



## ENROLLMENT PACKET

Superintendent..... *George Rierson*

Athletic Director.....*Randy Moore*

Caro High School..... *Matt Branding, Principal*

301 N. Hooper St..... *Lindsay Bitzer, Assistant Principal*

Caro, MI 48723

989-673-3165

Grades 9, 10, 11 & 12

Caro Middle School..... *Rhonda Bringard, Principal*

299 N. Hooper St..... *Nick Moyer, Assistant Principal*

Caro, MI 48723

989-673-3167

Grades 6, 7 & 8

Schall Elementary School..... *Michelle Warren, Principal*

325 E. Frank St.

Caro, MI 48723

989-673-3168

Grades 3, 4 & 5

McComb Elementary School.....*Heather LaBerge, Principal*

303 N. Hooper St. .... *Theresa Kitchen, Assistant Principal*

Caro, MI 48723

989-673-3169

Grades K, 1 & 2

Caro Alternative High School..... *Bradley Johnson, Director*

217 N State St

Caro, MI 48723

989-673-6845

Alternative & Adult Education

# A Welcome from the Superintendent ~ George Rierson

Welcome to Caro Community Schools! Home of the Tigers!

The mission of Caro Community Schools is: "We cultivate academic excellence in an environment that fosters physical, social and emotional growth which empowers students to become responsible citizens in our community and in an ever-changing world."

The district is comprised of five (5) schools: McComb Elementary (K-2), Schall Elementary (3-5), Caro Middle School (6-8), Caro High School (9-12) and Caro Alternative High School.

We have a well-rounded curriculum district-wide including a comprehensive character education program (K-12), full-day Kindergarten, and Advanced Placement courses in the High School. We provide free breakfast to students every morning. Our athletic Department offers a full complement of sports including: Basketball, Cross Country, Football, Volleyball, Golf, Tennis, Wrestling, Baseball, Soccer, Softball, Swimming and Diving, and Track and Field.

I understand there is some repetition and redundancy of information on the following forms. However, it is critically important that all of the documents are complete in order to process your application for enrollment.

Thank you again for choosing Caro Community Schools!

## REGISTRATION CHECK-LIST

- Original Certified Birth Certificate - (We will make a copy and return the original)
  - Additional resources for Birth Certificates if needed:
    - Order online at [www.vitalcheck.com](http://www.vitalcheck.com)
    - Go to the courthouse of the county where child was born
    - Contact State of Michigan Vital Reports at (517) 335-8656
- Immunization Record
- Registration Form
- (2) Proof of Residency and if not a resident, School of Choice application during open enrollment
- Concussion Form
- Emergency Medical Information
- Transportation Information
- Special Education Forms if applicable
- Affirmation of Prior Discipline Record
- Request for School Records
- Early Dismissal Form

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# CARO COMMUNITY SCHOOLS

## Registration Form

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

STUDENT NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_  
LAST FIRST MIDDLE MALE/FEMALE

ADDRESS: \_\_\_\_\_ GRADE: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_

BIRTHPLACE: \_\_\_\_\_ ENROLLMENT DATE: \_\_\_\_\_  
CITY STATE/COUNTRY 1<sup>st</sup> DAY STUDENT WILL BE IN SCHOOL

ETHNICITY: Is this student Hispanic/Latino (Choose only one)

\_\_\_\_\_ No, not Hispanic/Latino

\_\_\_\_\_ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

RACE: (use percentages to rank ethnic groups in order)

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ Asian American

\_\_\_\_\_ White

\_\_\_\_\_ Black or African American

LANGUAGE SPOKEN IN HOME: \_\_\_\_\_ STUDENT SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

HAS YOUR CHILD EVER BEEN ENROLLED IN A SPECIAL EDUCATION CLASSROOM SETTING? \_\_\_\_\_

IF YES, COMPLETE TEMPORARY PLACEMENT FORM.

