

Hillman Jr/Sr High School
26042 M 32 S
Hillman, MI 49746
(989)742-4538 - phone
Hillman Elementary School
245 E. Third St.
Hillman, MI 49746
(989)742-4537 - phone

www.hillmanschools.com



Mission

Inspiring each student to reach their maximum potential through a collaborative, rigorous and student-focused education

Vision

Successful life-long learners who are ready for college, career, and life in an ever-changing world.

Core Values

Achievement – We will reach our goals!

Excellence – We give our best!

Integrity – We do the right thing!

Commitment – We educate all students!

Records Request Form

TO: _____
Name of Last School Attended

Street Address

City _____ State _____ Zip _____

Student Name: _____ DOB: _____ Grade: _____

Please send the records of the above named student to:

HILLMAN JR/SR HIGH SCHOOL
Attention: Student Records
26042 M-32 S.
Hillman, MI 49746

Please include the following:

1. Email transcripts, last report card, and most recent Special Education Records to meyerje@hillmanschools.com
2. Cumulative Records
3. Health and Immunization Records
4. Test Scores
5. Psychological, Psychiatric, and Emotional Evaluations
6. Special Education Records
7. Student Threat assessment records

These records will be for the professional use of authorized Hillman Community School District personnel only. Any further information you can give us to help in the proper placement of this child will be appreciated. Thank you for your cooperation.

Section 99.34 of the Family Education Rights and Privacy Act of 1974 states in summary that: Schools may send a student's educational records to officials of other schools or school systems in which the student seeks or intends to enroll, upon condition that the student's parent be notified of the transfer, receive a copy of the record, if desired, and have an opportunity to challenge the content of the record.

As the parent/guardian of the above named child, I have read the statement above and give consent for the information as requested be sent.

Date

Signature of Parent/Guardian

Hillman Community Schools

Proof of Residency

Student Name: _____ Age and Grade: _____

Before any student can be registered into the Hillman Community Schools District, the student's parents, legal guardian or relative must prove legal residency in the district. Families whose primary residence is outside of the district are not eligible to attend Hillman Community Schools without approved School of Choice paperwork or a release from the resident district.

Birth Certificate: Yes or No

All applicants must submit at least **ONE DOCUMENT FROM EACH GROUP BELOW:**

Group A: Verified Purchase Agreement, Copy of Deed or most recent mortgage payment, Copy of lease(including BHA and HUD leases) **AND** record of most recent rent payment, Rental agreement **OR** Section 8 Agreement.

Group B: Valid Driver's License with current address, valid Michigan photo ID card, Other current photo ID with Address (ie: work badge)

Group C: Utility bill or work order dated within the past 60 days, current, Current vehicle registration, Gas bill, Landline telephone bill, Cable bill, Checkbook reflecting current address, W-2 dated within the last year, Excise (vehicle) tax bill, Property tax bill, Letter from approved government agency dated within the past 60 days, Payroll stub, Bank or credit card statement.

Office use:

DISTRICT RESIDENT? Yes or No
If YES, form of residency verification provided:

If NO, what District is the student a resident of? _____
If NO, has a "School of Choice" form been filled with the Superintendent? Yes or No

Hillman Community Schools Enrollment Form (continued)

(please initial the boxes)

As part of our annual requirements, all families must complete and return the Free and Reduced Price Meal Application by the end of the first week of school. This applies to all students, even if you do not plan to participate in the school meal program.

I hereby give permission to Hillman Community Schools to secure emergency medical and/or emergency surgical treatment for the minor child named on this document while in the care of the school.

I grant Hillman Community Schools permission to take photographs of my child and publish them in print and/or electronically. If not, complete the [Photo Opt-Out Form](#).

I acknowledge that the Concussion Fact Sheet for Parents is provided at this link https://www.cdc.gov/headsup/pdfs/schools/TBI_factsheets_PARENTS-508-a.pdf.

I authorize Hillman Community Schools to release my child's immunization record and personally identifiable information to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

Hillman Community Schools may release "Directory Information" regarding my child in certain school publications and to companies with legitimate school district business, such as yearbook publication, school pictures, class rings, local radio stations and news media announcements including the school Facebook page. If not, complete [Directory Opt-Out Form](#).

I am the parent/legal guardian of the above named student. I acknowledge that the Code of Conduct for Students is available in the parent/student handbook at https://www.hillmanschools.com/downloads/high_school/2024-2025_jr-sr_high_student_handbook.pdf and it is my responsibility to discuss it with my child.

I acknowledge that the Hillman Community Schools current Student Technology Acceptable Use and Safety policy (po7540.03) is available at <https://go.boarddocs.com/mi/hillma/Board.nsf/Public?open&id=policies#> and understand that my student is required to follow all guidelines set forth in the policy and agree to the terms and conditions as outlined in this policy and the parent/student handbook.

To ensure the safety and well-being of all students and staff, our school requests permission to receive any relevant threat assessments or safety-related evaluations conducted on your child by previous schools, agencies, or authorities.

Please sign below to authorize the release of such information to Hillman Community Schools, so that we can provide appropriate supports and maintain a safe learning environment for everyone.

