



New Student Enrollment Check List

You will need to bring the following to register for school:

- _____ Completed Registration Packet
- _____ Parent Drivers License or Michigan ID with correct address
- _____ Proof of residency (Swartz Creek residents only) Please bring one of the following documentation for proof of residency; original rental lease, mortgage payment receipt, utility bill or your property tax bill. We cannot accept hand written leases, cell phone bills, or vehicle information as proof of residency.
If you do not reside in the Swartz Creek School District you must submit a State Schools of Choice application.
- _____ Students' Original Birth Certificate
- _____ Proof of Immunizations
- _____ Proof of Vision Exam (Kindergarten only)
- _____ Copy of Report Card (Kindergarten – 8)
- _____ Copy of current Transcript (9-12)
- _____ Copy of student's current IEP (if applicable)
- _____ Custody or court documents (if applicable)
- _____ State Schools of Choice Application (if applicable)

Part A Is this student Hispanic/ Latino?

No, not Hispanic/Latino

Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Part B. What is the student's race? (Choose one or more)

(Use 1 & 2 to rank primary and secondary ethnic groups)

___ Am. Indian/Alaskan Native ___ Asian /Oriental ___ Hawaiian/Pacific Islander ___ African Am. ___ White

Was your child in any special education classes in their previous school? Yes No

Did your child receive any special education services at the previous school? Yes No

If yes, please indicate the types of services he/she received (Check all that apply)

Special Education Classes Speech OT/PT Social Work 504 Plan

Does your child attend Childcare? Yes No

Monday - Friday Yes No, Which days? _____

Please note that transportation is not provided outside the school attendance area.

Childcare Provider Information:

Name/Business Name: _____

Address: _____

Phone: _____

Please list any other siblings in the home who are attending Swartz Creek Community Schools:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Address Confirmation

I state that I reside at _____
Street City State Zip

And I am the custodial mother, father or legal guardian (circle one) of _____
Student's Name

I understand that falsification of an address for purposes of securing an education for the above named child will result in immediate removal from Swartz Creek Community Schools.

Signature of Parent/Guardian

Date

EMERGENCY MEDICAL AUTHORIZATION PERMIT

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed below and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present.

This authorization is valid for the current school year or until such time as I withdraw the authorization.

Authorized _____ Date _____
 Signature of Parent/Guardian

Child's Name _____
 (Last) (First) (Middle)

School _____ Grade _____ Teacher _____

Birthdate _____ Sex _____ Telephone _____

Parent or Guardian Names _____

Home Address _____

Mother's Employment _____ Telephone _____

Father's Employment _____ Telephone _____

Doctor Preferred _____ Telephone _____

Doctor's Address _____

Dentist Preferred _____ Telephone _____

Dentist's Address _____

Insurance Company _____ I.D. No. _____

Important Medical Information

Allergies _____

Current Medications or Treatments _____

Previous Operations or Hospital Confinements _____

Other: _____

Teacher _____

Grade _____

EMERGENCY CONTACT/MEDICAL INFORMATION

Student Name _____ Date of Birth _____

(Please Print)

Parents/Guardian will be contacted first; please do not list parent information on this form.

Please list contacts in order to be contacted if parents are not available(1-3)

Emergency Contact #1:

Relationship to Student: _____ Does the student live with this contact? YES NO

Name: _____

Please check the preferred number to be used in case of an emergency during school hours.

Home Phone: _____ Work Phone: _____ Cell Phone _____

Emergency Contact #2:

Relationship to Student: _____ Does the student live with this contact? YES NO

Name: _____

Please check the preferred number to be used in case of an emergency during school hours.

Home Phone: _____ Work Phone: _____ Cell Phone _____

Emergency Contact #3:

Relationship to Student: _____ Does the student live with this contact? YES NO

Name: _____

Please check the preferred number to be used in case of an emergency during school hours.

Home Phone: _____ Work Phone: _____ Cell Phone _____

Permission to publish/Use the Internet

YES NO Does your child have permission to use the Internet at school.

YES NO May we publish your child's name and photo in school newsletters, local newspaper, or TV news.

Medical Information:

Hospital Preference: _____

Physician Name: _____

Phone: _____

Known Allergies (include the severity of reactions and medications used to counteract or control allergy)

Medications: _____

Frequency of Dosage: _____

Medical Conditions: _____

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present.

This authorization is valid for the current school year or until such time as I withdraw the authorization.

Authorized _____ Date _____

(Signature of Parent/Guardian)

STATE BOARD OF EDUCATION APPROVED HOME LANGUAGE SURVEY

The Michigan Department of Education is collecting information regarding the language background of each student. This information will be used by our District to determine the number of children who should be provided bilingual instruction according to Sections 380.1151 through 380.1158 of the School Code of 1976, Michigan's Bilingual Education Law. Please provide the following information.

