



Requirements for Enrollment Elementary School (1st - 5th grade)

Please be prepared by having the following information with you at the time of your registration/appointment. Copies will be made as needed:

- Original, Certified Birth Certificate
- Immunization records
- Name and address of former school
- Divorce/Custody papers (if applicable)
- Parent identification (Driver's License)

Proof of Residency. Two pieces of proof are required.

- Original proof of home ownership:

Mortgage Statement or current property tax statement or lease with parent's name listed on lease*

*** If parent's name is not on the lease the apartment manager must complete a Statement of Landlord form provided by the school**

(Parent name must match student's birth certificate – additional documentation may be required, i.e. marriage license or divorce decree)

AND

- Any one item listed (MUST be current and dated within 30 days of registration)
Utility bill, cell phone bill, current automobile loan or lease, insurance statement or bank statement.
The above list are examples; other proofs may be deemed acceptable.

If you cannot meet the above residency requirements, you will have to make an appointment to complete a Residential Affidavit to prove residency (See phone number below).

- Student's most recent report card
- Current IEP (Special Education only)
- Completed enrollment forms. Available on our website at www.lc-ps.org under Enrollment

Please call the school your child will be attending to make an appointment for enrollment during the school year.

Enrollment packets may be submitted (by appointment only) at our Administration Building during the summer when schools are closed.

Summer appointments may be made at www.lc-ps.org using the SignUpGenius link under Enrollment (Enrollments must be done in person and cannot be submitted by email or fax)

Harry L. Wheeler Community Center & Administrative Offices – Student and Information Services

24076 F.V. Pankow Blvd • Clinton Township MI 48036

586.783.6300 x1246



NEW STUDENT (Gr. 1-12) ENROLLMENT FORM

Building:

Student's Full Legal Name (as shown on the Birth Certificate)

file in student's CA60

Last	First	Middle	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Grade Entering
Home Street Address (with apt/suite)		Home City & Zip	Primary Phone <input type="checkbox"/> Unlisted?	
Birthdate		Birth City/State (if born in US)	Student Order of Birth (if multiple) Please check: <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04	
Ethnicity Is the student Hispanic/Latino? (Choose 1) <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)		Race The question to the left is about ethnicity, not race. No matter what you selected, please continue to answer the following by marking <u>one or more boxes</u> to indicate what you consider your student's race to be. <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial (if multi please check all appropriate boxes above)		
<input type="checkbox"/> Asian American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Hispanic or Latino				

Fill in Section Below for Students Born OUTSIDE the US

Date Entered US (month & year)	First Attended School in US (month & year)	Country of Birth
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Fill in Sections Below for ALL Students – If any boxes are marked "Yes" fax to 586.783.6309

Is your child's native tongue a language other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>If yes, name of Language?</small>	Is the primary language used in your child's home or environment a language other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>If yes, name of Language?</small>
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If you have answered YES to either of the above questions, your child will be assessed to determine his/her eligibility to receive English as a Second Language (ESL) services.

Previous School

Attended School in <u>this</u> District Before? (Include Pre-K) <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, School Attended (Include Year or Grade)
Previous District	Previous School
Previous School Address	Previous School City, State & Zip
<input type="checkbox"/> Public School <input type="checkbox"/> Church/Private <input type="checkbox"/> Homeschool	

Did Your Child Receive Special Services at Former School? Yes No If yes, check all that apply below and provide copy of current IEP.

<input type="checkbox"/> Special Education	<input type="checkbox"/> 504	<input type="checkbox"/> Speech/Language	<input type="checkbox"/> Title I	<input type="checkbox"/> Social Work	<input type="checkbox"/> Other Services
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Please Describe Other Services

Parent/Guardian IN THE HOME Information will be released according to FERPA guidelines.

