



KINGSLEY AREA SCHOOLS

402 Fenton Street

Kingsley, MI 49649

Superintendent: Joshua T. Rothwell

jrothwell@kingsleyschools.org

(231) 263-5261 Ext. 1104

Kingsley Area Schools and the community share the responsibility of educating all students to become productive citizens and lifelong learners.

New Student Enrollment Process

2025-2026

Welcome to Kingsley Area Schools! We are excited that you have chosen to send your children to Kingsley Area Schools. Our job is to provide a safe environment for your child to learn and provide a multitude of learning experiences at each grade level.

Before your child starts school at KAS we will need certain documentation. Below is a list of documents that we will need. ****Please note that all new students will not start attending school until after the two-day verification period. If all documentation is not provided or verified, the start day will most likely be extended.**

***This is a two-sided document. Please refer to both sides of this document for accurate information.**

___ A completed application. You can find our applications online at the Kingsley Schools website or obtain one in any of the school offices.

___ Proof of residency. You will need to provide this for in-district residency or out of district. ***If your residence is out of district you will also need to fill out Schools of Choice paperwork. Kingsley Schools reserves the right to verify residency at the time of enrollment and enrollment may be delayed during the verification period.**

___ New homeowner within the District

1. Utility bill with the name and address of the homeowner

___ Renting within the District

1. A fully signed lease agreement
2. Utility bill with the name and address of the homeowner

___ Out of District Resident

1. Gas or electric bill with the name and address of the homeowner
2. Completed SOC Form

___ Current Immunization Record

___ Birth Certificate.

1. If the birth certificate is in a language other than English a certified translation is required
2. If the person enrolling the child is not one of the parents listed on the birth certificate a custodial/guardianship document will be required

___ Academic Records- be prepared to provide the name, address and phone number from the previous school

___ Valid ID from parent(s) or custodian/guardian

___ If your child is receiving special education services please provide a copy of the Individual Education Plan (IEP)



Kingsley Area Schools New Student Registration Form



Student's Legal Name: _____

Student's Preferred Name *(if different than legal name):* _____

Date of Birth: _____ **Grade:** _____ **Gender:** _____

Race *(choose one or more):* White/Caucasian _____ Black/African American _____ Asian _____

Native American/Alaskan Native _____ Native Hawaiian/Pacific Islander _____ Hispanic/Latin American _____

Ethnicity *(choose one):* Hispanic or Latino _____ Not Hispanic or Latino _____

What is your child's native or first language? _____

What is the primary language used in your child's home or living environment? _____

Physical Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Mailing Address *(if different than physical address):* _____

City: _____ **State:** _____ **Zip Code:** _____

Parent/Guardian #1: _____ **Phone Number:** _____

Email Address: _____ **Work Number:** _____

Place of Employment: _____

Parent/Guardian #2: _____ **Phone Number:** _____

Email Address: _____ **Work Number:** _____

Place of Employment: _____

Has your student ever received special education services? YES NO

Does your student have a current IEP? YES NO

Does your student have a current 504 Plan? YES NO

Are there any medical concerns or allergies that the school should be aware of? YES NO

If yes, please list: _____

Did your child have a medical or safety plan at their last school? YES NO

Please list at least 1 emergency contact for your child:

Contact #1: _____ Phone Number: _____

Contact #2: _____ Phone Number: _____

Contact #3: _____ Phone Number: _____

Printed Name: _____ **Signature:** _____ **Date:** _____

REQUEST FOR STUDENT RECORDS KINGSLEY MIDDLE SCHOOL

Parental permission for release of information or request for review of student records.

I hereby authorize: (Name and Address of former School)

To release all pertinent information in the records of my child/children:

Name	Birthdate
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Name	Birthdate
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Mail or Fax:

- Immunizations
- Birth Certificate
- Transcript
- Special Education Records (most recent IEP)
- Grades from date of departure
- Discipline
- CA.60

TO: Kingsley Middle School
403 Blair Street
Kingsley, MI 49649
Phone: (231) 263-5261 Ext. 3101
Fax: (231) 263-4623

Authorized Signature	Relationship
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Address	Date
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KINGSLEY AREA SCHOOLS - 28090

This document is to verify that I _____
the parent or guardian of _____

(List children enrolling)

We have established a legal residency in the Kingsley Area School District. It is also an expression of willingness to provide any necessary documentation that the Kingsley school system may require as proof of our legal residence in this district.

The physical address at which my child/children and I reside in the Kingsley Area School District is:

I understand that not residing legally in the Kingsley Area School district, according to school code, is cause for my child/children to be expelled by the school system

(Parent/Legal Guardian Signature)

(School Official)

(Date)

(Date)

Office use only: Please place official documentation below.

KINGSLEY AREA SCHOOLS

Transportation Request Form

Please complete the form below for each student.

