



## WARREN WOODS PUBLIC SCHOOLS REGISTRATION REQUIREMENTS 2024-2025

*All items listed below must be submitted at the time of your registration appointment.*

➤ Three Proofs of Residency (all proofs of residency must reflect Birth Parent or Guardian's name and address).

- One of any of the following in the address you are applying for:
  - Current City Property Tax Bill
  - Current Rental/Lease Agreement
  - Current Mortgage Statement

~AND~

- Two of the following in the address you are registering for (any combination of two- reflecting Parent/Guardian's name and address):
  - Current utility bills (not the Warren water bill) and/or
  - Credit card statements

Shut off notices and intent to shut off notices will not be accepted.

- Original Birth Certificate of the child (with the raised seal)
- Complete immunization record for the child
- Hearing and Vision for Kindergarten
- Custody/Guardianship Documents if necessary
- Guardian Picture ID (identification only)
- Residency Affidavits (if applicable)

Please note: **ENROLLMENT IS BY APPOINTMENT ONLY.**

All registration will take place at our Administration Building:

Warren Woods Public Schools  
Attention: Becki Borycz, Pupil Services  
12900 Frazho Road  
Warren, MI 48089  
Door 16

[www.warrenwoods.misd.net](http://www.warrenwoods.misd.net)



## Kindergarten Readiness Assessment 2024 Information for Families

Macomb Intermediate Schools and Warren Woods Public Schools are working to improve the way we gather information about kindergarten students at the beginning of the school year. This work is happening in conjunction with several other states, and in partnership with the Michigan Department of Education and the Johns Hopkins University Center for Technology in Education.

### What is the purpose of the Kindergarten Readiness Assessment (KRA)?

The KRA will help school districts better understand how to gather information about students' skills and behaviors at the start of kindergarten. The results from the KRA will not be used to evaluate your child's performance but can be used by teachers to inform instruction for the entire class. When will the Kindergarten Readiness Assessment take place? The KRA will take place between the beginning of the school year and the end of October.

### What will your child be asked to do?

Your child's teacher will lead him/her through a series of activities and questions. The teacher will also observe your child's behavior during the normal daily routine. All activities and questions have been developed specifically for children who are just entering kindergarten.

### How will data be collected and used?

All the information that will be collected about your child will be kept confidential and in a secure location. No identifying information about your child will be shared.

If you have any questions about the Kindergarten Readiness Assessment, please contact Kara Beal at 586.439.4469 or [kbeal@mywwps.org](mailto:kbeal@mywwps.org)

**To assist your school district, have the most complete information about children enrolling in kindergarten, please complete the following information about your child.**

Child's First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

What was your child's primary form of care in the last year? (Check up to 3 relevant choices). If the child was primarily at home during the last year, please check **No Prior Care**.

Great Start Readiness Program (GSRP) (State funded program age 4 by Sept 1st)

Head Start (Federally funded program ages 3 & 4)

Early Childhood Special Education Classroom (School based preschool for special needs students with an IEP)

Child Care-Home Based (Operated out of a private home)

Private Child Care Center (Commercial business that may be independent or part of a chain)

Registered Family/Relative Child Care (Family or relative care provider receiving state assistance to provide care)

Tuition-Based Preschool (Full or half day of instruction and learning)

No Prior Care Program (Stay at home for care)

Kindergarten (Child has been retained for a second year of kindergarten)



SUPERINTENDENT - STACEY L. DENEWITH-FICI  
DEPUTY SUPERINTENDENT - NEIL CASSABON  
DIRECTOR OF CURRICULUM - KARA BEAL

**WARREN WOODS PUBLIC SCHOOLS  
12900 FRAZHO ROAD, WARREN, MI 48089**

**Consent for Disclosure of Personally Identifiable Information and 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 that disease threats 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 Department 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 and immunization information from your child's education records is disclosed to the Health Department. If you child is 18 or over, he or she is and "eligible student" and must provide consent for disclosure of information from his or her education records.

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

I authorize WARREN WOODS PUBLIC SCHOOLS to release my child's immunization record and personally identifiable information for 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 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 \_\_\_\_\_

Or Eligible Students \_\_\_\_\_ Date \_\_\_\_\_

Printed Parent/Guardian Name \_\_\_\_\_