

WELCOME TO SOUTH LAKE SCHOOLS

Today's Date: _____
Student Name: _____
Parent's Name: _____
Address: _____ Phone Number: _____
Birth Date: _____

1st Choice of School: _____ 2nd Choice of School (*elementary only*) _____ Grade: _____

Schools of Choice students are placed where we have openings. Building placement will not be finalized until the end of August.

If applying for Macomb County Schools of Choice, a separate Schools of Choice application packet must be completed and approved first. (Schools of Choice applications are only accepted for certain grades during certain times of the year.) Schools of Choice students are placed where we have openings. Please call 586-435-1600 for details.

Applying for School of Choice _____ If yes, district in which your student resides

State law requires certain records to be completed and on file prior to a child attending school. We are required to exclude students from school until all of these required records are on file.

STUDENT DOCUMENTS NEEDED:

ORIGINAL Birth Certificate: Original must be submitted within 30 days of enrollment. _____

Immunization (Shot) Record: Immunization records are needed before student can start school. **(For McKinney-Vento students, building secretary should check MCIR site.)** _____

Vision & Hearing Test Record
KDG. ONLY If needed, call Macomb County Health Dept. at 586-412-5945 to schedule an appointment. _____

High School Transcript If enrolling in grades 10-12 _____

ENROLLMENT FORMS: (PROVIDED/ATTACHED)

Emergency Card Please complete both sheets
Signature required _____

Home Language Survey Please complete the attached form _____

Concussion Informational Sheet Please see information and sign form _____

Release of Records Form (*n/a for Kdg.*) Please complete the attached form _____

Special Education Release Form Needed if student is a Special Education Student with an IEP on file _____

Driver's License with current address and picture ID or State of Michigan ID needed for identification purposes only.

PROOF OF RESIDENCY- FOUR PIECES OF RESIDENCY PROOF ARE REQUIRED IN ADDITION TO ID

- Current Closing Mortgage Statement or current tax bill with resident name _____
or Current Monthly Lease Statement with dates of lease and signatures _____
- Car registration, car ins., bank statement, personal check, paycheck stub, etc. _____
- Two (2) Current Utility Bills to include gas, water, electric, cable, etc. (1)____(2)____
- Affidavit - This is a form for people sharing living quarters. _____
This form is for residents only. A home visit is required.
- Other _____

SIGNATURE (PARENT/GUARDIAN)

SIGNATURE APPROVAL (STAFF) REVISED 11/30/17

South Lake Schools – Enrollment & Emergency Data Sheet

Student's Full Name (Last, First, MI): _____ Grade _____

Student's Address, City, Zip Code: _____

Home Telephone Number: _____

Date of Birth: _____ City/State of Birth: _____ Sex: (Male/Female) _____

Student resides with: Mother/Father Mother Only Father Only Mother/Step-Father
 Adult other than parent: _____

Parent/Guardian serves in the military: _____

Student is a Foster Child: _____

If School of Choice: Previous District: _____ Previous School: _____

Second Mailing Required <input type="checkbox"/>	Parent/Guardian #1 Relation (mother)	Parent/Guardian #2 Relation (father)
Full Name:		
Birth Place (state)		
Education Level:		
Address/Apt. City, St. Zip:		
Telephone No.		
Cell and/or Pager Phone		
Email Address		
Employer Name		
Work Telephone/Extension		
Marital Status of Parents/Guardian	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Partners <input type="checkbox"/> Deceased	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Partners <input type="checkbox"/> Deceased

Please indicate any custody arrangements or other special or unusual considerations of which the school should be aware: _____

Ethnicity - ✓ all that apply	Primary	Secondary		Other Siblings (Name)	Date of Birth	Grade
American Indian						
Asian American						
Black						
Hispanic						
White						
Hawaiian or Pacific Islander						

EMERGENCY RELEASE CONTACTS		
1. Name & Relationship:	Address & City:	Phone:
2. Name & Relationship:	Address & City:	Phone:
3. Name & Relationship:	Address & City:	Phone:

In case of serious illness or injury, the school will contact parent/guardian. If the school is unable to reach the parent/guardian, the school will take the child to the nearest hospital. Ambulance costs will be the responsibility of the parent. I hereby give permission to South Lake Schools to secure emergency medical and/or emergency surgical treatment for the minor child named on this sheet. Non-emergency medical treatment or elective surgery is not included in this authorization.