Thank you very much for your cooperation.

Name of Student _____ Grade _____ Age _____

School Building _____ District: Swartz Creek Community Schools

1. Students primary language _____

2. Language spoken in the home _____

Signature of Parent or Guardian

Date

¹ Primary language means the dominant language used by a person for communication.

Translation of this survey form in Spanish, Arabic, French, Italian, and Ojibwa is available at the Office of Field Services, MDE.

STUDENT NETWORK AND INTERNET ACCEPTABLE USE AND SAFETY AGREEMENT

To access e-mail and/or the Internet at school, students under the age of eighteen (18) must obtain parent permission and must sign and return this form. Students eighteen (18) and over may sign their own forms.

Use of the Internet is a privilege, not a right. The Board's Internet connection is provided for educational purposes only. Unauthorized and inappropriate use will result in a cancellation of this privilege.

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

The Board has the right to monitor, review and inspect any directories, files and/or messages residing on or sent using the Board's computers/networks. Messages relating to or in support of illegal activities will be reported to the appropriate authorities.

Please complete the following information:

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

School: _____ Grade: _____

Parent/Guardian's Name: _____

Parent/Guardian

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

To the extent that proprietary rights in the design of a web site hosted on the Board's servers would vest in my child upon creation, I agree to assign those rights to the Board.

Please check each that applies:

- I give permission for my child to use and access the Internet at school and for the Board to issue an Internet/e-mail account to my child.
- I give permission for my child's image (photograph) to be published online, provided only his/her first name is used.
- I give permission for the Board to transmit "live" images of my child (as part of a group) over the Internet via a web cam.
- I authorize and license the Board to post my child's class work on the Internet without infringing upon any copyright my child may own with respect to such class work. I understand only my child's first name will accompany such class work.

Parent/Guardian's Signature: _____ Date: _____

Student

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

Student's Signature: _____ Date: _____

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

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 _____ 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: _____



Swartz Creek Community School

Release of Records

Last School Attended: _____

Address: _____

Phone: _____ Fax: _____

Please release all records for Student: _____

Date of Birth: _____ Grade: _____

Please release the following information:

- Student Records/ CA60
- Complete Transcript
- Withdrawal Grades
- Special Education Records

I give consent for you to release all information and confidential records you have on file for my student.

Parent/Guardian Signature

Date

Forward records to:

Swartz Creek High School
 1 Dragon Drive
 Swartz Creek, MI 48473
 Phone: (810) 591-1866
 Fax: (810) 591-1898

Swartz Creek Middle School
 8230 Crapo Street
 Swartz Creek, MI 48473
 Phone: (810) 591-1704
 Fax: (810) 591-1712

Virtual Learning Center
 8230 Crapo Street
 Swartz Creek, MI 48473
 Phone: (810) 591-4380
 Fax: (810) 591-4348

Dieck Elementary
 2239 Van Vleet Road
 Swartz Creek, MI 48473
 Phone: (810) 591-5270
 Fax: (810) 591-5273

Elms Road Elementary
 3259 Elms Road
 Swartz Creek, MI 48473
 Phone: (810) 591-1249
 Fax: (810) 591-1274

Gaines Elementary
 300 East Lansing Road
 Gaines, MI 48473
 Phone: (810) 591-1075
 Fax: (810) 591-1099

Morrish Elementary
 5055 Maple Road
 Swartz Creek, MI 48473
 Phone: (810) 591-0581
 Fax: (810) 591-0580

Syring Elementary
 5300 Oakview Drive
 Swartz Creek, MI 48473
 Phone: (810) 591-1300
 Fax: (810) 591-1303

Student: _____ Grade: _____

To be completed by the last school attended:

1. Has the above named student been expelled from your school district? YES or NO

If yes, please explain _____

2. Is disciplinary action pending against this student? YES or NO

If yes, please explain _____

3. Was this student in a special education program in your district? YES or NO

If yes, please explain _____

4. When was the student's last day of attendance? _____

5. Any other information: _____

IMPORTANT:

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law.

If you are not the intended recipient or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited.

If you receive this communication in error, please notify us immediately by telephone and return the original message to us at the above address via the United States Postal Service.

Thank you.

Swartz Creek Student Handbook is available on line. In an attempt to “go green” we will only provide a paper copy to those who request. Check a statement below, sign, and date.

_____ I will access and review the Swartz Creek Student Handbook **online** by going to www.swartzcreek.org

_____ I am unable to access and review the Swartz Creek Student Handbook online. I would like a **paper copy** of the Handbook.

