

PLEASE COMPLETE ALL INFORMATION

Clio Area Schools Student Registration

YOUR CHILD CANNOT BE ENROLLED IN SCHOOL WITHOUT THE FOLLOWING:

Immunization Records: _____ Legal Birth Certificate: _____

Proof of Residency: _____

Date Enrolled: ___/___/___ Student Number _____

Student's Full Name _____ Birthdate ___/___/___

LAST
FIRST
MIDDLE
M
D
Y

Gender _____ Grade _____ Phone Number _____

Address _____

NUMBER
ROAD/STREET/AVE
APT. NO.
CITY
TWP.
ZIP

Race: White ___ Black or African American ___ American Indian or Alaska Native ___ Asian ___ Native Hawaiian or Other Pacific Islander ___ Hispanic/Latin

Has your child been expelled from school or considered for expulsion Yes ___ No ___

Has your child dropped out of school? Yes ___ No ___

Student lives with (names): _____, who is the Mother Father Step Mother Step Father
 Guardian Court Placed Other _____

Birth Mother's Name:	Birth Father's Name:
Address:	Address:
Home Phone: Work Phone:	Home Phone: Work Phone:
Cell Phone: Pager:	Cell Phone: Pager:
Email Address:	Email Address:
Last Grade Completed: Marital Status:	Last Grade Completed: Marital Status:
Step Parent Name: Phone:	Step Parent Name: Phone:
Other Name:	Other Name:
Please check appropriate box: <input type="checkbox"/> Guardian <input type="checkbox"/> Court Placed <input type="checkbox"/> Other: <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father	Please check appropriate box: <input type="checkbox"/> Guardian <input type="checkbox"/> Court Placed <input type="checkbox"/> Other: <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father
Address:	Address:
Home Phone: Work Phone:	Home Phone: Work Phone:
Cell Phone: Pager:	Cell Phone: Pager:
Email Address:	Email Address:
Last Grade Completed: Marital Status:	Last Grade Completed: Marital Status:

Is this student enrolled in Special Education? _____ If Yes: LD EI EMI TMI PPI VI HI POHI
504 PLAN SPEECH (PLEASE CIRCLE)

Does the student have any medical problems or allergies? _____ Yes _____ No

If yes, please specify and list any current medications: _____

Is this student and expectant parent? _____ Yes _____ No Due Date _____

Other Children in the Family

Name	Birthdate
_____	_____
_____	_____
_____	_____

High School Information:

District of Residence: _____

Last School Attended: _____ Grade: _____

Please List Other High Schools Previously Attended:

- _____
- _____
- _____

Support Services:

Have you ever received Special Education Services? _____ Yes _____ No If no, please initial: _____

Date of last IEP: _____

Other Services:

_____ Free/Reduced Lunch _____ Alternative Education Programs _____ Support Services Programs
_____ Extended Year Programs/Summer Programs _____ Behavior Management and Training Programs

Parent Signature _____ Date _____

STUDENT # _____
Allergies,
Life threatening &
other problems on
reverse side.

Clio Area Schools
EMERGENCY MEDICAL CARE FORM

Phone (Home) _____
Grade _____
Teacher _____

Name of child _____ Birth Date _____
LAST NAME FIRST NAME MIDDLE NAME

Address _____ City _____ Zip _____

Parents or guardians full name _____

Mother's Employment _____ Phone _____

Father's Employment _____ Phone _____

In case my child becomes ill or injured at school notify me. If I cannot be reached at the above address, call:
(nearest relative or neighbor preferred)

1. Name _____ Address _____ Phone _____

2. Name _____ Address _____ Phone _____

3. Name _____ Address _____ Phone _____

or have my child taken to the nearest physician or:

Doctor _____ Address _____

Phone _____ or to _____, or to any other physician available.

HOSPITAL

The school is hereby authorized to follow the plan outlined above in handling emergency care of my child,
and I hereby agree to pay all expenses incurred.

Date _____

SIGNATURE OF PARENT

(OVER)

Allergies, Life Threatening and Other
problems:

SEVERE FALL or SPRING WEATHER

The Clio Area Schools will not dismiss students early for severe fall or spring weather conditions. Children will be dismissed at their regular dismissal time unless there is a tornado warning in effect at dismissal time in which case dismissal will be postponed until the warning is lifted. Parents who wish to pick up their children when severe weather or tornado warnings are in effect are free to do so. Children will not be excused to leave with anyone except the parent unless you give your permission to do so below.

I hereby give my permission to let my child leave school before school dismissal time with the following persons: (If none, please state "NO ONE" and sign.)

