



# Pre-Enrollment Module

Grace Damerow & Alyce Simonson

# Agenda

- Roll out
- Parent Side
- Secretary Side
- Pitfalls

[New Student Enrollment](#)  
New students may enroll by  
filling out the form and  
following the link attached~  
<more info>



## New Student Enrollment



### RELATED LINKS

1. [New Student Enrollment](#)

## Welcome To Fowlerville Community Schools Online Pre-Enrollment

Please READ ALL INSTRUCTIONS CAREFULLY:

If your child has attended any Kindergarten through 12th grade school in Fowlerville Community School District [CLICK HERE](#) to complete forms. IF **NOT**, PLEASE CONTINUE BELOW.

Please use all LEGAL names.

Thank you. Click Continue below.

[Continue >>>](#)





# Roll Out

## • Standardized additional enrollment forms

**Fowlerville Community Schools**  
 417 Smith Elementary  
 440 N. Hubbard  
 Fowlerville, MI 48836  
 (517)223-6005  
 (Kindergarten - 2<sup>nd</sup> Grade)

Ketogen Elementary  
 430 N. Hubbard  
 Fowlerville, MI 48836  
 (517)223-6006  
 (3<sup>rd</sup> - 5<sup>th</sup> Grade)

Fowlerville Junior High  
 7677 Sharpe Rd.  
 Fowlerville, MI 48836  
 (517)223-6003  
 (6<sup>th</sup> - 8<sup>th</sup> Grade)

Fowlerville High School  
 700 N. Grand Ave.  
 Fowlerville, MI 48836  
 (517)223-6002  
 (9<sup>th</sup> - 12<sup>th</sup> Grade)

Fowlerville Online Learning Academy  
 7677 Sharpe Rd.  
 Fowlerville, MI 48836  
 (517)223-6026  
 (9<sup>th</sup> - 12<sup>th</sup> Grade)

Welcome to Fowlerville Community Schools.

Please complete and print a copy the following forms for **EACH CHILD** you are enrolling. Bring the printed copies to your child's school (see above locations) with the following required documents:

- Birth Certificate (State issued) (Kindergartners must turn 5 years of age on or before Nov. 1<sup>st</sup>)
- Immunization Record
- Vision Results
- Proof of Residence

All student records must be complete before the first day he/she attends school.

**ENROLLMENT FORM**  
**Fowlerville Community School District**

Child's Name: Last Name: First Name: Middle Name: Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

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

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

In the past, has your child ever been a student in the Fowlerville School District? ☐ Yes ☐ No

Is your primary language at home something other than English? ☐ Yes ☐ No

Office Use Only:  
 Date Registered: \_\_\_\_\_  
 Student Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Does your child receive any special services? ☐ Yes ☐ No

If YES... Please check services your child is currently receiving as part of a daily school program.

**Special Education**  
 (Check all that apply)

Disability Category (please check):

- ☐ Learning Disabled
- ☐ Emotionally Impaired
- ☐ Cognitively Impaired
- ☐ Physically Impaired
- ☐ Obsessive/Compulsive Disorder
- ☐ Autism
- ☐ Visually Impaired
- ☐ Hearing Impaired
- ☐ Other \_\_\_\_\_

Service Delivery within Special Education (check all that apply):

- ☐ Self-contained classroom
- ☐ Resource or study skills course
- ☐ Co-taught classes
- ☐ IT support only
- ☐ All general education (mainstream support)

Auxiliary Services Support (please check):

- ☐ Speech and Language Services
- ☐ School Social Work Services
- ☐ Teacher Consultant Services
- ☐ Other \_\_\_\_\_

Scarf: mail to Teacher Consultant

**MEDICAL ALERTS** - Please list any special physical or health problems requiring special attention or help from school personnel. For example: Seizures, SEVERE allergies:

Will your child be taking non-prescription medications at school? ☐ Yes ☐ No

Will your child be taking prescription medications at school? ☐ Yes ☐ No

Does your child have ASTHMA? ☐ Yes ☐ No

Does your child have DIABETES? ☐ Yes ☐ No

Did your child play any High School Sport in a prior district? ☐ Yes ☐ No

**Bus Information Sheet**

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

Phone Number ( ): \_\_\_\_\_

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

Each student entitled to transportation will be assigned a specific bus route and bus stop for the school year. If it is necessary to change a student's assigned bus schedule, it is the parent's responsibility to complete a **Request for Alternate Busing** form one week in advance of change.