Student Name: _____

Parent Name (Print): _____

Parent Signature: _____

Date: _____ Grade _____

Start Date: _____

Bus Symbol: _____



TRANSPORTATION NOTIFICATION

Getting to and from school is a very important part of the student's day. Bus transportation is available to all resident students with the exception of those within walking distance to their school and elementary children attending daycare within their buildings geographic placement.

Student Name: _____
Last Name First Name

Home Address: _____
Number Street Name Apt. No. City Zip

Home Phone: _____ Cell Phone: _____
Area Code Area Code Area Code

Grade: _____ School: _____ Teacher: _____

Siblings that will ride the bus are:

Before School _____ Home Address _____ Childcare _____ Days they will attend: M T W H F
Pick Up Address: _____

Contact Name: _____ Contact Number: _____
Area Code

After School _____ Home Address _____ Childcare _____ Days they will attend: M T W H F
Drop Off Address: _____

Contact Name _____ Contact Number _____
Area Code

My child will not use transportation: Walk Pick Up Drop Off Both
From home/daycare At home/daycare Walk/Pick Up/Drop Off

Medical alerts (Seizers, Diabetic): _____

Swartz Creel Community Schools- Transportation

8336 Cappy Lane – Swartz Creek, MI 48473

Phone: (810) 591-2113 Fax: (810) 630-1056

Faxed to Building

Date: _____

Faxed to Transportation

Date: _____



STUDENT RESIDENCY QUESTIONNAIRE
SWARTZ CREEK COMMUNITY SCHOOLS



By completing this questionnaire you help the district comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Information provided will be confidential and will help identify services that the student may be eligible to receive.

Enter student's full legal name as it appears on the birth certificate

Last Name	First Name	Middle Name

Parent/Legal Guardian:

Street Address:

Lot/Apt#: City: Zip:

1. Where is the student currently living?

- a shelter
 motel or hotel
 foster care
 unsheltered (camp ground, car)
 with more than one family in a house or apartment
 None listed - **Please skip to question # 3 and sign below.**

2. Does the living arrangement checked in question 1 result from a loss of housing or economic hardship?

- Yes, Please complete question 2a, 2b, 2c
 No
 Not sure

2a. How long do you anticipate living at this location? _____

2b. Are you working with a case worker or legal authority at this time? Yes No

If yes, what are the contact names and phone numbers? _____

2c. Would you like your children to continue attending their previous school district & building?
 Yes No

3. The student lives with:

- One parent
 Two parents
 One parent & another adult
 Foster parent
 Alone with no adults
 an adult who is not the parent or guardian
 a relative or friend

Under penalty of perjury under the laws of this state, I declare that the information provided here is true and correct and of my own personal knowledge. I understand that failure to provide truthful information could also jeopardize my child's enrollment status.

Parent or legal guardian signature: _____

Date / /

For Office Use

Enrollment Date: _____

MV YES NO

Start Date: _____

Code _____

Building Placement : _____

Unaccompanied youth _____

Contact Homeless Liason: _____

Contact Food Services: _____

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

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

UNDERSTANDING CONCUSSION

Some Common Symptoms

Headache
Pressure in the Head
Nausea/Vomiting
Dizziness

Balance Problems
Double Vision
Blurry Vision
Sensitive to Light

Sensitive to Noise
Sluggishness
Haziness
Fogginess
Grogginess

Poor Concentration
Memory Problems
Confusion
“Feeling Down”

Not “Feeling Right”
Feeling Irritable
Slow Reaction Time
Sleep Problems

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.cdc.gov/concussion.

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

CONCUSSION AWARENESS

EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by the Swartz Creek Community Schools.

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian Name Signature

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.

CAREER PREPARATION
NEW ENROLLEE FORM

(Forward to Mrs. Ortiz)

FIRST NAME: _____

LAST NAME: _____

Grade Entering: _____

District coming from: _____

Existing EDP at previous district? _____
(Educational Development Plan)

(Office Use Only)

EDP-ID:

PASSWORD:

EDP Unit Staff Name:

EDP Unit Class Period:

Staff EDP Unit already completed?

9-12 Grade NEW STUDENT – TRANSFER INFORMATION FORM

Yes No I am interested in participating in athletics.

