

Crystal Lake Elementary
ENROLLMENT FORM

Student's Name: _____
(Last) (First) (Middle)

Sex: M F Grade: K 1 2 3 4 5 Birthdate: _____ Age: _____

Birthplace (city & state): _____

Address: _____
(Number and Street and PO Box if required for mailing address)

City: _____ County: _____ Zip: _____

Township: _____ Home Phone: _____ Email _____

Father/Stepfather/Guardian Name: _____

Employer: _____ Work Phone: _____

Mother/Stepmother/Guardian Name: _____

Employer: _____ Work Phone: _____

Student's Residence is:
____ Shelter _____
____ With one or more family, in a house or apartment _____
____ In a motel, car or campsite _____
____ With friends or family members (other than parent or guardian) _____
____ Single family dwelling _____
____ Other _____
____ Homeless Y N

Is student a non-resident student under court jurisdiction? Y N If so, what is county of residence? _____

Is student Schools of Choice? Y N What district are they coming from? _____

Is your child or has your child been in Special Education? Y N If yes, category is: _____

Has your child been suspended or expelled? Y N Why? _____
(Public Act 328)

Has your child ever had chickenpox? ____yes ____no When _____

If your child becomes ill or is injured and you are unavailable, please list two emergency contacts:
____ Phone: _____
____ Phone: _____

Family Doctor: _____ Phone: _____

Please list any unusual medical circumstances we should be aware of: _____

Will your child be taking any medication at school on a regular basis? Y N If so, what is the name of the medication? _____

All medication taken at school must be brought in to school by an adult in the original prescription bottle. A medication form must be filled out and signed by the parent/guardian.

In the event of an accident or serious illness, I hereby request the school to contact me. If this is not possible I request that our family doctor be contacted and his/her instructions be followed. Should this be impossible, I authorize the school to take whatever action they deem necessary on my behalf and accept financial responsibility for any such actions.

Parent or Guardian's Signature: _____

Please list other children in the family:

Name	Birthdate	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Last School Attended: Name _____
Address _____
City, State, Zip _____

Is this student Hispanic/Latino? Language spoken at home: _____ Native Language _____
____ No, not Hispanic/Latino
____ Yes, Hispanic/Latino (a person of Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
Ethnic Code (if you consider your student multiracial please mark your primary number 1 and your secondary number 2):
____ A American Indian or Alaskan Native (a person having origins in any of the original peoples of North and South American, including Central America.)
____ B Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)
____ C Black or African American (a person having origins in any of the black racial groups of Africa.)
____ D Native Hawaiian or Other Pacific Islander (a person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.)
____ E White (a person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

OFFICE USE ONLY

_____ Immunizations _____ Birth Certificate _____ Social Security Card

Records Requested: _____ Date Received: _____ cmc

Benzie Central County School District

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 that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the students 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. 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.

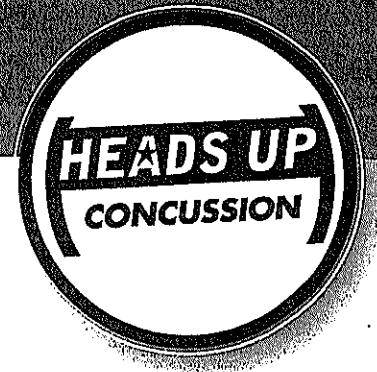
I authorize Crystal Lake Elementary to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with 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: __/__/__
or Eligible Student: _____

Printed Parent/Guardian Name: _____

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



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 bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY COACHING STAFF:

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



▶ **"IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON"**

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. An athlete 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 or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes 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.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

JOIN THE CONVERSATION  www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

BENZIE COUNTY CENTRAL SCHOOLS TRANSPORTATION REQUEST

All information below must be completed and received by the Transportation Department prior to service being provided. The Director of Transportation will check your address for a safe, legal bus stop and contact you within three school days with your route number and pick-up/drop-off times.

Student Name: _____

Address: _____

City: _____ Zip Code: _____

School: _____ Grade: _____

Phones: Home: _____ Work: _____ Cell: _____

Email: _____

Pick-up/Drop-off address (if different than home): _____

Mother Name: _____ Work Phone: _____

Father Name: _____ Work Phone: _____

On the lines below please list emergency contacts.

It is very important that we are supplied with at least one alternate contact name and/or number, particularly for elementary students.

