OFFICIAL ENROLLMENT FORM

OFFICE | PARENT

Parent/Guardian #1 In Student Household (Primary - First person to be called)

Last Name | First Name | Middle Initial & Suffix (Jr., III, etc.)

☐ I am an Emergency Contact
☐ I am a Custodial Parent
☐ Allowed to Pick Up

Birth Date (mm/dd/yy) | Gender (M/F) | Relationship (Father/Mother etc.) | Marital Status

Area Code | Primary / Home Phone | ext. | Area Code | Cell

Area Code | Work Phone | ext. | Employer Name | Email Address

Parent/Guardian #2 In Student Household (Secondary - Second person to be called)

Last Name | First Name | Middle Initial & Suffix (Jr., III, etc.)

☐ I am an Emergency Contact
☐ I am a Custodial Parent
☐ Allowed to Pick Up

Birth Date (mm/dd/yy) | Gender (M/F) | Relationship (Father/Mother etc.) | Marital Status

Area Code | Primary / Home Phone | ext. | Area Code | Cell

Area Code | Work Phone | ext. | Employer Name | Email Address

Student / Family Address

House # | Street Name | Apt/Box/Lot# | Zip Code | Zip 4 (OFFICE)

City | County | Township (OFFICE)

Parent Living Elsewhere

If Shared / Non-custodial parent lives in a home other than the student.

☐ I am an Emergency Contact
☐ I am a Custodial Parent
☐ Allowed to Pick Up

Last Name | First Name | Middle Initial & Suffix (Jr., III, etc.)

Birth Date (mm/dd/yy) | Gender (M/F) | Relationship (Father/Mother etc.) | Marital Status

Area Code | Primary / Home Phone | ext. | Area Code | Cell

Area Code | Work Phone | ext. | Employer Name

House # | Street Name | Apt-Box-Lot# | City

State | Zip Code | Zip 4 (OFFICE) | Email Address

Is there any legal document on file preventing the release of student to the above individual? ☐ YES ☐ NO

Can this person receive mailings regarding your student (report cards, newsletters, etc.)? ☐ YES ☐ NO

OFFICIAL ENROLLMENT FORM

Entity: | **Student ID #:** | **Student Key:** | **PARENT** | **OFFICE**

Please print.
Enter student's full name as it appears on their birth certificate

Last Name | **First Name** | **Middle Name & Suffix** (Jr, III, etc.)

Birth Date (mm/dd/yy) | **Gender** (M / F) | **Birth City** as it appears on birth certificate | **Grade** | **Year of Graduation**

Is this student Hispanic/Latino (Choose one):
☐ No, not Hispanic/Latino
☐ Yes, Hispanic/Latino (of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

The above question is about ethnicity, not race. No matter what you selected above, please answer the following by marking one or more boxes to indicate what you consider your student's (or your) race to be:

☐ American Indian ☐ Asian ☐ Black/African American
☐ Native Hawaiian/Other Pacific Islander ☐ White

Is your child's native tongue a language other than English? Yes _____ No _____

What is that language?_____

Is the primary language used in your child's home or environment a language other than English?
Yes _____ No _____

What is that language?_____

Resident Yes/No | **If Yes, If No,** **District Code & Resident Code = 63210 / 14 List Resident District Name / Code & Res. Code** | **Enroll Date** (mm/dd/yy) | **Entry Code** | **% Enrolled** (FTE) | **Multiple Birth? If Yes,** List Birth order (1st, 2nd etc.)

Entry Comment
Indicate District/School name & state of last school attended (if last school was a pre-school, please list that):

_____

_____

Did your child have a 504 Plan? ☐ YES ☐ NO
Did your child have an active IEP? ☐ YES ☐ NO

Do you have any other children in your household enrolled at Holly Area Schools? If so, please list their names and grade level in the area provided:

_____ _____

_____ _____

_____ _____

As the parent/legal guardian, my signature affirms all information provided within this form is true and accurate, and that my child and I reside at the listed address. I understand false information provided by me, may subject me to legal penalties for perjury.

Parent Signature **Date**

Medical Alert Information

Physician | Physician Phone Number

Does your child have any special health concerns and/or conditions such as diabetes, medications, allergies, religious restrictions, etc.?