*To be completed by new students, parents and former school. This form is intended to assist schools in compiling information to determine eligibility under MHSAA Regulations for students who change schools **after starting the 9th grade**. Provide copies in new student enrollment material. Request the form be submitted as soon as possible after enrollment to the athletic director for evaluation. The AD may then contact the MHSAA for assistance. Consult Int. 65 and 77 to assist in determining if residential changes are full and complete. **Int. 37 states two current and complete documents are prerequisites for participation: Physical Exam/Consent Form and official school record (transcript) since first enrolling in the 9th grade of any school.***

THIS SECTION COMPLETED BY SCHOOL & STUDENT	Number of classes for which credit has been given in the previous academic term: ____
	Number of potential classes for a full-time student in our high school: ____
	Official enrollment date (in school books & attending one or more classes) ____/____/____
	Number of semester's ____ and/or trimesters ____ in grades 9-12 <u>completed</u> to date.
	In what school year did the student end the 8th grade (and begin grade 9)? 20__ - 20__.
	Has the student repeated any grade 9-12? Yes ____ No ____

STUDENTS NAME _____ GRADE _____ BIRTHDATE ____/____/____

PHONE: _____ EMAIL: _____

CURRENT (NEW) ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF RESIDENCE CHANGE INTO CURRENT (NEW) ADDRESS _____

CURRENT (NEW) PUBLIC SCHOOL DISTRICT IN WHICH YOU RESIDE _____

OLD HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

FORMER RESIDENCE (Check all that apply) __ Vacant __ Sold __ Rented __ All Belongings Moved? Y N

OLD PUBLIC SCHOOL DISTRICT OF RESIDENCE _____

PARENT(S) or GUARDIAN(S) _____ Phone: _____

1. The last school the student attended: _____

2. While enrolled at former school, the student lived with _____

(List all people: Parents, guardians, siblings, or others)

YES NO The student lived with the above for at least 30 days during the most recent previous academic term.

3. The student now lives with _____

(List all people: Parents, guardians, siblings, or others)

CIRCLE THE CORRECT ANSWER:

4. 8 9 10 11 12 Circle the highest grade in which the student was enrolled at any previous school.

5. YES NO The school previously attended is a nonpublic, private or parochial school.

6. YES NO The student is a "Ward of the Court/State" and was placed in this school district by court order.

7. YES NO The student is an international student enrolling from a foreign country **Circle VISA: F-1 J-1**

7a. YES NO The student is from an MHSAA Approved International Student Program (AISP):

Name the Program: _____ AISP Program is listed on MHSAA.com Y N

8. YES NO The student's previous school has been closed, dissolved or reorganized (See Int. 64 & 90)

9. YES NO The student's parents are divorced. If divorced, give exact decree date: Month ____ Day ____ Year ____

10. YES NO The student is 18 or under; or the 19th birthday is on or after Sept. 1 of this school year.

11. YES NO Last year, the student was a student at a boarding school, or while enrolled out of state attended a sports academy.

12. YES NO The student is 18 and moved into this district without his or her parents.

13. YES NO The student is a 9th or 10th grader and has not played in a scrimmage or game in any MHSAA sport.

14. YES NO The student participated in a cooperative program involving his/her previous school and our school.

15. YES NO The student wishes to discuss her/her situation with the athletic director.

OVER

VERIFICATION OF **ATHLETIC RELATED TRANSFER** REGULATION FOR STUDENTS SITTING OUT WHO DO **NOT** MEET AN EXCEPTION TO THE PERIOD OF INELIGIBILITY (Reg. I, Section 9 [F])

“Links to open gyms, former coach/personal trainer, school or non-school sports & summer teams”

16. List the high school sports the student participated in (game/meet or scrimmage) since first enrolling in the 9th grade at the previous school _____
17. List the sports in which the student desires to participate in during the next 12 months at new school: _____

Today’s Date: _____ In the past 12 months?

18. YES NO Prior to attending classes at the new school, the student has attended an open gym at our high school.
19. YES NO The student has competed or practiced in a non-school sport activity that was coached, coordinated or directed by a coach, parent (former or current) or school administrator of our high school including in **any summer activities or non-school sports** such as AAU basketball, 7 on 7 football, indoor soccer, etc. If yes, indicate the school connection and activity:

20. YES NO The student has had involvement with any member of our school’s coaching staff (current or incoming) who provided **individual or team instruction in sports or as a conditioner, personal trainer or coach** whether paid or volunteer. If yes, indicate the staff member and the activity:

21. YES NO While at the **former high school the student was coached by** any member of our high school’s coaching staff (current or incoming). If yes, indicate the name of the coach and sport:

RECOMMENDED VERIFICATION & COMMUNICATION BETWEEN SCHOOLS

By my signature below I state that the above is true and accurate. I also understand that contests the student participates in may be forfeited to opponents if the information submitted is not accurate:

_____ Student	_____ Date	_____ Parent	_____ Date
_____ New School Athletic Director	_____ Date	_____ School	_____ email or fax

To Former School Athletic Director: Please sign and return to AD at the student’s new school

Exchange this form between athletic directors for students who wish to play the same sport as played previously. The former school athletic director indicates that to the best of their knowledge the above is true and accurate:

_____ Former School Athletic Director	_____ Date	Form Returned to New School: _____ Date
--	---------------	--

Notes if former AD declines to sign:

