

# DIOCESE OF GRAND RAPIDS ENROLLMENT FORM – STUDENT INFORMATION

(Please Print)

## STUDENT INFORMATION

Last Name: \_\_\_\_\_ Full Legal First: \_\_\_\_\_ Middle: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender:  M  F Birth date: \_\_\_\_\_ Birth City/State: \_\_\_\_\_

Is the individual Hispanic/Latino?  Yes  No

Race:  American Indian / Alaskan Native  Asian  Black / African American  Caucasian  Hispanic  Native Hawaiian/ Pacific Islander  White

Race Ethnicity:  American Indian/Alaskan Native  Asian  Black, not Hispanic  Pacific Islander  White, not Hispanic  Hispanic  Multiracial

PUBLIC School District where student lives: \_\_\_\_\_ Grade entering upon enrollment: \_\_\_\_\_

Name of last school student attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Has your child ever been retained in a grade? If yes, what grade? \_\_\_\_\_ Does your student have any of the following?  IEP  Service Plan

Has your child ever been expelled from a school? If so, when, what school? \_\_\_\_\_  504  PLP

Transportation AM:  Walk  Bus  Car Transportation PM:  Walk  Bus  Car Will this student be responsible for bringing home school papers for the family?  Yes  No

## STUDENT HEALTH INFORMATION

Does your student have medical needs of which we should be aware? Please explain (use back of form if necessary)

Vision  Asthma  Hearing  Migraines  Diabetes  Heart  Speech  ADHD  ADD  Convulsions / Seizures  Other:

Allergies (Please list type(s) of allergies): \_\_\_\_\_

Does student require medication during regular school hours?  Yes  No If yes, medication(s) name and dose: \_\_\_\_\_

## STUDENT RELIGIOUS INFORMATION PARISH INFORMATION

Parish Registered: \_\_\_\_\_  Catholic  Other:

Current Church Affiliation: \_\_\_\_\_  Catholic  Other:

## SACRAMENTS

Sacrament	Parish	Parish Address	Parish City/State/Zip	Date
<input type="checkbox"/> Baptism				
<input type="checkbox"/> First Communion				
<input type="checkbox"/> Reconciliation				
<input type="checkbox"/> Confirmation				

## (LOCAL) NON-HOUSEHOLD EMERGENCY CONTACT (1) INFORMATION

Legal Last Name: \_\_\_\_\_ Full First: \_\_\_\_\_ Authorized Release?  Yes  No

Street address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

## (LOCAL) NON-HOUSEHOLD EMERGENCY CONTACT (2) INFORMATION

Legal Last Name: \_\_\_\_\_ Full First: \_\_\_\_\_ Authorized Release?  Yes  No

Street address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Parent/Guardian (1) Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian (2) Signature \_\_\_\_\_ Date \_\_\_\_\_

# DIOCESE OF GRAND RAPIDS ENROLLMENT FORM – FAMILY INFORMATION

(Please Print)

## PARENT / GUARDIAN (1) INFORMATION

Last Name:		Legal First:	Middle:	Nickname:
Former / Maiden Name:		Email address:		Birth date:
Occupation:	Employer:	Work phone:	Cell Phone:	
Parish Registered:		<input type="checkbox"/> Catholic <input type="checkbox"/> Other:		
Current Church Affiliation:		<input type="checkbox"/> Catholic <input type="checkbox"/> Other:		

## PARENT / GUARDIAN (2) INFORMATION

Last Name:		Legal First:	Middle:	Nickname:
Former / Maiden Name:		Email address:		Birth date:
Occupation:	Employer:	Work phone:	Cell Phone:	
Parish Registered:		<input type="checkbox"/> Catholic <input type="checkbox"/> Other:		
Current Church Affiliation:		<input type="checkbox"/> Catholic <input type="checkbox"/> Other:		

## HOUSEHOLD INFORMATION

Street address:		County:	Home phone:
City:	State:	Zip:	Home primary language: Native language:
Public School district in which the house is located:			

**Please note: If custody is shared, please complete a form for each household and describe custody arrangements including documentation.**

### LEGAL NAME OF STUDENT(S) ENROLLING

### Parent / Guardian (1)

### Parent / Guardian (2)

Please use the check boxes to the right to indicate for each student listed below if: the listed parent / guardian is the legal guardian, would like to receive mail from the school, have access to the parent portal and receive email communication.