PARENT OR GUARDIAN SIGNATURE

DATE

Preferred Non-Emergency Contact Information

If parent/guardian cannot be reach, call:

#1 Preferred Contact Name: _____ Phone: _____

Address: _____ Relationship to student: _____

#2 Preferred Contact Name: _____ Phone: _____

Address: _____ Relationship to student: _____

#3 Preferred Contact Name: _____ Phone: _____

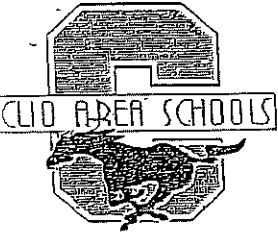
Address: _____ Relationship to student: _____

#4 Preferred Contact Name: _____ Phone: _____

Address: _____ Relationship to student: _____

Parent Signature

Date



Clio Community High School

428 North Mill St
Clio, MI 48420
(810) 591-7595

Student Information

All new students are required to attend a three week orientation. Students attend 9-3 Monday thru Thursday and 8-1 on Fridays. Students must complete the entire three week orientation to be enrolled.

Student Name: _____ Age: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Phone: () _____ Cellular: () _____ Work: () _____

Email Address: _____ @ _____

Requested classroom time schedule: 1 day 3 day 5 day

Parent/Guardian Information:

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Phone: () _____ Cellular: () _____ Work: () _____

Email Address: _____ @ _____

Has the student ever received Special Education Services? Yes No If not Initial: _____

Date of last IEP: _____

Requested classroom time schedule: 1 day 3 day 5 day

School Use

Orientation Date: _____

Total Activities Week 1: _____ Total Activities Week 2: _____ Total Activities Week 3: _____

Completed orientation: Yes No Attendance: _____/15

Suggested Schedule: 1 day 3 day 5 day

Teachers Comments: _____

CLIO AREA SCHOOLS

Residency Questionnaire

STUDENT RESIDENCY

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. Your truthful and accurate answers will help the district identify services that the student may be eligible to receive.

School:	<i>Clio Community High School</i>	Date:	
Student's Name:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth: (Month, Day, Year)		Age:	
Parent(s)/ Legal Guardian(s) Name:		Relationship to Student:	
Address:			
City, State:		Zip code:	
Method of Contact: Telephone # / Pager #:			

1. Where is the student living now? (check one box):

- In a shelter In a hotel or motel with more than one family in a house or apartment
 In a car In a Trailer Park or Campsite None of the Above
 With friends/family members (other than parent/guardian)

If you checked the box marked "none of the above" you do not have to complete the remainder of this form. Please sign below and mail or fax a copy to:

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

- Yes No Unsure

3. The student lives with:

- 1 Parent 2 Parents 1 Parent & another adult A relative, friend(s) or other adults

Parent/Legal Guardian's Signature: _____ Date: _____

Please return a copy of this form to:

FOR OFFICE USE ONLY:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Student not covered by McKinney-Vento Act |
| <input type="checkbox"/> | Student covered by McKinney-Vento Act |
| <input type="checkbox"/> | Follow-up Required |

Please list the Name & Phone number of a contact person at the student's school who may know of the family's situation:

Clio Community High School

Student Driver

The following form must be filled out, a copy of your driver's license attached and turned into the Community Education office before you will be permitted to park in the school parking lot.

Parking in the lot is a privilege, not a right. When driving in the parking lot, remember to conduct yourself in a responsible manner. **Many times we have young children nearby in gymnastics and other programs, and their safety is an important concern.**

Driver Registration

Student's Name	Vehicle Make (example: Chevrolet)
Driver's License Number	Vehicle Year and Model (example: 2004 Trail Blazer)
License Plate Number	Vehicle Color
Student's Signature	Phone Number

Clio Community High School

Student/Parent Contract

- A. I have read or will read the student handbook and agree to follow the student regulations and guidelines as outlined in the handbook.
- B. I understand the policy concerning attendance and disciplines as described in our student handbook and agree to follow the policies.
- C. I understand that students must provide their own transportation to attend the Clio Community High School.
- D. I understand that I am to treat all CCHS staff, students, and property with the utmost respect.
- E. I understand that I will be attending a year around school.

Student Signature

Date

Parent Signature

Date

Staff Member Signature

Date

CLIO AREA SCHOOL DISTRICT COMPUTER NETWORK ACCEPTABLE USE POLICY

It is the Clio Area School District's mission to provide educational opportunities for all our students to learn the skills needed for tomorrow's world. Using technology to communicate, collaborate and problem solve is a necessity in the fulfillment of our mission. District technology is designed to be used as a tool to facilitate learning consistent with legitimate educational and work-related purposes set forth by the Clio Board of Education. The use of these tools is a privilege, not a right, and should be used in a manner that conforms to the rules and regulations set forth by the Technology Department and Board of Education.

Only Clio Area School District students, its faculty, and staff, who agree to the terms of this policy, and after the school has received a signed Technology Acceptable Use Policy, may be granted access to the use of the District's technologies.

Users have no expectation of privacy as to information or activity on the district's electronic information technologies. The district retains the right to monitor all use, including but not limited to personal e-mail and voicemail communications, computer files, databases, web logs, audit trails, or any other electronic transmissions accessed through the district's electronic information technologies. In accordance with CIPA (Children's Internet Protection Act) and PA212, Clio Area Schools uses a subscription-based firewall service, and for Internet filtering, a filtering service that allows the district to filter out sites that we deem objectionable. Email filtering is also provided. Student Internet use and email use may be monitored by the district as needs arise.