☐ YES ☐ NO

If so, please list them in the area provided to the right.

(If medication is to be dispensed during school hours, an authorization form needs to be on file. Authorization forms for medication are available in the school office).

STUDENT EMERGENCY FORM

Last	First	Middle

Grade	Birth date	Building

Student Bus Route #	Homeroom Number and Teacher Name

EMERGENCY CONTACTS

Primary and Secondary parents/guardians are the first emergency contacts. In the boxes provided, please list up to four (4) additional emergency contacts in the order you want them to be contacted.
All people listed are authorized to pick up my student.

Primary Parent/Guardian	Order to be called # 1

Secondary Parent/Guardian	Order to be called # 2

Name:	Order to be called # 3
Relationship:	
Home Phone:	
Work Phone:	
Cell Phone:	

Name:	Order to be called # 4
Relationship:	
Home Phone:	
Work Phone:	
Cell Phone:	

Name:	Order to be called # 5
Relationship:	
Home Phone:	
Work Phone:	
Cell Phone:	

Name:	Order to be called # 6
Relationship:	
Home Phone:	
Work Phone:	
Cell Phone:	

☐ If you check this box, your student's name, address and phone number, will not be released to military recruiters. This option only relates to High School Students.

☐ If you check this box, your student's name and image will not be used in the annual yearbook.

☐ If you check this box, the school district will not publish your student's work on the internet.

☐ If you check this box, your student's directory information will be EXCLUDED from such items as honor roll list, athletic rosters and programs, music and fine arts programs, honors and commencement programs, school newsletters, school district publications, district web site, news releases to media, etc. It will be INCLUDED in the school yearbook unless you check the corresponding box.

As the parent/legal guardian, I affirm all information provided within this form is true and accurate. In cases of extreme emergency, this form authorizes school authorities to take such action as they deem necessary.

_____ _____

Signed (Parent/legal guardian) Date

HOLLY AREA SCHOOLS

Residency Verification Affidavit

Please Read Carefully

Michigan school districts have the right to require proof of residency regarding enrollment. By signing this affidavit, you are affirming that the address given on all forms is the current legal residence of the parent/guardian enrolling the student.

Should the school district learn that the noted address is not the residence and/or the ***Parent/G***uardian lives outside school district boundaries and the student is not an authorized non-resident student, ***h***e/she will be excluded from the school district immediately.

The Holly Area Schools requires verification of residency by parent/guardian providing 2 different pieces of proof of residency from the items listed below. School district personnel will make copies and return the originals. All documents must be current and contain name and address.

Driver's License	Current Utility Bill	Other – Specify _____
Home Insurance Form	Occupancy Permit	Closing Documents
Closing Documents	Lease Agreement	Purchase Agreement

(Lease/Purchase Agreements must have legal signatures of all parties involved in agreement)

If living in the home of another person and no rental or lease agreement exists, that person must sign this document and provide one proof of residency.

Person with Whom Residing:

Name _____

Address _____

Phone _____

Signature _____ Date_____

Signature of Parent/Guardian _____

Student Name _____ Grade _____

Address _____
Number and Street, City, Zip

Phone _____

Holly Area Schools - Residency Questionnaire

By completing this questionnaire, you help the district comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your truthful and accurate answers help the district identify services that the student may be eligible to receive.

Student's Name _____ Gender _____Male _____Female

Date of Birth: _____ School _____

Parent/Legal Guardian _____Phone _____

Address _____
Street, Apt, City, State & Zip

1. Where is the student living now? Please select one:

_____shelter _____motel or hotel _____with friend or family members

_____car _____campsite _____ with more than one family in a house or apartment

_____none of the above

If you checked "none of the above" you do not have to complete the remainder of this form. Please sign below.

