

Hillman Jr/Sr High School  
26042 M 32 S  
Hillman, MI 49746  
(989)742-4538 - phone  
Hillman Elementary School  
245 E. Third St.  
Hillman, MI 49746  
(989)742-4537 - phone

[www.hillmanschools.com](http://www.hillmanschools.com)



**Mission**  
Inspiring each student to reach their maximum potential through a collaborative, rigorous and student-focused education

**Vision**  
Successful life-long learners who are ready for college, career, and life in an ever-changing world.

**Core Values**  
Achievement – We will reach our goals!  
Excellence – We give our best!  
Integrity – We do the right thing!  
Commitment – We educate all students!

## Records Request Form

TO: \_\_\_\_\_  
Name of Last School Attended

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

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

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Please send the records of the above named student to:

**HILLMAN ELEMENTARY SCHOOL**  
**Attention: Student Records**  
**245 E. Third Street**  
**Hillman, MI 49746**

Please include the following:

1. Cumulative Records
2. Health and Immunization Records
3. Test Scores
4. Psychological, Psychiatric, and Emotional Evaluations
5. Special Education Records

These records will be for the professional use of authorized Hillman Community School District personnel only. Any further information you can give us to help in the proper placement of this child will be appreciated. Thank you for your cooperation.

Section 99.34 of the Family Education Rights and Privacy Act of 1974 states in summary that: Schools may send a student's educational records to officials of other schools or school systems in which the student seeks or intends to enroll, upon condition that the student's parent be notified of the transfer, receive a copy of the record, if desired, and have an opportunity to challenge the content of the record.

As the parent/guardian of the above named child, I have read the statement above and give consent for the information as requested be sent.

\_\_\_\_\_  
Date

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

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(989)742-4509 - fax

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## New Entrant Services Form

**Student Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Note to Parents: completion of this form will help Hillman Community Schools meet the educational needs of students registering for the first time in our school system. We would appreciate your completing this form to the best of your knowledge reflecting the educational program your child received in their previous school in the year prior to enrolling in Hillman Community Schools.

1. Please place an "x" in front of any services listed below that the above named student received last year.

\_\_\_ A. Special Education (Please check classification, if known.)

- Specific Learning Disability (SLD)
- Emotionally Impaired (EI)
- Otherwise Health Impaired (OHI)
- Cognitive Impairment (CI)
- Hearing Impaired (HI)
- Visually Impaired (VI)

\_\_\_ B. Speech Therapy

\_\_\_ C. Chapter I/Title I (Please check services received.)

- Reading Services
- Math Services
- Other \_\_\_\_\_

\_\_\_ D. Special Counseling Services (other than school counselor)

\_\_\_ E. School Success Services

2. Please describe any special health conditions your child may have. If none, write "None."

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

\_\_\_\_\_  
Date

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## Elementary School Enrollment Form

School Day 7:55 a.m. – 3:17 p.m.

### STUDENT INFORMATION

Legal Name (as listed on the certified birth certificate – please provide a copy)

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_ Gender:  M  F Grade: \_\_\_\_\_

Primary Home Street Address: \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Student's Primary Home Phone#: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Mailing Address (if different than Home Address)

Does your student receive Special Education Services?

Yes  No

(Check all that apply)  Specific Learning Disability  Emotionally Impaired  Otherwise Health Impaired  Cognitive Impairment  Hearing Impaired  Visually Impaired

What type of services does your student receive? (Check all that apply)

Special Ed. Classes  Speech  504 plan  Occupational/Physical Therapy  Other

Please explain Other: \_\_\_\_\_

Has this student ever been expelled from a school district?

Yes  No

If yes, please list date(s) and district(s): \_\_\_\_\_

Previous School Attended (if applicable): \_\_\_\_\_

### STUDENT MEDICAL INFORMATION

List any chronic health conditions: \_\_\_\_\_

List any allergies (if food related, we must have a copy of a doctor's note on file): \_\_\_\_\_

Does student use an Epi-Pen or other emergency medication?  Yes \_\_\_\_\_  No

(If answer is yes and it is needed at school, additional paperwork will need to be completed.)

### STUDENT ETHNICITY/LANGUAGE INFORMATION

Please note that if ethnicity and race info is not provided, the US Dept. of Education requires the school district to provide an answer on your behalf

Is Student Hispanic/Latino?  Yes  No

Student Ethnicity: (please check at least one)

American Indian/Alaskan Native  Asian

Black/African American  White

Native Hawaiian/Pacific Islander

Primary Language: (required)

What language did your child first speak?

English  Other \_\_\_\_\_

Other languages spoken in home? \_\_\_\_\_

Preferred language for communication? \_\_\_\_\_

Hillman Community Schools Enrollment Form (continued)

**CUSTODY**

**Student lives with:** (please check):

Both parents (same household) If yes, skip to next section. If no, please provide legal documentation if necessary.

If there is a current Order of Protection, No Contact Order or other safety factors which concern this student, please provide a copy.

