# GREENVILLE PUBLIC SCHOOLS
## ENROLLMENT CHECKLIST
### Middle School

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Grade</th>
<th>Date Initiated</th>
<th>Date Received</th>
</tr>
</thead>
</table>

### Section 1: Parents supply the following

1. Certified Birth Certificate or notarized affidavit w/ 2nd proof (Required)
2. Copy of Up-to-Date Immunization Record (Required)
3. Copy of Proof of Residency (Required – drivers license, rental/mortgage documents, utility bill, etc.)
4. Proof of Guardianship (If Needed)
5. Copy of student’s unofficial transcript or copy of last report card and last IEP (if applicable) from previous school (Recommended for placement)

### Section 2: Forms to be completed and signed by parent / guardian

6. Parent Notification (When Indicated)
7. Enrollment Form (Required)
8. AUP - Technology Acceptable Use and Safety Policy (Required)
9. Request for complete student records (Required for transferring students)
10. Transportation Form (Required)
11. Concussion Awareness (Required)
12. McKinney-Vento Form (When Indicated)
13. Free and Reduced Lunch Application (Encouraged for all enrollees)
14. Michigan Dept. of Health Consent to Disclose Student Information Form
15. Special Education Temporary Placement (When Indicated)
16. Free and Reduced Lunch Application (Encouraged for all enrollees)
17. School of Choice Form (Optional)

### Section 3: Enrollment procedures

1. Enroll Student in Power School, complete all screens, look up UIC number
2. Enter AUP information, fill out Tech Dept. google doc, file form in main office
3. Fax or email Request for Student Records form to prior school
4. Scan/email Transportation form to Kathy Bresnahan and Jamie McMillan
5. Mark concussion form box in PS
6. Scan/email McKinney Vento form to Deb Hansen-form is filed with enrollment secretary
ATTACHMENT

Attached is your student's enrollment packet

PARENT CHECKLIST FOR ENROLLING A STUDENT
A parent or guardian is required to be with student in order to enroll

YOU ARE REQUIRED TO BRING THE FOLLOWING ITEMS WITH YOU
TO ENROLL YOUR STUDENT

A. Enrollment Packet with all forms filled out completely.

B. Birth Certificate: You MUST bring the student's certified birth certificate in order to enroll.
   1. If you have only a hospital record of birth or a baptismal certificate, an affidavit will be needed. The affidavits will be available when you enroll your child.
   2. Please note: students will be enrolled using the legal name printed on their birth certificate.

C. Immunization Records: You MUST bring immunization records. Students CAN NOT ENROLL WITHOUT IMMUNIZATION RECORDS. Immunizations need to be up-to-date per state guidelines. Students lacking immunizations will be given a time limit to get their shots up-to-date. The enrollment is not considered complete until all immunizations have been done. See enclosed information regarding immunization waiver.
   1. If you can't find a copy of your student's immunization records, check with your student's previous school. They should be able to make a copy for you to bring.

D. Proof of Residency in this school district, such as driver's license, utility bill, mortgage or rental papers with your current address.

E. Guardianship Papers will be needed if the student is living with anyone other than the legal parent/guardian or custodial parent.

F. Transcript: The student's "unofficial copy" of their high school transcript of all grades and/or the latest report card is necessary to appropriately place your student in the correct classes to meet our graduation requirements. You can request a copy of your student's transcript from their previous school.

G. If your student has been in any Special Education program, please bring a copy of the last IEP meeting paperwork.

H. Leaving Grades: If student is enrolling after the school year has already started, we need the "leaving grades" from the previous school before we can schedule classes.
Parent Notification

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child/children **UNLESS** a parent has a court order that indicates which parent has custody of the child/children.

The school **MUST HAVE A COPY OF THE RECORDED COURT ORDER** on file, otherwise either parent may check the child out of the school with proper identification.

If a parent comes in with a court order stating the current custody over the enrolling parent, they may take the child/children after documents are verified, as needed, and after every effort has been made to reach the enrolling parent by phone.

I have read the above statement of the law.

______________________________________________

Student's name

______________________________________________

Signature of Parent/Guardian

______________________________________________

Date:

Notificación Para Padre

Por ley, si los padres están separados o divorciados, cada padre tiene derechos iguales de custodia de el hijo(a)hijos **A MENOS QUE** uno de los padres tenga una orden de la corte que indique cual padres es el que tiene custodia del hijo(a)hijos.