2. Does the living arrangement checked in Question 1 result from a loss of housing or economic hardship? _____Yes _____No _____Unsure
3. The student lives with: _____one parent _____two parents
   _____one parent & another adult _____a relative, friend, or other adult
   _____alone with no adults _____an adult who is not the parent or guardian

Parent or legal guardian signature _____ Date_____

FOR SCHOOL USE ONLY
_____Student not covered by McKinney-Vento Act
_____Student covered by McKinney-Vento Act
_____Follow-up Required

REFERRED TO:
_____

Student's Name: _____ Grade:_____

_____ I do not require bus service for my child – Nothing further required on this form
_____ My child will be riding the bus to and from school – Complete the information below

The Holly Area Schools Transportation Department would like to welcome you to another exciting school year. Please complete the provided worksheet so that we can process your transportation request.

Please note: Your child will be picked up and/or dropped off at a bus stop located near your residence or day care provider. Your child's school assignment will be based on the address that you provide for bus transportation. Please notify the school administrator at (248) 328-3106 to submit an address change. Each student will be allowed ONLY ONE PICK UP ADDRESS and ONE DROP OFF ADDRESS. The morning and afternoon locations may be different from each other. However, the location must be consistent and cannot alternate back and forth.

Student Address:_____ City: _____ Zip Code:_____

Emergency Contact Name:_____ Phone:_____

Emergency Contact Name:_____ Phone:_____

Childcare Information:

_____ Yes – Complete the information below

_____ No – Nothing further required

Name/Business Name:_____

Address:_____ City: _____ Zip Code:_____

Phone:_____

_____ Pick Up (AM)

_____ Drop Off (PM)

_____ Both

Transportation Department: (248) 328 – 3090
Fax: (248) 328 – 3097
School Closing Hotline: (248) 328 - 3110

Holly Area School District
FERPA Annual Notification of Rights and Designation of Directory Information

Notice of Rights

The Family Educational Rights and Privacy Act ("FERPA") affords parents, students over 18 years of age ("eligible students"), and parents of dependent students certain rights with respect to education records. Those rights include the following:

Right to Inspect: A parent or eligible student has the right to inspect and review the student's education records maintained by the district within 45 days of the district's receipt of a written request for access.

A parent or eligible student should submit to the school principal a written request that clearly identifies the record(s) he/she wishes to inspect. The Principal will make arrangements for access and notify the parent or eligible student, in writing, of the time and place where the student's records may be inspected.

Right to Request Amendment: A parent or eligible student has the right to request the amendment of the student's education record(s) that are believed to be inaccurate or misleading.

A parent or eligible student may submit a written request for amendment to the school principal. This request should clearly identify the part of the record that the parent or eligible student wants changed and specify why it is inaccurate or misleading.

If the record is not amended as requested, the district shall notify the parent or eligible student of the decision in writing and shall advise him/her of his/her right to a hearing on the request for amendment. Additional information on the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

Right to Consent to Disclosure: A parent or eligible student has the right to consent to disclosures of personally identifiable information contained in the student's education record, except to the extent that FERPA authorizes disclosure without consent.

One exception that permits disclosure without consent is disclosure to school officials with legitimate educational interests. A school official is a person employed by the district in an administrative, supervisory, academic or research, or support staff position, including law enforcement unit personnel and health staff; a person or company with whom the district has contracted to perform a special task, such as an attorney, auditor, medical consultant or therapist; a person serving on the school board; or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his/her tasks. A school official has a legitimate educational interest if he/she needs to review an education record to fulfill his/her professional responsibilities.

Upon request, the district discloses education records without consent to officials of other schools in which students seek or intend to enroll. Disclosure without consent may be made in case of emergency as determined by the district or to report crimes occurring at school or involving the school or its personnel.

Right to Complain: A parent or eligible student has the right to file a timely complaint with the US Department of Education concerning alleged failures by the district to comply with FERPA requirements. Complaints should be directed to:

Family Policy Compliance Office
US Department of Education
400 Maryland Avenue, S.W.
Washington, DC 20202-4605

Directory Information

Under FERPA, the district is authorized to designate certain personally identifiable information contained in education records as "directory" information and to disclose such information without prior consent unless a student objects to such disclosure.

The district designates the following personally identifiable information contained in a student's education record as directory information:

The student's name, major field of study; participation in recognized activities and sports and related information; dates of attendance or grade placement; honors and awards received; and the most recent educational agency or school attended by the student.

