

**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. Email transcripts, last report card, and most recent Special Education Records to [meyerje@hillmanschools.com](mailto:meyerje@hillmanschools.com)
2. Cumulative Records
3. Health and Immunization Records
4. Test Scores
5. Psychological, Psychiatric, and EMotional Evaluations
6. 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.

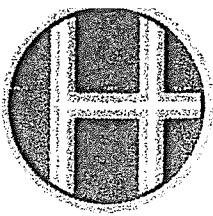
Section 99.34 of the Family Education Rights and Privacy Act of 1974 states in summary that: Schools may send a student's educational records to officials of other schools or school systems in which the student seeks or intends to enroll, upon condition that the student's parent be notified of the transfer, 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





# Hillman Community Schools CONSENT AGREEMENT

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

As parent/legal guardian of the above named student, I AGREE to the following:

*(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 the Concussion Fact Sheet for Parents is provided at 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 acknowledge that the Code of Conduct for Students is available at the parent/student handbook at [https://www.hillmanschools.com/downloads/high\\_school/2024-2025\\_ir-sr\\_high\\_student\\_handbook.pdf](https://www.hillmanschools.com/downloads/high_school/2024-2025_ir-sr_high_student_handbook.pdf) and it is my responsibility to discuss it with my child.
- I acknowledge that the Hillman Community Schools current Student Technology Acceptable Use and Safety policy (po7540.03) is available at <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 changes.

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

\_\_\_\_\_  
Date

**Hillman Community Schools Student Emergency Information**  
**2024-2025**

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

Physical Address \_\_\_\_\_

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

Mailing Address(P.O.Box) \_\_\_\_\_

With whom does the child reside? \_\_\_\_\_ Primary Phone \_\_\_\_\_

**\*Parent/Guardian 1**

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

Address if different than child \_\_\_\_\_

Email: \_\_\_\_\_

Employer \_\_\_\_\_

Employer Phone Number \_\_\_\_\_

**\*Parent/Guardian 2**

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

Address if different than child \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Phone Number \_\_\_\_\_

**Please list individuals you authorize to pick your child up from school or assume temporary care if we cannot reach you:**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Medications taken regularly \_\_\_\_\_

Serious injury, operation or disease \_\_\_\_\_

Name of Child's Physician \_\_\_\_\_

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- I understand the current handbook is posted on the school website ([www.hillmanschools.com](http://www.hillmanschools.com)) and I can request a printed copy of the handbook at any time.

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

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

**\*\*PLEASE COMPLETE BOTH SIDES OF THIS FORM AND RETURN THIS SIGNED DOCUMENT TO YOUR STUDENT'S ICE TEACHER SCHOOL OFFICE.\*\***

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Hillman, MI 49746

(989)742-4538 - phone

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**Hillman Elementary School**

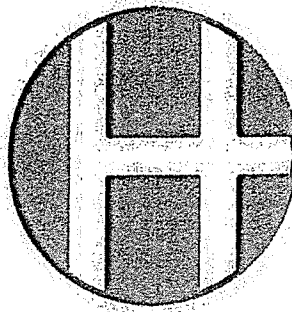
245 E. Third St.

Hillman, MI 49745

(989)742-4537 - phone

(989)742-4509 - fax

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**Vision**

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## Hillman Jr/Sr High School Proof of Residency Checklist

*\*One item from each column must be submitted along with the child's birth certificate to the office upon enrollment.\**

### Column A

- 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
- DISTRICT RESIDENT?