Parent/Guardian Signature: _____

Date: _____

Hillman Community Schools Student Emergency Information
2025-2026

Student Name: _____ DOB: _____ Grade: _____

Physical Address _____

City _____ Zip _____

Mailing Address(P.O.Box) _____

With whom does the child reside? _____ Primary Phone _____

***Parent/Guardian 1**

Name _____ Phone _____

Address if different than child _____

Email: _____

Employer _____

Employer Phone Number _____

***Parent/Guardian 2**

Name _____ Phone _____

Address if different than child _____

Email: _____

Employer: _____

Employer Phone Number _____

Please list individuals you authorize to pick your child up from school or assume temporary care if we cannot reach you:

Name _____ Relationship to child _____

Phone _____

Name _____ Relationship to child _____

Phone _____

Allergies _____

Medications taken regularly _____

Serious injury, operation or disease _____

Name of Child's Physician _____

- I hereby give permission to Hillman Community Schools to secure emergency medical and/or emergency surgical treatment for the minor child named on this care while in the care of the school.
- I understand the current handbook is posted on the school website (www.hillmanschools.com) and I can request a printed copy of the handbook at any time.

Parent/Guardian Signature

Date

Hillman Community Schools

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Jr/Sr High School Enrollment Form

School Day 8:00 a.m. – 3:00 p.m.

STUDENT INFORMATION

Legal Name (as listed on the certified birth certificate – please provide a copy)

Last:

First:

Middle:

Suffix:

Date of Birth:

City/State of Birth:

Gender: M F Grade:

Primary Home Street Address:

Apt# City

Zip

Student's Primary Home Phone#:

Cell Phone #:

Mailing Address (if different than Home Address)

Does your student receive Special Education Services?

Yes No

(Check all that apply) Specific Learning Disability Emotionally Impaired Otherwise Health Impaired Cognitive Impairment
 Hearing Impaired Visually Impaired

What type of services does your student receive?

(Check all that apply)

Special Ed. Classes Speech 504 plan
 Occupational/Physical Therapy Other

Please explain Other:

Has this student ever been expelled from a school If yes, please list date(s) and district(s):
district?

Yes No

Previous School Attended (if applicable):

STUDENT MEDICAL INFORMATION

List any chronic health conditions:

List any allergies (if food related, we must have a copy of a doctor's note on file):

Does student use an Epi-Pen or other emergency medication? Yes No

(If answer is yes and it is needed at school, additional paperwork will need to be completed.)

STUDENT ETHNICITY/LANGUAGE INFORMATION Please note that if ethnicity and race info is not provided, the US Dept. of Education requires the school district to provide an answer on your behalf

Is Student Hispanic/Latino? Yes No

Student Ethnicity: (please check at least one)

American Indian/Alaskan Native Asian
 Black/African American White
 Native Hawaiian/Pacific Islander

Primary Language: (required)

What language did your child first speak?

English Other _____

Other languages spoken in home? _____

Preferred language for communication? _____

Hillman Community Schools Enrollment Form (continued)

CUSTODY

Student lives with: (please check):

Both parents (same household) If yes, skip to next section. If no, please provide legal documentation if necessary.
If there is a current Order of Protection, No Contact Order or other safety factors which concern this student, please provide a copy.

List the names and relationships of all adults residing with the student: _____

Lives with Mom Lives with Dad Lives with Legal Guardian(s)

Sole Physical Custody Joint Physical Custody Lives with Other

Please explain: _____

Description of Residence: (please select one)

Single family in a house or dwelling More than one family in a house or dwelling

Hotel/Motel Name: _____

Lives with friend or relatives-other than parents or guardians

Transitional housing or other: (Please describe): _____

Shelter Name: _____

Unsheltered

PARENT/GUARDIAN INFORMATION

Mother Legal Name:

Last Name _____ First Name _____ Middle _____

Relationship to Student:

Biological Mother

Step Mother

Foster Mother

Legal Guardian

Home Phone _____ Cell Phone _____

Do you reside with student: Yes No

Address (if different than student's primary address)

Place of Employment _____ Work Phone _____ Status: Single Married Divorced

PARENT/GUARDIAN INFORMATION

Father Legal Name:

Last Name _____ First Name _____ Middle _____

Relationship to Student:

Biological Father

Step Father

Foster Father

Legal Guardian

Home Phone _____ Cell Phone _____

Do you reside with student: Yes No

Address (if different than student's primary address)

Place of Employment _____ Work Phone _____ Status: Single Married Divorced

FAMILY INFORMATION: Please list all children in the family, oldest first

Name	School Attending	Gender	Age	Date of Birth
		<u>M</u> <u>F</u>		
		<u>M</u> <u>F</u>		
		<u>M</u> <u>F</u>		

EMERGENCY CONTACT (other than a parent/guardian)

1 st Choice:	Name	Phone#	Relationship to Student
2 nd Choice:	Name	Phone#	Relationship to Student
3 rd Choice:	Name	Phone#	Relationship to Student

Hillman Community Schools Enrollment Form (continued)

I hereby acknowledge that the information provided on this form is true and accurate. **I understand that it is my responsibility to notify the appropriate school office if and when any of the information set in the form changes.**

Enrollment in Hillman Community Schools is consent for online learning.

