

KINDERGARTEN ROUND-UP



2021-2022 Enrollment Information

Dear Incoming Young Kindergarten/Kindergarten Families,

We would like to extend a warm welcome to our new families and our new enrolling Young Kindergarteners and Kindergarten students! Hastings Area School System's mission statement is "Achieving Excellence Today, for Tomorrow". We take this mission very seriously and work to achieve our vision of "Hastings Area School System is a World-Class Learning Community that Supports Every Student, Every Day". Please visit our website at www.hassk12.org.

It's exciting to enroll a student in school for the first time. Our goal is to make this process as easy as possible, while providing our schools with the necessary information to complete enrollment. This is an easy 3 step process.

1. Complete the registration Google Form online
https://docs.google.com/forms/d/19JYi_tvhAm66wdfT7HYMCnzw5luif-DPI4FobJmnimc
2. Please complete the 2021-2022 Young Fives/Kindergarten **Enrollment** Forms. Forms can be mailed, faxed, emailed, or completed online at www.hassk12.org.
3. Attend Kindergarten round up on **Thursday, April 29, 2021** at the CERC and bring the certified copy of your child's birth certificate, immunization records, and proof of residency (driver's license, utility bill, or mortgage/lease agreement). Copies will be made and the originals returned to you.

[School of Choice applications will be available in May 2021 for those choosing Hastings Area School System.](#)

Any student who turns five years old between April 1st and September 1st will need to be screened for Young Kindergarten/Kindergarten placement.

Any student who turns five years old on or before March 31st, will be placed in Kindergarten. Students turning five years old on or after September 2nd, will be placed in Young Kindergarten. For students who turn five years old after September 1st, a waiver will need to be completed.

Parents will be notified of school assignment in a letter sent the week of July 26, 2021.

Sincerely,

Beth Stevens
Interim Assistant Superintendent

HASTINGS AREA SCHOOL SYSTEM

KINDERGARTEN ROUND-UP



Enrollment Checklist Young Kindergarten/Kindergarten

WELCOME!

In order to enroll your child, the district requires the following items:

____ Proof of Residency in the Hastings school district OR Proof of acceptance as a School of Choice student *Driver's license with current address or utility bill with family name/address

____ Current, up-to-date Immunization Records

____ Hearing & Vision Screening

____ Original Birth Certificate

____ Enrollment Forms

____ Bus Transportation Form

Email, fax, or mail completed enrollment paperwork to:

Hastings Areas School System
% Kelly Tobias
232 W. Grand St.
Hastings MI 49058
Kelly.tobias@hassk12.org
Fax: 269-948-4425

HASTINGS AREA SCHOOL SYSTEM

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School Immunization Requirements

In order to enter school, your student must have the following immunizations listed below. You do not have to wait until your child's 5th birthday to complete the school requirements. All State of Michigan immunizations may be completed on or after the child's 4th birthday. We must have a copy of your child's immunization record from your doctor's office or local county health department BEFORE they start school.

Required for all children entering Young K or Kindergarten, and all children changing school districts up to 6th grade:

- Two doses of Varicella vaccine or history of chickenpox disease
- Four doses of DTP with the fourth dose on or after the 4th birthday
- Four doses of Polio with the last dose on or after the 4th birthday
- Two doses of MMR with the first dose given on or after the 1st birthday
- Three doses of Hepatitis B (if series given in infancy, the third shot must be given on or after the 6-month birthday)

In addition to the above, required for all children 11-18 years of age who are changing school districts or who are entering 7th grade:

- One dose of Tdap vaccine at age 11 or before entry to 7th grade
- One dose of Meningococcal (Menactra, MCV4 or MPSV4) at age 11, or before entry to 7th grade

Vision and Hearing testing is mandatory before a child starts Kindergarten. The Barry-Eaton Health Department will provide screening on June 7 & 8 during screening.

For office use only

For office use only

Health: _____
Handbook: _____
AUP: _____

Hastings Area Schools

Enrollment Form

Birth Cert ____	Bus ____
Immunizations ____	POR ____
Vision/Hear ____	Concussion ____

Parent/Guardian must supply student's state certified birth certificate, proof of residency and immunization records.

