

Homestead Hills 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:

Student Resides with: Parent ____ Guardian ____ Foster Parent ____ Kinship ____ (Relationship to child) _____

____ 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: _____

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

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.

Name	Birthdate	Grade	School Attending

Records Requested: _____ Date Received: _____



BENZIE COUNTY CENTRAL SCHOOL BUS REQUEST FORM



This form must be **completely filled out** 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: _____

Email: _____

Pick-Up address (if different from home): _____

Drop-off address (if different from home): _____

Mother: _____ Cell: _____ Work: _____

Father: _____ Cell: _____ Work: _____

ON THE LINES BELOW PLEASE LIST EMERGENCY CONTACTS

It is very important that we are supplied with at least one alternate contact name and number.

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: _____



HOMESTEAD HILLS ELEMENTARY

849 Husky Trail
Benzonia, MI 49616
Phone: 231-882-4641
Fax: 231-882-7829
bishopl@benzieschools.net

STUDENT RECORD REQUEST

Information to be released from:

School

Address

City, State, Zip

Fax # or email

Office Use Only:

Information released to:
Homestead Hills Elementary

Please fax or email
____ IEP
____ Discipline Records
Please MAIL:
____ CA-60/Student Records

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

Student 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: PARENT SCHOOL OFFICIAL GUARDIAN



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

Immunizations are an important part of keeping our children healthy. Schools, 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 **Benzie County Central Schools** 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: _____

Catina M. Crossman
Benzie Central Schools
Executive Assistant to the Superintendent
Pupil Accounting Specialist

RESIDENCY VERIFICATION AFFIDAVIT

PLEASE READ 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 parent/guardian providing originals of two separate items on 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.

____ Driver's License OR Voter Registration
____ 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 one proof of residency. Parent/guardian must provide the second proof item.

Person With Whom Residing:

Signature _____ Date _____

Signature of Parent/Guardian

Student Name

Grade

Address: _____

PO Box

Street Address

City

State

Zip Code

Phone _____

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

Michigan Department
of Community Health



Rick Snyder, Governor
James K. Haveman, Director



**"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).

Affidavit of Proof of Student Age and Identity

In order to enroll

_____, in

Homestead Hills Elementary _____ (date):

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