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

Academic Year: \_\_\_\_\_

Sign Here

Fax/e-mail to Bus Garage

**Fowlerville Community Schools**  
 Board of Education • 7677 Sharpe Road, Suite A • P.O. Box 769 • Fowlerville, MI 48836  
 (517) 223-6001 • FAX (517) 223-6022

**RESIDENCY AFFIDAVIT**

I, \_\_\_\_\_, Michigan, and that I have no other residence other than listed on this affidavit. I also declare that I am in compliance with the State of Michigan General School Laws, which requires that students attend school in the district in which they live with their parents or legal guardians.

In order to affirm my residency in the Fowlerville School District, I have presented documents with my address to school officials. I declare that these documents are true and accurate and further, I am aware that the deliberate falsification of information for school attendance purpose is unlawful.

This question is intended to address the McKinney-Vento Act. Your answer will help the administrator determine residency documents necessary for enrollment of this student, and additional services available to your family.

Presently, where is the student living? Check one box:

- ☐ In a shelter
- ☐ In a motel, hotel or campground
- ☐ Lives in a car, park, abandoned building, bus/train station or similar setting
- ☐ With more than one family in a house or apartment due to loss of housing or economic hardship
- ☐ Awaiting foster care placement
- ☐ None of the above

If the first through fourth option is selected, the McKinney-Vento Act questionnaire is required.

Parent/Guardian Name: \_\_\_\_\_

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

Office Use Only:  
☐ Utility Bill  
☐ Rent Receipt

**Fowlerville Community Schools**

**Request for Educational Records**

Please send the cumulative records (including, but not limited to, grades, health records, attendance information, student portfolios, record testing data, psychological reports, school social work reports, Section 504 plans, Individual Educational Plans, and other information pertaining to special services support) for the student below:

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

Name of Previous School: \_\_\_\_\_ Address: \_\_\_\_\_

**Authorization for Release of Student Records**

\*\* Has this student received Special Education Services? ☐ Yes ☐ No

**Affirmation of Prior Discipline Record**

\*\* A willful false statement on this affirmation will result in a report to the appropriate authorities and potential removal from Fowlerville Community Schools.

**MISTAR ParentConnect**

Welcome to Parent Connection, a virtual window into your child's school day. As the staff at Fowlerville Community Schools continues to look for ways to improve communication with parents and students, we are pleased to announce that Parent Connection (Parent Connect) is a web-based application that provides parents with direct access to student data from anywhere in the world with Internet access. Using a confidential PIN (personal identification number) and password, parents can connect to the school

**Fowlerville Community Schools**

**Technology Systems Acceptable Use Policy and Use Agreement for Students 2013-14**

Fowlerville Community School District offers technology and Internet access for student and staff use. This document is the Acceptable Use Policy for your use of these systems and for any technology equipment on District premises or at District events. Fowlerville's technology systems have been established for limited educational purposes to include classroom activities, career development, and high quality self-discovery activities, all of which promote educational excellence.

Each student entitled to transportation will be assigned a specific bus route and bus stop for the school year. If it is necessary to change a student's assigned bus schedule, it is the parent's responsibility to complete a Request for Alternate Busing form one week in advance of change.

**FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**

Part 1 - If the child you are applying for is homeless, migrant or a runaway, check the appropriate category and verify with the district's Homeless Liaison or Skip Part 2 and go to Part 3.

Part 2 - If any member of your household received Food Assistance Program (FAP), Family Independence Program (FIP), or FCFPR, provide the name and case number. If a case number is provided, only students need to be listed in Part 3.

Part 3 - Household Names - List below all people living in your household, students and non-students, foster children, related or unrelated. For example, grandparents, other relatives, and/or friends, including yourself and children who live with you, must be listed.

Part 4 - Total Household Gross Income - Include the person does not receive any income. "00" must be circle FAFEP/FCFPR number in Part 2, skip to Part 5.