La escuela **DEBE TENER UNA COPIA DE LA CORTE** en sus archivos estudiantiles, de lo contrario, cualquiera de los padres puede sacar el estudiante de la escuela con la identificación apropiada.

Si uno de los padres viene con una orden de la corte que indique la custodia actual sobre el estudiante registrado, entonces se pueden llevar al niño(a)/ hijos después de que los documentos hayan sido verificados, conforme sea necesario, y después de haber hecho todo intento de comunicarnos por teléfono con el otro padre registrado.

He leído la declaración de la ley arriba.

______________________________________________

Nombre del Estudiante

______________________________________________

Firma del padre/tutor

Fecha:
GREENVILLE PUBLIC SCHOOLS

Student Information:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birth Date</th>
<th>Age</th>
<th>Sex</th>
<th>Grade</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address (if different – PO Box etc.)</th>
<th>City</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Medical Concerns

<table>
<thead>
<tr>
<th>Health</th>
<th>Allergies</th>
<th>Hearing/Vision</th>
<th>Other Health Concerns:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Special Education</th>
<th>My Child has a current IEP.</th>
<th>Speech/Language</th>
<th>Learning Disability</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Family: Child resides with whom?

<table>
<thead>
<tr>
<th>Mother</th>
<th>Father</th>
<th>Step-Parent</th>
<th>Guardian</th>
<th>(please circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Home Phone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cell Phone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Work Phone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employer Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Education Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Email Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>County or State of Birth</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Request for Duplicate Mailings:

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Name:</th>
<th>Street Address:</th>
<th>City, State, Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you willing to receive correspondence from school electronically rather than by US Mail? □ Yes □ No

Other Children in the Family:

<table>
<thead>
<tr>
<th>First/Last Name</th>
<th>Birth Date</th>
<th>Sibling/Step-Sibling</th>
<th>School Attending</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Emergency Information: (Please list someone other than parents – we will call parents first)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

COMPLETE APPLICATION ON REVERSE SIDE
Field Trip and Emergency Care Permission:

<table>
<thead>
<tr>
<th>My child has permission to participate in school sponsored field trips:</th>
<th>□ Yes  □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Physician:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Does this student have health insurance:</td>
<td>□ Yes  □ No</td>
</tr>
<tr>
<td>In case of serious illness or injury, I give my consent for the school/ambulance to take my child directly to the hospital and authorize treatment deemed necessary by the attending physician. I will assume all associated costs.</td>
<td></td>
</tr>
<tr>
<td>Parent or Guardian Signature:</td>
<td>□ Yes  □ No</td>
</tr>
</tbody>
</table>

Has this student attended Greenville schools before? If yes, what school? __________________________________________________________

School Child Last Attended:

<table>
<thead>
<tr>
<th>Name of School / Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
</tr>
<tr>
<td>(Street, City, State, Zip Code)</td>
</tr>
</tbody>
</table>

Race and Ethnicity: *(Note: Both Part A and Part B of the question must be answered.)*

<table>
<thead>
<tr>
<th>Part A:</th>
<th>Is this student Hispanic/Latino? (Choose only one, please circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No, not Hispanic/Latino</td>
</tr>
<tr>
<td></td>
<td>Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)</td>
</tr>
</tbody>
</table>

The above part of the question is about ethnicity, not race. No matter which box you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student’s race to be.

<table>
<thead>
<tr>
<th>Part B:</th>
<th>What is the student’s race? (choose one or more, using 1, 2, 3 to rank primary and secondary)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>American Indian or Alaska Native (A person having origins in any of the original people of North and South America, including Central America.)</td>
</tr>
<tr>
<td></td>
<td>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.)</td>
</tr>
<tr>
<td></td>
<td>Black or African American (A person having origins in any of the black racial groups of Africa.)</td>
</tr>
<tr>
<td></td>
<td>Native Hawaiian or other Pacific Islander (A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.)</td>
</tr>
<tr>
<td></td>
<td>White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)</td>
</tr>
</tbody>
</table>

Note: Both parts A and B MUST be completed. We encourage you to select an answer for both parts. If either part (A or B) is not answered, the U.S. Department of Education requires the school district to supply an answer of your behalf.

