

Hudson Area Schools

## Hudson Tech Alternative

550 E. Main Street

Hudson, MI 49247

Main Office: (517) 448-1413

FAX (517) 448-1414



# OFFICIAL RECORDS REQUEST

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

Please send the school records of:

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date of Birth:

\_\_\_\_\_  
Grade

TRANSFERRING FROM:

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Address of School

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
School Phone Number

\_\_\_\_\_  
School FAX Number

### Please EMAIL

tconrad@hudson.k12.mi.us

### ASAP

➡ Most recent IEP

➡ HS Transcript

You are hereby authorized to release to Hudson Area Schools, the cumulative education file in its entirety including ALL records (scholastic, achievement, standardized test data, attendance, medical, psychological, sociological, discipline, etc.) of the above said pupil.

In accordance with the provisions of the Family Education Rights and Privacy Act (PL93-380), I do hereby give consent to the school listed above and any previous school to release all cumulative, academic and psychological records of the above listed student to Hudson Area Schools.

\_\_\_\_\_  
Signature of Parent/Guardian or Student (if over age 18)

\_\_\_\_\_  
Date

**AFTER EMAILING TRANSCRIPT, PLEASE MAIL FILE TO:**

**Hudson Area Schools  
Alternative Education Program  
550 E. Main Street  
Hudson, MI 49247**

**Attn: Mr. Tyler Conrad, Hudson Tech Alternative Counselor**



## WELCOME TO HUDSON TECH ALTERNATIVE

The following records are **REQUIRED** at the time of student enrollment.

- **Birth Certificate**
- **Immunization Records**
- **Proof of Residency** – one of the following (utility bill, phone bill, insurance bill, drivers license, personal ID, deed, closing papers or rental agreement)
- Transcript for High School Students Entering 10<sup>th</sup> – 12<sup>th</sup> Grade
- Legal or Court Documentation – Guardianship, Custody, etc. (if applicable)

Hudson Area Schools  
Alternative Education Program  
**Center for Science and Industry Building - CSI**  
550 E. Main Street  
Hudson, MI 49247  
Attn: Mr. Tyler Conrad, Counselor – 517-448-1413 ext. 406

# Hudson Area Schools

www.hudson.k12.mi.us

www.smcsi/alternative-education



**Hudson Tech.  
Alternative/CSI**  
550 E. Main St.  
Hudson, MI 49247  
Luke Miller  
Coordinator  
517-448-1413 Ext. 457  
[lmiller@hudson.k12.mi.us](mailto:lmiller@hudson.k12.mi.us)

**Hudson Tech.  
Alternative/CSI**  
550 E. Main St.  
Hudson, MI 49247  
Tyler Conrad  
Counselor  
517-448-1413 Ext. 406  
[tconrad@hudson.k12.mi.us](mailto:tconrad@hudson.k12.mi.us)

Dear Student,

Thank you for considering the Hudson Alternative Education Program. We are excited about you joining our team and allowing us to help enhance your educational needs and endeavors. It is our goal to make the process as seamless and stress free as possible, but also ensuring that you have the best education available.

Once you are enrolled in the program, you will be assigned an Academic Coach. The Coach is an important component of your success and will be available to you throughout your journey with us. It is imperative that you communicate with your assigned coach at least *once every week* you are in the program. It is their job to reach out to you and it is your job to communicate with them. We do not want to be in a situation in which we are not communicating...the communication **MUST** happen. If a student has not communicated with a coach over several weeks, we will assign a Mediator to help open the lines of communication, and help you successfully navigate the Alternative Program. The Mediator will reach out to you through phone, email, text or even in person if necessary to help bridge the communication gap. If the Mediator cannot reach you or communicate with you...it is possible that you will be withdrawn from the program.

In the time frame of 4-6 weeks, your Academic Coach will set up a Zoom meeting with you. We believe that face-to-face interaction is an important component of your connection to your coach and the program itself. The Zoom meeting can be set up with you and your coach at your convenience during the school day. This is also an important step to fulfilling your graduation requirements through the Hudson Alternative Program.

The uniqueness of our program is your ability to work: "Any place, anywhere, and anytime". The only time that you will be required to come to our building is to take the SAT statewide test. This applies to juniors and seniors (that have not taken it yet). The test will be administered in the month of March and your Academic Coach will keep you up to date on how to prepare and get ready for the SAT.