Primary Parent/Guardian Name	Employer	Contact Emergency Priority <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Home Phone (area code first)	Cell Phone (area code first)	Work Phone (area code first)
Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster <input type="checkbox"/> Other _____		Email Address <input type="checkbox"/> Add to auto email
Secondary Parent/Guardian Name	Employer	Contact Emergency Priority <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Home Phone (area code first)	Cell Phone (area code first)	Work Phone (area code first)
Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster <input type="checkbox"/> Other _____		Email Address <input type="checkbox"/> Add to auto email

Name of Parent Living Elsewhere	Relationship to Child	Contact Emergency Priority <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Home Phone (area code first)	Cell Phone (area code first)	Work Phone (area code first)
Address		Have custody papers been provided to the office? <input type="checkbox"/> Yes <input type="checkbox"/> No
Custody Restrictions		Should this person receive mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address		<input type="checkbox"/> Add to auto email

SCHOOLMESSENGER NOTIFICATION SERVICE – SchoolMessenger is a communications service that enables our district to stay in touch with families. This service allows us to send announcements, school newsletters and district news through e-mail, phone and/or text.

Landline/Home Phone (receives voice message):	Cell Phone 1 (receives text message):	Cell Phone 2 (receives text message):
Email address 1 (receives email message):	Email address 2 (receives email message):	

STUDENT ENROLLMENT FORM (page 2 of 2)

Student Name: _____

Emergency Contacts ~ OTHER THAN PARENTS: Please list below LOCAL contact to be called in case of illness/emergency so student can be released.
NOTE: Unless otherwise specified, parent/guardian will be contacted first.

Name	Relationship	Contact Emergency Priority <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Home Phone (area code first)	Cell Phone (area code first)	Work Phone (area code first)
Name	Relationship	Contact Emergency Priority <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Home Phone (area code first)	Cell Phone (area code first)	Work Phone (area code first)
Name	Relationship	Contact Emergency Priority <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Home Phone (area code first)	Cell Phone (area code first)	Work Phone (area code first)

Other Children Who Reside in the Home

Name	Birth Date	Grade/School	Relationship to Student
Name	Birth Date	Grade/School	Relationship to Student
Name	Birth Date	Grade/School	Relationship to Student

Health Information. If your child does not have any problems, please write none for each area.

Copy: Food Service Transportation

Medical Alerts/Health Conditions

Asthma Diabetes Vision Problem Hearing Problem Heart Condition

Medications Taken

List All Non-Food Allergies and Directions/Procedures for Allergic Reaction Epi Pen

Physical Limitations

Food Allergies. If your child does not have any problems, please write none for each area.

Copy: Food Service Transportation

Food Allergies

Foods to Omit:	Foods to Substitute
Foods to Omit:	Foods to Substitute

Directions/Procedures for Allergic Reaction Epi Pen

Physician Name	Physician Phone	Preferred Hospital
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The undersigned hereby acknowledges that the information provided on this form is true and accurate. The undersigned understands that it is his/her responsibility to inform the appropriate school office if and when any of the information on this form changes. Failure to inform the district will subject the student to termination of enrollment in L'Anse Creuse Public Schools.

In an emergency, the information on this form could be imperative to the welfare of your child; thus we ask that you carefully fill it out and promptly return it to your child's school. This information is also important in the event that the school must be dismissed early due to weather conditions or mechanical failure in an individual building. Your child should know what to do in these situations. Please inform your child of the procedure he/she is to follow **WHEN NO ONE IS AT HOME** in the event of early school dismissal.

I authorize the physician and/or hospital listed on this document to treat my child in the event of serious illness or accident, when I or the other persons listed on this form cannot be reached. Any obligation for medical expenses resulting from treatment in such a case is my responsibility. Permission to transport my child in case of emergency is also given.

Parent/Guardian Signature: _____	Date: _____
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Request for Discipline Records

Resident Enrollment

Last Name	First Name	Birth Date
Current School	Grade	Phone
Address		Fax

PARENT/GUARDIAN: Please complete and sign the top portion of this form. L'Anse Creuse will send it to the previous school for verification.

A willful false statement will result in possible removal from L'Anse Creuse Public Schools.

Discipline Record ~ A willful false statement on this affirmation will result in a possible removal from L'Anse Creuse Public Schools	
Has the student had <u>any</u> in school or out of school suspension during the previous two years? If the answer is yes, please attach documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has the student been suspended or expelled from any public or private school in Michigan or any other state, for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity? If the answer is yes, please attach documentation and/or explanation on separate sheet of paper	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Statement Concerning Off-Campus Misconduct and/or Conduct Resulting In Long Term Suspension or Expulsion in Other School Districts	
Has the student been convicted of a crime, or are any felony charges pending against the student? If the answer is yes, please attach documentation and/or explanation on separate sheet of paper	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has the student been expelled or received a long-term suspension (more than 10 days) from another school district? If the answer is yes, please attach documentation and/or explanation on separate sheet of paper	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Has the student withdrawn from a school district in lieu of being charged with conduct which may have resulted in expulsion or long-term suspension? If the answer is yes, please attach documentation and/or explanation on separate sheet of paper	<input type="checkbox"/> Yes <input type="checkbox"/> No
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VERIFICATION OF INFORMATION

<i>I verify the above information to be true and accurate. I request student discipline records be disclosed to L'Anse Creuse Public Schools.</i>	
Parent/Guardian Signature	Date

CURRENT SCHOOL: *If the student has been involved in offenses involving weapons, alcohol, or drugs, or willful infliction of injury to persons and/or act of violence against persons and/or property committed on school premises, at a school-sponsored activity, or on a public or private conveyance providing transportation to or from school or a school-sponsored activity, please forward appropriate documentation.*

According to our records, we can verify that the information provided above by the parent is: Correct Incorrect

Signature of current District Administrator	Date
Position	Phone



REQUEST FOR EDUCATIONAL RECORDS

The student listed below is now enrolled in L'Anse Creuse Public Schools. At your earliest convenience, please mail the complete school records to the school indicated below or please notify us if you have no record of this student. This includes: CA60 or CA73 Cumulative Record, transcript of grades and credits, achievement and ability test scores, health records and any pertinent information concerning this student. Please include the UIC Number.

UIC

These records include CONFIDENTIAL information that may have importance in educational planning for my child/children (i.e. medical, psychiatric, psychological, social work and/or speech and language reports and other related special education services received).

Student Name <small>(As it appears on the student's birth certificate)</small>		Birthdate
Grade Entering	Date Entering	
Previous School District/School Name	Phone Number	Fax Number
Previous School Address	City/State	Zip

I hereby grant permission for the release of the above record(s) to L'Anse Creuse Public Schools.

Signature of Parent/Guardian	Date
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Please Mail Records to (check school):

- Atwood Elementary School, 45690 North Ave, Macomb MI 48042-5236, 586.493.5250, Fax 586.493.5255
- Joseph M. Carkenord Elementary School, 27100 24 Mile Rd, Chesterfield MI 48051-1677, 586.493.5230, Fax 586.493.5235
- Marie C. Graham Elementary School, 25555 Crocker Rd, Harrison Twp MI 48045-3443, 586.783.6460, Fax 586.783.6466
- Green Elementary School, 47260 Sugarbush Rd, Chesterfield MI 48047-5155, 586.493.5280, Fax 586.493.5285
- Francis A. Higgins Elementary School, 29901 24 Mile Rd, Chesterfield MI 48051-1760, 586.493.5210, Fax 586.493.5215
- Emma V. Lobbestael Elementary School, 38495 Prentiss St, Harrison Twp MI 48045-2651, 586.783.6450, Fax 586.783.6456
- South River Elementary School, 27733 South River Rd, Harrison Twp MI 48045-6314, 586.783.6480, Fax 586.783.6486
- Tenniswood Elementary School, 23450 Glenwood Ave, Clinton Twp MI 48035-2938, 586.493.5640, Fax 586.493.5645
- Donald J. Yacks Elementary School, 34700 Union Lake Rd, Harrison Twp MI 48045-3143, 586.493.5630, Fax 586.493.5635
- L'Anse Creuse Middle School – Central, 38000 Reimold, Harrison Twp MI 48045-5501, 586.783.6430, Fax 586.783.6437
- L'Anse Creuse Middle School – East, 30300 Hickey Rd, Chesterfield MI 48051, 586.493.5200, Fax 586.493.5205
- L'Anse Creuse Middle School – North, 46201 Fairchild, Macomb MI 48042-5319, 586.493.5260, Fax 586.493.5265
- L'Anse Creuse Middle School – South, 34641 Jefferson Ave, Harrison Twp MI 48045-3236, 586.493.5620, Fax 586.493.5625
- L'Anse Creuse High School, 38495 L'Anse Creuse Rd, Harrison Twp MI 48045-3483, 586.783.6400, Fax 586.783.6408
- L'Anse Creuse High School - North, 23700 21 Mile Rd, Macomb MI 48042-5106, 586.493.5270, Fax 586.493.5275
- DiAnne M. Pellerin Center, 24001 F.V. Pankow Blvd, Clinton Twp MI 48036, 586.783.6420, Fax 586.783.6423
- Harry L. Wheeler Community Center & Administrative Offices, Student and Information Services, 24076 F.V. Pankow Blvd, Clinton Twp MI 48036, 586.783.6300, Fax 586.307.3583