Emergency release contact information is necessary if we are to release your child from school for any purpose. The principal/designee is authorized to contact and/or release your child to those people and only those people whose names appear under the "Emergency Release Contacts" on the first page of this form. **THEY MUST HAVE ID.** Please contact the principal with the name(s) of the person(s) to whom your child may **NOT** be released.

Parent's Signature: _____

CONFIDENTIAL MEDICAL INFORMATION:

Has your child had any of the conditions listed below?

- ADD/ADHD Hearing Difficulties Sore Throats/Tonsillitis/Earache (frequent)
- Asthma Menstrual problems Wears contact lenses/glasses
- Diabetes Heart Irregularities Hypoglycemia
- Hepatitis Convulsive disorder/epilepsy Congenital Disorder (What?) _____
- Date of last Tetanus shot? _____
- Other _____
- Allergies: _____

In the last year, has your child been hospitalized? yes no If so state reason: _____

Does your child regularly need to take medication? YES NO

If any medication is taken during school hours, a "Permission to Administer Medication" form must be on file in the office.

Please list medications:

Are there any doctor recommended limits or restrictions for school activities? YES NO

If yes, a statement from the doctor must be presented to the office. Please list: _____

COUNSELING INFORMATION

What was your child's previous pre-school/school attended? _____

Has your child ever attended a school in South Lake Schools? YES NO

If yes, what was the last grade they attended and what building? _____

What kind of grades does your child typically earn? A B C D

How would you rate your child's behavior at school? Excellent Fair Good Poor

Has your child ever repeated a grade? If yes, what grade YES NO _____

Please list subjects that were below grade level: _____

Please list subjects above grade level: _____

Please check all that apply. At the previous school, did your child receive special help from any of the following:

- Special Education Counselor Speech Therapist Title I Tutor Resource Center
- Social Worker Gifted Program Health Problem Other _____

Are there any concerns regarding your child that the counselor should be made aware of? If so, please describe: _____

**FOR SCHOOL USE ONLY
STUDENT CHECK LIST**

Enrollment Date: _____ Start Date: _____

Building: _____ Teacher: _____

School Year : _____ Grade: _____

- Student Folder
- Driver's License
- Mtg.Statement/Lease
- Current Utility Bill
- Other
- Affidavit on File
- Proof of Guardianship
- Items Due List
- Network/Carol
- BK __Card __Bus Letter __
- Original Birth Certificate
- Immunization (Shot record)
- Home Language Survey
- Vision/Hearing – Kdg. only
- Bilingual Letter
- Release of Records Form
- Sent for records __ Rec'd __
- Concussion
- Media Release
- Assign. Letter
- Emergency Card
- 1st Day Pk.
- UIC Req __UIC __ MStep__
- Power School
- MCIR needs update
- Health Folder
- Lunch Acct__ Env__
-

HOME LANGUAGE SURVEY

South Lake 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 380.1152-380-1157 of the School Code of 1985, 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 _____

Name of School Building

1. Is your child's native tongue a language other than English?

_____ Yes _____ No If yes, what is the language? _____

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

_____ Yes _____ No If yes, what is the language? _____

3. *What country was your child born in?

4. *When did your child enter the United States?

5. Did your child receive bilingual instruction at their previous school?

_____ Yes _____ No If yes, what school/district? _____

Signed _____
Parent/Legal Guardian Signature

"Primary language" means the dominant language used by a person for communication.

*Optional

*Note: Please complete and fax this form to MISD Bilingual Program @ fax 586-286-2809.

SOUTH LAKE SCHOOLS
23101 Stadium Blvd.
St. Clair Shores, MI 48080
586-435-1600

1st request _____ Faxed/Mailed
2nd request _____ Faxed/Mailed
3rd request _____ Faxed/Mailed
4th request _____ Faxed/Mailed

Authorization for Release of Student Records

This authorizes a one-time only release to the above organizations and/or individuals.