Is this the student's primary household?	Guardian	Mailing	Portal	Messenger	Relationship to student	Guardian	Mailing	Portal	Messenger	Relationship to student
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

All parents/guardians registering students with the school will be asked to identify if they have been convicted of any sex crimes, are listed on any sex offender registry, or have been convicted of a "listed offense" that is defined under Michigan law per Policy #2155 Safe Environment/Registered Sex Offender. All information will be treated in a confidential manner and maintained in the school's Administrative Offices.

### Parent / Guardian (1)

### Parent / Guardian (2)

Have you been convicted of a sex crime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you listed on any sex offender registry?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been convicted of a "listed offense" as defined under Michigan law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Parent/Guardian (1) Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (2) Signature \_\_\_\_\_ Date \_\_\_\_\_



**ST. PATRICK**  
**CATHOLIC SCHOOL**

PRESCHOOL THROUGH GRADE 12

WE PRAY! WE LEARN! WE ACHIEVE!

March 16, 2022

Dear Parents,

St. Patrick Catholic School has officially opened enrollment for the 2022-2023 school year. We are in year three of implementing continuous enrollment for returning students in grades K-12 (preschool and students new to kindergarten need to enroll). While continuous enrollment will continue and your child will already be enrolled for the 2022-23 school year, we will need a new Tuition Contract signed and returned. This is due to the Diocese of Grand Rapids Office of Catholic Schools transitioning to SchoolAdmin Billing, as a replacement for SMART Tuition, starting this July.

We will be sending out additional information outlining your next steps to register with SchoolAdmin Billing in the coming months. Starting in July, all tuition and billing payments will be posted on SchoolAdmin Billing instead of SMART Tuition. You will continue to have access to your SMART Tuition account until 2024. If you have any questions about this transition, please reach out to the St. Patrick School office for assistance.

The \$50 per pupil registration fee will be added to your SchoolAdmin Billing account and will be due the first month of your payment plan along with the \$100 technology fee. If you choose to pay the registration or technology fee in advance of your first payment, you may login to SchoolAdmin and make the payment or mail a check in with your signed Tuition Contract. If you have any changes to your children(s) emergency contact information, please email/contact the school office so we can make the necessary changes.

We are mindful of the immense financial sacrifices required to provide your child(ren) with a faith based education and we are grateful for your commitment to St. Patrick School. We are also appreciative of St. Patrick Parish, the School Board Finance Subcommittee, the Parish Finance Council, our Advancement and Development team, and the Father Flohe Foundation for their annual support of our parish school. Through the collaborative efforts of these groups, our parish and school administration are working hard to ensure our school is run efficiently and our programs are adequately funded. We will continue to do all that we can to keep tuition costs stable.

This year's tuition rates allow us to maintain and improve upon the quality of all our current course offerings and current programs. It also allows us to give our school staff a salary increase as a small token of our appreciation for their dedication to your children.

The 2022-2023 tuition rates for students attending St. Patrick School are as follows:

<b>Grade</b>	<b>1<sup>st</sup> Child</b>	<b>2<sup>nd</sup> Child</b>	<b>3<sup>rd</sup> Child</b>	<b>4<sup>th</sup> Child</b>
9-12	\$5,550	\$4,530	\$3,750	\$2,850
K-8	\$4,820	\$3,950	\$3,025	\$1,865
Preschool 5-day \$2,665	Preschool 3-day \$1,795		Preschool 2-day \$1,290	

- Any children in the same family (grades K-1<sup>2</sup>), enrolled at the same time, past the 4<sup>th</sup> child will attend St. Patrick School at no charge except the \$50 per pupil enrollment fee.
- Each preschool student will be charged the same per-child rate.

St. Patrick School is also in our second year of offering daycare for children ages 3 and 4. We offer a variety of options including 5-day, 3-day, and 2-day programs. The programs are designed for half-days, but can be combined for a full-day. Enrollment preference will be offered to enrolled preschool students prior to May 1, 2022. Please contact the daycare director if you or someone you know is interested in learning more about the daycare program.

In our pursuit of offering our students an education that will prepare them for the 21<sup>st</sup> century and beyond, our per family (grades K-12) technology fee is \$100. While the technology fee does not cover all technology-related expenses, it does go a long way in assisting with the cost of our IT services. This is also extremely helpful toward maintaining our 1:1 Chromebook program for all students in grades K-12.

Please note that if you are not enrolling your child(ren) at St. Patrick School for the next school year, your family will need to complete an exit survey as soon as possible for the student(s) to be unenrolled. Exit surveys can be obtained by contacting the school office. If you fail to notify the school about unenrolling a child by June 1, 2022, your SchoolAdmin Billing account will be billed for the upcoming school year.