Name: _____

Relation to child/family: _____ Phone: _____

Name: _____

Relation to child/family: _____ Phone: _____

If there is any further information (i.e. medical, allergies, etc.) you feel we should be aware of, please explain: _____

Parent/Guardian Signature: _____ Date: _____



BENZIE CENTRAL SCHOOLS

CRYSTAL LAKE ELEMENTARY
7048 SEVERANCE ST.
BENZONIA, MI 49616
PHONE 231-882-4641
FAX 231-882-7829

STUDENT RECORD REQUEST

Information to be released from:

(School)

(Address)

(City, State, Zip)

(FAX number)

Office Use Only

Information released to:

___ Crystal Lake Elementary

Please FAX:

- IEP
- Discipline

Please MAIL:

- CA-60/File

We are requesting the release of medical, educational, or special program information including psychological reporting, IEP reports etc.

Student's Name

Date of Birth

Grade

Student's Name

Date of Birth

Grade

Student's Name

Date of Birth

Grade

PL-93-380, THE FEDERAL FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT says that written consent of the parent/guardian/eligible student **IS NOT REQUIRED** to release educational records to officials of other schools or school systems in which the student seeks or intends to enroll.

Signature

Date

CIRCLE ONE:

School Official

Parent

Guardian

Residency Verification Affidavit

Please read the following information carefully

Michigan School districts have the right to require proof of residency regarding enrollment. By signing this affidavit you are affirming that the address given on all forms is the current legal residence of the parent/guardian enrolling the student and is the residence of the student.

Should the school district learn that the noted address is not the residence and/or the parent/guardian lives outside school district boundaries and the student is not an authorized non-resident student he/she will be excluded from the school district immediately.

Further, the district shall require payment of tuition for the time in attendance as a non-resident and will take legal steps to recover it.

The Benzie County Central School District requires verification of residency by the parent/guardian providing one of the following: valid Driver's License, State ID, or Voter Registration card as well as two additional original items from the list below. School district personnel will make copies and return the originals. All documents **must** be current and contain name and address. Envelopes with the post office forwarding label will **not** be accepted.

One of the following items required (*must be valid*):

___ Driver's License

___ State ID

___ Voter Registration

Two separate items (*Original ONLY*):

___ Insurance Form

___ Lease Agreement

___ Purchase Agreement

___ Moving Bill

___ Utility Bill

___ Other-Specify _____

If living in the home of another person and no rental or lease agreement exists, that person must sign this document and provide proof of residency. Parent/guardian must provide the second proof item.

Person With Whom Residing:

Print first and last name

Signature

Date

Parent Signature

Student's Name

Grade

Address: _____ City: _____ State: _____ Zip code: _____

Phone: _____ Alternate Phone: _____

Affidavit of Proof of Student Age and Identity

In order to enroll _____ in Benzie County Central Schools
on _____ or for the _____ school year

The Michigan Missing Children's Act, MCL 380.1135 of the Revised Schools Code, requires that a person enrolling a pupil in a school provide the local or intermediate school district with a certified copy of the pupil's birth certificate or other reliable proof of the pupil's identity. Pertinent parts of this law state:

- 1) Upon enrollment for the first time in a local or intermediate school district (ISD), the local district/ISD shall notify in writing the person enrolling the student that within 30 days he or she must provide to the local district/ISD either of the following:
 - a) A certified copy of the student's birth certificate
 - b) Other reliable proof, as determined by the school district, of the student's identity and age **accompanied by** an affidavit explaining the inability to produce a copy of the birth certificate

In accordance with MCL 380.1135 (1) (b), this affidavit is being employed to accompany other reliable proof of age and identity of the aforementioned student. Please indicate the other reliable proof this affidavit is accompanying:

- ___ Certified Birth Certificate
- ___ Baptismal Certificate indicating date and place of birth
- ___ County, military or immigration records
- ___ Doctor or hospital records accompanied by sworn statements
- ___ A sworn statement from a parent or guardian (notarized)
- ___ Court Records
- ___ Life Insurance policy
- ___ Certain family records: _____

In accordance with MCL 380.1135 (1) (b), please explain the reasons for the inability to provide a certified copy of the aforementioned student's birth certificate:

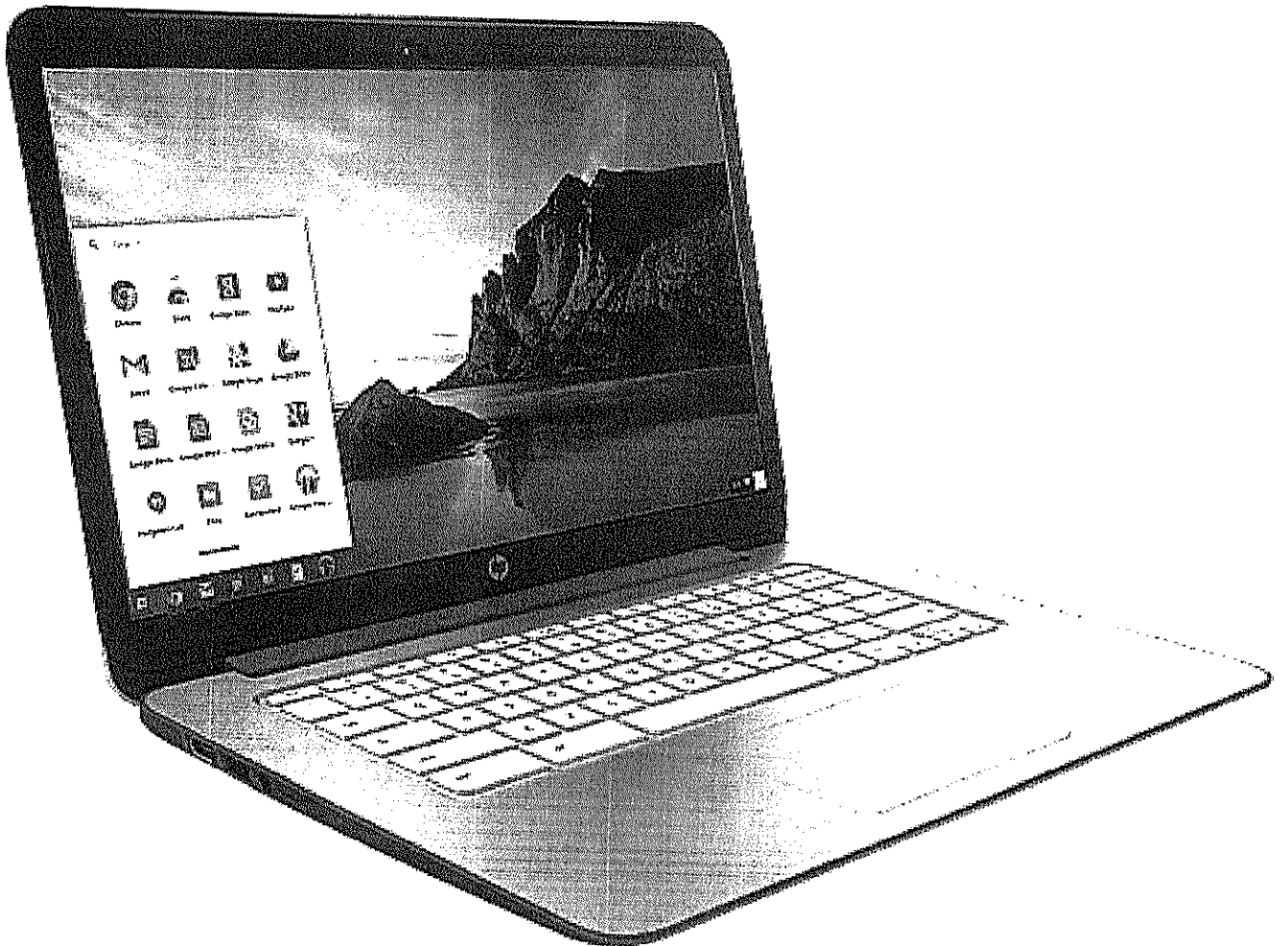
Signature of School Official Processing Enrollment

Date

Signature of Person Enrolling the Student (parent/Guardian/Student > 18)

Date

Benzie County Central Schools Acceptable Use Form & Handbook



11" Chromebooks

Overview

Benzie Central Schools will provide the student an opportunity to take a computer home for school use. The device the school will send out is an 11" Chromebook. As some may be unfamiliar with a Chromebook, this document will lay out what a Chromebook is along with its care and replacement costs.

In order for a student to take the Chromebook home, the acceptable use document at the end of this handbook needs to be signed by a parent/guardian and returned. Please see the section titled "Does my student need to bring it home?" for more information.

What is a Chromebook?

A Chromebook is a device that runs Google Chrome OS as its operating system. The operating system controls how the computer works and what can be done with it. Think of it like Windows on a laptop or iOS/Android on a smart phone. Chrome OS is a computer that exclusively runs a Google Chrome web browser, the same web browser you can install on any laptop and most phones. The student will log into the Chromebook using their Benzie G-Mail account.