I authorize the Former School District: _____

NAME OF SCHOOL STUDENT ATTENDED _____

ADDRESS _____

CITY AND STATE _____

ZIP CODE _____

PHONE NUMBER _____

FAX NUMBER _____

To release:

- All records (including 504 Plan, discipline, psychological and special education testing information – IEP & MET)
- Transcript of student's record, including key to grading system
- Grades at time of release
- Standardized Test Data
- Health Records
- UIC Number (Michigan Schools only)

Student(s) or former student(s)

Grade

Birth Date

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

PLEASE SEND STUDENT RECORDS TO: (Please check appropriate school)

Avalon Elementary, 20000 Avalon, St. Clair Shores, MI 48080 (586)435-1000; FAX (586) 445-4358

Elmwood Elementary, 22700 California, St. Clair Shores, MI 48080 (586)435-1100; FAX (586) 445-4338

Koepsell Education Center, 21760 Raven, Eastpointe, MI 48021 (586)435-1500; FAX (586) 445-4322

South Lake Middle School, 21621 California, St. Clair Shores, MI 48080 (586)435-1300; FAX (586) 778-3151

South Lake High, 21900 E. Nine Mile Road, St. Clair Shores, MI 48080 (586)435-1400; FAX (586) 445-4243

Signed _____

PARENT/LEGAL GUARDIAN

DATE



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 South Lake 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: _____

**THIS FORM IS FOR
SPECIAL EDUCATION STUDENTS ONLY**

South Lake Schools Special Education Department

23101 STADIUM BLVD
ST. CLAIR SHORES, MI 48080
Phone 586-435-1610 Fax 586-445-4326

Is your student a special education student receiving support services? _____

An IEP is needed to facilitate special education programs and services. Please bring your most recent copy of your child's IEP and MET.

CONSENT FOR STUDENT RECORDS RELEASE

To: _____

Student Name: _____

Address: _____

Age: _____ Birth Date: _____ Date: _____

You are authorized to release all confidential records such as, medical, education information, social work reports, psychological, psychiatric and special education information, on above-named student to:

South Lake Schools
Special Services
23101 Stadium Blvd.
St. Clair Shores, MI 48080

Verbal Authorization only _____

Reason for request: _____

To aid in present and future education decisions

Other: Specify _____

All information will be kept confidential.

Parent/Guardian Signature: _____ Date _____



STATEMENT
OF
VARICELLA DISEASE
(CHICKENPOX)

Macomb County Immunization Regulations require all children admitted to any public, private, or parochial elementary or secondary school, day care center, 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 (chicken pox) disease. **This must be signed and witnessed at your child's school/child care program.**

I certify my child: _____
Last Name First Name MI

Birth Date Grade Date of School Enrollment

Has had varicella disease _____
(When did varicella occur: age or date?)

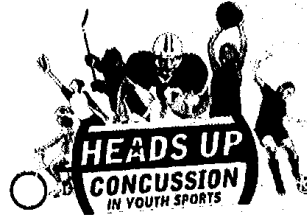
Signature: _____ Date: _____
(Parent or legal guardian)

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

School District: _____

School/Child Care Program: _____

PLACE IN CHILD'S PERMANENT RECORD FILE



Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly 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 listed below after a bump, blow, or jolt to

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.

the head or body, s/he should be kept 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.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (<i>even briefly</i>)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not "feeling right" or "feeling down"

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 not only does not diminish, but 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*)

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.*

It's better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussion.

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.

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

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.

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, or 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.

Parent/Athlete Concussion Information Sheet Acknowledgement

I have received and read the Parent/Athlete Concussion Information Sheet covering:

- What are the Signs and Symptoms of Concussion?
- Concussion Danger Signs
- Why Should an Athlete Report Their Symptoms?
- What Should You Do if You Think Your Athlete has a Concussion?

Parent or Legal Guardian Printed

Parent or Legal Guardian Signed

Date

Student's Name

Grade

ENROLLMENT SURVEY

How did you hear about South Lake Schools? Please check all that apply.

1. ___ Newspaper advertisement (name of paper: _____)
2. ___ Radio advertisement (name of station: _____)
3. ___ South Lake brochure (location received: _____)
4. ___ School bulletin (name of school: _____)
5. ___ South Lake Schools district newsletter
6. ___ South Lake web site
7. ___ South Lake Schools open house (location: _____)
8. ___ South Lake Schools kindergarten roundup
9. ___ Word of mouth (from whom: _____)
10. ___ An older sibling attends South Lake Schools
11. ___ Real estate agency or agent (name: _____)
12. ___ Other (source: _____)

Name of Parent/Guardian

Telephone Number

Name of Child Enrolling

Grade Level of Child

School Assigned / Preferred School

Date