

PARENTS' GUIDE TO DIGITAL RE-ENROLLMENT

The Leona Group (TLG) schools in Michigan have implemented an online, paperless Re-Enrollment process that parents/guardians can access directly from their PowerSchool Parent account. These forms are available online and may be filled out at your convenience, from the comfort of your own home, making them completely safe and secure.

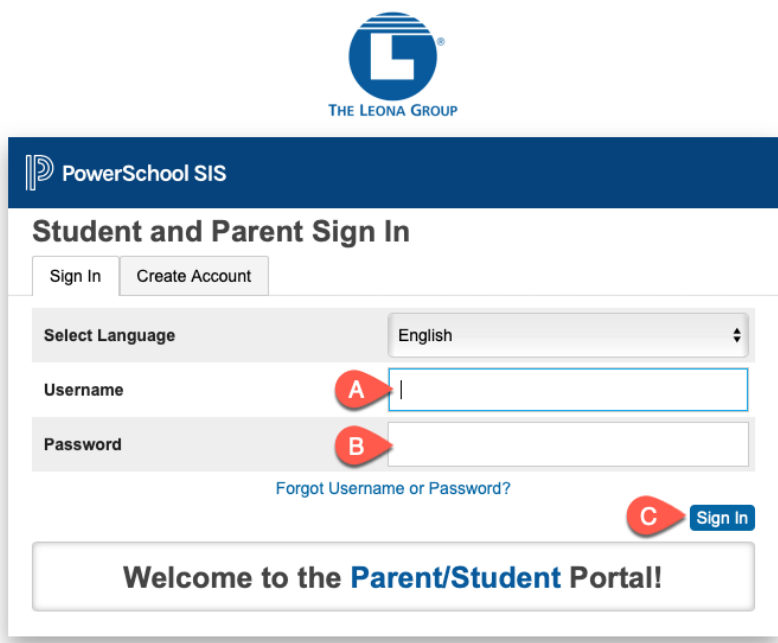
The Re-Enrollment process consists of two parts:

- Part 1: indicate your intention (Yes or No) to have your child re-enroll in the school for the upcoming year -- **this is a required form**
- Part 2: if your child will be returning next year, some student information may be updated if needed (such as home address, phone, contact information, etc). These forms are optional at this time, and may be made available between now and the start of school

ACCESSING THE RE-ENROLLMENT FORMS

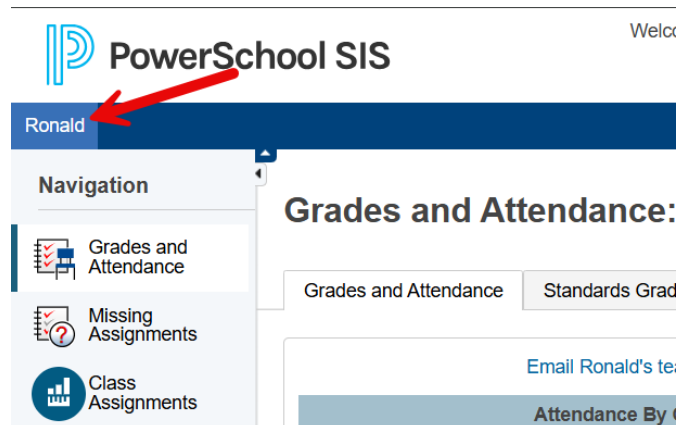
Re-enrollment forms are accessed from your PowerSchool Parent account. No separate login is necessary.

STEP 1: Log into your PowerSchool Parent Portal account.



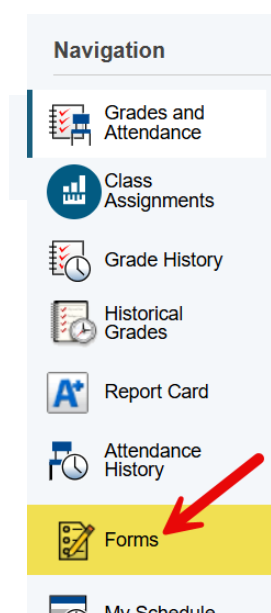
<https://tlgmi.powerschool.com>

STEP 2: Select the name of the student from the ribbon on the top.