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(Student Signature)

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(Date)

**Hudson Tech Alternative – Student Registration Form**

Legal Last Name	
Legal First Name	
Legal Middle Name	
Gender	
Last School Attended	
Grade Level	
Birthdate	
Birth City and State	
Student Phone #	
List Any Medical Conditions or Allergies	
Circle All that Apply	White      American Indian      Asian      African American Native Hawaiian    Hispanic/Latino    Multi-Racial, specify _____
Primary Language Spoken at Home	
Currently Receiving Special Education Services?	
Parent 1 Name	
Relationship	
Address	
Phone	
Email	
Parent 2 Name	
Relationship	
Address	
Phone	
Email	
Emergency Contacts Name & Phone #	
Emergency Contacts Name & Phone #	
I wish to receive automated Alert Messages	Yes    No      If yes, please circle what form of message you would like to receive Please circle one      Voice Call      Text      Email

**NO EMERGENCY MEDICAL AUTHORIZATION**

In case of accident involving injury, or suspected injury, or in the case of illness involving my child named on this card, Hudson Area School District and all LISD programs school staff will transport or secure an ambulance to transport said child to the nearest available emergency room when on school property or away on school-related activities. School personnel will authorize an emergency room doctor to treat my child and call another doctor for consultation and treatment in the event special treatment is necessary, such as surgery, orthopedics, etc. School personnel will hold this authorization as long as student named is enrolled in this school district.

**NO TECHNOLOGY USE POLICY**

As the student's parents or legal guardians, we agree to read and uphold the school technology use policy and discuss it with our son or daughter. We understand that internet access is a privilege provided for educational purposes. We understand that it is impossible for the Hudson Area School District and all LISD programs to restrict access to all controversial material. The Hudson Area School District, including all LISD programs, its employees and agents and individual members of the Boards of Education are released from any and all claims or causes of action arising out of our son's or daughter's use or misuse of the Network or Network equipment. In addition, the Hudson Area School District and all LISD programs are indemnified of any fees, expenses or damages incurred as a result of our son's or daughter's use or misuse of the Network or Network equipment.

**NO PHOTOGRAPHING/VIDEO TAPING**

During the course of the year, photographs and/or video may be taken for use in public relations and school-related publications. School personnel, including all LISD programs, are authorized to supervise possible photographing or videotaping of my child related to classes and school activities on school grounds or events. Reproductions of videotaping or photographs may be used electronically and in print by the administration for the purpose of school publicity.

**NO USE OF STUDENT INFORMATION**

Throughout the year, students are awarded honors for academics, activities, and other miscellaneous items. In such an event, the Hudson Area School District, including all LISD programs, we authorize local businesses to publicize these accomplishments through electronic or printed media. Hudson Area School District and all LISD programs personnel will authorize use of only pertinent information without jeopardizing the security of the child

**NO STUDENT HANDBOOKS**

A copy of the updated Student Handbook is provided online at [www.hudson.k12.mi.us](http://www.hudson.k12.mi.us) under the Middle & Jr/Sr High School tab. A hard copy can be requested from the office if needed. Please read the following information and discuss these rules with your child;

- Attendance Policy – District
- Electronic Communications Policy
- Harassment Policy
- Religion Policy
- Weapons Policy
- Code of Student Conduct
- Code of Student Conduct Bus Rules
- Administering Medications Policy
- Technology Policy

We, the undersigned, agree to read, uphold and discuss the above information/policies with our child. We understand the rights and responsibilities pertaining to students and agree to support and abide by the rules, guidelines, procedures, and policies of the Hudson Area School District and all LISD programs. We also understand that these handbooks supersede all prior handbooks and other written material on the same subjects.