<table>
<thead>
<tr>
<th>Is there another language spoken in the home?</th>
<th>What language:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Where was the student born?</th>
<th>If not in the U.S., when did the student enter the U.S.?</th>
</tr>
</thead>
</table>

Does this student have a parent who is active military? □ Yes  □ No

Parent or Guardian Signature: ____________________________________________________________

Signature of Staff Member Enrolling Student: __________________________ Date __________________

Residency Status: *(Address verification by staff member)*

<table>
<thead>
<tr>
<th>Resident County of Residence:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 165</td>
<td>Section 105C</td>
<td>If Non-Resident, what is the Resident District:</td>
</tr>
</tbody>
</table>
Dear Parent or Guardian,

This Home Language Survey has been developed for the purpose of identifying students who may need support in English in order to develop English language proficiency that will allow them to master grade level curriculum. Your child will be given and English language proficiency screener, W-APT, in order to identify their English language proficiency. If the W-APT screener identifies the need for your child to receive ESL services, you will receive a Parent Notification Letter and an explanation of those instructional services.

APPROVED HOME LANGUAGE SURVEY

Greenville Public Schools is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1151-380.1158 of the School Code of 1976, Michigan's Bilingual Education Law. Would you please help by providing the following information?

Thank you very much for your cooperation.

Name of Student ____________________________ Grade _____ Age _____

School Building ____________________________

1. Is your child's native tongue (first) a language other than English?
   
   [ ] Yes  [ ] No
   
   What is that language? ____________________________

2. Is the primary language* used in your child's home or environment a language other than English?

   [ ] Yes  [ ] No
   
   What is that language? ____________________________

__________________________  ____________________________  ____________________________
Signature of Parent or Guardian  Address  Date

**"Primary Language" means "the dominant language used by a person for communication."
GREENVILLE PUBLIC SCHOOLS

REQUEST FOR COMPLETE STUDENT RECORDS

Student Name: ____________________________ Grade: ______

This is to certify that the parents/legal guardian of the above-named student hereby authorizes and formally requests

Previous School Attended: ____________________________
Address: ______________________________________
City, State, Zip: ___________________________________
Phone Number: ____________________________
Fax Number: ___________________________________

to release any pertinent information regarding this child to:

☐ Baldwin Heights Elementary
  821 West Oak Street
  Greenville, MI 48838
  Phone: (616) 754-3643 Fax: (616) 754-0272

☐ Cedar Crest Elementary
  622 South Cedar Street
  Greenville, MI 48838
  Phone: (616) 754-3641 Fax: (616) 754-0338

☐ Greenville Middle School
  1321 Chase Road
  Greenville, MI 48838
  Phone: (616) 754-9361 Fax: (616) 754-2901

☐ Lincoln Heights Elementary
  12420 Lincoln Lake Road NE
  Greenville, MI 48838
  Phone: (616) 754-9167 Fax: (616) 754-0469

☐ Walnut Hills Elementary
  712 North Walnut Street
  Greenville, MI 48838
  Phone: (616) 754-3688 Fax: (616) 754-0484

☐ Greenville Senior High School
  Counseling Department
  111 North Hillcrest
  Greenville, MI 48838
  Phone: (616) 754-3681 Fax: (616) 754-1994

In accordance with the Family Educator Rights and Privacy Act of 1974 and Michigan State Law, you are hereby authorized to release:

☐ CA 60 or CA 39 (cumulative school record)
☐ Copy of Birth Certificate and Immunization Record, including medical information
☐ Reports from other agencies (Dept. of Social Services, Mental Health, Court, etc.)
☐ Special Education Files, including placement, evaluation, and referral
☐ Most Current IEP, MET, and Psychological, Social Worker, Speech/Lang. or Teacher Consultant Files
☐ Transcript of grades/credits earned to date and/or grades at point of leaving
☐ Test Scores
☐ Discipline Records
☐ Attendance Records
☐ Current Class Schedule and grades at point of leaving
☐ Current School Program/Recommendations (Gifted/Talented if applicable)

Please FAX the checked records above before mailing the student’s cumulative record. Thank You.

If any of this information is available only by contacting another department within your organization, please forward this form or advise us as to the appropriate mailing address to make this request.

__________________________________________
Date

__________________________________________
Parent/Guardian/Student (if 18 years of age)

S:\Shared\Standard_Forms\Request Records

Reviewed 03/2016
Student Registration / Bus Form

Student Name: ____________________________________________
Home Address: ____________________________________________ City: ____________________________
Home Phone: (_____) ___________________ Cell Phone: (____) ____________________________
Birth Date: ____________________ Grade: ______________________
School Attending: ____________________________________________
Parent/Guardian Signature: ______________________________________

Busing is allowed to/from your home or ONE alternate address only.
Both addresses must be in your child's school of attendance area **AND**
must be on file with the Transportation Department prior to Alternate Stop usage.