STUDENT'S E-MAIL ADDRESS: \_\_\_\_\_

### RESIDENCY INFORMATION

IS THE STUDENT A RESIDENT OF CARO COMMUNITY SCHOOLS? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF NOT, WHAT DISTRICT DO YOU LIVE IN? \_\_\_\_\_

IF NOT, HAVE YOU APPLIED THROUGH SCHOOL OF CHOICE? \_\_\_\_\_ YES \_\_\_\_\_ NO (Attach copy of application)

WHAT COUNTY DO YOU LIVE IN? \_\_\_\_\_ TOWNSHIP? \_\_\_\_\_

WHERE IS THE STUDENT LIVING NOW? (check one box)

in a house or apartment

in a one family dwelling with more than one family

in a car  in a trailer park or campsite

with friends/family members (other than parent/guardian)

in a shelter  in a motel or hotel

none of the above \_\_\_\_\_

### RESIDENCY VERIFICATION AFFIDAVIT:

According to State Attorney General Opinion No. 5925, school districts have the right to ask new enrollees to prove residency. By signing the affidavit, you are affirming that the address given on all enrollment forms is the legal residence of the parent/guardian enrolling the student and is the residence of the student.

Should the district learn that this is not the residence and that the parent lives outside the boundaries of the Caro Community School District, a School of Choice application must be filled out immediately (if it is during open-enrollment period) or a release from the district of residence must be provided immediately or the student may be EXCLUDED from the district.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

**WITH WHOM DOES THE STUDENT RESIDE:** \_\_\_\_\_  
i.e. (MOTHER & FATHER) - (MOTHER & STEP-FATHER) - (FATHER & STEP-MOTHER) - (FOSTER PARENTS) - (GRANDPARENTS)



**PARENT/GUARDIAN INFORMATION:**

**HEAD OF HOUSEHOLD WHERE STUDENT RESIDES:**

NAME: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_  
i.e. FATHER, MOTHER, ETC

DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_  
MALE/FEMALE MARRIED/DIVORCED/SINGLE

SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY MI ZIP CODE

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_



NAME: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_  
i.e. FATHER, MOTHER, ETC

DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_  
MALE/FEMALE MARRIED/DIVORCED/SINGLE

SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY MI ZIP CODE

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

**HEAD OF HOUSEHOLD WHERE STUDENT DOES NOT RESIDE:**

NAME: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_  
i.e. FATHER, MOTHER, ETC

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_  
MALE/FEMALE MARRIED/DIVORCED/SINGLE

SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY MI ZIP CODE

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_



NAME: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_  
i.e. FATHER, MOTHER, ETC

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_  
MALE/FEMALE MARRIED/DIVORCED/SINGLE

SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY MI ZIP CODE

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

RECEIVE COPIES OF STUDENT INFORMATION (PROGRESS REPORTS, REPORT CARDS, ETC)  YES  NO

COMMENTS: \_\_\_\_\_

SCHOOL LAST ATTENDED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY MI ZIP CODE

LAST DATE OF ATTENDANCE AT PREVIOUS SCHOOL: \_\_\_\_\_

DID STUDENT "FORMALLY" CHECK OUT OF PREVIOUS SCHOOL?  YES  NO

WILL THE STUDENT BE DRIVING A VEHICLE TO SCHOOL?  YES  NO

IF YES, A MANDATORY PARKING REGISTRATION FORM IS AVAILABLE IN THE HIGH SCHOOL OFFICE.

CARO COMMUNITY SCHOOLS OFFERS SKYWARD FAMILY ACCESS TO PARENTS SO YOU HAVE THE ABILITY TO VIEW CURRENT (AND PAST) GRADES, ATTENDANCE, DISCIPLINE, DEMOGRAPHIC INFORMATION, REPORT CARDS (BOTH CURRENT AND PAST), ETC.

AS AN OPTION TO SAVE THE DISTRICT MONEY, WOULD YOU BE ABLE TO VIEW THE REPORT CARD ON FAMILY ACCESS AND RECEIVE ONLY THE FINAL REPORT CARD OF THE YEAR IN THE MAIL OR WOULD YOU LIKE A HARD COPY MAILED TO YOU:

I WOULD LIKE TO RECEIVE HARD COPIES OF REPORT CARDS IN MAIL:  YES  NO

I WOULD LIKE TO VIEW REPORT CARDS VIA SKYWARD FAMILY ACCESS:  YES  NO

If you do not know your login and password, contact your building office or [kstein@carok12.org](mailto:kstein@carok12.org).