STUDENT INFORMATION

Student's Legal Name: _____
(Last Name) (First Name) (Middle Name)

Home Address: _____ City: _____ Zip: _____

Birth Date: _____ Gender: _____ Grade: _____ Student Cell Phone : _____

Main Telephone Number : _____ Email address: _____
(receives Robo calls) (receives Robo Emails)

Who does the student reside with: _____ Custody Arrangements: _____

Parents are (please circle): Divorced Married Separated Single Widowed

PARENT/GUARDIAN AND EMERGENCY INFORMATION

Relationship to student: _____	Relationship to student: _____
Parent 1: _____	Parent 2 : _____
Place of Employment: _____	Place of Employment: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Home Phone: _____	Home Phone: _____
Name of STEP-PARENT: _____	Name of STEP-PARENT: _____
Phone: _____	Phone: _____

List people (other than above parents) the school may contact in case of illness/emergency. They will also be allowed to pick up/transport your student.

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

OTHER SCHOOL AGE CHILDREN IN THE FAMILY

Name _____	DOB _____	Grade _____
Name _____	DOB _____	Grade _____
Name _____	DOB _____	Grade _____
Name _____	DOB _____	Grade _____
Name _____	DOB _____	Grade _____

Note: Please turn form over and complete the requested information

RACE/ETHNICITY (Both Part A and Part B)

Part A: Is this student Hispanic/Latino? Yes _____ No _____

Part B: What is the student's race? (Please check all that apply. Indicate primary race with "P"; secondary race with "S")

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Asian

White

Black or African American

Is the student's native language English? Yes No If no, what is the language? _____

What is the primary language in the home? _____

MEDICAL INFORMATION

List any health conditions or allergies: _____

What medicine is the student currently taking? _____

Preferred Hospital/Medical Facility: _____ Medical Insurance: _____

Family Doctor: _____ Office Phone Number: _____

If the student requires medication to be administered, please complete an "Administering Medicines to Student" form in the office.

LIVING ARRANGEMENT

Single Family Home

Doubled Up (sharing with another family)

Shelter

Motel/Hotel

Transitional Housing

Temporary Foster Care/awaiting Foster Care Placement

Is the student an unaccompanied youth? (resides without a parent/guardian) Yes _____ No _____

EDUCATIONAL INFORMATION

Previous School District: _____

Has the student ever been expelled or in the process of being expelled? _____

Does the student currently receive any kind of Special Education services and /or Speech Services (i.e. Speech, 504, Physical or Occupational Therapy)?

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the deliver of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my child and to do all other necessary things as I might or could do to provide for my child's health and safety, if I were present. Yes No

I give permission for my child to attend school-sponsored programs during the school year when special programs are held in one school building or facility with the Hastings Area Schools. I also give my permission for my student to be transported by bus to that site. Parents are notified of these events by the teacher or in a school newsletter. Yes No

As a parent/guardian of a student in Hastings Area School System, I permit my child to be photographed, videotaped, or interviewed by the school district or news media for informational and/or promotional purposes. Yes No

Each year the District will provide public notice to students and their parents of its intent to make available, upon request, certain information known as "directory information". The School Board designates as student "directory information", a student's name; address; telephone number; date of birth; major field of study; participation in officially recognized activities and sports; dates of attendance; date of graduation; awards received; or any other information which would not generally be considered harmful or an invasion of privacy, if disclosed. I give permission to include my child in this directory. Yes No

An unanswered question will be accepted as a "yes" answer.

Under penalty of perjury, I verify that all information given is true and correct to the best of my knowledge.

Signature of Parent/Guardian _____

Date: _____

Hastings Area School System Transportation Form

Young Kindergarten/Kindergarten

Dear Parents(s) and Guardian(s),

To ensure that all our students are being safely transported, we ask that you completed a transportation request form if your student(s) will require busing. Keep in mind only one (1) pick-up and drop-off point is permitted for each student. Exceptions may be made if an additional pick-up or drop-off point is a daycare center or an established group stop location. The transportation office must be contacted if there will be changes made to a student(s) bus schedule. If a student(s) does not ride the bus for five (5) consecutive days without notification to the transportation office, the student(s) will be removed from the route. Students will not be permitted to ride a different bus, for example home with a friend, unless a parent or guardian contacts the transportation office in advance. Thank you for all your help to make sure that our students have a safe and pleasant ride on the bus.

Student Name : _____

Home Address: _____ City: _____

Morning only _____ Afternoons only _____ Both morning and afternoon _____

Alternative pick-up/drop-off address (daycare or group stop): _____

Morning only _____ Afternoons only _____ Both morning and afternoon _____

Parents/guardian Name(s): _____

Cell Phone: _____ Work Phone: _____

Emergency Contact Name: _____ Phone: _____

Please list any medical or physical issues that our driver should be aware of in case of an emergency. Examples are: allergies that require an epi pen, seizure disorders, visual, hearing, or physical impairments.

Hastings Area School System Transportation Department

1027 S. Young St. 269-948-4418

Chase Youngs, Supervisor chase.youngs@hassk12.org