Alternate Stop Information

Alternate Contact Person Name: ________________________________ City: ____________________________
Alternate Address: ____________________________________________
Phone: ____________________________ 2nd Phone: ____________________________

Please indicate a schedule for both Bus Stop(s), if known. **OR** indicate ONLY AS NEEDED.

<table>
<thead>
<tr>
<th>To School: (pick-up)</th>
<th>Mon</th>
<th>Home___</th>
<th>ALT___</th>
<th>From School: (drop-off)</th>
<th>Mon</th>
<th>Home___</th>
<th>ALT___</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wed</td>
<td>Home___</td>
<td>ALT___</td>
<td></td>
<td>Wed</td>
<td>Home___</td>
<td>ALT___</td>
<td></td>
</tr>
<tr>
<td>Thu</td>
<td>Home___</td>
<td>ALT___</td>
<td></td>
<td>Thu</td>
<td>Home___</td>
<td>ALT___</td>
<td></td>
</tr>
<tr>
<td>Fri</td>
<td>Home___</td>
<td>ALT___</td>
<td></td>
<td>Fri</td>
<td>Home___</td>
<td>ALT___</td>
<td></td>
</tr>
</tbody>
</table>

ALT-only as needed [ ] ALT-only as needed [ ]

**Must call Bus Garage prior to using Alt stop - if "only as needed" or different than normal schedule.**

Office Use Only

Student ID #: ______________________ UIC Code: ______________________

Home Bus Info:

Bus # _______________ Stop Location: ____________________________ AM p/u time: ____________
Bus # _______________ Stop Location: ____________________________ AM p/u time: ____________

ALT Bus Info:

Bus # _______________ Stop Location: ____________________________ AM p/u time: ____________
Bus # _______________ Stop Location: ____________________________ AM p/u time: ____________

**Please see reverse side for Student information.**
Greenville Public School
Transportation Department

Medical Information

Dera Parent / Guardian:

Please inform the Transportation Department of any medical needs of your child.
This will help us further insure your passengers safety: Asthma, Bee Stings, Allergies, Seizures, etc...

In case of an emergency, our normal procedure is as follows:
1. Stop the bus in a safe area
2. Radio the bus garage dispatch
3. Dispatch will call 911
4. Notify the parent or guardian

All information will only be shared with staff on a need to know basis.

Thank you for your cooperation

Greenville Public Schools
Transportation Team

Assertive Discipline Plan
General Summary

Basic Bus Rider Rules:
1. Follow the bus driver's instructions - the first time.
2. Sit down and stay in your seat - face the front
3. No fighting, swearing, rude gestures or loud talking.
4. No eating, drinking, gum chewing or use of tobacco or drugs.
5. Do not litter, write on or damage the bus in any way.

Procedures under normal circumstances:

<table>
<thead>
<tr>
<th>Consequences - Elementary Grades</th>
<th>Consequences - Secondary Grades</th>
</tr>
</thead>
<tbody>
<tr>
<td>VERBAL WARNING:</td>
<td>VERBAL WARNING:</td>
</tr>
<tr>
<td>1st SLIP - Written Warning</td>
<td>1st SLIP - Written Warning</td>
</tr>
<tr>
<td>2nd SLIP - Up to 3 days suspension</td>
<td>2nd SLIP - Up to 5 days suspension</td>
</tr>
<tr>
<td>3rd SLIP - Up to 5 days suspension</td>
<td>3rd SLIP - Up to 10 days suspension</td>
</tr>
<tr>
<td>4th SLIP - Indefinite suspension</td>
<td>4th SLIP - Indefinite suspension</td>
</tr>
</tbody>
</table>

Parent/Guardian Signature: ____________________________ Date: ________________
Technology: Acceptable Use and Safety Policy
Member Responsibility Statement

The Greenville Public School District encourages and strongly promotes the use of electronic technologies in educational endeavors. The District provides access to information available in a variety of electronic formats, and supports the development of information management skills. Together these allow users to access current and relevant resources, provide the opportunity to communicate in a technology rich environment, and assist them in becoming responsible, self-directed, life-long learners.

The use of technology is a privilege which carries with it responsibilities. The technology user is expected to abide by district policies and rules of behavior. Users are expected to be aware of the responsibilities that the use of technology places upon them.

It is the policy of Greenville Public Schools to: (a) prevent user access (view, use, or send) to inappropriate material via Internet, electronic mail, or other forms of direct electronic communications; (b) prevent unauthorized access and other unlawful online activity; (c) prevent unauthorized online disclosure, use, or dissemination of personal identification information of minors; and (d) comply with state and national laws governing Internet access, usage, privacy and safety (CIPA).