*Unless circled NO, my signature indicates that I have read and am in agreement with all of the above.*

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

***This form must be signed and returned in order for the student to register.***

# OFFICIAL MEMBERSHIP REPORT

STUDENT NAME: (Last, First, Middle)	
Grade Level	
Gender	
Father Name & Address	
Mother Name & Address	
Current Student Address, City, ST	
County Living in	
Student Phone Number	
School Last Attended	

Parent Signature \_\_\_\_\_

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## THIS PORTION TO BE FILLED OUT BY COUNSELOR OR PRINCIPAL

ACADEMIC COACH: \_\_\_\_\_

### 1ST SEMESTER

1<sup>st</sup> Course: \_\_\_\_\_

2<sup>nd</sup> Course: \_\_\_\_\_

3<sup>rd</sup> Course: \_\_\_\_\_

4<sup>th</sup> Course: \_\_\_\_\_

5<sup>th</sup> Course: \_\_\_\_\_

6<sup>th</sup> Course: \_\_\_\_\_

7<sup>th</sup> Course: \_\_\_\_\_

### 2ND SEMESTER

1<sup>st</sup> Course: \_\_\_\_\_

2<sup>nd</sup> Course: \_\_\_\_\_

3<sup>rd</sup> Course: \_\_\_\_\_

4<sup>th</sup> Course: \_\_\_\_\_

5<sup>th</sup> Course: \_\_\_\_\_

6<sup>th</sup> Course: \_\_\_\_\_

7<sup>th</sup> Course: \_\_\_\_\_



ENROLLMENT PROCEDURE CHECKLIST  
VERIFICATION OF RESIDENCY REQUIREMENTS  
Hudson Tech Alternative Education Program

STUDENT NAME: \_\_\_\_\_

DATE OF ENROLLMENT: \_\_\_\_\_

RESIDENT ADDRESS: \_\_\_\_\_

**RESIDENCY VERIFICATION AFFIDAVIT:**

According to State Attorney General Opinion N. 5925, school districts have the right to ask new enrollees to prove residency. By signing this affidavit, you are affirming that the address given on all enrollment forms is the legal residence of the parent/guardian enrolling the student and is the residence of the student.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

On this date, I verified the residency of the student enrolled above using the following source(s) of documentation: (please check one)

\_\_\_\_ Rent Receipt

\_\_\_\_ Mortgage Payment Receipt

\_\_\_\_ Utility Bill

\_\_\_\_ Property Tax Bill

\_\_\_\_ Driver's License

\_\_\_\_ Other (specify): \_\_\_\_\_

This verification will remain continuously applicable for this student in subsequent school years of enrollment until such time as the school district is notified of a change in residence by the parent, guardian, or legally responsible person.

\_\_\_\_\_  
Staff Signature verifying residency

\_\_\_\_\_  
Date



## NEW STUDENT IMMUNIZATION STATEMENT

### Hudson Tech Alternative Education Program

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

#### **VARICELLA/CHICKEN POX IMMUNIZATION:**

I am aware that starting January 1, 2002, the varicella vaccination, or proof of immunity will be required for students who are entering a new school district.

1. My child has had chicken pox:

\_\_\_ YES \_\_\_ NO

2. Approximate date: \_\_\_\_\_

3. My child has had the varicella vaccination, and I am providing records of the vaccination.

#### **IMMUNIZATION REQUIREMENTS:**

I am aware OF THE State Law regarding immunization requirements upon enrollment. Upon receipt of my child's school records, these requirements will be met.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



***Hudson Area Schools – Hudson Tech Alternative***

**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 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 and immunization information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

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

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*I authorize \_\_\_\_\_ Hudson Area Schools – Hudson Tech Alternative \_\_\_\_\_ 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.*

Student's Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

Signature of Parent/Guardian  
or Eligible Student: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

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

VIRTUAL LEARNER CONTRACT  
Hudson Area School Virtual Academy  
Hudson Tech Alternative Education Program



STUDENT NAME: \_\_\_\_\_

(Please Print)

DATE: \_\_\_\_\_

Hudson Administrator, parent/guardian and student agrees that virtual learning is in the best interest of the student listed above.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Administrator Signature

Hudson Area Schools EDP

2023 - 2024 School Year

STUDENT NAME: \_\_\_\_\_

(Please Print)

Graduation Goal: \_\_\_\_\_ Preferred Learning Style:  Audio  Visual  Hands-on

Interest outside of school \_\_\_\_\_

In what areas Academically do you want or need to improve in (be as specific as you can)?

\_\_\_\_\_  
How will we measure improvement and when will we set the goal to be accomplished by?

\_\_\_\_\_  
In what areas socially do you want or need to improve in (be as specific as you can)?

\_\_\_\_\_  
How will we measure improvement and when will we set the goal to be accomplished by?

\_\_\_\_\_  
Career Goal: \_\_\_\_\_

