses remain on time and to ensure your student rides the correct bus:

- ***Please note that students are allowed one other bus stop other than their home stop.***
- ***Changes to busing must be called in at least one hour prior to school ending.***
- ***Students should arrive at the bus stop at least 10 minutes prior to the scheduled time.***

**HOME STOP:**

Please give **description** of stop (ex: brown, two story house....brick, ranch house.....white house with black shutters)

Home is located between crossroads \_\_\_\_\_ and \_\_\_\_\_

Side of the road:  North  South  East  West

Time:  AM only  PM only  Both AM & PM

Days of the Week:  All  Monday  Tuesday  Wednesday  Thursday  Friday

**ALTERNATE STOP LOCATION:**

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

Grandparent  Daycare  Babysitter  Other \_\_\_\_\_

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

Please give **description** of stop (ex: brown, two story house....brick, ranch house.....white house with black shutters)

Home is located between crossroads \_\_\_\_\_ and \_\_\_\_\_

Side of the road:  North  South  East  West

Time:  AM only  PM only  Both AM & PM

Days of the Week:  All  Monday  Tuesday  Wednesday  Thursday  Friday

Which prearranged stop should the bus driver leave your child on scheduled half days?

Home  Alternate





**CASEVILLE PUBLIC SCHOOL**



**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 and immunization 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.

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*I authorize Caseville Public School 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: \_\_\_\_\_

# Informed Consent for Counseling Services



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

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

## Introduction

Huron Intermediate School District has received funding to expand mental health services to students not receiving special education services. To achieve this goal, parents/guardians or school staff may refer students for counseling (individual and/or group), or students may request counseling. The focus of the counseling program is to promote more effective education and socialization within the school community. There is no cost for counseling services that are provided through this program during the school year.

## Provision of Services

It is a generally accepted policy to obtain the parent/guardian's permission for counseling when it is for more than crisis intervention. Services may be individual, group, short or long term, depending on the needs of your child. These services are not intended as a substitute for diagnosis or treatment for any mental health disorder. Referrals to outside agencies will be provided to the parent when appropriate.

## Confidentiality

In order to build trust with the child, the counselor/therapist will keep information confidential, with some possible exceptions. Because these services are provided to minor children in the school setting, the provider may share information (on a need to know basis) with parents/guardians, the child's teacher, and/or administrators or school personnel who work with the child so that we may better assist the child as a team. The provider is also required by law to share information with parents or others in the event the child is in danger of harm to self or others. The Michigan Child Protection Law requires the provider to report suspicions of child abuse or neglect to Children's Protective Services. The provider will make the child aware of these limits to confidentiality and will inform the child when sharing information with others. If you would like the counselor/therapist to share information with a third party, such as a community counselor, psychiatrist, social services worker, or pediatrician, the parent/legal guardian will need to sign an additional release of information form.

I understand that the therapist will keep information confidential with the following exceptions:

- If they are being harmed
- If they are currently harming or planning on harming themselves or others
- If they know of anyone who might be doing harm to themselves or others
- If the counselor/therapist suspects child abuse or neglect

The student will be informed when that confidentiality has to be broken.

## Parent/Guardian Consent

If a signed consent form is on file, your child will be able to receive the services described above. This could include counseling services related to anger/stress management, bullying, depression, friendship skills, etc. If you have questions about these services, please contact GERALYN KOLAR at Huron ISD at (989)269-3464.

**Check yes if you would like your child to receive these services if social/emotional health counseling services are needed.**

YES     NO

I have reviewed the above information and hereby give my consent for my child to participate in counseling services and agree to abide by the guidelines of confidentiality. I also understand that I can revoke my consent at any time. By signing this consent form, I certify that I am the legal guardian and legal custodian of the student listed above.

\_\_\_\_\_  
Parent/Guardian Signature (or age of majority student)

\_\_\_\_\_  
Date

## HISD USE ONLY

This consent was revoked on \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/20\_\_\_\_  
Date

**School Office: Please return this to the Huron ISD School Social Worker.**

It is the policy of the Huron Intermediate School District to not discriminate on the basis of race, color, religion, national origin or ancestry, sex, gender, disability, age, height, weight, marital status, genetic information, or any other legally-protected characteristic, in its programs, activities, or employment. Inquiries regarding this nondiscrimination policy should be directed to Superintendent, Huron Intermediate School District, 1290 S. Thomas Rd., Suite 1, Bad Axe, MI 48413; (989)269-6406.

**2022-2023 Household Application for Free and Reduced-Price School Meals**

Apply online:

One application per household. Please use a pen (not a pencil)

**STEP 1: List ALL Household Members who are infants, children, and students up to and including grade 12 (if more lines are required for additional names, attach another sheet of paper)**  
 Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related". Children in Foster care and children who meet definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price School Meals for more information. **PLEASE PRINT**

Child's First Name	MI	Child's Last Name	Student? Yes <input type="checkbox"/> No <input type="checkbox"/>	School	Grade	Foster Child <input type="checkbox"/>	Homeless Migrant, Runaway <input type="checkbox"/>
1) _____	_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5) _____	_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**STEP 2: Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR**  
 If NO > Go to STEP 3. If YES > Write a case number here, then go to STEP 4 (Do not complete STEP 3). Case Number: \_\_\_\_\_ (Write only one case number in this space)

**STEP 3: Report income for ALL Household Members. (Skip this step if you answered "YES" to STEP 2)**  
 Unsure what income to include here? Flip the page and review the charts titled, "Sources of Income", for more information. The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with the All Adult Household Members Section.

**A. Child Income**  
 Sometimes children in the household earn or receive income. Please include the TOTAL income received by All Household Members listed in STEP 1 here.