Guidelines for the use of technology described in these regulations apply to all users, including students, staff, guest teachers, volunteers, community members as well as any other person or company who use Greenville technology to access the Internet, or Intranet. These guidelines are not all-inclusive. A user who commits any act of misconduct, which is not specified, may also be subject to disciplinary action. Disciplinary actions are consistent with District and school policies governing behavior. Each user shall read Administrative Rule 409 (AR 409). By signing the Acceptable Use and Safety Policy: Member Responsibility Statement (AR 409-1) prior to accessing and using technology, users acknowledge that they have read and understand the policy and agree to its terms.

User Name (please print):

User Signature: ___________________________ Date: ____________

*A signature is not required of students in grades K-2. (See Parent/Guardian Information section below)

PARENT/GUARDIAN INFORMATION – For students under the age of 18, a parent or guardian must also read and sign this agreement.

I acknowledge receiving notice that, unlike most traditional or library media materials, the district computer system will potentially allow my son/daughter student access to external computer networks not controlled by the school district. I understand that some materials available through these external computer networks may be inappropriate and objectionable; however, I acknowledge that it is impossible for the district to screen or review all of the available materials. I accept responsibility to set and convey standards for appropriate and acceptable use to my son/daughter when using the district computer system or any other electronic media or communications. I agree to release the Greenville Public School District, the Board of Education, its agents and employees from any and all claims of any nature arising from my son/daughter's use of the district computer system in any manner whatsoever.

I agree that my son/daughter may have access to the district computer system and I agree that this may include remote access from our home.

Parent/Guardian Name: (please print) _______________________________________

Parent/Guardian Signature: ___________________________ Date: ____________

OFFICE USE ONLY

Student Number ___________________ Grade ______________
UNDERSTANDING CONCUSSION

Some Common Symptoms

<table>
<thead>
<tr>
<th>Headache</th>
<th>Balance Problems</th>
<th>Sensitive to Noise</th>
<th>Poor Concentration</th>
<th>Not “Feeling Right”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure in the Head</td>
<td>Double Vision</td>
<td>Sluggishness</td>
<td>Memory Problems</td>
<td>Feeling Irritable</td>
</tr>
<tr>
<td>Nausea/Vomiting</td>
<td>Blurry Vision</td>
<td>Haziness</td>
<td>Confusion</td>
<td>Slow Reaction Time</td>
</tr>
<tr>
<td>Dizziness</td>
<td>Sensitive to Light</td>
<td>Fogginess</td>
<td>“Feeling Down”</td>
<td>Sleep Problems</td>
</tr>
</tbody>
</table>

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:

1. 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.

2. 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.

3. 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.mdcd 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 ________________________________ Sponsoring Organization

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian Name Printed

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.
Residency Information Form

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11431 et seq. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student __________________________________ Parent/Guardian __________________________

School __________________________________ Phone/Cell Phone __________________________

Age _______ Grade _______ Birth Date ____________ Is this address Temporary _______ or Permanent _______

Address __________________________________ City __________________________ Zip Code ________

Please choose which of the following situations the student currently resides in (check all that apply):

- House or apartment with parent or guardian
- Motel, car, or campsite
- Shelter or other temporary housing
- With more than one family in a house or an apartment
- With friends or family members (other than parent/guardian)
- Other, please explain:

If you are living in shared housing, please check all of the following reasons that apply:

- Loss of housing
- Economic situation
- Temporarily waiting for house or apartment
- Provide care for a family member
- Living with boyfriend/girlfriend
- Loss of employment
- Parent/Guardian is deployed
- Other (Please explain) ______

Are you a student under the age of 18 and living apart from your parents or guardians? Yes ______ No ______

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 of 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 I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento Liaison, Kara Green at 616-754-3686.

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth __________________________ Date __________

Receiving Staff Signature __________________________ SCHOOL USE ONLY __________________________ Date __________

Please send a copy to Kara Green at the Central Office.

Building Administrative Assistants need to place the appropriate code in Synergy.