Parent/Guardian Signature

Date

SCHOOL OFFICE USE ONLY

Enrollment Date:	Documents Received:		
Student ID:	<input type="checkbox"/>	Birth Certificate	<input type="checkbox"/> Court Documents
Residing District:	<input type="checkbox"/>	Imm Record/Waiver	<input type="checkbox"/> IEP/504
<input checked="" type="checkbox"/> Records Requested	<input type="checkbox"/>	Residency Verification	<input type="checkbox"/> KG Hearing Screen
Request Date:	<input type="checkbox"/>	Lunch App	<input type="checkbox"/> KG Vision Screen
<input type="checkbox"/> Records Received Date:	<input type="checkbox"/>	Emergency Card	<input type="checkbox"/> Other _____

Hillman Community Schools

TRANSPORTATION INFORMATION

Student Name: _____ DOB: _____ Grade: _____

The policy within Hillman School District states that we cannot have students going to different addresses at any given time. They need one address to get picked up in the morning and one address to get dropped off in the afternoon. Both addresses can be the same.

If your child needs to go someplace different, it will be the parents' and guardians' responsibility to accomplish this, not the school's. If students try to go to a different address, they will be placed on the bus going to the address listed below. If this happens on a regular basis, the school may refuse transportation privileges for a period of time.

My child will not be riding the bus.
 My child will be riding the bus.

Picked Up (Morning)

Address: _____

Adult Present: _____

Phone Number: _____

Dropped Off (Afternoon)

Address: _____

Adult Present: _____

Phone Number: _____

Note: Bus routes are determined by student location. Please call the Transportation office at 989-742-3501 with any transportation questions.

Parent/Guardian Signature

Date

This form needs to be turned in to the office the first week of school.

Thank you for your cooperation regarding this new procedure.

CONCUSSION AWARENESS EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with 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 Sponsoring Organization, Hillman Community Schools.

Student Name:

Student Date of Birth

Parent/Guardian Name - Please Print

Parent/Guardian Signature

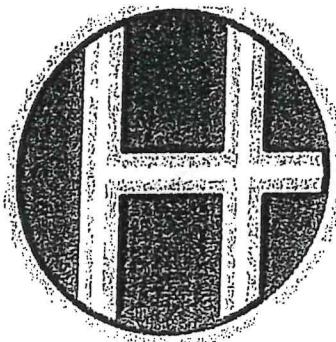
Date

Please return this signed form to the sponsoring organization that must keep it on file for the duration of participation or age 18.

Participants and parents please review and keep the educational materials available for future reference.

**PLEASE SIGN AND RETURN THIS FORM TO THE MAIN OFFICE OR YOUR CHILD'S
ICE TEACHER ASAP**

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Preparing our learning community for the reality of tomorrow.

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Excellence – We give our best!

Integrity – We do the right thing!

Concussion Protocol

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells.

Concussions Are Serious

Medical providers may describe a concussion as a “mild” brain injury because concussions are usually not life-threatening. Even so, the effects of a concussion can be serious.

Signs of a Concussion

- Headache
- Dizziness or confusion
- Feeling sick (Nausea/Vomiting)
- Coordination or balance problems
- Blurred Vision
- Speech problems
- Trouble thinking or remembering

The following protocol will be followed if a student gets any kind of bump or injury to the head.

- Staff will notify the office and the student will be escorted to the office.
- Office staff will gather information about the event and provide initial support as needed.
- The principal will be contacted with the details of the event.
- Parents will be notified and can make the choice to pick up the student and/or to seek medical treatment.
- Parents will notify the school if medical treatment is sought.
- In an emergency, the school will notify 911 and the parents.
- Hillman Elementary School will collaborate with parents to follow any medical advice provided.

*Additional information regarding concussions to athletes can be found at:

<https://www.michigan.gov/mdhhs> under the heading “Michigan Sports Concussion Law”

A FACT SHEET FOR High School Parents



This sheet has information to help protect your teens from concussion or other serious brain injury.

What is a concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How can I help keep my teens safe?

Sports are a great way for teens to stay healthy and can help them do well in school. To help lower your teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - > Work with their coach to teach ways to lower the chances of getting a concussion.
 - > Emphasize the importance of reporting concussions and taking time to recover from one.
 - > Ensure that they follow their coach's rules for safety and the rules of the sport.
 - > Tell your teens that you expect them to practice good sportsmanship at all time.

When appropriate for the sport or activity, teach your teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for teens to avoid hits to the head.

Talk with your teens about concussion.

Tell them to report their concussion symptoms to you and their coach right away.

How can I spot a possible concussion?

Teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs observed by parents

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to the hit, bump, or fall
- Can't recall events *after* the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets an instruction or assignment

Symptoms reported by teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Blurry or double vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty concentrating or remembering
- Just not "feeling right" or "feeling down"