Unless a parent or eligible student advises the district in writing within 30 days of receipt of this notice that he/she does not want some or all of this designated directory information released, school officials may release this information without prior consent. Written objections to the release of directory information should be submitted to:

Family Policy Compliance Office
US Department of Education
400 Maryland Avenue, S.W.
Washington, DC 20202-4605

Copies of the district's FERPA policy may be obtained from the Pupil Services Office (248-328-3106), 920 Baird St., Holly, MI 48442

Educational Material for Parents and Students (Content Meets MDCH Requirements)

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

UNDERSTANDING CONCUSSION

Some Common Symptoms

Headache	**Balance Problems**	**Sensitive to Noise**	**Poor Concentration**	**Not "Feeling Right"**
Pressure in the Head	**Double Vision**	**Sluggishness**	**Memory Problems**	**Feeling Irritable**
Nausea/Vomiting	**Blurry Vision**	**Haziness**	**Confusion**	**Slow Reaction Time**
Dizziness	**Sensitive to Light**	**Fogginess**	**"Feeling Down"**	**Sleep Problems**
		Grogginess		

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 fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

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. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

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. Don't hide it, report it. Ignoring symptoms and trying to "tough it out" often makes it worse.

2. **KEEP YOUR STUDENT OUT OF PLAY –** Concussions take time to heal. Don't let the student return to play the day of injury and until a heath care professional says it's okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.

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.

SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can't recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

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/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, rest is key. 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. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to www.cdc.gov/concussion.

Parents and Students Must Sign and Return the Educational Material Acknowledgement Form

Concussion Awareness
Educational Material Acknowledgement Form

By my printed name and signature below, I acknowledge in accordance with the 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 Holly Area School District.

Student Name Printed: _____

Student Signature: _____

Date signed: _____

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____

Date signed: _____

Please return this signed form to Holly Area School District. This form must be kept on file for the duration of the student's school years or the age of 18.

Students and parents/guardians please review and keep the educational materials available for future reference.

Holly Area School District

Bylaws & Policies

7540.03 – Student Network and Internet Acceptable Use and Safety

Advances in telecommunications and other related technologies have fundamentally altered the ways in which information is accessed, communicated, and transferred in society. Such changes are driving the need for educators to adapt their means and methods of instruction, and the way they approach student learning, to harness and utilize the vast, diverse, and unique resources available on the Internet. The Board of Education is pleased to provide Internet services to its students. The Board encourages students to utilize the Internet in order to promote educational excellence in our schools by providing them with the opportunity to develop the resource sharing, innovation, and communication skills and tools which will be essential to life and work in the 21st century. The instructional use of the Internet will be guided by the Board's policy on Instructional Materials.

The District's Internet system has not been established as a public access service or a public forum. The Board has the right to place restrictions on its use to assure that use of the District's Internet system is in accord with its limited educational purpose. Student use of the District's computers, network, and Internet services (Network) will be governed by this policy and the related administrative guidelines, and the Student Code of Conduct. The due process rights of all users will be respected in the event there is a suspicion of inappropriate use of the Network. Users have no right or expectation to privacy when using the Network including, but not limited to, privacy in the content of their personal files, e-mails, and records of their online activity while on the Network.

The Internet is global information and communication network that provides students and staff with access to up-to-date, highly relevant information that will enhance their learning and the education process. Further, the Internet provides students and staff with the opportunity to communicate with other people from throughout the world. Access to such an incredible quantity of information and resources brings with it, however, certain unique challenges and responsibilities.

First, and foremost, the Board may not be able to technologically limit access, to services through the Board's Internet connection, to only those services and resources that have been authorized for the purpose of instruction, study and research related to the curriculum. Unlike in the past when educators and community members had the opportunity to review and screen materials to assess their appropriateness for supporting and enriching the curriculum according to adopted guidelines and reasonable selection criteria (taking into account the varied instructional needs, learning styles, abilities, and developmental levels of the students who would be exposed to them), access to the Internet, because it serves as a gateway to any publicly available file server in the world, will open classrooms and students to electronic information resources which have not been screened by educators for use by students of various ages.