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Signature of McKinney-Vento Liaison __________________________ Date __________

MISSION STATEMENT

As a cooperating partner of the community, Greenville Public Schools will assure all students the education necessary to participate as responsible citizens in an ever-changing world.
Greenville Area School Families:

Federal Legislation and the McKinney-Vento Act requires local school districts to identify and serve students in “homeless” situations. The definition of homeless is much broader than one might expect. Essentially, anyone who lacks a fixed, regular, and adequate nighttime residence can be qualified as homeless. This includes, but is not limited to, those who live in shelters, abandoned buildings, cars, public spaces, those who share housing with other families because of economic hardship or live in motels, hotels, or campgrounds.

It is the district’s responsibility to help identify these children, enroll them in school and help them with opportunities for academic success. If you believe a member of your household may qualify as homeless, please contact the district immediately. We will be happy to help identify eligible students. Our goal is to do whatever it takes to help our children be successful. Please take time to review the flyers and let us know how we can help serve the appropriate children.

Sincerely,

Kara Green
McKinney-Vento Liaison
(616) 754-3686
greenk@gpsmi.us

MISSION STATEMENT

As a cooperating partner of the community, Greenville Public Schools will assure all students the education necessary to participate as responsible citizens in an ever-changing world.
PARENTAL CONSENT TO DISCLOSE STUDENT INFORMATION
TO
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Greenville Public Schools (the School District) currently provides necessary school-based health services to your child at no cost to you, the parent/guardian. The School District is participating in Michigan Department of Community Health program through which Federal Medicaid funds are made available to school districts in the State to help cover the costs of providing necessary school-based health services to students. By participating in this program, the School District is allowed to seek Federal Medicaid funds to help cover the costs of the health services the School District provides to your child. In order to seek the Federal funds, the School District must disclose information from your child’s education records to Michigan Department of Community Health. This may include personally identifiable information (ex. Name, Date of Birth) as well as records or information about the services that may be provided to your child.

The School District requests your consent to disclose information from your child’s education records to Michigan Department of Community Health as necessary for the School District to seek Medicaid funds to help cover the costs of the school-based health services the School District provided to your child. Whether or not you give your consent or if you withdraw your consent, the School District will continue to provide necessary health services to your child at no cost to you, the parent/guardian.

NOTIFICATION OF PARENT/GUARDIAN RIGHTS AND PROTECTIONS

To ensure that your child has access to a free appropriate public education, as required by Federal law, the School District must

- obtain your written consent prior to disclosing your child’s health information to Michigan Department of Community Health,
- may not require you to sign up for or enroll in any public benefits or insurance programs,
- may not require you to pay any out-of-pocket expenses such as a deductible or co-payment for the costs of the health services the School District provides to your child, and
- may not use your child’s Medicaid or other public benefits if that use would:
  - decrease available lifetime coverage or any other insured benefit,
  - result in you or your family paying for services that would otherwise be covered by Medicaid or other public insurance program and that are required for your child outside of the time that your child is in school,
  - increase your insurance premiums or lead to the discontinuation of any public benefits or insurance,
  - risk the loss of your eligibility for home and community-based waivers, based on aggregate health-related costs.

Giving your consent will cost you, the parent guardian, nothing, but will allow the School District to seek Federal financial support needed to better provide services to students. Whether or not you give your consent or if you withdraw your consent, the School District will continue to provide services to your child at no cost to you, the parent/guardian.

Please use the attached form to select your consent option.
PARENT/GUARDIAN CONSENT TO DISCLOSE STUDENT INFORMATION

TO

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

STUDENT'S NAME: ___________________________ DOB: ______________

UIC: _______________________________________

EFFECTIVE DATE: 7/1/2015

Please review the statements below and select your option by checking the appropriate box.

Yes. As the parent/guardian of the student named above, I give my consent to the School District and the Montcalm Area Intermediate School District (MAISD) to disclose information from my child's education records to Michigan Department of Community Health as necessary to allow the School District and MAISD to seek Medicaid funds to help cover the costs of the school-based health services the School District and MAISD provided to my child.

I understand that my consent will remain in effect until I withdraw it, and that I may withdraw my consent at any time by notifying the School District and MAISD. If I withdraw my consent, the School District and MAISD will continue to provide necessary school-based health services to my child at no cost to me, the parent/guardian.

No. As the parent/guardian of the student named above, I do not give my consent to the School District and the Montcalm Area Intermediate School District (MAISD) to disclose information from my child's education records to Michigan Department of Community Health.

I understand that if I do not give my consent, the School District and MAISD will continue to provide necessary school-based health services to my child at no cost to me, the parent/guardian.

Name: _______________________________________

(Name of parent/guardian)

Signature: ___________________________________ Date: __________

(Signature of parent/guardian) (Month/Day/Year)