Names	Gender	Grade	Building Name (if applicable)	Circle if NO income	Earnings from Work (before any deductions and taxes)	Wellness, Child Soc. Allowance
Example: Jane Doe	Female	Child			\$0	\$500
1	Male	Child			\$0	\$0



- Rolled module out for Kindergarten Roundup

- Parents who did not pick-up and fill out the enrollment forms before arriving at Roundup were asked to pre-enroll electronically using laptops
- 10 laptops set up and wired to network
- 2 Tech people were there all day long to provide support
- The following Fall all new enrollments, K-12, were done electronically – No more paper enrollment forms
- Each building got a laptop or desktop so parents could fill out forms onsite





- 2<sup>nd</sup> year 1 tech person and a couple of HS Honor Society students were there to help
- Now we only use HS students to help parents
- We are now wireless in every building
- <https://zangleweb.resa.net/fowlerville/preenrollment/>



# Parent Side

**Welcome To  
Fowlerville Community Schools  
Online Pre-Enrollment**

Please READ ALL INSTRUCTIONS CAREFULLY:

If your child has attended any Kindergarten through 12th grade school in Fowlerville Community School District [CLICK HERE](#) to complete forms. IF **NOT**, PLEASE CONTINUE BELOW.

Please use all LEGAL names.

Thank you. Click Continue below.

[Continue >>>](#)

[Return To District Web Site](#)



**Fowlerville Community Schools  
Online Pre-Enrollment**

**Household Address**

House #:    
\*Number Number Suffix

Street:      
Street Prefix \*Street Name Street Type Street Suffix

Suite:   Complex:   
Suite Type Suite Number Complex Name

City/State/Zip:      
\*City \*State \*Zip Code

**Mailing Address (If Different From Above)**

Address:   
Line 1  
  
Line 2  
City/State/Zip:      
City State Zip Code

**Household Telephone**

Telephone Type:  Unlisted Number ☐

Telephone Number:  -  -   
Area Code Prefix Number

**Student Pre-Enrollment**

\*Number Of Students:

[Cancel](#) [Continue >>>](#)

**Note:** Required fields are indicated by an asterisk (\*).





# Additional Forms

**Fowlerville Community Schools**  
 111 South Elementary 440 N. Hubbard Fowlerville, MI 48836 (517) 223-6005 (K-12/grades - 27/grade)  
 Kregg Elementary 430 N. Hubbard Fowlerville, MI 48836 (517) 223-6006 (K-12/grades - 27/grade)  
 Fowlerville Junior High 7677 Sharpe Rd. Fowlerville, MI 48836 (517) 223-6003 (6th - 8th grade)  
 Fowlerville High School 780 N. Grand Ave. Fowlerville, MI 48836 (517) 223-6002 (9th - 12th grade)  
 Fowlerville Online Learning Academy 7677 Sharpe Rd. Fowlerville, MI 48836 (517) 223-6026 (9th - 12th grade)

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- Immunization Record
- Vision Results
- Proof of Residence

All student records must be complete before the first day he/she attends school.

**ENROLLMENT FORM**  
**Fowlerville Community School District**

Child's Name: Last Name First Name Middle Name Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

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

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

In the past, has your child ever been a student in the Fowlerville School District? ☐ Yes ☐ No

Is your primary language at home something other than English? ☐ Yes ☐ No

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Does your child receive any special services? ☐ Yes ☐ No

If YES... Please check services your child is currently receiving as part of a daily school program.

**Special Education** (Student Category (please check))

☐ Learning Disabled  
☐ Emotionally Impaired  
☐ Cognitively Impaired  
☐ Physically Impaired  
☐ Otherwise Health Impaired  
☐ Autism  
☐ Visually Impaired  
☐ Hearing Impaired  
☐ Other \_\_\_\_\_

☐ IDEA Education Plan

**Service Delivery** within Special Education (check all that apply)

☐ Self-contained classroom  
☐ Resource or study skills center  
☐ Co-taught classes  
☐ JTC support only  
☐ All general education/minimum support

**Auxiliary Services Support** (please check)

☐ Speech and Language Services  
☐ School Social Work Services  
☐ Teacher Consultant Services  
☐ Other \_\_\_\_\_

Staff mail to Teacher Consultant

**MEDICAL ALERTS** - Please list any special physical or health problems requiring special attention or help from school personnel. For example: Seizures, SEVERE allergies:

Will your child be taking non-prescription medications at school? ☐ Yes ☐ No

Will your child be taking prescription medications at school? ☐ Yes ☐ No

Does your child have ASTHMA? ☐ Yes ☐ No

Does your child have DIABETES? ☐ Yes ☐ No

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Academic Year: \_\_\_\_\_

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**RESIDENCY AFFIDAVIT**

I, \_\_\_\_\_ declare that I physically reside at \_\_\_\_\_ Michigan, and that I have no other residence other than listed on this affidavit. I also declare that I am in compliance with the State of Michigan General School Laws, which requires that students attend school in the district in which they live with their parents or legal guardians.