Pursuant to Federal law, the Board has implemented technology protection measures which block/filter Internet access to visual displays that are obscene, child pornography or harmful to minors. The Board utilizes software and/or hardware to monitor online activity of students to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. Nevertheless, parents/guardians are advised that a determined user may be able to gain access to services on the Internet that the Board has not authorized for educational purposes. In fact, it is impossible to guarantee students will not gain access through the Internet to information and communications that they and/or their parents/guardians may find inappropriate, offensive, objectionable or controversial. Parents/Guardians assume risks by consenting to allow their child to participate in the use of the Internet. Parents/Guardians of minors are responsible for setting and conveying the standards that their children should follow when using the Internet. The Board supports and respects each family's right to decide whether to apply for independent student access to the Internet.

The technology protection measures may not be disabled at any time that students may be using the Network, if such disabling will cease to protect against access to materials that are prohibited under the Children's Internet Protection Act. Any student who attempts to disable the technology protection measures will be subject to discipline.

Pursuant to Federal law, students shall receive education about the following:

A. Safety and security while using e-mail, chat rooms, social media, and other forms of direct electronic communications

B. The dangers inherent with the online disclosure of personally identifiable information

C. The consequences of unauthorized access (e.g., "hacking") cyber bullying and other unlawful or inappropriate activities by students online, and

D. Unauthorized disclosure, use, and dissemination of personal information regarding minors

Staff members shall provide instruction for their students regarding the appropriate use of technology and online safety and security as specified above. Furthermore, staff members will monitor the online activities of students while at school.

Monitoring may include, but is not necessarily limited to, visual observations of online activities during class sessions; or use of specific monitoring tools to review browser history and network, server, and computer logs.

Building principals are responsible for providing training so that Internet users under their supervision are knowledgeable about this policy and its accompanying guidelines. The Board expects that staff members will provide guidance and instruction to students in the appropriate use of the Internet. Such training shall include, but not be limited to, education concerning appropriate online behavior, including interacting with other individuals on social networking websites and in chat rooms, and cyber bullying awareness and response. All Internet users (and their parents if they are minors) are required to sign a written agreement to abide by the terms and conditions of this policy and its accompanying guidelines.

Students and staff members are responsible for good behavior on the Board's computers/network and the Internet just as they are in classrooms, school hallways, and other school premises and school sponsored events. Communications on the Internet are often public in nature. General school rules for behavior and communication apply. The Board does not sanction any use of the Internet that is not authorized by or conducted strictly in compliance with this policy and its accompanying guidelines.

Students shall not access social media for personal use from the District’s network, but shall be permitted to access social media for educational use in accordance with their teacher’s approved plan for such use.

Users who disregard this policy and its accompanying guidelines may have their use privileges suspended or revoked, and disciplinary action taken against them. Users granted access to the Internet through the Board's computers assume personal responsibility and liability, both civil and criminal, for uses of the Internet not authorized by this Board policy and its accompanying guidelines.

The Board designates the Superintendent and Technology Director as the administrators responsible for initiating, implementing, and enforcing this policy and its accompanying guidelines as they apply to the use of the Network and the Internet for instructional purposes.

Student Network and Internet Acceptable Use Agreement and Parent Permission Form

As a user of the Holly Area Schools computer network, I agree to comply with the rules set forth in the Acceptable Use Policy for Holly Area Schools and other rules as may be established by the District from time to time. I further agree to use the network in a reliable fashion while honoring all relevant laws and restrictions.

I agree that accounts and passwords are not to be shared with others, including family members. I further agree and understand that individuals and families may be held liable for violations of District policies and/or applicable laws.

I accept that some materials available on the Internet may be inappropriate for children or otherwise be unrelated to educational purposes and agree not to access such materials while on school property or while using my school-issued account.

I have received, read, and understand the Student Network and Internet Acceptable Use and Safety Policy for the Holly Area Schools.

Student Signature _____

As the parent or legal guardian of the minor student signing above, I grant permission for my son or daughter to access networked computer services such as electronic mail and the Internet.

I agree and understand that individuals and families may be held liable for violations of District policies and/or applicable laws.

I accept that some materials on the Internet may be inappropriate for children or otherwise be unrelated to educational purposes, but I accept responsibility for guiding my son/daughter in proper Internet use and agree that the District is not responsible for my child's access to such materials.

