



Dear Parents:

It is our pleasure to welcome you and your child to Owosso Public Schools, the District of Opportunities! Let us assure you of our commitment to provide a safe, positive, and nurturing learning environment for your child.

You are invited to Kindergarten Registration held at each of our elementary schools. To set up your appointment time, please complete [the Google Form](#) posted on the district webpage (www.owosso.k12.mi.us) or call your school office. Our registration events are the perfect time to learn about the diverse opportunities offered at Owosso Public Schools, enroll your child for kindergarten beginning in 2024, and take home a variety of resources that will help you prepare your child for school. District representatives will be available to answer any questions you may have.

Owosso Public Schools is eager to share the wonderful learning opportunities that your child will have and introduce you to our highly skilled and compassionate staff members. Owosso Public Schools is committed to a safe and informative registration process.

Please be sure to bring the following documents to Kindergarten Registration:

- Your child's birth certificate
- Proof of residency
- Parent/Guardian driver's license or state I.D.
- Your child's immunization records
- Records of vision and hearing screening results, if applicable
- Completed enrollment form
- **Your child will complete a short assessment with a staff member, so please make sure they attend the registration appointment with you.**

Principals and teachers welcome the opportunity to work with you as partners to help your child develop the skills, concepts, behaviors, and habits that will ensure success throughout their school experience.

Sincerely,

Jessica Aue, Principal
Emerson Elementary
989-725-7361

Bridgit Spielman, Principal
Central Elementary
989-723-2790

Taylor Sergent, Principal
Bryant Elementary
989-723-4355



Kindergarten Registration Checklist

Student's Name: _____

Parent/Guardian Name: _____

Telephone Number: _____

Please select which Kindergarten program you would like to register your child in.

Check one of the following:

- Full Day Kindergarten
- Developmentally Appropriate Kindergarten

Documents Required for Student Registration:

- Completed Student Enrollment Form
- Legal Birth Certificate (not hospital copy)
- Immunization Record (see enclosed State Immunization Rules)
- Proof of Residency (valid mortgage or lease statement, utility bill, tax bill or deed, etc.), include address
- Record of Vision and Hearing Screening, if available
- Parent/Guardian driver's license

OWOSSO PUBLIC SCHOOLS BUSING INFORMATION



Dear Parents of Kindergarteners:

- Prior to the start of the school year, the Transportation Supervisor will contact all parents of registered kindergarteners to confirm whether or not they will need busing and to verify that the information we have on file is correct for bus tags. **Please ensure a working phone number is on file for your child.** Bus tags will be issued to kindergarten students using OPS transportation services.
- An open house will be held at the bus garage at the same time as the Elementary Open Houses. Student bus tags can be picked up at the Bus Garage Open House. On the first day of school, parents will take their kindergarten student to school. Bus tags that were not previously picked up at the bus garage will be dropped off at the students' school and made available to parents/students during orientation.
- Busing for kindergarteners will begin on the **second** day of school. The student **must** wear the **required** tag with their busing information at **all** times. Parents are asked to check the tags to make sure they are correct. If the information is not correct or the tag gets lost, please contact the Transportation Department **immediately**. Students will **not** be transported without a tag, as this is for their safety.
- Due to Schools of Choice, room availability, and various school programs, students may be shuttled from their home schools. This means some students may use transfer buses. This is a safe and efficient way of transporting our students to the various elementary schools. We have bus monitors and patrols to help with smooth transfers.
- **Parents/guardians must be visible** to the bus driver when their child is dropped off from school. If a parent or guardian is not visible, the child will be bused back to the garage and staff will contact the child's parent/guardian to pick them up.
- The Transportation Department is open 6:00-10:00 a.m. and 1:00-5:00 p.m. You may contact the Transportation Office with any questions at 989-725-7665.

Developmentally Appropriate Kindergarten Facts

Location: Emerson Elementary School, 515 E. Oliver Street, Owosso, MI
Bryant Elementary School, 925 Hampton Street, Owosso, MI (note: depending on need, this location may be added)

Hours: Full day kindergarten: 8:45 a.m. – 3:40 p.m.

Specials: Music, Global Studies, Gym, Technology, Media Center

- Developmentally appropriate curriculum prepares children for kindergarten.
- Whole group, small groups, and choice activity times are scheduled.