Thank you for your commitment to St. Patrick Catholic School. Please feel free to contact us by email at [randyhodge@portlandstpats.org](mailto:randyhodge@portlandstpats.org) or [cortneysmith@portlandstpats.org](mailto:cortneysmith@portlandstpats.org), or by calling the school office at (517) 647-7551 if you have any questions or concerns.

Sincerely,

Randy Hodge  
High School Principal

Cortney Smith  
PS-8 School Principal

122 West Street · Portland, Michigan 48875  
Telephone (517) 647-7551 · Fax (517) 647-4545



# Tuition Collection Policy

PRESCHOOL THROUGH GRADE 12

WE PRAY! WE LEARN! WE ACHIEVE!

It is the goal of St. Patrick School to work with each family to provide a Catholic education for their child(ren). We understand that many families are sacrificing to invest in their child(ren)'s education. It is important to recognize that St. Patrick Parish also invests significant dollars into the ministry of Catholic education. Therefore, it is critical to the financial health of the school (and school families) that there is open and honest communication about timely tuition payments. We assure you that your family's financial information will be kept confidential.

St. Patrick School provides multiple tuition payment options which are outlined below. All families will be required to sign a tuition contract and will be **expected** to meet their tuition obligation per the signed contract. **If at any time during the year, you are unable to meet a tuition payment, it is your responsibility to contact the St. Patrick Parish business office to make alternate arrangements.** We are willing to work with families if they contact us **before** outstanding/delinquent tuition becomes an issue. If there are any bank fees associated with automatic withdrawals, late fees, returned checks, NSF notices, collection fees etc., the amount of service charge/fees will be added to the family's tuition bill.

Keeping tuition costs reasonable is the responsibility of all, and the St. Patrick School budget does not include money to cover costs associated with late and delinquent tuition and tuition collection costs. When tuition payments are late, it jeopardizes the solvency of the school for all.

The parish is willing to provide additional support to families through the Former Pastors Scholarship Endowment Fund or Father Flohe Foundation Scholarship Fund. Families are encouraged to contact the parish business manager or school administrators to discuss their individual financial need. There are scholarships available from the Diocese of Grand Rapids. All financial assistance and scholarship applications must be submitted through Smart Aid for processing to establish need. After the initial deadline, awards are given on a first-come, first-serve basis.

#### **Collection Procedure:**

- A.) If you encounter financial difficulty, and will be unable to meet a payment, you must notify the St. Patrick Parish business manager **before** the payment date so alternate arrangements can be made.
- B.) If there are insufficient funds in your account on your due date, your account will become past due.
- C.) If an account is not current, the Infinite Campus Portal will be disabled, and grade reports will be held if applicable.
- D.) If after 14 calendar days with a past due balance you have not made contact with the business manager, **a past due notice** will be mailed including a date in which you must make contact by. If no contact is made by this date, **a final past due notice** will be mailed including a date in which you must make contact by. If no contact is made by this final contact date, your child(ren) will not be allowed to be enrolled in the school. The school office will call the parent/guardian to arrange for the child(ren) to be picked up.

**There are five tuition payment options available as outlined in the Tuition Contract that is included on the back of this letter.**

# St. Patrick School 2022-2023 Tuition Contract/Registration Form CONTINUOUS ENROLLMENT

## SECTION A (must complete this section)

Student Resides with: (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_

Person responsible for tuition: (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers: Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

E-mail address \_\_\_\_\_

Student Name #1 \_\_\_\_\_ 2022-2023 Grade \_\_\_\_\_

Student Name #2 \_\_\_\_\_ 2022-2023 Grade \_\_\_\_\_

Student Name #3 \_\_\_\_\_ 2022-2023 Grade \_\_\_\_\_

Student Name #4 \_\_\_\_\_ 2022-2023 Grade \_\_\_\_\_

**To apply for tuition assistance please complete the Smart Aid application online or mail it directly to the Smart Aid address listed on the form. Smart Aid deadlines: 1) 05DEC21 2) 09JAN22 3) 27FEB22 4) 24APR22 for diocesan awards; Smart Aid application must be submitted for parish awards also.**

### PAYMENT INFORMATION

**LATE PAYMENT:** Late/delinquent payments may be charged a fee. Tuition collection policy is in effect and a copy is provided with this contract.

· All accounts are payable to SchoolAdmin via ACH (directly deducted from your savings or checking account). If using a credit card, a convenience fee will be assessed unless other arrangements are made with the St. Patrick Parish business office. Bank account information must be provided to SchoolAdmin.

· Total tuition is divided evenly between each payment for all plans involving more than one payment.