DO NOT FILL OUT - OFFICE USE ONLY

Entry Date: \_\_\_\_\_ Teacher: \_\_\_\_\_ Room # \_\_\_\_\_ Bus # \_\_\_\_\_  
Circle one: Resident or Non-Resident District of Residence: \_\_\_\_\_  
Handicapped Student?: Special Ed: \_\_\_\_\_ Speech: \_\_\_\_\_ Title I: \_\_\_\_\_ Reading Recovery: \_\_\_\_\_  
S.E. Temporary Placement Signed: \_\_\_\_\_ Any medicine required: \_\_\_\_\_ Med Form Signed by Dr.: \_\_\_\_\_  
Birth Certificate: \_\_\_\_\_ (OR signed BC Letter) \_\_\_\_\_ Immunization Records: \_\_\_\_\_ Free/Reduced Lunch Application: \_\_\_\_\_  
Field Trip (Elementary/MS): \_\_\_\_\_ Enrollment: \_\_\_\_\_ Medical Care: \_\_\_\_\_ Request of Records: \_\_\_\_\_  
Homeless Possibility? \_\_\_\_\_ (Send form to Homeless Liaison) Transportation: \_\_\_\_\_ (Fax or Scan to Transp. Dept.)  
Computer Use Form: \_\_\_\_\_ Concussion Form: \_\_\_\_\_  
Legal documentation if child is not to be seen or picked up by other parent. Custody papers if there is a problem: \_\_\_\_\_

**CARO COMMUNITY SCHOOLS - EMERGENCY MEDICAL INFORMATION**

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

OFFICE USE ONLY: LAST BUS# \_\_\_\_\_ FIRST PICTURE \_\_\_\_\_ WALK \_\_\_\_\_ PICK-UP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

STUDENT RESIDES WITH:  MOTHER  FATHER  STEP-MOTHER  STEP-FATHER  GUARDIAN

\_\_\_ Legal documentation if child is not to be seen or picked up by other parent. Custody papers if there is a problem. Please check if applicable.

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NAME: \_\_\_\_\_  MOTHER  STEP-MOTHER  GUARDIAN

ADDRESS: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

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NAME: \_\_\_\_\_  FATHER  STEP-FATHER  GUARDIAN

ADDRESS: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

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DESCRIBE LOCATION OF HOME: \_\_\_\_\_

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**OTHER CHILDREN LIVING IN HOUSEHOLD:**

NAME	AGE/GRADE	NAME	AGE/GRADE
NAME	AGE/GRADE	NAME	AGE/GRADE
NAME	AGE/GRADE	NAME	AGE/GRADE

OFFICE USE ONLY:

**ALTERNATE EMERGENCY BUS STOP (ONE PERMITTED ONLY)**

BUS # \_\_\_\_\_ PICTURE \_\_\_\_\_ M T W TH F DAILY WALK/PICK-UP *Please note if student will be riding to this location daily.*

In case my child becomes ill or injured at school, notify \_\_\_\_\_  
If I/we cannot be reached, call:

1. \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_  
LAST FIRST

ADDRESS \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_  
LAST FIRST

ADDRESS \_\_\_\_\_

Or have my child taken to the nearest physician or hospital (listed below) or to any other physician available.