### Column B

- Valid Driver's License with current address
- Valid Michigan photo ID Card
- Other current photo identification (ie: work badge)

### Column C

- Payroll stub
- Bank or credit card statement
- 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

- Birth Certificate

# 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:

\_\_\_\_\_

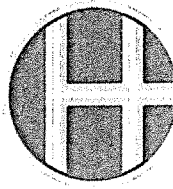
If NO, what District is the student a resident of? \_\_\_\_\_

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

# Hillman Community Schools

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## Jr/Sr High School Enrollment Form

School Day 8:00 a.m. – 3:00 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? If yes, please list date(s) and district(s):

Yes  No

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? \_\_\_\_\_





**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: Last Name _____ First Name _____ Middle _____			Relationship to Student: <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: Last Name _____ First Name _____ Middle _____			Relationship to Student: <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.
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- 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 acknowledge that the Code of Conduct for Students is available in the parent/student handbook at [https://www.hillmanschools.com/downloads/high\\_school/2024-2025\\_ir-sr\\_high\\_student\\_handbook.pdf](https://www.hillmanschools.com/downloads/high_school/2024-2025_ir-sr_high_student_handbook.pdf) and it is my responsibility to discuss it with my child.
- I acknowledge that the Hillman Community Schools current Student Technology Acceptable Use and Safety policy (po7540.03) is available at <https://go.boarddocs.com/ni/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

## 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.**



**CONCUSSION AWARENESS EDUCATIONAL MATERIAL  
ACKNOWLEDGEMENT FORM**

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for students provided by Sponsoring Organization, Hillman Community Schools.

---

Student Name:

---

Student Date of Birth

---

Parent/Guardian Name - Please Print

---

Parent/Guardian Signature

---

Date

Please return this signed form to the sponsoring organization that must keep it on file for the duration of participation or age 18.

Participants and parents please review and keep the educational materials available for future reference.

**PLEASE SIGN AND RETURN THIS FORM TO THE MAIN OFFICE OR YOUR CHILD'S  
ICE TEACHER ASAP**





## Hillman Jr/Sr High School

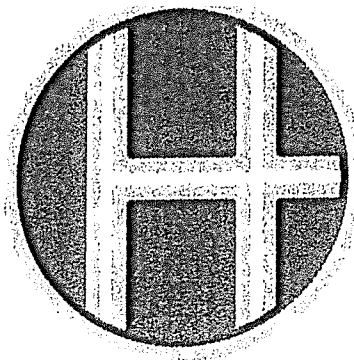
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## Concussion Protocol

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells.

### Concussions Are Serious

Medical providers may describe a concussion as a “mild” brain injury because concussions are usually not life-threatening. Even so, the effects of a concussion can be serious.

### Signs of a Concussion

- Headache
- Dizziness or confusion
- Feeling sick (Nausea/Vomiting)
- Coordination or balance problems
- Blurred Vision
- Speech problems
- Trouble thinking or remembering

The following protocol will be followed if a student gets any kind of bump or injury to the head.

- Staff will notify the office and the student will be escorted to the office.
- Office staff will gather information about the event and provide initial support as needed.
- The principal will be contacted with the details of the event.
- Parents will be notified and can make the choice to pick up the student and/or to seek medical treatment.
- Parents will notify the school if medical treatment is sought.
- In an emergency, the school will notify 911 and the parents.
- Hillman Elementary School will collaborate with parents to follow any medical advice provided.

\*Additional information regarding concussions to athletes can be found at:

<https://www.michigan.gov/mdhhs> under the heading “Michigan Sports Concussion Law”

# A FACT SHEET FOR High School Parents



**CDC HEADS UP**  
SAFE BRAIN. STRONGER FUTURE.

This sheet has information to help protect your teens from concussion or other serious brain injury.

## What is a concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

## How can I help keep my teens safe?

Sports are a great way for teens to stay healthy and can help them do well in school. To help lower your teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - > Work with their coach to teach ways to lower the chances of getting a concussion.
  - > Emphasize the importance of reporting concussions and taking time to recover from one.
  - > Ensure that they follow their coach's rules for safety and the rules of the sport.
  - > Tell your teens that you expect them to practice good sportsmanship at all time.

When appropriate for the sport or activity, teach your teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for teens to avoid hits to the head.

## Talk with your teens about concussion.

Tell them to report their concussion symptoms to you and their coach right away.

## How can I spot a possible concussion?

Teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

## Signs observed by parents

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to the hit, bump, or fall
- Can't recall events *after* the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets an instruction or assignment

## Symptoms reported by teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Blurry or double vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty concentrating or remembering
- Just not "feeling right" or "feeling down"