List the names and relationships of all adults residing with the student: \_\_\_\_\_

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Lives with Mom        | <input type="checkbox"/> Lives with Dad         | <input type="checkbox"/> Lives with Legal Guardian(s) |
| <input type="checkbox"/> Sole Physical Custody | <input type="checkbox"/> Joint Physical Custody | <input type="checkbox"/> Lives with Other             |

Please explain: \_\_\_\_\_

Description of Residence: (please select one)

- |   |  |
|---|--|
| <input type="checkbox"/> Single family in a house or dwelling                           | <input type="checkbox"/> More than one family in a house or dwelling |
| <input type="checkbox"/> Hotel/Motel Name: _____  | <input type="checkbox"/> Shelter Name: _____                         |
| <input type="checkbox"/> Lives with friend or relatives-other than parents or guardians | <input type="checkbox"/> Unsheltered                                 |
| <input type="checkbox"/> Transitional housing or other: (Please describe): _____        |  |

**PARENT/GUARDIAN INFORMATION**

Mother Legal Name:			Relationship to Student:	
Last Name _____ First Name _____ Middle _____			<input type="checkbox"/> Biological Mother <input type="checkbox"/> Step Mother <input type="checkbox"/> Foster Mother <input type="checkbox"/> Legal Guardian	
Home Phone	Cell Phone	Do you reside with student: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address (if different than student's primary address)				
Place of Employment	Work Phone	Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced		

**PARENT/GUARDIAN INFORMATION**

Father Legal Name:			Relationship to Student:	
Last Name _____ First Name _____ Middle _____			<input type="checkbox"/> Biological Father <input type="checkbox"/> Step Father <input type="checkbox"/> Foster Father <input type="checkbox"/> Legal Guardian	
Home Phone	Cell Phone	Do you reside with student: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address (if different than student's primary address)				
Place of Employment	Work Phone	Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced		

**FAMILY INFORMATION: Please list all children in the family, oldest first**

Name	School Attending	Gender	Age	Date of Birth
		M F		
		M F		
		M F		

**EMERGENCY CONTACT (other than a parent/guardian)**

1 <sup>st</sup> Choice:	Name	Phone#	Relationship to Student
2 <sup>nd</sup> Choice:	Name	Phone#	Relationship to Student
3 <sup>rd</sup> Choice:	Name	Phone#	Relationship to Student

Hillman Community Schools Enrollment Form (continued)

(please initial the boxes)

- I hereby give permission to Hillman Community Schools to secure emergency medical and/or emergency surgical treatment for the minor child named on this document while in the care of the school.
- I grant Hillman Community Schools permission to take photographs of my child and publish them in print and/or electronically. **If not, complete the Photo Opt-Out Form.**
- I acknowledge that I have received and reviewed the Concussion Fact Sheet for Parents as provided in this link [https://www.cdc.gov/headsup/pdfs/schools/TBI\\_factsheets\\_PARENTS-508-a.pdf](https://www.cdc.gov/headsup/pdfs/schools/TBI_factsheets_PARENTS-508-a.pdf).
- I authorize Hillman Community Schools to release my child's immunization record and personally identifiable information 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.
- Hillman Community Schools may release "Directory Information" regarding my child in certain school publications and to companies with legitimate school district business, such as yearbook publication, school pictures, class rings, local radio stations and news media announcements including the school Facebook page. **If not, complete Directory Opt-Out Form.**
- I am the parent/legal guardian of the above named student. I have read the Code of Conduct for Students available in the parent/student handbook at [https://www.hillmanschools.com/downloads/elementary/2023-2024\\_elementary\\_student\\_handbook.pdf](https://www.hillmanschools.com/downloads/elementary/2023-2024_elementary_student_handbook.pdf) and have discussed it with my child.
- I have read the Hillman Community Schools current Student Technology Acceptable Use and Safety policy (po7540.03) <https://go.boarddocs.com/mi/hillma/Board.nsf/Public?open&id=policies#> and understand that my student is required to follow all guidelines set forth in the policy and agree to the terms and conditions as outlined in this policy and the parent/student handbook.

I hereby acknowledge that the information provided on this form is true and accurate. **I understand that it is my responsibility to notify the appropriate school office if and when any of the information set in the form changes.**

Enrollment in Hillman Community Schools is consent for online learning.

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

\_\_\_\_\_  
Date

**SCHOOL OFFICE USE ONLY**

Enrollment Date:	Documents Received:
Student ID:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Court Documents
Residing District:      Entry Code:	<input type="checkbox"/> Imm Record/Waiver <input type="checkbox"/> IEP/504
<input type="checkbox"/> Records Requested	<input type="checkbox"/> Residency Verification <input type="checkbox"/> KG Hearing Screen
Request Date:	<input type="checkbox"/> Lunch App <input type="checkbox"/> KG Vision Screen
<input type="checkbox"/> Records Received Date:	<input type="checkbox"/> Emergency Card <input type="checkbox"/> Other _____

# Hillman Community Schools

## Proof of Residency

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Before any student can be registered into the Hillman Community School District, the student’s parent, legal guardian or relative must prove legal residency in the district. Families whose primary residence is outside of the district are not eligible to attend Hillman Community Schools without approved Schools of Choice paperwork or a release from the resident district.