CONSIDER THESE QUESTIONS WHEN DETERMINING WHICH PROGRAM IS BEST FOR YOUR CHILD:

1. Has your child had one or more years in preschool?

If yes, your child will probably adapt well to kindergarten. Most children who are five years old by September 1st go to kindergarten.

2. Do you think your child needs one more year to develop language or social skills?

If so, you may want to consider developmentally appropriate kindergarten.

3. Is your child afraid or overly worried about starting school?

Most children gain confidence and independence at five years of age, whether in kindergarten or developmentally appropriate kindergarten. Our teachers help children adjust to school in nurturing ways.

HOW WILL YOUR CHILD GET TO SCHOOL?

Children may take the bus to developmentally appropriate kindergarten from their home school or be dropped off by a responsible adult. Bus transportation is available to rural areas in the a.m. and p.m.

HOW TO REQUEST DEVELOPMENTALLY APPROPRIATE KINDERGARTEN

Register your child. Mark the developmentally appropriate kindergarten request box on the Kindergarten Registration Checklist Form and return it, with other required forms, to your home school. Age, assessment results, and space availability are all factors that our educational team considers when placing students in developmentally appropriate kindergarten. You will be notified of your child's placement by mid-June.



OWOSSO PUBLIC SCHOOLS

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Comparison Between Kindergarten and Developmentally Appropriate Kindergarten

Kindergarten	Developmentally Appropriate Kindergarten
Who May Attend: Children who are five years old on or before September 1, 2024.	Who May Attend: Children who are five years old on or before September 1, 2024.
Purpose: Promote learning for children ages five-six that establishes the foundation for success in first grade.	Purpose: Promote learning for children ages five-six. Accommodate parents who believe their child is not ready for kindergarten.
Hours: Full day kindergarten Monday – Friday.	Hours: Full day kindergarten Monday – Friday.
Transportation: Students who reside within the city limits will be transported from their home school only if needed. Bus transportation is available to rural areas.	Transportation: Students who reside within the city limits will be transported from their home school only if needed. Bus transportation is available to rural areas.
Students: Have various levels of experience, interests, and abilities.	Students: Have various levels of experience, interests, and abilities.
Classroom: Provides a safe and developmentally appropriate environment where all children are valued as individuals.	Classroom: Provides a safe and developmentally appropriate environment where all children are valued as individuals.
Curriculum: A balanced program that focuses on social skills, self-confidence, speaking, listening, beginning reading and writing, thinking skills, concepts, math and science, social studies, foreign language, art and music, creativity, physical development, and health.	Curriculum: Focuses on the same learning areas as kindergarten but recognizes the “gift of time” provided by Developmentally Appropriate Kindergarten.
Instruction: Instruction occurs in whole group, small groups, and individual activities using indoor and outdoor play, learning centers, hands-on exploring, field trips, and computers.	Instruction: Instruction occurs in whole group, small groups and individual activities using indoor and outdoor play, learning centers, hands-on exploring, field trips, and computers.

2023 Recommended Immunizations for Children from Birth Through 6 Years Old

VACCINE	Birth	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	19-23 MONTHS	2-3 YEARS	4-6 YEARS
HepB Hepatitis B	HepB	HepB	HepB		HepB						
RV* Rotavirus		RV	RV	RV	RV*						
DTaP Diphtheria, Pertussis, & Tetanus		DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP			DTaP
Hib* <i>Haemophilus influenzae</i> type b		Hib	Hib	Hib	Hib*	Hib	Hib				
PCV13, PCV15 Pneumococcal disease		PCV	PCV	PCV	PCV	PCV	PCV				
IPV Polio		IPV	IPV	IPV	IPV	IPV	IPV	IPV			IPV
COVID-19** Coronavirus disease 2019								COVID-19**			
Flu† Influenza									Flu (One or Two Doses Yearly)†		
MMR Measles, Mumps, & Rubella						MMR	MMR				MMR
Varicella Chickenpox						Varicella	Varicella				Varicella
HepA* Hepatitis A						HepA*	HepA*		HepA*		

FOOTNOTES

RV* Hib*

Administering a third dose at age 6 months depends on the brand of Hib or rotavirus vaccine used for previous dose.

COVID-19**

Number of doses recommended depends on your child's age and type of COVID-19 vaccine used.