### TUITION RATES

9-12:	<input type="checkbox"/> \$5,550 1 <sup>st</sup> child	<input type="checkbox"/> \$4,530 2 <sup>nd</sup> child	<input type="checkbox"/> \$3,750 3 <sup>rd</sup> child	<input type="checkbox"/> \$2,850 4 <sup>th</sup> child
KG-8:	<input type="checkbox"/> \$4,820 1 <sup>st</sup> child	<input type="checkbox"/> \$3,950 2 <sup>nd</sup> child	<input type="checkbox"/> \$3,025 3 <sup>rd</sup> child	<input type="checkbox"/> \$1,865 4 <sup>th</sup> child
Preschool:	<input type="checkbox"/> \$2,665 5-day program	<input type="checkbox"/> \$1,795 3-day program	<input type="checkbox"/> \$1,290 2-day program	

**A \$50.00 registration fee per student AND a \$100.00 technology fee per family is due in the first billing month (grades KG-12).**

**The Class of 2023 is locked-in at a lower rate, your tuition account will reflect that amount.**

**Each preschool student will be charged the same per child rate.**

### TUITION PAYMENT PLANS

**PAY IN FULL** for total tuition due in August 2022 · no admin fee\*

**TWO PAYMENTS** due in August 2022 and January 2023 · \$38.00 admin fee due in the first billing month

**FOUR PAYMENTS** due in August 2022, October 2022, January 2023, and March 2023 · \$38.00 admin fee due in the first billing month

**TEN PAYMENTS** starting in July 2022 and ending in April 2023 · \$38.00 admin fee due in the first billing month

**OTHER** You **MUST** contact the St. Patrick Parish business manager for approval before submitting this form · \$38.00 admin fee if more than one payment · If you are on a plan not outlined above, it may rollover into 2022-23 differently, please contact the school office or login into SchoolAdmin to verify.

\*Unless your family participates in the Before/After School Child Care Program, which bills monthly October-July.

### DECLARATION OF PARENT/GUARDIAN (must complete this section)

I/We understand the tuition contract of St. Patrick School, and the tuition policies, and wish to enroll our child(ren).

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**TO ENROLL YOUR FAMILY: PLEASE RETURN THIS CONTRACT AND THE NON-REFUNDABLE REGISTRATION/TECHNOLOGY FEES  
(If not included, it will be charged in SchoolAdmin) PER STUDENT/FAMILY TO THE SCHOOL OFFICE.**

Office Use Only: Date Received \_\_\_\_\_

Check # \_\_\_\_\_

Amount \$ \_\_\_\_\_

Verified by \_\_\_\_\_

**DIOCESE OF GRAND RAPIDS  
OFFICE OF CATHOLIC SCHOOLS**

**REQUEST FOR RELEASE OF RECORDS**

I authorize

\_\_\_\_\_ (Name of Current School)

\_\_\_\_\_ (Current School Address)

\_\_\_\_\_ (City/State/Zip)

\_\_\_\_\_ (Telephone)

\_\_\_\_\_ (Fax)

to release the student records described in the Student Records Release Policy regarding:

Student Legal Name	Grade Entering	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please forward the records to:

St. Patrick School  
122 West Street  
Portland MI 48875  
Telephone: (517) 647-7551



I certify that I am the (check one)  custodial parent  legal guardian of the minor child named above and I agree to the above terms for myself and my minor child.

\_\_\_\_\_ Print Parent/Guardian Name

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

\_\_\_\_\_ Date

**Student Records Release Policy**

Upon receipt of a records request from another school to which a student has applied for admission or which a former student is attending, all academic records and documented behavioral records will be forwarded to the requesting school. Student records will not be released until a request for records form signed has been received.

## Some common symptoms

- Headache
- Pressure in the head
- Nausea/vomiting
- Dizziness
- Balance problems
- Double vision
- Blurry vision
- Sensitivity to light
- Sensitivity to noise
- Sluggishness
- Hazy
- Foggy
- Grogginess
- Poor concentration
- Memory problems
- Confusion
- "Feeling down"
- Not "feeling right"
- Feeling irritable
- Slow reaction time
- Sleep problems
- Appears dazed and stunned
- Disoriented or confused
- Forgets an instruction

**UNDERSTANDING** Information for parents and students (Content meets MDCH requirements)

# CONCUSSION

## What is a concussion?

A **concussion is a type of traumatic brain injury** that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. It can also be caused by the shaking or spinning of the head or body. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away.