HOSPITALIZATION INSURANCE: \_\_\_\_\_

POLICY #: \_\_\_\_\_

MEDICATION MY CHILD IS PRESENTLY TAKING DURING THE SCHOOL DAY: (if none, please indicate NONE)

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

PLEASE LIST ANY SEVERE ALLERGIES OR MEDICAL PROBLEMS THAT THE SCHOOL SHOULD BE AWARE OF: (if none, please indicate NONE)

\_\_\_\_\_  
\_\_\_\_\_

DOES YOUR CHILD HAVE GLASSES TO BE WORN IN THE CLASSROOM?  YES  NO

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DENTIST'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PREFERRED HOSPITAL: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ POLICY # \_\_\_\_\_

THE SCHOOL IS HEREBY AUTHORIZED TO FOLLOW THE PLAN OUTLINED ON THIS FORM IN THE EVENT OF AN EMERGENCY AND I HEREBY AGREE TO PAY ALL EXPENSES INCURRED.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE



# RESIDENCY VERIFICATION AFFIDAVIT

According to State Attorney General Opinion No. 5925, school districts have the right to request proof of pupil residency. By signing this affidavit, you are affirming that the address given on all enrollment forms is the legal residence of the parent or guardian enrolling the student and is the residence of the student.

If you are living in the home of another person without a rental or lease agreement, that person must sign this document and prove their residency.

Verification of residency may be made with two (2) of the following: (check which is used)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Driver's License<br>State ID or Voter<br>Registration | <input type="checkbox"/> Purchase Agreement<br>(if it denotes residency) | <input type="checkbox"/> Moving Bill     |
| <input type="checkbox"/> Insurance Forms                                       | <input type="checkbox"/> Property Tax Payment                            | <input type="checkbox"/> Utility Bill    |
| <input type="checkbox"/> Lease Agreement                                       | <input type="checkbox"/> Mortgage Receipt                                | <input type="checkbox"/> Other (specify) |

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### PLEASE READ CAREFULLY

Should the district learn that this is not the residence and that the parent lives outside the boundaries of the Caro Community Schools, the student will be **PROHIBITED** from attending Caro Community Schools. Further, the district may require payment of tuition for the time in attendance as a non-resident and will take any legal steps to recover same.

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\_\_\_\_\_  
Student(s) Name Date

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

\_\_\_\_\_  
Signature of Person With Whom Residing (If applicable)

\_\_\_\_\_  
Street Address

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

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\_\_\_\_\_  
Signature of Staff Person Enrolling Student

STUDENT'S NAME: \_\_\_\_\_ TEACHER'S NAME: \_\_\_\_\_

## EARLY DISMISSAL FORM

### SEVERE FALL OR SPRING WEATHER

THE CARO COMMUNITY SCHOOLS WILL NOT DISMISS STUDENTS EARLY DUE TO SEVERE FALL OR SPRING WEATHER CONDITIONS. STUDENTS WILL BE DISMISSED AT THEIR REGULAR DISMISSAL TIME UNLESS THERE IS A TORNADO WARNING IN EFFECT AT DISMISSAL TIME, IN WHICH CASE, DISMISSAL WILL BE POSTPONED UNTIL THE WARNING IS LIFTED. PARENTS WHO WISH TO PICK UP THEIR CHILDREN WHEN SEVERE WEATHER OR TORNADO WARNINGS ARE IN EFFECT ARE FREE TO DO SO. STUDENTS WILL BE EXCUSED TO LEAVE ONLY WITH THOSE PEOPLE WHO ARE LISTED BELOW.

I HEREBY GIVE MY PERMISSION FOR MY CHILD TO LEAVE SCHOOL WITH THE FOLLOWING PERSONS: (IF NONE, PLEASE STATE "NO ONE")

1. \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_  
LAST FIRST
2. \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_  
LAST FIRST
3. \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_  
LAST FIRST

### ANNOUNCEMENTS

SCHOOL CANCELLATIONS OR A CHANGE IN STARTING/ENDING TIMES WILL BE MADE AS SOON AS POSSIBLE ON CARO COMMUNITY SCHOOLS FACEBOOK PAGE AND THE FOLLOWING TV STATIONS:

WNEM TV5 \* WJRT TV12 \* NBC TV25 \*

IN FAMILIES WHERE BOTH PARENTS WORK, PARENTS ARE ASKED TO DISCUSS A PLAN OF ACTION WITH THEIR CHILDREN SO EACH CHILD WILL KNOW WHAT TO DO SHOULD SCHOOL CLOSE EARLY. THIS IS EXTREMELY IMPORTANT AS THE SCHOOL CANNOT HANDLE THE VOLUME OF CALLS IT WOULD TAKE TO GET THIS INFORMATION TO EACH CHILD.