Everything the Chromebook does is web-based, meaning an internet connection is **required to fully utilize** the Chromebook. There is limited functionality when the Chromebook is not connected to the internet. For instance, there is an offline Google Drive and eMail application that allows the student to create documents and read emails. Once an internet connection is established again, Drive and eMail will sync. There is an application store that has many apps to download and install. Some of these offer offline functionality, and some do not.

Care of Chromebook

Caring for the Chromebook is similar in how you would care for a laptop computer. You need to make sure not to hit or drop the Chromebook to prevent damage. The student will want to be careful and not place it in a backpack pocket that also contains multiple textbooks.

The student will be expected to charge the Chromebook each night at home.

The following are the guidelines to caring for the Chromebook.

1. Do not open or remove the case of the Chromebook to access internal components. If the Chromebook is not working properly, please bring it in for repair.
2. Do not leave the Chromebook unattended. When the Chromebook is not in your possession, please put it in a secure location.
3. Do not get the Chromebook wet, drop it, throw it, or leave it under extreme temperature conditions.
4. If you need to clean the Chromebook, do not use any form of liquid cleaner. You may use a clean, dry, lint free cloth to wipe down the Chromebook.
5. Do not put any weight on the Chromebook.
6. Do not lift by screen.

Cost of Replacement

There will be a \$20 deposit for a student to take a Chromebook home. In the case of lost or broken components, the child and parent/guardian will be responsible for replacing the items based on the cost laid out below.

- Replacement costs:
 - \$200 Full Chromebook Replacement
 - \$50 Screen Replacement
 - \$20 Wall Charger

Does my student need to bring it home?

Since the Chromebook is all web based, anything they can do on the Chromebook can be done from any internet enabled device running Google Chrome. If you have a computer, tablet, or even a smartphone at home, a student will have the same functionality as the Chromebook by installing Chrome on the device. Mobile devices will also need Google Drive and Google Calendar installed. Ultimately, the question you need to ask yourself is does my student have access to a computer at home that has internet connectivity? If they do, then there is no need to take a Chromebook home, but you still can. If they do not have access to a computer at home, you may want to consider allowing your student to bring home a Chromebook.

Distribution of Chromebooks

For all students that sign the acceptable use policy and are allowed to bring the device home, they will be given a Chromebook and a wall charger. Each household will be assigned a single Chromebook device and wall charger. The student will be responsible for the device and its care. Any damages done to their device will be the responsibility of the student who is assigned to it.

Student Use

The student's use of the Chromebook will depend on the class and teacher. Many day to day activities can be done such as journal entries, research, and homework assignments.

Please Read and Sign the Acceptable Use Form If You Want Your Student to Bring Home the Chromebook

Chromebook Acceptable Use Form STUDENT/PARENT Take Home Agreement

Student Name: Last: _____ First: _____

Parent/Guardian Name: Last: _____ First: _____

Grade Level: _____

Yes I do have internet at home No I do not have internet at home

A Chromebook provided by Benzie County Central Schools allows the student and teacher to become more engaged during periods of time school is closed. By taking the device home, it will give students access to technology they would not normally have and be able to complete school work.

Please note that Benzie Central Schools is not responsible for connections to your home network and will not be able to assist with issues with your private connection.

By signing this agreement, and allowing your student to bring the Chromebook home, you are assuming the risk for any damages, repairs, or theft due to intentional or unintentional misuse of the Chromebook. Please review the section titled Cost of Replacement to understand the costs.

The student is responsible at all times for the care and appropriate use of the assigned Chromebook. If the student violates the guidelines agreed to in the District Technology Acceptable Use Policy or the rules and guidelines as explained in the Chromebook Handbook for Students and Parents, his/her privilege to take the Chromebook home may be restricted or removed and he/she may be subject to disciplinary action.

I understand, as the parent/guardian, I am responsible for paying the replacement for loss, damage, or repair for the assigned Chromebook which may have occurred at school or home, or while the Chromebook was being transported. The Chromebook remains the property of Benzie County Central Schools. Upon June 15 or transfer from the District, parents and student agree to return the Chromebook to the school in the same condition it was issued to the student, less reasonable wear.

I have reviewed the Benzie County Central Schools Acceptable Use Form & Handbook and understand the rules and guidelines for appropriate use.

Parent/Guardian _____

Date _____