Please send all Special Education Records to:

- Special Education Department, 24076 F.V. Pankow Blvd, Clinton Twp MI 48036, 586.783.6300, Fax 586.783.6512



L'Anse Creuse PUBLIC SCHOOLS STUDENT RESIDENCY

This questionnaire is in compliance with the McKinney Vento Homeless Education Act. Your answers will help determine if the student meets eligibility requirements for services under the McKinney Vento Act. The McKinney Vento Homeless Education Act defines "homeless" as "individuals who lack a fixed, regular, and adequate nighttime residence". This includes students who "are TEMPORARILY sharing the housing of other persons due to loss of housing or economic hardship."

Student Name	Birthdate	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Grade Entering	School
Current Address (with apt/suite)	City		Zip	

1. Is your **current** address above a temporary living arrangement? Yes No
(If you answer no to this question and this is a permanent living arrangement, skip to bottom of form and sign)
2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

If you answered NO, you may stop here and sign the bottom of the form.

If you answered YES to the above questions, please complete the remainder of this form.

Where is the student currently living (check one box.)

- Living in hotel/motel due to lack of other suitable housing Name and address of hotel/motel: _____
- Living in shelter or other temporary housing Name of agency: _____
- Car, campsite, or on the street
- Temporary living arrangement by choice that is a fixed, regular, and adequate nighttime residence.
- Doubled up: temporarily with friends/family due to loss of housing or economic hardship which does not meet the fixed, adequate or regular nighttime residence.
 Date the student moved to this address: _____
- Are you seeking permanent housing? Yes No

Please Answer the Following Questions:

Any preschool-aged children living in home

- Yes No

Name:	Birthdate:
Name:	Birthdate:
Previous Street Address (with apt/suite)	City & Zip
School District Attended	

Reason for Leaving **Previous** Address

Residency and Educational Rights

Students without fixed, regular, and adequate living situations have the following rights:

1. Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations.
2. Transportation to the school of origin for the regular school day.
3. Access to free meals, Title 1 and other educational programs.

Any questions about these rights can be directed to the local McKinney-Vento Liaison at 586-783-6300 x1010 or the State Coordinator at 517-373-6066.

By signing below, I acknowledge that I have received and understand the above rights and that the information I have provided is true and accurate. False statements may be punishable by law.

Parent/Guardian Name (please print)	Date
Parent/Guardian Signature	Cell Phone



**STUDENT EDUCATION TECHNOLOGY ACCEPTABLE USE
AND SAFETY AGREEMENT**

To access and use the District's Education Technology, including a school-assigned e-mail account and/or the Internet at school, students under the age of eighteen (18) must obtain parent permission and sign and return this form. Students eighteen (18) and over may sign their own forms.

Use of the Education Technology is a privilege, not a right. The District's Education Technology, including its Internet connection and online educational services, is provided for educational purposes only. Unauthorized and inappropriate use will result in a cancellation of this privilege and possibly further disciplinary action.

The Board has implemented technology protection measures, which protect against (e.g. block/filter) Internet access to visual displays/depictions/materials that are obscene, constitute child pornography, or are harmful to minors. The Board also monitors online activity of students in an effort to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. Nevertheless, parents/guardians are advised that determined users may be able to gain access to information, communication, and/or services on the Internet that the Board has not authorized for educational purposes and/or that they and/or their parents/guardians may find inappropriate, offensive, objectionable or controversial. Students accessing the Internet through the school's computers assume personal responsibility and liability, both civil and criminal, for unauthorized or inappropriate use of the Internet.

