



# THREE OAKS PUBLIC SCHOOL

1212 Kingsley Street  
Muskegon, MI 49442  
231.767.3365 – p  
231.777.9815 – f

Three Oaks Public School Academy  
Enrollment Application  
2009-2010 School Year

**Required Information: (please print or type all information)**

Student's Name (last, first, middle) \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Age: \_\_\_\_ Grade Entering: \_\_\_\_

Birthplace (City/State): \_\_\_\_\_ Last School Attended: \_\_\_\_\_

Parent / Legal Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Other: \_\_\_\_\_

Ethnic Code: \_\_\_\_ White \_\_\_\_ African American \_\_\_\_ Hispanic  
\_\_\_\_ Hawaiian \_\_\_\_ Asian \_\_\_\_ American Indian \_\_\_\_ Other

Special Services your child has received at previous school: \*

\_\_\_\_ Speech \_\_\_\_ Special Education Services

\_\_\_\_ Other Academic Help (describe): \_\_\_\_\_

\* If yes, please fill out additional paperwork.

Has your child ever been expelled or suspended from any school? \_\_\_\_ yes \_\_\_\_ no

If yes, please explain: \_\_\_\_\_

Are discipline proceedings pending? \_\_\_\_ yes \_\_\_\_ no

If yes, please explain: \_\_\_\_\_

Is your child's native tongue other than English? \* \_\_\_\_ yes \_\_\_\_ no

What is the language? \_\_\_\_\_ \* If yes, please fill out additional paperwork.

Is the primary language used in your child's home a language other than English? \* \_\_\_\_ yes \_\_\_\_ no

What is the language? \_\_\_\_\_ \* If yes, please fill out additional paperwork.

Please provide additional information on the back of this form. Thank you!

Parent / Guardian Signature is required for this application to be complete.  
I am applying for my child to be enrolled in Three Oaks Public School Academy.

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

**FOR OFFICE USE ONLY – DO NOT FILL OUT OR MARK**

Teacher Name \_\_\_\_\_ Grade Level \_\_\_\_\_ Enrollment Date \_\_\_\_\_

\_\_\_\_ Birth Certificate \_\_\_\_ Lunch Form \_\_\_\_ Transportation Form \_\_\_\_ ELL / Special Ed. Form \_\_\_\_ Referral Form



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## Three Oaks Public School Academy EMERGENCY PROCEDURE CARD

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Child's Name (Last, First, M.I.) \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Student Lives with (parents, grandparents, appointed guardian, etc.) \_\_\_\_\_

Child's Birthplace \_\_\_\_\_

Mother / Legal Guardian's Name \_\_\_\_\_

Home address (if not same as child's) \_\_\_\_\_

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

Mother / Guardian's Employer or School \_\_\_\_\_

Employer / School Address \_\_\_\_\_

Employer / School Phone Number \_\_\_\_\_

Hours of Employment / School (i.e. 8:00 am – 5:00 pm) \_\_\_\_\_

Father / Legal Guardian's Name \_\_\_\_\_

Home address (if not same as child's) \_\_\_\_\_

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

Father / Guardian's Employer or School \_\_\_\_\_

Employer / School Address \_\_\_\_\_

Employer / School Phone Number \_\_\_\_\_

Hours of Employment / School (i.e. 8:00 am – 5:00 pm) \_\_\_\_\_

Name of local person to be notified in an emergency when parents / guardians are not available:

\_\_\_\_\_

Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

See Reverse Side

Name of person(s) other than parents / legal guardians to whom child may be released:

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Is there anyone your child **MAY NOT** be released to? If there are legal restrictions on the release of this child, please provide a copy of the legal documentation.

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Are there restrictions on your child's activities or medical concerns regarding your child? Is your child on any prescribed medication? If YES, please explain.

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STATEMENT OF HISTORY OF VARICELLA (Chickenpox)

My Child, \_\_\_\_\_, born on \_\_\_\_\_

had Varicella (chickenpox) in \_\_\_\_\_ of (year) \_\_\_\_\_, or had the

Varicella (chickenpox) immunization on \_\_\_\_\_.

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MEDICAL INFORMATION (used only in case of an emergency in the event the child's parent, guardian, or designated person cannot be reached):

\_\_\_\_\_ I give permission for Three Oaks Public School Academy to secure emergency medical and/or surgical treatment for my child while in the school's care.

\_\_\_\_\_ I **DO NOT** give permission for Three Oaks Public School Academy to secure emergency medical and/or surgical treatment for my child while in the school's care.

Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Hospital Preferred \_\_\_\_\_ Hospital's Phone \_\_\_\_\_

Health Insurance Policy Name and Number \_\_\_\_\_

List any known allergies, medication or otherwise \_\_\_\_\_

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



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## REQUEST FOR RELEASE OF STUDENT RECORDS

Date: \_\_\_\_\_

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

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

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

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

Request for Records of: \_\_\_\_\_  
(Student Name and Grade)

Parent / Guardian Permission has been given for this request for records indicated by the signature below.

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

The above named pupil has recently enrolled in our school. In order for us to adequately place this student, we are requesting the complete records of the student.

Please be sure to include the following items, if applicable:

- ✓ All scholastic – related records, including achievement test results
- ✓ All Health records
- ✓ Psychological and / or diagnostic results
- ✓ Social worker reports
- ✓ Any documentation regarding disciplinary issues

Please forward records to: **Three Oaks Public School Academy**  
**1212 Kingsley Street**  
**Muskegon, MI 49442**  
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**Please fax any information pertaining to the Special Education placement of a student if applicable (i.e. IEP, MET, etc.).**

**Thank you for your assistance.**



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Dear Parents / Guardians

Your child will have the opportunity to use the school library on a regular basis throughout the school year. He/she will be responsible for the use and care of any books he/she checks out. If books are damaged or not returned, you will be charged a replacement fee (based on current book prices). Creating a history of overdue or damaged books may result in the loss of library use. Also, students may be excluded from participation in school and extracurricular activities if they have overdue books.

By completing and returning this form, you and your child understand and agree to the conditions listed above and will take responsibility for the books he/she uses for the library. Your child will not be permitted to take books out of the library unless this form is completed and returned.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Three Oaks Public School Academy  
Acceptable Use Policy Agreement**

Three Oaks Public School Academy provides a full range of electronic information services, including Internet access, to students and faculty. Three Oaks Public School Academy strongly believes in the educational value of such electronic services and recognizes their potential in support of our curriculum and student learning goals of our school. Our goal in providing this service is to promote educational excellence by facilitating resource sharing, innovation, and communication. Three Oaks Public School Academy will make every effort to protect students from computer use that is harmful to minors, including but not limited to sexually explicit matter or any other illegal activities. Technology protection measures (“filters”) will be employed.

Internet, Network, Electronic Communication (please read this document carefully)

Computers here at Three Oaks Public School Academy are intended for students to use responsibly for research and schoolwork. By signing this agreement, the student takes full responsibility for their actions and will abide by the rules set forth. Internet usage will be strictly monitored for appropriateness to schoolwork.

Network Etiquette Rules:

- I will not visit inappropriate Internet sites. These are any sites not directly related to my research in school and those possibly infected by viruses.
- I will not put any food or drinks by the computers at any time.
- I will use life-skills at all times by computers.
- I will not use metallic or magnetic objects by computers.
- I will use my time wisely and quickly – letting the next person use the computer when I have completed my research.
- I will not surf the net without the permission of my teacher or administrator.

Violation of any the above may result in termination of current use and future technology access and discipline. Students or their parents / guardians will be responsible for all costs of damage to the school's equipment or technology system including fees to restore the school's computer system due to the damage.

The signature(s) at the end of this document indicate the party (parties) who sign have read the terms and conditions carefully and understand the policy.

**STUDENT:**

I understand and will abide by the above acceptable Use Agreement. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action.

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

Student Signature: \_\_\_\_\_

**PARENT / GUARDIAN:**

As the parent / guardian, I have read this agreement and understand that this access is designed for educational purposes. I understand that my child's privileges may be revoked. I recognize it is impossible to restrict access to all controversial materials and I will not hold Three Oaks Public School Academy responsible for materials acquired on the network.

Parent / Guardian's Name (print): \_\_\_\_\_

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





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Three Oaks Public School Academy will be providing transportation for Three Oaks Students within a five mile radius of the school. Please direct all inquiries to the office at 231.767.3365, thank you.

Child(ren)'s Name (Last, First, Middle): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Grade(s) Entering: \_\_\_\_\_

Birthdate(s): \_\_\_\_\_ Male \_\_\_\_\_ Female

Pick-up and drop off points may not be modified on a daily basis, however they may be changed for **emergency purposes only**.

## Transportation

I would like Three Oaks to provide transportation for my child to and from school    yes    no

If Three Oaks does not provide transportation,

how will your child usually be arriving to and going home after school                      walk    car

**If Three Oaks will be providing transportation for your child(ren) please indicate where you would like your child(ren) to be picked up and / or dropped off if the address is not the same as the home address.**

Name of Adult receiving student(s): \_\_\_\_\_

Pick-up Address: \_\_\_\_\_

Drop-off Address: \_\_\_\_\_

Please indicate if the pick-up or drop-off is a daycare facility                      yes    no