

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



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 JR/SR HIGH SCHOOL
Attention: Student Records
26042 M-32 S.
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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Jr/Sr High School Enrollment Form

School Day 8:00 a.m. – 3:02 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

Home Phone _____	Cell Phone _____	Do you reside with student: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Foster Mother	<input type="checkbox"/> Legal Guardian
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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
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PARENT/GUARDIAN INFORMATION

Father Legal Name:	Relationship to Student:
Last Name _____ First Name _____ Middle _____	<input type="checkbox"/> Biological Father
	<input type="checkbox"/> Step Father

Home Phone _____	Cell Phone _____	Do you reside with student: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Foster Father	<input type="checkbox"/> Legal Guardian
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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
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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 st Choice:	Name _____	Phone# _____	Relationship to Student _____
2 nd Choice:	Name _____	Phone# _____	Relationship to Student _____
3 rd 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.
- 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/high_school/2023-2024_jr-sr_high_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"> • Verified Purchase Agreement • Copy of Deed or record of most recent mortgage payment • Copy of Lease (including BHA and HUD leases) AND record of most recent rent payment • Rental Receipt • Letter from landlord or Rental Agreement • Section 8 Agreement 	<ul style="list-style-type: none"> • Valid Driver’s License with current address • Valid Michigan photo identification card • Other current photo identification with address (ie: work badge) 	<ul style="list-style-type: none"> • Utility bill or work order dated within the past 60 days • Current vehicle registration • Gas bill • Electric bill • Landline telephone bill • Cable bill • Checkbook reflecting current address • W-2 dated within the last year • Excise (vehicle) tax bill • Property tax bill • Letter from approved government agency dated within the past 60 days • Payroll stub • Bank or credit card statement

District Resident? Yes No

If YES, form of residency verification provided:

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 student location. Please call the Transportation office at 989-742-3501 with any transportation questions.

Parent/Guardian Signature

Date

This form needs to be turned in to the office the first week of school.

Thank you for your cooperation regarding this new procedure.

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Hillman Jr/Sr High Cafeteria and Lunch Time Guidelines

- Stay in the cafeteria at all times. If you need to leave the cafeteria for any reason, please ask the Café staff and they will grant or deny permission.
- Cell phones are required to be handed to Café staff due to student personal privacy within the restroom.
- No cutting in front of other students while in the lunch line. If you are caught, you will automatically be washing tables at the end of lunch. *No LUNCH PASS will be given for washing the tables.*
- If you take extra food in the lunch line, you must let the kitchen staff know so they can charge your account. This includes extra milk at \$.50 each. If you do not have the money to pay for extra lunch items, the kitchen staff will add it to your account to be paid prior to the end of the school year.
- Absolutely NO tossing items into the air. Food should be on your try, in the trash or in your belly!
- Absolutely NO shouting or banking on tables.
- Never take or have someone else's electronic device in your possession. If caught, it will be considered stealing and the disciplinary action outlined in the handbook will be enforced.
- You must take care of your own tray before you get up and socialize in the cafeteria. If you are caught not taking care of your own tray/food items, you will be washing tables at the end of lunch. *No LUNCH PASS will be given for washing the tables*
- If the weather is nice and there are 2 Café supervisors available, you may be permitted to go outside. When outside, the following rules apply:
 - a. You must stay on the grass and never go into the parking lot. A driver may not be able to see you.
 - b. You must stay where you can be seen at all times. Rounding the corner of the building is not permitted and you will be asked to return inside and the privilege of going outside may be taken away for a period of time.
 - c. Games are allowed to be played outside as long as they do NOT include:
 - ◆ Tackling
 - ◆ Jumping on each other
 - ◆ Diving in mud or snow piles
 - d. Absolutely no standing or sitting on table tops. No pulling or breaking tree branches. No standing on the table bench. Some items are in need of repair and are not for horseplay.

By signing below, you acknowledge that you have read and agree to the Cafeteria and Lunch Time Guidelines for the 2023-2024 school year.

Parent/Guardian Signature

Date

Student Signature

Date