The Board has the right, at any time, to access, monitor, review and inspect any directories, files and/or messages residing on or sent using the Board's Education Technology. Messages relating to or in support of illegal activities will be reported to the appropriate authorities. Individual users have no expectation of privacy related to their use of the District's Education Technology.

Please complete the following information:

Student User's Full Name (please print): _____

School: _____ **Grade:** _____

Parent/Guardian's Name: _____

Parent/Guardian

As the parent/guardian of this student, I have read the Student Education Technology Acceptable Use and Safety Policy and Guidelines, and have discussed them with my child. I understand that student access to the Internet is designed for educational purposes and that the Board has taken available precautions to restrict and/or control student access to material on the Internet that is obscene, objectionable, inappropriate and/or harmful to minors. However, I recognize that it is impossible for the Board to restrict access to all objectionable and/or controversial materials that may be found on the Internet. I will not hold the Board (or any of its employees, administrators or officers) responsible for materials my child may acquire or come in contact with while on the Internet. Additionally, I accept responsibility for communicating to my child guidance concerning his/her acceptable use of the Internet - i.e., setting and conveying standards for my daughter/son to follow when selecting, sharing and exploring information and resources on the Internet. I further understand that individuals and families may be liable for violations.

To the extent that proprietary rights in the design of a website hosted on Board-owned or leased servers would vest in my child upon creation, I agree to assign those rights to the Board.

Parent/Guardian's Signature: _____ **Date:** _____

Student

I have read and agree to abide by the Student Education Technology Acceptable Use and Safety Policy and Guidelines. I understand that any violation of the terms and conditions set forth in the Policy and Guidelines is inappropriate and may constitute a criminal offense and/or may result in disciplinary action. As a user of the Board's Education Technology, I agree to communicate over the Internet and through the Education Technology in an appropriate manner, honoring all relevant laws, restrictions and guidelines.

Student's Signature: _____ **Date:** _____

Teachers and building principals are responsible for determining what is unauthorized or inappropriate use. The principal may deny, revoke or suspend access to and use of the Education Technology to individuals who violate the Board's Student Education Technology Acceptable Use and Safety Policy and related Guidelines, and take such other disciplinary action as is appropriate pursuant to the Student Code of Conduct.

Educational Material for Parents and Students (Content Meets MDCH Requirements)

Sources: Michigan Department of Community Health, CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

UNDERSTANDING CONCUSSION

Some Common Symptoms

Headache	Balance Problems	Sensitive to Noise	Poor Concentration	Not "Feeling Right"
Pressure in the Head	Double Vision	Sluggishness	Memory Problems	Feeling Irritable
Nausea/Vomiting	Blurry Vision	Haziness	Confusion	Slow Reaction Time
Dizziness	Sensitive to Light	Fogginess	"Feeling Down"	Sleep Problems
		Grogginess		

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

IF YOU SUSPECT A CONCUSSION:

- SEEK MEDICAL ATTENTION RIGHT AWAY** – A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don't hide it, report it. Ignoring symptoms and trying to "tough it out" often makes it worse.
- KEEP YOUR STUDENT OUT OF PLAY** – Concussions take time to heal. Don't let the student return to play the day of injury and until a health care professional says it's okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
- TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION** – Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can't recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to www.cdc.gov/concussion.

Parents and Students Must Sign and Return the Educational Material Acknowledgement Form

Concussion Awareness

Educational Material Acknowledgement Form

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by: L'Anse Creuse Public Schools (sponsoring organization).

Participant Name Printed	Parent or Guardian Name Printed
<i>Participant Name Signature</i>	<i>Parent or Guardian Name Signature</i>
LCPS School	Grade
Date	Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

Participants and parents please review and keep the educational materials available for future reference.