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Presently, where is the student living? Check one box:

☐ In a shelter  
☐ In a motel, hotel or campground  
☐ Living in a car, park, abandoned building, bus/train station or similar setting  
☐ With more than one family in a house or apartment due to loss of housing or economic hardship  
☐ Awaiting foster care placement  
☐ None of the above.

If the first through fourth option is selected, the McKinsey-Vente Act questionnaire is required.

Parent/Guardian Name: \_\_\_\_\_

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

**Sign Here**

Office Use Only  
☐ Utility Bill  
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Name of Previous School: \_\_\_\_\_

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

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FCS technology has not been established as a public access or public forum and our school district has the right to place reasonable restrictions on the material you access or post, the manner you need to have before you are allowed to use the system, and enforce all rules set forth in the Fowlerville Community School's code and the laws of the state of Michigan. Further, you may not use these systems for commercial purposes to offer, provide, or purchase products or services through the system or use them for political lobbying. Access to the Internet is available through this school district only with permission of the principal or teacher designated and your parent's/legal guardian. Fowlerville Community School district is in compliance with the **Child Internet Protection Act**.

Pursuant to Federal law, the FCS Board of Education 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 and staff members to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. Nevertheless, parent/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 parent/guardians may find inappropriate, offensive, objectionable or controversial. Parent/Guardians assume risks by consenting to allow their child to participate in the use of the Internet. Parent/Guardians of minors are responsible for seeing 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.

**FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**

**Part 1** - If the child you are applying for is homeless, migrant or a runaway, check the appropriate category and verify with the district/county Homeless Liaison or High Point 2 and for the Child's Name, Grade, and Address in Part 3.

**Part 2** - If any member of your household received Food Assistance Program (FAP), Family Independence Program (FIP), or FOPR, provide the name and case number. If a case number is provided, only students need to be listed in Part 3.

**Part 3 - Household Names** - List below all people living in your household, students and non-students, foster children, related or unrelated. For example, grandparents, other relatives, and/or friends, including yourself and children who live with you, must be listed.

**Part 4 - Total Household Gross Incomes** - Include the if the person does not receive any income "00" must be circle FAP/FIP/FOPR number in Part 2, also to Part 5.

Names	Circle Yes if Foster Child	Grade or age (at school)	Building Name (if applicable)	Circle If NO Income	Earnings from Work (before any deductions and taxes)	Welfare, Child Subsidy
Example: Jane Doe	Yes			\$0	\$000	weekly
						monthly
						weekly
						monthly
						weekly
						monthly



# Secretary Side

- Managing Pre-enrollment students
  - Web Version

The screenshot displays the Secretary Side web interface. On the left, a menu titled "Please Make a Selection" lists various tools, with an arrow pointing to "Web Administrator". The main sidebar contains a list of options, with an arrow pointing to "Pre-Enrollment". The top navigation bar includes "Pre-Enrollment" and "Pre-Enrollment Data Management". The main content area shows a table with the following data:

Date Entered	Student Name	Birth Date	Gndr	Grade	Telephone
01/10/2014	Student, Test	01/01/2005	F	3	
01/17/2014					

Below the table, it states "Total Students: 2".

This is also the place you would check to see how many of your students still have not enrolled. You can then call to see if they plan on attending, or maybe the pre-enrolled status is a duplicate.