## If you suspect a concussion

**1. SEEK MEDICAL ATTENTION RIGHT AWAY** A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports.

**2. KEEP YOUR STUDENT OUT OF PLAY**

Concussions take time to heal. Don't let the student return to play the day of the injury and until a health care professional says it's OK. Students who return to play too soon-while the brain is still healing-risk a greater chance of having a second concussion. Repeat or second concussions can be very serious. They can cause permanent brain damage, affecting the student for a lifetime.

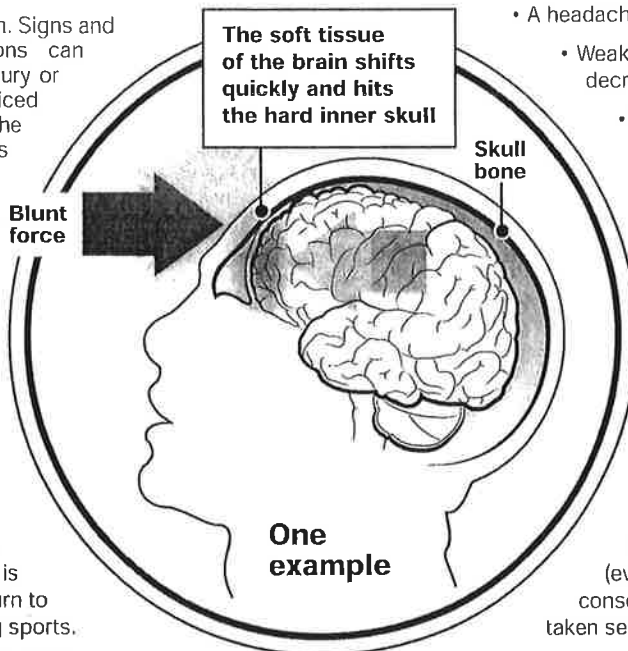
**3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION**

Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

## Concussion danger signs

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)



## How to respond to a report of a concussion

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion.

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

Sources: Michigan Department of Community Health and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

# !!! WHEN IN DOUBT...SIT OUT !!!





# DIOCESE OF GRAND RAPIDS

## CONCUSSION AWARENESS

### EDUCATIONAL MATERIAL ACKNOWLEDGEMENT

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 Students provided by St. Patrick School.

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

\_\_\_\_\_  
Parent or Guardian Name Printed

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

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Return this signed form to the School/Parish. The School/Parish must keep this on file for the duration of enrollment/participation or until the youth athlete is 18 years of age.

Students and parents should review and keep the educational materials available for future reference.

## HOME LANGUAGE SURVEY

Dear Parent or Guardian,

The \_\_\_\_\_ is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1152 – 380.1157 of the School Code of 1995, Michigan's Bilingual Education Law. Would you please help by providing the following information?

This Home Language Survey has been developed for the purpose of identifying students who may need support in English in order to develop English language proficiency that will allow them to master grade level curriculum. Your child may be given an English language proficiency screener, W-APT, in order to identify their English language proficiency. If the W-APT screener identifies the need for your child to receive ESL services, you will receive a Parent Notification Letter and an explanation of those instructional services.

Thank you very much for your cooperation.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School Building: \_\_\_\_\_

1. Is your child's native (first) tongue a language other than English?

Yes       No      What is the other language? \_\_\_\_\_

2. Is the primary language\* used in your child's home or environment a language other than English?

Yes       No      What is the other language? \_\_\_\_\_

Parent Name (please print): \_\_\_\_\_

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

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

\*"Primary language" means "the dominant language used by a person for communication."

# Portland Public Schools

Transportation Department

6636 E. Grand River Ave  
Portland, MI 48875

Phone: 517-647-2993

Fax: 517-647-2926

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## Transportation Request Form

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian student resides with: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime phone # \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Other students at home address:

1) \_\_\_\_\_ School: \_\_\_\_\_

2) \_\_\_\_\_ School: \_\_\_\_\_

3) \_\_\_\_\_ School: \_\_\_\_\_

In order for the transportation department to provide a safe and orderly environment for your child, parents/guardians are encouraged to identify one (1) pick-up and one (1) drop-off location for the school year. The bus stop may or may not be located at the home address.

**Requested Pick up address:** \_\_\_\_\_

**Requested Drop off address:** \_\_\_\_\_

Noon Kndg or DK pick up and drop off routes are assigned as close to the home or daycare center address as possible. Morning and afternoon routes may require students of all ages to walk to or from a group stop.

\_\_\_\_\_ My child does NOT need transportation provided by the school district.

\_\_\_\_\_ I request transportation at the above addresses.

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