Child Income \$ \_\_\_\_\_  
 How Often? Please put an X  
 Weekly  Bi-Weekly  2x Monthly  Monthly  Annually

**B. All Adult Household Members (including yourself)**  
 List all Household Members not listed in STEP 1 (including yourself even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

**PLEASE PRINT**

Name of Adult Household Members (First and Last)	Earnings from Work	How Often? Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>	Public Assistance/ Alimony/Child Support	How Often? Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>	Pensions/Retirement/ All Other Income	How Often? Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>
1) _____ \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
2) _____ \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
3) _____ \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
4) _____ \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
5) _____ \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>

Total Household Members \_\_\_\_\_ Last Four Digits of Social Security Number (SSN) of \_\_\_\_\_  
 (Children and Adults) \_\_\_\_\_ Primary Wage Earner or Other Adult Household Member \_\_\_\_\_  
 Check if no SSN

**STEP 4: Contact information and adult signature**  
 Mail Completed Form to: Bad Axe Schools, 200 N. Barrie Rd., Suite 1001, Bad Axe MI 49813  
 I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal Funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws".

Street Address (if available) \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone and Email (Optional) \_\_\_\_\_

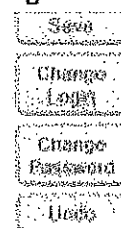
Printed Name of Adult Signing Form \_\_\_\_\_ Signature of Adult \_\_\_\_\_ Today's Date \_\_\_\_\_



## Skyward Family Access

- Go to the Caseville Public School web page at [cpseagles.org](http://cpseagles.org)
- Click on the "More" menu located across the top of the district's main page, then click - more info, click external links, then click skyward.
- If you do not have a login, please contact the school for that information. **It is very important that your email and other contact information is kept up to date in Skyward because it is tied to School Messenger, the mass-communication system that Caseville Public School uses to communicate important information to parents/guardians.**
- You will also have the option to change your username and password to one that will be easier for you to remember.

➤ Click "My Account"  in the top right corner of the window to change your "Login" name,



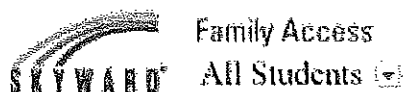
"Password" and/or Email address using the buttons on the right side of the window:



- Click the button on the left side of the window to select different tabs to view the following: ➤ School Calendar

- Gradebook
- Attendance
- Student Info (Includes Emergency Contacts). **IMPORTANT NOTE:** If you see any incorrect information on this tab (i.e., phone numbers, email address, address, etc., it is **VERY IMPORTANT** that you update this information with the school secretary)
- Schedule
- Portfolio (Report Cards and Secondary Progress Reports)
- Health information (Height, Weight, BMI and vaccinations on file)

- If you have multiple children in the district, click the dropdown box at the top of the window to select an individual child:



Family Access allows parents/guardians to be proactive members in your child's educational team. If you have a question or need an answer about your child's grades, Family Access provides links for you to email teachers. We welcome you to Family access and hope you will find this to be an effective tool in enhancing your communication with Caseville Public School.

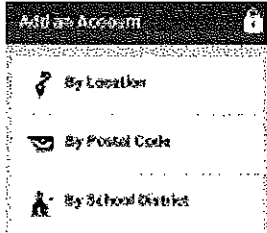
### **Forgotten Passwords:**

If you have forgotten your login username or password, click the link "Forgot your Login/Password?" from the login screen. You **MUST** use the email associated with your Skyward account for this to work. If you do not know the email on file, call the building secretary where your child attends and they can reset your password for you.

# Skyward Family Access Mobile App

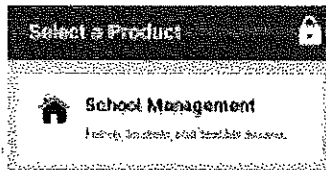
1. Download the **Skyward Family Access Mobile App** and stay connected 24/7 for access to grades, attendance, and more.

2. After downloading and opening the app, the following screen will appear. You can find Hempfield Area School District using any of the following three options:



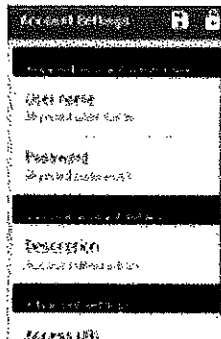
- By Location: If you "allow" access, it will search for local districts
- By Postal Code: Type in "15601" for a choice of districts within the 15601 zip code area
- By School District: Type in "Hempfield Area School District"


3. The following screen will appear:



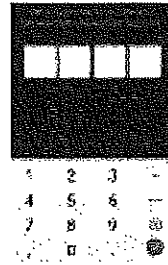
- Select the "School Management" button

4. The following screen will appear:



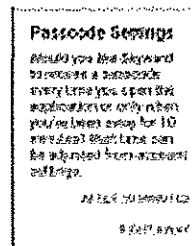
- Click "User name" and type in your Skyward user name
- Click "Password" and type in your Skyward password
- Click the "Save"  icon on the top of the screen

5. The following screen will appear:

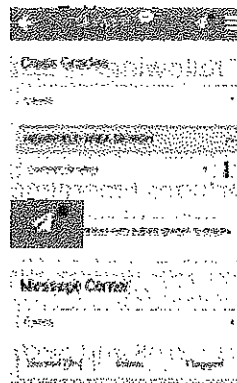


- Type in a 4-digit passcode that you will remember (you will have to type it twice).

6. The following screen will appear:



- Select "After 10 Minutes" or "Right Away" for your Passcode setting.



will appear on the screen. Click the button for child(ren)'s information.

Click the drop-down box to select a different child

Touch this button to "Take a Tour" to learn more about the app



Touch this button to access the menu options