Flu†

Two doses given at least 4 weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

HepA*

Two doses of Hep A vaccine are needed for lasting protection. The 2 doses should be given between age 12 and 23 months. Both doses should be separated by at least 6 months. Children 2 years and older who have not received 2 doses of Hep A should complete the series.

ADDITIONAL INFORMATION

1. If your child misses a shot recommended for their age, talk to your child's doctor as soon as possible to see when the missed shot can be given.

2. If your child has any medical conditions that put them at risk for infection (e.g., sickle cell, HIV infection, cochlear implants) or is traveling outside the United States, talk to your child's doctor about additional vaccines that they may need.

Talk with your child's doctor if you have questions about any shot recommended for your child.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



AMERICAN ACADEMY OF FAMILY PHYSICIANS



AMERICAN ACADEMY OF PEDIATRICS
DEDICATED TO THE HEALTH OF ALL CHILDREN™

FOR MORE INFORMATION
Call toll-free: 1-800-CDC-INFO (1-800-232-4636)
Or visit: cdc.gov/vaccines/parents

Diseases and the Vaccines that Prevent Them

BIRTH–6 YEARS OLD

DISEASE	VACCINE	DISEASE SPREAD BY	DISEASE SYMPTOMS	DISEASE COMPLICATIONS
Hepatitis B	HepB	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer, death
Rotavirus	RV	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration, death
Diphtheria	DTap*	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Pertussis (whooping cough)	DTap*	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Tetanus	DTap*	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death
Haemophilus influenzae type b (Hib)	Hib	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Pneumococcal disease (PCV13, PCV15)	PCV	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Polio	IPV	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Coronavirus disease 2019 (COVID-19)	COVID-19	Air, direct contact	May be no symptoms, fever, muscle aches, sore throat, cough, runny nose, diarrhea, vomiting, new loss of taste or smell	Pneumonia (infection in the lungs), respiratory failure, blood clots, bleeding disorder, injury to liver, heart or kidney, multi-system inflammatory syndrome, post-COVID syndrome, death
Influenza (Flu)	Flu	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs), bronchitis, sinus infections, ear infections, death
Measles	MMR**	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR**	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness, death
Rubella	MMR**	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Chickenpox	Varicella	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs), death
Hepatitis A	HepA	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders, death

DTap*

DTaP combines protection against diphtheria, tetanus, and pertussis.

MMR**

MMR combines protection against measles, mumps, and rubella.

Last updated December 2022 • CS322257-A

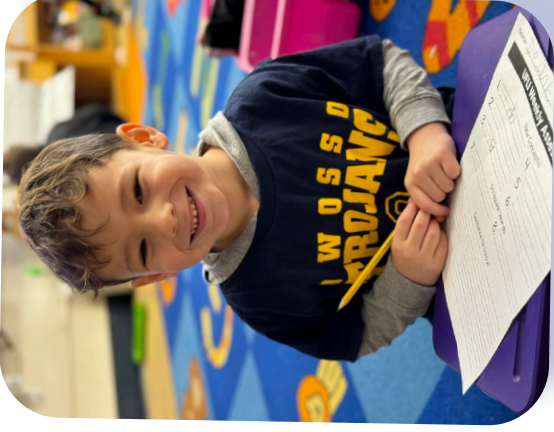


OWOSSO PUBLIC SCHOOLS

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Owosso Public Schools is Blooming with Opportunities

Rooted in growth and innovation, Owosso Public Schools welcomes your family to Kindergarten Registration March 4-8, 2024!



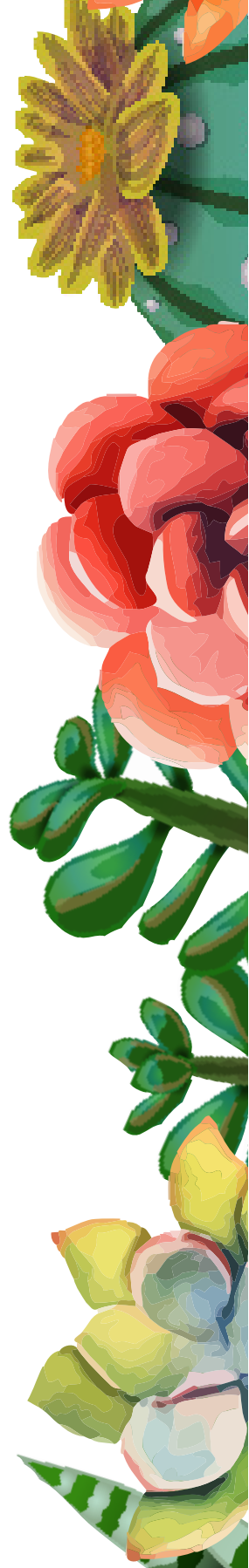
Bryant Elementary
925 Hampton Street
989-723-4355