- My child will **NOT** require transportation. (Please complete the student information section, school, grade, and sign the form at the bottom)

School Year _____

Grade in Sept. _____

STUDENT INFORMATION - One form is required per student (Please Print)

Please check all that apply

My eligible child **WILL** require transportation to/from our **PRIMARY ADDRESS** listed below for the following times:

AM PM

Last Name		First Name	Middle Name
Primary Address		Primary Phone Number	
City/Zip		Date of Birth	

Please check all that apply

My eligible child **WILL** require transportation to/from an **ALTERNATE ADDRESS** listed below for the following times:
(other than our primary physical address listed above)

AM PM

Alternate Address		Alternate City/Zip
Contact Person at Alternate Address		Contact Person Phone Number

Parent/Guardian Signature _____ Date _____

Please Do Not Write Below This Line (For Office Use Only)

Date Received at School Office _____

KINGSLEY AREA SCHOOL DISTRICT (NORTH ED)
SCHOOLS OF CHOICE APPLICATION FOR PARTICIPATION (FY2025/2026)

Received Date: _____
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Initials: _____ Date: _____

Student Name: _____

APPLICANT INFORMATION: (1 APPLICATION PER STUDENT TO BE COMPLETED BY PARENT/GUARDIAN)

Applicant Student Name: _____
 Student Birth Date: _____
 District of Residence: _____
 Sibling #1 Name: _____
 Student Birth Date: _____
 District of Residence: _____
 Sibling #2 Name: _____
 Student Birth Date: _____
 District of Residence: _____

Student Grade (entering FY25/26) _____
 Please check one: Male Female
 Last School attended _____
 Student Grade (entering FY25/26) _____
 Please check one: Male Female
 Last School attended _____
 Student Grade (entering FY25/26) _____
 Please check one: Male Female
 Last School attended _____

REASON(S) FOR SEEKING TO ENROLL IN THE _____ School DISTRICT: _____

Parent/Guardian: _____
 Parent/Guardian Name: _____
 Telephone: _____
 County: _____
 Address: _____
 City&Zip: _____
 Are any siblings currently enrolled/attending the _____ Schools District? Yes No
 If yes, please list name and grade: _____
 Has the student ever been suspended, expelled, convicted of a felony, or otherwise excluded for disciplinary reasons? Yes No
 If yes, please provide an explanation: _____

HAS THE STUDENT EVER BEEN TESTED FOR SPECIALIZED SERVICES? Yes No
OR DO THEY RECEIVE SPECIALIZED ASSISTANCE IN SCHOOL? Yes No If Yes, please provide an explanation: _____

Please read and acknowledge the following by checking the boxes and signing below:

I have been provided a copy of the open enrollment policy and understand and will abide by all of its provisions.
 I understand that I am committing to enroll the above named student for a period of not less than one academic year.
 I understand, and agree that per the terms of the agreement, the student's residence school district is not obligated to re-enroll them until the beginning of the next academic semester or trimester.
 I understand transportation will be the responsibility of the parent/guardian.
 I understand Michigan High School Athletic Association regulations apply to all high school age transfers.
 I understand that misrepresenting or withholding information on the application may cause my application to be withdrawn or rejected.
 I agree to hold the _____ District, and any of their employees, and their Board of Education harmless for any decision in the admission process.
 Records, including disciplinary and attendance, will be requested from student's previous school. Do you give permission for all the student's records to be released? Yes No
 Parent Signature: _____ Date: _____

RESIDENT SCHOOL DISTRICT INFORMATION: (To be completed by resident school administrator) This application must be delivered to the resident school district to be completed and will be returned by the resident district to the enrolling district.

Has the student ever been suspended, expelled, convicted or a felony, or otherwise excluded for disciplinary reasons? Yes No
 If yes, please provide an explanation: _____
 Has the student ever been tested for specialized services? Or do they receive specialized assistance in school? Yes No
 If yes, please provide an explanation: _____

Completed by: _____ Date: _____ Resident School: _____ Schools

Signature/Superintendent Releasing Student: _____ Date of Release: _____

Signature/Accepting Superintendent: _____ Date: _____

Applicants for admission as non-resident students and their parents/guardians are hereby notified that the _____ School District does not discriminate on the basis of race, color, national origin, gender, religion, or disability in admission or access to programs, activities, or policies.

K ELECTIVE SIGN-UP FOR NEW STUDENTS **K**

Welcome to Kingsley Middle School!
We hope you enjoy your time with us and learn at your greatest potential.

6th Grade Elective Offerings:

Please select TWO of the options below:

Exploratory wheel: Art, Spanish, Exploratory Shop, and Physical Education (PE)
Upon selection of the Wheel, students will be enrolled in each class listed above for one quarter of the school year.

- Full Year Physical Education
- Full Year Band
- Full Year Music Appreciation

7th Grade Elective Offerings:

Please select from the classes below to fill 2 class periods (4 semester courses, 2 semester courses and 1 full year course, or 2 full year courses)

Semester Classes:

Sustainable Science
Art 1
Art 2 (*only available upon completion of Art 1*)
Physical Education

Full Year Classes:

Intermediate Spanish
Physical Education
Music Appreciation
Exploratory Shop
Band

8th Grade Elective Offerings:

Please select from the classes below to fill 2 class periods (4 semester courses, 2 semester courses and 1 full year course, or 2 full year courses)

Semester Classes:

Sustainable Science
Art 1
Art 2 (*only available upon completion of Art 1*)
Physical Education

Full Year Classes:

Intermediate Spanish
Physical Education
Music Appreciation
Exploratory Shop 1
Exploratory Shop 2
Spanish 1 (*HS credit*)
Studio Art (*upon completion of Art 1 and 2*)