SHOULD YOU WISH ANY EXCEPTION OF THE CURRENT DISMISSAL ROUTINE, PLEASE FILL OUT THE FORM BELOW. NO OTHER EXCEPTIONS TO THE USUAL ROUTINE WILL OCCUR WITHOUT WRITTEN OR VERBAL CONSENT.

SHOULD AN EARLY DISMISSAL OCCUR, I WOULD LIKE MY CHILD TO DO THE FOLLOWING:

- GO HOME IN THE NORMAL MANNER
- STAY AT SCHOOL UNTIL I PICK HIM/HER UP
- RIDE BUS HOME
- WALK TO \_\_\_\_\_  
NAME/PLACE ADDRESS
- OTHER \_\_\_\_\_

## AFFIRMATION OF PRIOR DISCIPLINE RECORD

DIRECTIONS: Check the applicable paragraph, provide all appropriate information and sign this document.

Paragraph 1:

\_\_\_\_\_ The undersigned affirm that \_\_\_\_\_ has **not** been suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

Paragraph 2:

\_\_\_\_\_ The undersigned affirms that \_\_\_\_\_ **has been** suspended or expelled from a public or private school in Michigan or another state or for one or more offenses involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for an act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

If you checked paragraph 2, explain the circumstances in detail. Include the school name, dates of suspension or expulsion and a description of the incident giving rise to the suspension or expulsion.

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\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE



Name of sending (former) School District: \_\_\_\_\_

Sending School - Please check one:

\_\_\_\_\_ According to our records, we can verify that the information provided above by the parent/student **is** correct.

\_\_\_\_\_ According to our records, the information provided above by the parent/student **is not** correct.

The student has been involved in offenses involving weapons, alcohol or drugs, or willful infliction of injury to persons or act of violence against persons and/or property committed on school premises, at a school sponsored activity, or on a public or private conveyance providing transportation to or from school or a school sponsored activity, please forward appropriate disciplinary documentation.

\_\_\_\_\_  
SIGNATURE OF SENDING DISTRICT ADMINISTRATOR

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

# CARO COMMUNITY SCHOOLS

## REQUEST FOR SCHOOL RECORDS

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

Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_

Previous school attended: \_\_\_\_\_

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

### Records Requested:

- Official Administration Record (name, address, birthdate, grade level completed, grades class standing, attendance record)
- **Student UIC#** \_\_\_\_\_
- Family Background Data
- Discipline History
- Special Education Files and Psychological Files
- Standardized Achievement, Intelligence & Aptitude Test Scores
- Personality and Interest Test Scores
- Record of Extra Curricular Activities
- Teacher and Counselor Observations and Ratings
- It is also imperative that you send the student's grades to date, which include the period since the last grade report through the withdrawal date.

In sending this form, we are requesting information about one of your former students. Before we formally enroll the student, we are requesting that you answer the questions below about the above student.

1. Has the above named student been suspended or expelled from your school district? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_
2. Is disciplinary action pending against this student? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_
3. Was this student in a special education program in your school district? \_\_\_\_\_ If yes, please give student's current placement: \_\_\_\_\_
4. Student's last date of entry to your school? \_\_\_\_\_ Number of days absent this school year? \_\_\_\_\_  
When was the student's last day of attendance at your school? \_\_\_\_\_

Parent Release Form: As parent or legal guardian for the above named student, I hereby authorize the release of all school records to the Caro Community Schools and request that they be sent to the above address at your earliest convenience.

According to the Final Regulations-Family Educational Rights & Privacy Act (Buckley Amendment) dated 6-17-76, it is no longer necessary to obtain written consent to release records. It states that school officials, including teachers within the educational system in which a student intends to enroll, may receive a student's record **without** parental consent for such release.

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

\_\_\_\_\_  
Date

**PLEASE SEND RECORD TO:**