VOLUNTEER REGULATIONS

PLEASE FILL OUT ONE FORM PER BUILDING

Name of School:

Name of Student:

Teacher

Grade

1. A volunteer is a person from the community who is approved by the Athletic Director or Principal at that building, where his/her services are utilized.
2. Volunteers can be assigned to assist the school district staff in providing instructional training to students.
3. Volunteers cannot be assigned to relieve staff of their responsibilities.
4. Volunteers shall work only under direct supervision of the designated staff, principal, assistant principal or building athletic director.
5. Volunteers must abide by and enforce all school & team regulations and decisions regardless of whether or not they personally support them.
6. Volunteers are not authorized to make personnel decisions, cuts, etc.
7. Volunteers are not to deal directly with parent concerns, and should refer all contacts by parents to the head coach, principal or assistant principal.
8. Volunteers shall not receive remuneration in any form for their services.
9. Only authorized volunteers are covered by school district liability insurance.
10. Volunteers shall not treat injuries, *except emergency first aid*, or prescribe rehabilitation programs.
11. A volunteer is personally responsible for his/her actions. Inappropriate conduct may result in the individual being asked to discontinue his/her relationship with the program.
12. A volunteer shall not drive a personal vehicle to transport students. If an exception is necessary, prior approval of the principal/athletic director is required.
13. A volunteer shall not discipline children.
14. A volunteer shall not have access to student records.
15. A volunteer shall wear identification at all times during volunteer activity.

This information is required for the Michigan State Police Internet Criminal History Access Tool and will not be used for any other purpose.

VOLUNTEER NAME (please print clearly): _____
Last, First Middle Int.

Race: _____ M___ / F___ Birth date: ___ / ___ / ___

Have you ever been convicted of a misdemeanor or felony offense: _____ If yes, explain: _____

I certify that the answers given here are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application to volunteer, including conducting a criminal history check. I further understand and agree that I have an obligation to immediately notify the building administrator and/or a school official of any changes in the information provided herein. I hereby release and forever discharge L'Anse Creuse Public Schools, its agents, officers and employees from any and all actions, causes, claims and demands, for, upon or by reason of any damage, loss or injury, which may be sustained by me, of any nature or kind as a result of this application, the criminal history check, or my activities as a volunteer.

Signature _____ **Date** _____

NOTICE OF NONDISCRIMINATION. It is the policy of L'Anse Creuse Public Schools not to discriminate on the basis of race, color, religion, national origin or ancestry, gender, age, disability, height, weight or marital status in its programs, services, activities, or employment. Inquiries related to nondiscrimination policies should be directed to: Civil Rights Coordinator, Assistant Superintendent for Personnel, L'Anse Creuse Public Schools Administration, 36727 Jefferson, Harrison Township, MI 48045, (586) 783-6300. Nondiscrimination inquiries related to disability should be directed to: Section 504 Coordinator, Director for Special Education, (586) 783-6500.

L'Anse Creuse Public School District

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

L'Anse Creuse Public Schools is required to report immunization information to the State and local health department.

The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information, such as date of birth, gender and address, from your child's education records, is disclosed to the health department.

This is a new form required by the State of Michigan. Returning this signed form allows the school district to share any immunization information and limited personally identifiable information from the school with the health department.

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

I authorize L'Anse Creuse Public School District 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: _____

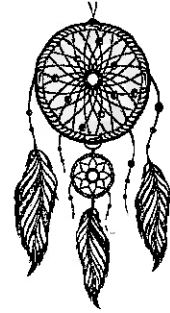
Signature of Parent/Guardian
or Eligible Student: _____ Date: _____

Printed Parent/Guardian Name: _____

Please print

**Indian Education Grant Consortium
Chippewa Valley Schools
L'Anse Creuse Public Schools
New Haven Community Schools
Richmond Community School District**

19120 Cass Avenue, Clinton Township, MI 48038
Phone: (586)723-2042 Fax: (586)723-2021



Dear Parent or Guardian,

Thank you for your interest in participating in the Indian Education Grant Consortium, hosted by Chippewa Valley Schools. **Our consortium includes students from Chippewa Valley, L'Anse Creuse, New Haven, and Richmond Schools.** If your child has a parent or grandparent that has American Indian ancestry, he/she can enroll in our consortium. The tribe of your American Indian heritage must be state or federally recognized in the USA to be eligible.

