



CHIPPEWA VALLEY SCHOOLS



Non-Resident Chippewa Valley Employees Application for Student Enrollment

19230 Cass Ave Clinton Twp., MI 48038

Pupil Accounting Department

Phone: 586-723-2135 Fax: 586-723-2051 Attn: Carol Anne Milke

"Inspiring and empowering learners to achieve a lifetime of success"

Please complete this application and discipline verification form for EACH student you would like to enroll and submit to the Pupil Accounting department by fax or interoffice mail. After you receive approval, you may enroll your child(ren) using our online registration link for new students at the following weblink: <https://www.chippewavalleyschools.org/for-parents/enrollment/>. Approval automatically renews yearly provided you are a Chippewa Valley district employee, and your child continues to attend Chippewa Valley Schools.

STUDENT INFORMATION:

School Year starting at CVS: _____

Legal Name: _____ Date of Birth: _____

CVS School Requested: _____ Grade Level starting CVS: _____

Current School District: _____ Current School: _____ Current Grade: _____

DISCIPLINE:

Has student ever had discipline problems? Yes _____ No _____
Has student ever been suspended? Yes _____ No _____
Has student ever been expelled? Yes _____ No _____

*Two (2) years of discipline is required and must be submitted from student's previous school, please fill out and sign a **Discipline Verification form** (see next page) and submit with this application.*

EMPLOYEE/PARENT INFORMATION:

Contact Phone# _____

Name: _____ CVS Email: _____

CVS Building Location: _____ CVS Position: _____

Home Address: _____ City _____ State _____ Zip _____

Current Resident District: _____ Current Resident District Code: _____ (if known)

Employee Signature: _____ Date: _____

Parent is a Chippewa Valley Schools employee; release is **NOT** required from resident district (refer to SB#599).
Application approved for Chippewa Valley School District by:

Ms. Marina Licari Date
Executive Director of Elementary Education

Mr. Paul Sibley Date
Executive Director of Secondary Education



CHIPPEWA VALLEY SCHOOLS

Discipline Verification Form

Pupil Accounting Department

19230 Cass Ave Clinton Twp., MI 48038

Ph: 586-723-2135 Fax: 586-723-2051 Attn: Carol Anne Milke

"Inspiring and empowering learners to achieve a lifetime of success"



Parent/Guardian: Please complete this form, sign, date and submit to your student's current school for review and signature. The completed form is to be returned to Chippewa Valley Schools by the current school and **MUST** include the student's discipline record for the previous two (2) years. Return contact information listed above.

STUDENT INFORMATION

Last Name: _____ Student's Birthdate: _____

First Name: _____ Grade: _____

School Entry/Start Date: _____ Current School and /District: _____

School Address: _____

School's Phone: _____ School's Fax: _____

A willful false statement on this affirmation may result in a possible removal from Chippewa Valley Schools.

Has the student ever been expelled for any reason? No _____ Yes _____ (attach documentation)

Has the student had any in school or out of school suspensions during the previous two years?

No _____ Yes _____ (attach documentation)

Has the student withdrawn from a school district in lieu of being charged with conduct which may have resulted in expulsion or long-term suspension? No _____ Yes _____ (attach documentation)

Has the student been suspended or expelled from any public or private school, 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 person 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 sponsored activity? No _____ Yes _____ (attach documentation)

Has the student been convicted of a crime or are any felony charges pending against the student?

No _____ Yes _____ (attach documentation)

Parent/Guardian Verification: I verify the above information to be true and accurate. I request student discipline records to be disclosed to the Chippewa Valley School District.

Parent/Guardian Signature: _____ **Date:** _____

To be Completed by Current School

Return via fax as listed at top of this page.

If the student has been involved in offenses involving weapons, alcohol, or drugs, or willful infliction of injury to persons and/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 documentation.

According to our school records, we can verify that the information provided above by the parent/guardian is:

CORRECT _____ INCORRECT _____

Signature of Current District Administrator

Position/Title

Date