Central Elementary
600 W. Oliver Street
989-723-2790

Emerson Elementary
515 E. Oliver Street
989-725-7361

To be eligible for kindergarten in September 2024, your child must be five years of age by September 1, 2024. Registration forms and details can be found at www.owosso.k12.mi.us. Please bring a copy of your child's birth certificate, immunization record, proof of residency, and vision and hearing screening results, if available.

Call to schedule your registration time today!



BENTLEY BRIGHT BEGINNINGS



Preschool

Registration

Academic Year 2024-
2025



Tuition
Preschool
Programs



GSRP Preschool
Programs
(Free)



Early
Childhood
Special
Education
Preschool

**SCHEDULE AN
APPOINTMENT
NOW!**

989.725.5770



winke@owosso.k12.mi.us



Registration appointments will be
February 26–March 4

STEPS TO COMPLETE REGISTRATION:

1. **Schedule appointment**
2. **Fill out the preschool intake form at**
www.shiawasseepreschool.org
3. **Gather required documents**
 - **Official Birth Certificate (from the court house)**
 - **Proof of Income (W2, 2023 Taxes, or 2 Paystubs)**
 - **Proof Of Residency**
4. **Attend appointment and fill out all required paperwork**



February 1, 2024

Starting with the 2019-2020 school year, the State of Michigan now requires a parent/legal guardian to sign this document in order for Owosso Public Schools to share your child's immunization record with the local health department and the Michigan Department of Health and Human Services.

- The Family Educational Rights & Privacy Act (FERPA) requires written parental consent to disclose immunization records.
- This applies to Kindergarten, 7th grade, and any newly enrolled students into OPS.
- Written consent is only required once. No need to complete this form each year.

Please contact the school's office with any questions regarding this form.

Review the attached letter and return the signed and dated form to your child's school by **October 9, 2024.**



OWOSSO PUBLIC SCHOOLS

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Consent for Disclosure of Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and state and local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important for disease threats to be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the student's name, date of birth, gender and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational rights and Privacy Act (FERPA), 20 U.S.C § 1232g, requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department.

You may withdraw your consent to share this information in writing at any time.

I authorize Owosso Public Schools In Owosso, Michigan to release my child's immunization record 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.

Student's Name: _____ Date of Birth: ___/___/___

Signature of Parent/Guardian: _____ Date: ___/___/___

Printed Parent/Guardian Name: _____



OWOSSO PUBLIC SCHOOLS

Ready for the World

645 Alger Street, Owosso, MI 48867

Phone: 989-723-8131

Kindergarten Waiver Request for 2024-2025 School Year

Student Name: _____

According to Michigan Law, if a child residing in the Owosso Public School district and is not 5 years of age on September 1, 2024 of the school year but will be 5 years of age not later than December 1, 2024 of the school year, the parent or legal guardian of that child may enroll the child in kindergarten for the current school year if the parent or legal guardian notifies the school district in writing that he or she intends to enroll the child in kindergarten. A school district that receives this written notification may make a recommendation to the parent or legal guardian of a child described in this subsection that the child is not ready to enroll in kindergarten due to the child's age or other factors. The parent or legal guardian retains the sole discretion to determine whether or not to enroll the child in kindergarten if the student is 5 years of age not later than December 1, 2024.

Verification of Age (circle one) Date of Birth ____/____/____
 Birth Certificate Government Record Hospital Record
 Court Record Citizenship Paper Other

Parent Name: _____

Evidence of School Readiness Provided by Parent

- 1: _____
- 2: _____
- 3: _____
- 4: _____

Parent Signature _____

Today's Date: _____

Owosso Public School's Recommendation

Administrator: _____ agrees with the recommendation of the parents to enroll in Kindergarten.

Administrator: _____ recommends that _____ begins kindergarten in September of next year for the following reasons:

- 1: _____
- 2: _____
- 3: _____
- 4: _____

Administrator's Signature _____

Today's Date: _____



OPS Student Enrollment & Emergency Form

Parents/Guardians: Please complete both sides of the form, sign, date, and return the form to the school's main office. Note that all fields titled, "Primary Phone" and "E-mail" are used when the district automated alert system is activated for school messages.

Student Information:

Student Legal Name: (Last First Middle):	Date of Birth:	
Student Mobile Phone:	Gender:	
Primary Phone:	Grade:	
District of Residence:	Country of Birth:	
Student's Address:		
Mailing Address: (if different)		
Student Resides with:		

Parent/Guardian Information:

	Parent/Guardian	Parent/Guardian
Name: (Last First)		
Relationship to Student:		
Street Address: (if different)		
City, State, Zip:		
Primary Phone: (if different)		
Mobile Phone: (if different)		
Day Phone: (if different)		
Employer: (if applicable)		
E-mail Address:		

➔ **Check all that apply:** Regular Education Special Education Speech & Language 504 Plan

Yes No My child attended Owosso Public Schools previously. If yes, year? _____ Name of school: _____

Yes No My child attended a pre-school program prior to entering kindergarten.

If yes, name of last school attended (including preschool): _____

Yes No Has your child been suspended or expelled by the Board of Education of any district?

Yes No In case of an emergency, I authorize the School to seek medical attention for my child.

Medical/Special Needs: (Please check and describe any medical condition, medication or disability that would be important for the school to know.)

Asthma - _____

Diabetes - _____

Seizures - _____

Seasonal Allergies - _____

Allergic Reactions (i.e., insect bites, bees, etc) - _____

Other - _____

Provide any other information you feel will assist the school, including health or other conditions: (If more space is needed, please attach information.)

Emergency Information: (Other than the Parents/Guardians)

	Emergency Contact #1	Emergency Contact #2	Emergency Contact #3
Name:			
Relationship:			
Day Phone:			

Siblings: (Other children from oldest to youngest)

Name (Last, First)	Birthdate	School / District	Name (Last, First)	Birthdate	School / District
1)			5)		
2)			6)		
3)			7)		
4)			8)		

Race and Ethnicity: (Part A and Part B MUST be completed. Please select an answer for **both** parts. If either part [A or B] is not answered, the U.S. Department of Education **requires** the school district to supply an answer on your behalf.)

Part A: Is this student Hispanic/Latino? (choose only one) **No, not Hispanic/Latino** **Yes, Hispanic/Latino**

The above part of the question is about ethnicity, not race. No matter which box you selected above, please continue to answer Part B by marking one or more boxes to indicate what you consider your student's race to be.

Part B: What is the student's race? (choose one or more)

- American Indian or Native Alaskan Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Language: Yes No My child's native tongue is a language **other than English**.

If yes, that language is: _____

Yes No My child's primary language* used in their home or environment is a language **other than English**.

If yes, that language is: _____

**The term "primary language" means the dominant language used by a person for communication.*

Living Circumstances: Do you currently find yourself in any of the situations below?

- In a shelter
 Living with friends or other family members due to loss of housing or economic hardship
 In a hotel/motel Living in other locations (e.g. in a car, park, bus, train, or campsite)
 Foster care placement
 Other (please describe): _____

Emergency: In case of an emergency school closing and students are released early, my child has been instructed to:

- Drive self Ride the bus Wait to be picked up Walk home
Walk-to Address: _____
Walk-to Name: _____
Walk-to Day Phone: _____

Permissions:

- Yes No I authorize OPS to release my student's name in school publications (i.e., honor roll, programs and media).
 Yes No I authorize OPS to release my student's contact information (name, address, phone, and email) to third parties (i.e., drivers education).
 Yes No I authorize OPS to release my student's photo and video image.
 Yes No I authorize OPS to release my student's contact information to the U.S. Armed Forces.
 Yes No I authorize OPS to release my student's transcript and scores to educational institutions.
 Yes No I give permission to attend field trips.

Guardianship:

- In the case of separated or divorced parents, are there any legal restrictions on the release of the child or information to either parent or step-parent?
- If yes, please explain below/ and provide court documentation to the school office.

----> **Signature of Parent or Legal Guardian:** _____ **Date:** _____

It is the policy of the Owosso Public School District that no person shall on the basis of sex, race, color, national origin, or handicap be excluded from participation in, be denied the benefits of, or be subjected to discrimination as a student in Owosso schools or any of its programs or activities.