# Printing Pre-Enrollment MiStar Forms

Please Make a Selection

- TeacherConnect - Q
- GradeBook - Q
- Auto Tracker
- Contact Data Confirmation
- Decision Support Tool
- Extra Curricular Programs
- MISTAR - Q
- Notifications
- Service Tracker
- Special Ed Forms
- Special Ed Forms Archive Tool
- Student Health
- Student Profile - Q
- Time Tracker
- Web Administrator
- XML Exporter Reports**

1/19/2014

- Administrator Reports
  - Gradebook
  - TeacherConnection
  - General Student Reports
  - Pre-Enrollment
    - Pre-Enrolled Student Information**
  - WISE Reports
  - ZAP
  - Report Writer
- EC Programs
- Service Tracker
- Student Health
  - Filter By Student
  - Service Manager
  - Daily Schedules
  - Report Writer
- TeacherConnection
- Time Tracker

1/19/2014

Pre-Enrolled Student Information

Create Report

Print Report for: Student (Grade).....Birthdate  
< All Students >  
Student, Test (3).....01/01/2005

School Info in Report Heading:  
Fowlerville Community Schools (47030)

Include:  
☐ Parent/Guardian Signature Line

Create Report

Report Date: 1/19/2014

**Pre-Enrolled Student Information**  
Fowlerville Community Schools

Student, Test Grade: 3 Gender: F Birthdate: 01/01/2005

Student Information			
Legal Name:	Test	Student	
Nick Name:	First Name	Middle Name	Last Name
Birth Date:	01/01/2005	(9 Years 0 Months Old)	Birth Place:
Gender:	Female	Ethnicity:	Hispanic or Latino
Home Language:	<Unset>	Student Primary Language:	<Unset>
Citizenship:	<Unset>	Country:	<Unset>
Grade Level:	3	E-Mail Address:	

Household Address			
House #:	Number	Number Suffix	
Street:	525	Oak	Street Type
Suite:	Suite Type	Suite Number	Complex:
City/State/Zip:	Fowlerville	MI	55555
	City	State	Zip Code



*Welcome To  
Fowlerville Community Schools  
Online Pre-Enrollment*

Please READ ALL INSTRUCTIONS CAREFULLY:

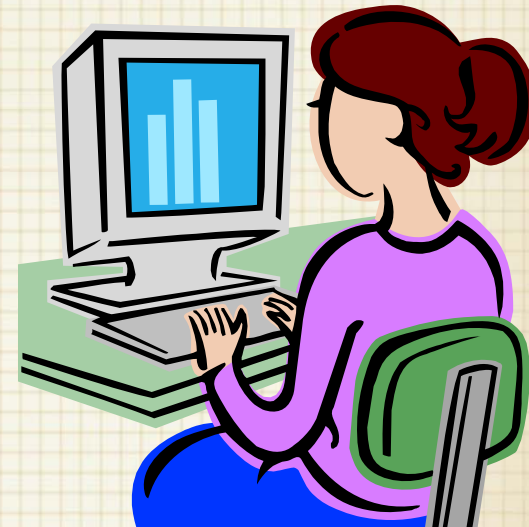
If your child has attended any Kindergarten through 12th grade school in Fowlerville Community School District CLICK HERE to complete forms. IF **NOT**, PLEASE CONTINUE BELOW.

Please use all LEGAL names.

Thank you. Click Continue below.

Continue >>>

[Return To District Web Site](#)



If parent has MiStar forms but not the additional forms, they will need to re-do them in.



# Secretary MiStar Front Office

- Choose track and or building
- Enrollment
- Student Editor
- Enroll

**Search Criteria**

Lastname: 
 Gender: 
 Status:

Firstname: 
 Birthdate: 
 School:

Ident: 
 SSN: 
 StateID:

**Matching Students (1)**

Student Name ▲	Ident	Gnd	Birthdate	Sts	School	SSN	State ID
Student, Test	<preenroll>		01/01/2005				



- Enroll the student, this will bring them into the front office. Then you will need to clean up the data (all caps, all lower case)
- If you have a student that is pre-enrolled and he/she is the same as one with a student number, we tell our secretaries to use the student with the student number, then just verify and change the data from the forms you get from parent. \*\*Make sure they are the same student.





# Pitfalls

- Shows exactly what the parent types (all caps, all lower case, spelling errors)
- Some parents cannot print the forms from home
- Non techy parents not used to using a computer, you may have to sit with them and help them
- Parent that doesn't speak English well, you may need to do the typing for them. Or if they have a student old enough, the student could help their parent



# Fowlerville Community Schools



**Grace Damerow**

Technology Director

Great Wizardess of OZ

517.223.6021

**Alyce Simonson**

Technology Admin. Asst

Assistant to the Great Wizardess of OZ

517.223.6236