If your Parent Portal account is linked to more than one student, each name will appear on the ribbon. Forms are available for each student.

STEP 3: Access the Forms page



Click the Forms icon on the left-hand Navigation bar. This link will allow you to access any forms that are available to you. Forms for Leona Returning Students are listed together. The Submission Status of any form is always indicated on the right side of each form.

Leona Returning Student		Form Status
.Student Intent to Return (Gr K-11) Use this form to indicate whether or not your student will be re-enrolling in the school next year		 Not Started
[Returning Student] Form A - Student Demographics Update Basic student information, including birth and home language information		 Not Started
[Returning Student] Form B - Contact Information Update Family contact information, Emergency contacts, and contacts for school communications		 Not Started
[Returning Student] Form C - Health Information Update Basic health information: names of doctors and dentists; allergies; medications; authorizations in case of emergency		 Not Started

Part 1: Complete Student Intent to Return (Required)

Begin by clicking the **Student Intent to Return** form from the Leona Returning Student list.

School Form Listing

General Forms Enrollment

Leona Returning Student

.Student Intent to Return (Gr K-11) Not Started

Use this form to indicate whether or not your student will be re-enrolling in the school next year

[Returning Student] Form A - Student Demographics Update Not Started

Basic student information, including birth and home language information

On the Student Intent to Return form:

.Student Intent to Return (Gr K-11) English - English

Use this form to indicate whether or not your student will be re-enrolling in the school next year

To help us plan for the upcoming school year, please submit this form indicating your intent to have attend this school district next year.

We understand that circumstances may change. Please update this form if your response is no longer accurate. If you had previously indicated that the student will not be attending next year, you can update your response by August 1st and still retain the student's place.

Please indicate whether the student will attend this school district for the next school year. *

A ☒ Yes, my student will attend
☐ No, my student will not be attending this district

B I consent to the use of electronic signatures *
☒ I consent

C Parent/Guardian Signature * Date *
Enter Parent Name

D

- A. Indicate whether the student will be attending the school next year (Yes or No)
- B. Consent to electronic signature
- C. Enter YOUR Name and the Date
- D. Submit the form

NOTE: there is an option to **Submit for Family** if the same response applies to all the students connected to this account

Submit for Family

Submit & Jump to...
Form Listing

Student Intent to Return



You will receive a Thank You message if the form has been submitted successfully.

Thank You!

Your intention to have your child re-enroll in the school (or not) has been saved. If the intention is to re-enroll your student, please complete / update the forms on the Enrollment tab.

OK


The Student Intent to Return Form now shows as Submitted on the forms list:

Leona Returning Student


.Student Intent to Return (Gr K-11)

Use this form to indicate whether or not your student will be re-enrolling in the school next year

Last Entry:

 Submitted

[Returning Student] Form A - Student Demographics Update

 Not Started

Part 2: Complete Returning Students Enrollment Forms (Optional)

Click on any of the Leona Returning Student forms to update information about your student.

School Form Listing


General Forms Enrollment



Leona Returning Student

.Student Intent to Return (Gr K-11)


Use this form to indicate whether or not your student will be re-enrolling in the school next year

 Submitted

Last Entry: 01/30/2026 08:41:51 AM


[Returning Student] Form A - Student Demographics Update

Basic student information, including birth and home language information

 Not Started


[Returning Student] Form B - Contact Information Update

Family contact information, Emergency contacts, and contacts for school communications

 Not Started

[Returning Student] Form C - Health Information Update

Basic health information: names of doctors and dentists; allergies; medications; authorizations in case of emergency

 Not Started

Form A – Student Demographics

[Returning Student] Form A - Student Demographics Update

English - English

Basic student information, including birth and home language information

Student Profile

Currently on Record

Corrections

Does this information need to be updated? *

Yes

No

Name

First Name *

Last Name *

Middle Name

Suffix

Preferred Name

Gender

Female

Date of Birth

Student's Cell Phone

Student's Email

Is the student Hispanic or Latino?

No

Race/Ethnicity

Black or African American

Siblings

Please list siblings

Add Row

Language

Currently on Record

Corrections

Does this information need to be updated? *

Yes

No

Language student uses at home

Language you speak to student at home

Language for school communications

Submit

This form contains student information that is currently contained in PowerSchool.