Services Provided:

- Reading/Math Tutoring for students (based on academic need)
- Cultural Workshops (Crafts, Historical information, local event field trips)
- Quarterly Newsletter Emails
- Parent Committee & Input (voluntary meetings)

To Enroll (Survey and Certification):

- **Please complete the Indian Education Survey at Home** by visiting <http://www.ncsl.org/research/state-tribal-institute/list-of-federal-and-state-recognized-tribes.aspx>, where you will find federally and state recognized tribes, organized by state.
- All responses on the Indian Education Survey must be completed as **part one** of the registration process.
- Send the completed Indian Education Survey to your school's main office.
- Upon approval, **part two** of the registration process will be mailed to your home. This is the **US Department of Education Certification**, the formal documentation required by the grant for families to complete.
- Mail your completed US Department of Education Certification to the address below.
- Once the certification is received your child will be enrolled in the program. You will be added to our email distribution list to receive newsletters on events offered through the Indian Education grant. Tutoring services are determined by academic need and will be coordinated with the district tutors pending availability.

Please contact me if you have any questions.

Thank you,

Nicole Faehner
Director of State & Federal Programs & Outreach
Chippewa Valley Schools
(586) 723-2042
nfaehner@cvs.k12.mi.us

Mail Survey & Certification to:

Chippewa Valley Schools
ATTN: Nicole Faehner
19120 Cass Ave.
Clinton Township, MI 48038

Erik J. Edoff
SUPERINTENDENT

24076 F.V. PANKOW BOULEVARD
CLINTON TOWNSHIP, MI 48038
586.783.6300
586.783.6310 FAX
WWW.LC-PS.ORG

Dear Parents:

During the school year, we take photographs and video at various district events, sporting events, student achievements, etc. for the purpose of sharing the district's success with our community. We, L'Anse Creuse staff, may use the photos and/or video on cable TV, on our Web site (www.lc-ps.org), in our district newsletters, on social media sites, and/or share with the media, i.e., newspapers.

If you **do not** wish to have your child in photographs or videos for L'Anse Creuse Public Schools, please request a "Media Release Denial" form from your school's secretary and return the signed document no later than the last week in September, or download the form at <http://www.lc-ps.org> (Our District > FOIA/Legal Notices > Media Release Denial).

Please be advised that if you fill out a Media Release Denial form for your student and he/she participates in a group sport, then he/she would not be allowed in the team photograph, which could be put on display in the school and/or used in the yearbook. Additionally, the student's photograph would not be published in the yearbook, **unless** you give special permission.

If you have any questions, please contact your school office.

Sincerely,

Erik J. Edoff
SUPERINTENDENT



MILITARY CONNECTED SURVEY

Attention, all families: Did you know it is estimated that 14,000 Michigan children have parents who are currently actively serving in the military? To this date, only 2,500 children are identified as military connected. In order to better serve our children and families we would like to identify our military connected children. There are resources we can provide to the children of our military service men and women.

DEFINITION OF MILITARY CONNECTED CHILDREN

All children residing in Michigan whose parent(s) currently serve in any component of the Army, Navy, Air Force, Marines, or Coast Guard are considered to be military connected children. This includes the children of any uniformed personnel serving with the Michigan National Guard, in any of the Reserve United States forces, or on Active Duty.

If you or your spouse are currently serving in the military or reserves as defined above, please complete the following:

Parents Name Serving In Military:
Branch of Service:
Assigned Station:

List all students in your household

Name of Student(s)	Grade	School

Parent Signature	Date
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Health Department

Statement of Varicella Disease CHICKENPOX

The Michigan Public Health Code Act 368 of 1978 Part 92 Immunization and Macomb County Immunization Regulations require all children admitted to any public, private, parochial, special education, alternative education, adult education, career/technical education, homeschool cooperative, virtual school or charter academy, childcare center, nursery school, preschool, camp, or any other organized care or educational facility operating in Macomb County to present a certificate indicating dates of all required immunizations.

Complete the portion below **only** if your child has had varicella (chickenpox) disease. **This form must be signed and witnessed at your child's school/childcare program.**

I certify my child:

_____ Last Name First Name M.I.

_____ Birth Date Grade Date of School Enrollment

has had varicella disease _____
(When did varicella occur: Age or Date)

Signature: _____ Date: _____
(Parent or Legal Guardian)

Witnessed by: _____ Date: _____
(School/Program Staff)

School District: _____

School/Childcare Program: _____

PLACE THIS FORM IN THE CHILD'S PERMANENT RECORD