All applicants must submit at least **one document from each of the following columns:**

Column A	Column B	Column C
<ul style="list-style-type: none"> <li>• Verified Purchase Agreement</li> <li>• Copy of Deed or record of most recent mortgage payment</li> <li>• Copy of Lease (including BHA and HUD leases) AND record of most recent rent payment</li> <li>• Rental Receipt</li> <li>• Letter from landlord or Rental Agreement</li> <li>• Section 8 Agreement</li> </ul>	<ul style="list-style-type: none"> <li>• Valid Driver’s License with current address</li> <li>• Valid Michigan photo identification card</li> <li>• Other current photo identification with address (ie: work badge)</li> </ul>	<ul style="list-style-type: none"> <li>• Utility bill or work order dated within the past 60 days</li> <li>• Current vehicle registration</li> <li>• Gas bill</li> <li>• Electric bill</li> <li>• Landline telephone bill</li> <li>• Cable bill</li> <li>• Checkbook reflecting current address</li> <li>• W-2 dated within the last year</li> <li>• Excise (vehicle) tax bill</li> <li>• Property tax bill</li> <li>• Letter from approved government agency dated within the past 60 days</li> <li>• Payroll stub</li> <li>• Bank or credit card statement</li> </ul>

**District Resident?**     Yes     No

If YES, form of residency verification provided:

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If NO, what District is the student a resident of? \_\_\_\_\_

If NO, has a “Schools of Choice” form been filed with the Superintendent?     Yes     No  
 (Complete SOC application if required.)

# Hillman Community Schools

## TRANSPORTATION INFORMATION

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

The policy within Hillman School District states that we cannot have students going to different addresses at any given time. They need **one** address to get picked up in the morning and **one** address to get dropped off in the afternoon. Both addresses can be the same.

If your child needs to go someplace different, it will be the parents' and guardians' responsibility to accomplish this, not the school's. If students try to go to a different address, they will be placed on the bus going to the address listed below. If this happens on a regular basis, the school may refuse transportation privileges for a period of time.

My child will **not** be riding the bus.

My child will be riding the bus.

### *Picked Up (Morning)*

### *Dropped Off (Afternoon)*

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

\_\_\_\_\_

Adult Present: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

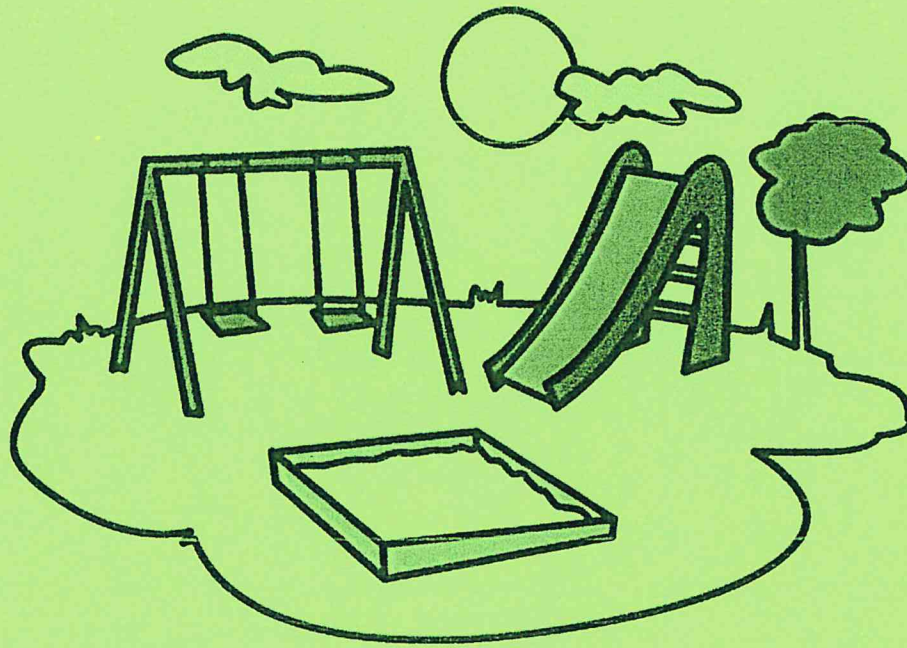
Note: Bus routes are determined by the student location. Please call the Transportation Office at 989-742-3501 or Elementary office at 989-742-4537 with any transportation questions.

**\*\* This form must be returned to the office during Open House or earlier so that the bus routes can be created.**

**Thank you for your cooperation regarding this procedure. \*\***

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

\_\_\_\_\_  
Date



## Outside Recess

Students at Hillman Elementary School have Outside Recess each day. It is important that students are dressed for the current weather conditions. We do keep students inside under some conditions such as:

- Temperatures 10 Degrees or below including wind chill
- If the playground is covered with water or mud due to rain
- Thunder or Lightning
- Intruders in the area as reported by local Law Enforcement/Secure Mode or Lockdown
- Ice that may cause dangerous conditions not allowing students to get to a safe area to play

Hillman Elementary School has provided an Inside Recess Area for such occasions so students still get active play time each day including the use of the gym. Students will be required to be outside during times that the student body go outside unless a Doctor's note is provided excluding such activity for a short period of time.