



Dear Parent/Guardian of a new potential student,

Welcome and thank you for your interest in attending Shawnee Heights Middle School! In order to assist you in completing the requirements for enrolling your student, we have put together a brief guide outlining the steps you will need to take prior to your student's attendance in our district.

<i>Step 1</i>	Call the school to schedule a scheduling and orientation appointment. 785-379-5830.
<i>Step 2</i>	Scan and email copies of your family's proof of residency in the USD 450 attendance area, your student's birth certificate and immunization records. Send your documentation to: Jackie Calovich: <a href="mailto:calovichj@usd450.net">calovichj@usd450.net</a> Katie Davis: <a href="mailto:davisk@usd450.net">davisk@usd450.net</a>
<i>Step 3</i>	Review and complete the Student Information Record form, The Request for Pupil Records form and the School Bus Add / Drop form. These completed forms should also be emailed to: Jackie Calovich: <a href="mailto:calovichj@usd450.net">calovichj@usd450.net</a> Katie Davis: <a href="mailto:davisk@usd450.net">davisk@usd450.net</a>
<i>Step 4</i>	The SHMS guidance office will pre-register your student and email a link with instructions for creating a Power School account and completing the online enrollment process for your student.
<i>Step 5</i>	Attend your scheduling and orientation appointment with your child. During this appointment, you and your student will select middle school courses and tour the building.

The documentation listed below is required before the SHMS guidance staff will conduct an enrollment, scheduling and orientation appointment for your student. If you are unable to complete the forms below electronically and email them to the school, please bring the documentation to your appointment

Required Documentation

- o **Proof of Residence:** a utility bill, lease agreement or mortgage coupon/statement that associates your in-district address to the parent/guardian of the student being enrolled. (Bills not associated with a utility or the house itself do not qualify as proof.)
- o **Birth Certificate**
- o **Immunization Records**

Required Forms

*Note: Completing these forms and transmitting them to the email addresses above will allow the guidance office to pre-enroll your student. This will shorten your child's scheduling and orientation appointment by 45 minutes.*

- o **Student Information Record** provides us general contact information for your student. This allows us to pre-register them in our administrative system, which is called PowerSchool.
- o **Request for Pupil Records form** allows us access to your student's records at the previous school they have attended. You only need to complete the bottom half of the form beneath the "Request Information:" heading. If you do not know the fax number for the previous school, please at least include the city and state in which the school is located.
- o **School Bus Add / Drop form** allows us to coordinate bussing for your student. USD 450 will only provide bus service to addresses located in the USD 450 attendance area.

The Counselor will provide you with a letter (in-person or electronically) with your Power School Access ID *after* all of the above forms and documents are completed and / or provided to the school. This allows you to complete registration

online for your student. At your appointment, your student's counselor will also assist you with completing a course selection form where the desired elective classes are chosen for the upcoming school year.

\*If your student currently has an **IEP** (special education services through an individual education plan), a **504 plan**, or an **ELL plan** (English language learner) we will need a copy of this document prior to your enrollment appointment in order to ensure we have reviewed and identified your student's particular needs. When you call the school to make a scheduling and orientation appointment, please make the school aware that your child has an IEP, 504 or ELL plan.

\*If you believe your family might qualify for *free or reduced lunches*, here is an electronic link to the paperwork that will need to be completed in order to see if adjustments can be made to lunch and other school fees.

[https://www.usd450.net/files/Schools/Enrollment/Free\\_Reduced\\_Lunch\\_App\\_1718.pdf](https://www.usd450.net/files/Schools/Enrollment/Free_Reduced_Lunch_App_1718.pdf)

We hope that this information helps inform you about the organization of our enrollment process, and is painless and perhaps more convenient (if electronic tasks will simplify things for you). If you have any questions regarding any of these steps please contact the school 785-379-5830.

Sincerely,

Amy Esquibel and Beth Robinett

Shawnee Heights Middle School Counselors



## Student Information Record Short Form

### STUDENT INFORMATION:

Student Legal Name: \_\_\_\_\_ Grade Enrolling: \_\_\_\_\_

Gender:      F              M              Birth date: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

### PRIMARY CONTACT INFORMATION:

Primary Contact Name: \_\_\_\_\_

Primary Contact Phone Number: \_\_\_\_\_

Primary Contact's Relationship to Student: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

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

*\*By entering your name above, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this document.*

### LEGAL INFORMATION:

**Legal Alert** (Court Documentation and physical description must be provided to the school office.)

Is anyone legally barred from seeing this student?      Yes      No

If yes, who? \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Comments:

**SHAWNEE HEIGHTS USD 450 MIDDLE SCHOOL**

4335 S.E. Shawnee Heights Road • Tecumseh, Kansas 66542-9536

Phone: (785) 379-5830 • Fax: (785)379-5848



**SHAWNEE HEIGHTS  
MIDDLE SCHOOL**  
THUNDERBIRDS

**REQUEST FOR PUPIL RECORDS**

**Facsimile (or Email) Information:**

To: \_\_\_\_\_

School or Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Fax or Email address: \_\_\_\_\_

From: \_\_\_\_\_ Shawnee Heights Middle School

Total Pages: \_\_\_\_\_ Original to follow by mail \_\_\_\_\_ Original NOT to follow by mail

*(If you do not receive all of the pages, please call (785) 379-5830, Ext.6314 - Counselor's Ofc.)*

Special Instructions: \_\_\_\_\_

Return to the attention of: \_\_\_\_\_

**REQUEST INFORMATION:**

Please send records for: \_\_\_\_\_  
Last Name First Middle

Birthdate: \_\_\_\_\_ Enrolled in grade \_\_\_\_\_ in our school.

**Records to Include:**

Transcript of Grades/Credits.....  
Health Records .....  
Attendance Records.....  
Birth Certificate.....  
ELL Plan.....

Test Records.....  
KSHSAA Physical.....  
Special Education Records/IEP.....  
Other.....

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

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

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIDENTIALITY NOTICE**

*The information contained in this facsimile may be confidential in nature. The information is intended only for the use of the individual or entity to whom it is addressed. If you are not the addressee or the employee or agent responsible to deliver this facsimile to its intended recipient, you are hereby notified that any review, use, dissemination, distribution, disclosure, copying or taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original facsimile to us at the above address via the U.S. Postal Service. Thank you.*



## School Bus Add/Drop Change Form

Add  
Drop  
Change

Date \_\_\_\_\_

Student ID # \_\_\_\_\_  
(School Office Will Provide)

Student Name \_\_\_\_\_  
Last, First

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

School \_\_\_\_\_ Grade \_\_\_\_\_ Home Phone \_\_\_\_\_

Is the student using district transportation?      Yes      No

Pick Up \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
(Address)

Drop Off \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
(Address)

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Date Effective \_\_\_\_\_

Parent Name \_\_\_\_\_

Comments: