



**EAST SHORE LEADERSHIP ACADEMY  
1403 7<sup>th</sup> STREET  
PORT HURON, MI 48060**

### **Kindergarten Waiver Request for 2022-2023 School Year**

According to Michigan Law (MCL380.1147), if a child residing in the East Shore Leadership Academy is not five years of age on September 1, 2021 but will be five years of age no later than December 1, 2021, the parent or legal guardian of that child may enroll the child in kindergarten for the 2021-2022 school year if the parent or legal guardian notifies the school district in writing not later than June 1, 2021, that he or she intends to enroll the child in kindergarten. If a child becomes a resident of the East Shore Leadership Academy after June 1, the child's parent or legal guardian may enroll the child in kindergarten for that school year if the parent or legal guardian submits this written notification not later than August 1, 2021 under this subsection.

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, 2021.

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

**Verification of Age: (Check one)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Government Record | <input type="checkbox"/> Hospital Record                  |
| <input type="checkbox"/> Court Record      | <input type="checkbox"/> Citizenship Paper | <input type="checkbox"/> Other: _____<br><i>(Specify)</i> |

Evidence of School readiness (provided by parent):

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_
- 4.) \_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian's Printed Name*

\_\_\_\_\_  
*Parent/Guardian's Signature*

\_\_\_\_\_  
*Date*

**SCHOOL DISTRICT RECOMMENDATION (school use only)**

Deanna Keller, Principal agrees with the recommendation of the parents to enroll in Kindergarten.

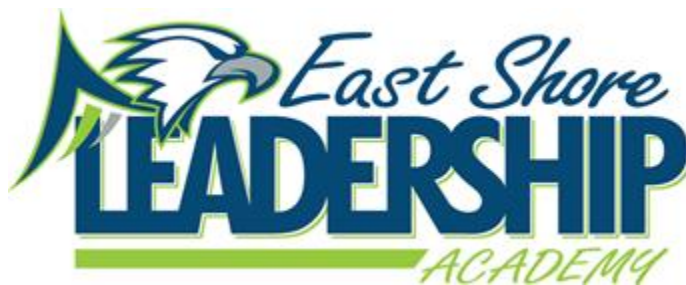
Deanna Keller, Principal recommends Kindergarten begin in September 2020 for the following reasons:

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

***School Administrator' Signature/Date:*** \_\_\_\_\_



ALL STUDENTS WHO WALK OR TAKE PUBLIC TRANSPORTATION MUST HAVE ON FILE A PERMISSION FORM SIGNED BY THEIR PARENT/GUARDIAN GIVING CONSENT TO LEAVE THE SCHOOL CAMPUS PRIOR TO OR AT 3:30PM DISMISSAL.

**PARENT PERMISSION  
FOR STUDENT/S TO WALK, TAKE PUBLIC TRANSPORTATION  
OR LEAVE CAMPUS  
2022-2023**

UPON 3:30PM DISMISSAL, PLEASE ALLOW MY CHILD TO LEAVE THE SCHOOL CAMPUS.

I HEREBY GIVE MY CHILD \_\_\_\_\_  
*PRINT STUDENT'S NAME* *GRADE*

PERMISSION TO WALK, TRAVEL HOME OR LEAVE FOR EMPLOYMENT

\_\_\_\_\_  
*ADDRESS/CITY*

BY PUBLIC TRANSPORTATION \_\_\_\_\_  
*SOURCE OF TRANSPORTATION (WALK, BUS, CAR)*

I DO NOT HOLD EAST SHORE LEADERSHIP ACADEMY RESPONSIBLE FOR THE SAFETY OF MY CHILD ONCE HE/SHE LEAVES THE SCHOOL CAMPUS.

\_\_\_\_\_  
*DATE*

\_\_\_\_\_  
*PARENT SIGNATURE*

\_\_\_\_\_  
*PRINT PARENT NAME*

\_\_\_\_\_  
*RELATIONSHIP TO STUDENT*

\_\_\_\_\_  
*HOME PHONE NUMBER*

\_\_\_\_\_  
*CELL PHONE NUMBER*



# SPIRIT WEAR ORDER FORM

Order Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

<u>Short Sleeve T-Shirts</u>	<u>Size (circle)</u>	<u>Price</u>	<u>Quantity</u>	<u>Amount</u>
Youth: Navy Blue	S, M, L	\$12.00		
Youth: Lime Green	S, M, L	\$12.00		
Youth: Light Grey	S, M, L	\$12.00		
Youth: Dark Grey	S, M, L	\$12.00		
Adult: Navy Blue	S, M, L, XL	\$12.00		
Adult: Lime Green	S, M, L, XL	\$12.00		
Adult: Light Grey	S, M, L, XL	\$12.00		
Adult: Dark Grey	S, M, L, XL	\$12.00		
<u>Long Sleeve T-Shirts</u>	<u>Size (circle)</u>	<u>Price</u>	<u>Quantity</u>	<u>Amount</u>
Youth: Navy Blue	S, M, L	\$15.00		
Youth: Lime Green	S, M, L	\$15.00		
Youth : Light Grey	S, M, L	\$15.00		
Youth: Dark Grey	S, M, L	\$15.00		
Adult: Navy Blue	S, M, L, XL	\$15.00		
Adult: Lime Green	S, M, L, XL	\$15.00		
Adult: Light Grey	S, M, L, XL	\$15.00		
Adult: Dark Grey	S, M, L, XL	\$15.00		
<u>Crew Sweatshirts</u>	<u>Size (circle)</u>	<u>Price</u>	<u>Quantity</u>	<u>Amount</u>
Youth: Navy Blue	S, M, L	\$20.00		
Youth: Light Grey	S, M, L	\$20.00		
Youth: Dark Grey	S, M, L	\$20.00		
Adult: Navy Blue	S, M, L, XL	\$20.00		
Adult: Light Grey	S, M, L, XL	\$20.00		
Adult: Dark Grey	S, M, L, XL	\$20.00		
<u>Hoodie Sweatshirts</u>	<u>Size (circle)</u>	<u>Price</u>	<u>Quantity</u>	<u>Amount</u>
Youth: Navy Blue	S, M, L	\$28.00		
Youth: Light Grey	S, M, L	\$28.00		
Youth: Dark Grey	S, M, L	\$28.00		
Adult: Navy Blue	S, M, L, XL	\$28.00		
Adult: Light Grey	S, M, L, XL	\$28.00		
Adult: Dark Grey	S, M, L, XL	\$28.00		

**SPIRIT WEAR IS A PRIVILEGE AND CAN BE REVOKED AT ANY TIME  
DRESS MUST ALWAYS BE ACCORDING TO SCHOOL CODE**

**\*\*\*OFFICE USE ONLY\*\*\***

Method of Payment: CASH ONLY \$\_\_\_\_\_ Date Received: \_\_\_\_\_

Staff Member: \_\_\_\_\_ Staff Signature: \_\_\_\_\_



**VOLUNTEER REGISTRATION FORM  
2022-2023**

**FOR THE SAFETY OF OUR STUDENTS, A VOLUNTEER FORM MUST BE FILLED OUT EVERY YEAR.**

Volunteers to our schools are vital to our successful operation. We thank all of those individuals who devote their time and energy to making our school a better place for all.

Please complete the information below. A background check through the Michigan State Police must be performed. Once the results are received from the State Police, your name will be made available to your school and you may begin volunteering following your building's procedure. Check with your school office for information on your eligibility.

***A Copy of a valid driver's license is also required to process your application***

Thank you for your cooperation in helping to keep our students safe!

**Volunteer background check requests must be received at Central Administration  
at least one (1) week prior to event.**

***Your signature indicates your consent to a Michigan State Police background check.***

**PLEASE PRINT CLEARLY:**

1. Volunteer Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*First M.I. Last (REQUIRED)*

**REQUIRED:** Contact Phone Number: \_\_\_\_\_ Gender (circle) M F

**REQUIRED:** White Black Asian/Pacific Islander American Indian/Alaskan Native Other

**REQUIRED:** Volunteer Signature: \_\_\_\_\_

2. Volunteer Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*First M.I. Last (REQUIRED)*

**REQUIRED:** Contact Phone Number: \_\_\_\_\_ Gender (circle) M F

**REQUIRED:** White Black Asian/Pacific Islander American Indian/Alaskan Native Other

**REQUIRED:** Volunteer Signature: \_\_\_\_\_

Students(s) First and Last Name: \_\_\_\_\_ Student Grade \_\_\_\_\_