The information found here generally remains the same from year to year: such as Date of Birth, Gender, Race/Ethnicity.

If any information needs to be updated or corrected, click the Yes button and fill in the correct information on the right side.

Update the Language Section (such as Home Language) if needed (or missing).

Click Submit to update information.

Form B - Contact Information Update

[Returning Student] Form B - Contact Information Update
Family contact information, Emergency contacts, and contacts for school communications

English - English

Address

Currently on Record
Physical Address
[Redacted]
State
MI
Mailing Address
[Redacted]
State
MI
Home Phone
[Redacted]

Corrections
Street
[Redacted]
City
[Redacted]
Zip Code
[Redacted]
Street
[Redacted]
City
[Redacted]
Zip Code
[Redacted]
Home Phone
[Redacted]

Student Contacts

This is a listing of all the contacts that the student has. Please update any of this information that is not correct or accurate

Contact Management

Add **Reorder Contacts**

Father (Father)
[Redacted] (Daytime)
Lives with Student
Custody
School Pickup
Emergency Contact
Data Access

Other
Lives with Student
Custody
School Pickup
Emergency Contact
Data Access

Submit

This form displays current contact information for this student contained in PowerSchool.

If any information needs to be updated, enter the corrections in the fields on the right side of the page.

The Contacts for this student will be displayed here.

New Contacts may be added by clicking the Add button. Fill in the contact's information on the Pop-up Window. The order of contacts may be organized, as well.

Contact information may be updated by clicking the pencil icon, or they may be deleted by clicking the X icon.

Click Submit at the bottom of the page.

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Form C - Health Information Update

[Returning Student] Form C - Health Information Update

English - English

Basic health information: names of doctors and dentists; allergies; medications; authorizations in case of emergency

Medical Contacts

Currently on Record

Doctor

Dentist

Preferred Hospital

Child currently has health insurance

No

Corrections

Doctor's Name

Doctor's Phone

XXX-XXX-XXXX

Dentist's Name

Dentist's Phone

XXX-XXX-XXXX

☐ Yes

☐ No

Medical History

Currently on Record

Does the student have allergies?

No

Does the student have asthma?

No

Corrections

☐ Yes

☐ No

☐ Yes

☐ No

Medications

Medications

All medications to be administered during school hours must be listed here (including non-prescription medications).

Press the Add Row button to add additional medications.

Add Row

Authorizations

Consent To Emergency Treatment *

This is to certify that I, parent or guardian of _____, hereby grant permission for the adult supervisors of this activity to obtain medical care from any licensed physician, hospital or medical clinic for the student named herein at such time as either parent or guardian cannot be contacted in person or by phone. This authorization shall also include all activities, and we do hereby waive, release, absolve, indemnify, and agree to hold the activity sponsors, organizers, supervisors, and participants, for any claim arising out of injury to the student or accidents that may occur during the activity.

☐ I agree

☐ I do not agree

Consent to Share Medical Information *

I give permission for the nurse to share necessary medical information with teacher(s)/staff as the nurse deems appropriate.

☐ I agree

☐ I do not agree

Over-the-counter Medications

Please indicate which medications you are giving consent to be administered to _____ at school. Dosage given will be administered per age/weight instructions on medication container.

These medications will be administered on an as needed basis. All medications will be kept in the nurse's office. They may be given at the nurse's discretion, by the nurse or designated school personnel.

Acetaminophen *

ex. Tylenol

☐ Yes

☐ No

Ibuprofen *

ex. Motrin or Advil

☐ Yes

☐ No

Antihistamine *

ex. Benadryl, Zyrtec, or Claritin

☐ Yes

☐ No

Antacid *

ex. TUMS

☐ Yes

☐ No

Antibiotic ointment *

ex. Neosporin

☐ Yes

☐ No

Hydrocortisone cream *

☐ Yes

☐ No

Cough drops or throat lozenges *

☐ Yes

☐ No

Submit

This form displays current health information for this student.

If any information needs to be updated, enter the corrections in the fields on the right side of the page.

Some of this information is used for school purposes only, in the event of an emergency.

Click Submit at the bottom of the page.