I have received, read and understand the Student Network and Internet Acceptable Use and Safety Policy for the Holly Area Schools.

Parent Name (please print) _____

Parent Signature _____ Date _____

School _____

Name of Student _____

Street Address _____ City _____

Home Telephone _____ Mobile _____

Dear Holly Area School Elementary Parents:

I would like to take this opportunity to welcome you to Holly Area Schools and our food services program. At Holly, we strive to provide a delicious, nutritional and balanced meal for each of your children; one they will enjoy and want to eat as well. HAS, in partnership with Chartwells, closely monitors the changing guidelines set by the Healthy, Hunger-Free Kids Act of 2010. All breakfast, lunch, dinner and snacks meet or exceed the dietary requirements set by the USDA, National School Lunch Program and CACFP Dinner program. All meals offer whole grains and include a variety of fresh fruits and vegetables daily. All lunches include fat free milk and a trip to our fresh fruit and vegetable bar. We load this bar up with fruits, vegetables and different side salads daily.

Holly Area Schools has established a quick and convenient debit card system to streamline the breakfast and lunch purchasing process. As your student enters the lunch line he or she will have a card with his or her name and picture on it. This card will access the child's account, which can have money deposited by parents and or guardians at any time. No money need ever exchange hands at time of purchase. Deposits can be made at any register, at any building or on-line through e-Funds for Schools via check or credit card. It's fast and easy!

Aside from the speed and convenience of our systems it also avoids "overt identification" of students meal status. With this system, that information is embedded in the bar code on the student's id card. The only person who sees the information is the food service worker operating the cash register. The food service office has the ability to add notes to a child's food service account. These notes can include limits on purchases or indicate a child has a food allergy or sensitivity. All food allergies must be received in writing annually (forms are available on the District website) in order for any food substitutions to be made. The form must be signed by your child(s) Doctor and indicate what foods/beverages should be omitted and what should be provided in its place.

Parents can also access their children's food service account to monitor and/or view the foods and choices their children are making via the Skyward system. Our digital menus may be accessed through the HAS website under the Food Services Department tab, on the web, using mobile devices (phones, tablets, computers) and Alexa-enabled devices. There is also a traditional PDF menu that can be printed out and put on the fridge. Menus will be published monthly via the Nutrislice program. This program provides not only menus, but full color photos, nutritional information, the ability to separate out allergen information. The food services website also provides Free and Reduced applications, information on special promotions and programs, as well as links to nutrition information for families.

If at anytime you should have questions in regard to your child/children's food service account(s), daily meals or any other questions or concerns, please do not hesitate to contact my office.

Warm Regards,

Joanne Schebil
Director of Dining Services
Chartwells K12/Holly Area Schools
P: 248.328.3033 C: 248.467.1075
Joanne.schebil@hask12.org

Holly Area Schools

920 Baird St. Holly, MI 48442

Kindergarten Waiver Request for 2018-2019 School Year

According to Michigan Law, if a child residing in the Holly Area School District is not five years of age on September 1 but will be five years of age not later than December 1 of that school year, the parent or legal guardian of that child may enroll the child in kindergarten for the current school year if the parent or legal guardian notifies the school district with this waiver of their intention to enroll their child.

A school district that receives this written notification may make a recommendation to the parent or legal guardian as to whether the child is not ready to enroll in kindergarten due to the child's age or other factors. Regardless of the district recommendation, the parent or legal guardian retains the sole discretion to determine whether or not to enroll the child in kindergarten if the student is five years of age not later than December 1.

Student Name: _____ Date of Birth: _____

Verification of Age: *(Check one)*

☐ Birth Certificate ☐ Government Record ☐ Hospital Record

☐ Court Record ☐ Citizenship Paper ☐ Other: _____

Evidence of School Readiness (provided by parent)

_____

_____

_____

_____ _____ _____

Parent/Guardian's Printed Name Parent/Guardian's Signature Date

Holly Area Schools Recommendation

☐ The building principal agrees with the recommendation of the parents to enroll in Kindergarten.

☐ The building principal does not recommend kindergarten to begin in September of 2018 for the following reasons:

_____

_____

_____

_____ _____

School Administrator's Signature and Date