The use of Clio Area Schools' technologies, including but not limited to, local area network (LAN), wide area network (WAN), Internet, stand-alone and networked computer systems, and telecommunication equipment, is governed by the following rules:

- No excessive use of District bandwidth is allowed, except those services for which adequate bandwidth resources are available.
 - Use of e-mail, chat, instant messaging, and other forms of two-way electronic communications may be used for educational purposes.
 - Network storage is limited to educational and work-related material. No non-District software of any kind is to be stored on any personal or shared network drives without prior consent of the Technology Department.
 - Only hardware approved by the Technology Department may be attached to the District network and equipment. This includes, but is not limited to printers, scanners, digital cameras, laptops computers, Personal Digital Assistant devices, storage devices, telephones, etc., whether they be physically or wirelessly connected. Nor shall any district owned hardware or software be moved or relocated without permission from the Technology Department.
 - Only software purchased by the Clio Area Schools may be stored or installed on district hardware. No software programs may be downloaded off the Internet, or installed from any other media, without the permission of the Technology Department.
 - It is the user's responsibility to make sure no hardware or software is destroyed, modified, or abused in any way. It is also the user's responsibility to keep inappropriate material from entering the district's network, such as viruses, pornographic material, malware, etc.
 - Users are to comply with all Board Policies, State and Federal laws, including copyright and trademark laws, and acceptable use licensing agreements, in using the District's technology.
- Please, return this form after reading and signing. This agreement is valid for as long as the student/staff is in the District and/or the life of this AUP.

CLIO AREA SCHOOL DISTRICT COMPUTER NETWORK ACCEPTABLE USE POLICY

Clio Area Schools is also committed to using its technology to share good news regarding student, team and group accomplishments and events throughout the community. To that end, the district and individual schools publish newsletters, photographs, videos, presentations, press releases, and other documents and materials, both in print and on the Internet. Students participating in events, meetings, athletics, performances, and classroom activities, as participants or spectators, may be photographed or filmed. Local media also publish student images and work provided by the district. If you do not want Clio Area Schools and/or the individual schools to disclose your child's work, image or likeness, you must notify the District using the OPT-OUT FORM available at the District Office and each individual school office. The form must be signed and returned to the main office of your children's respective school(s). An OPT-OUT FORM must be submitted annually for each child within the first two weeks of school every school year.

_____ I have read this document and agree to follow the rules stated in the Clio Area School District Computer Network Acceptable Use Policy (AUP).

Student Signature _____
Date: _____

Parent/Guardian signature: _____
Date : _____

BOARD OF EDUCATION

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Clio Area Schools

Clio, Michigan 48420

Telephone (810) 591-0500
FAX (810) 591-0140

FLETCHER SPEARS III, Superintendent
STEPHEN KESKES, Ed.S., Assistant Superintendent of Curriculum & Instruction
JON PECHETTE, CPA, CFO, Executive Director of Finance



Researcher Name: _____

Contact Phone Number: _____

Team Leader: _____ Mentor: _____

W-A-Y Program Researcher Agreement:

- I will log on to W-A-Y Program learning environment everyday, including weekends and holidays, and I will make contact with my mentor.
- I will answer email messages right away.
- If I know that I cannot be in touch for more than a day, I will inform my mentor ahead of time.
- I will attend W-A-Y Program learning lab a minimum of two (2) times per week for an hour each visit.
- I will schedule my lab time weekly with my mentor. If I am unable to attend lab for any reason, I will notify my mentor.
- I will work together with my mentor to plan my projects and agree to a time when they will be completed.
- I will submit a minimum of four (4) projects per week.
- I will act responsibly when I use the internet. I understand that I can use it for both educational and recreational purposes. I will not log on to sites that may be inappropriate. If I accidentally log on to sites that may be inappropriate, I will log-off at once and inform my Team Leader.
- I understand W-A-Y Program operates 365 days of the year and that there is an adult online 24 hours per day.
- I understand W-A-Y Program has a secure learning environment. I am able to chat with other members of W-A-Y Program community in our secure site. I will not use external chat rooms or areas to contact other W-A-Y Program researchers.
- I understand W-A-Y Program is a secure, but transparent community. All communications are actively monitored. I will behave respectfully and responsibly when I am in W-A-Y Program community.

Clio Area Schools

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researcher from logging in.

- I understand W-A-Y Program operates 365 days of the year and that there is an adult online 24 hours per day.
- If home circumstances should change and the young person in my care is unable to log on, I will inform our assigned Team Leader within 24 hours.
- I will look after the equipment Clio Area Schools has provided. I agree to return the equipment at any time if asked. The equipment shall remain at the enrollment address, and shall not be removed without consent of the assigned Team Leader.

Enrollment Address:

The equipment is as follows:

Computer: Serial Number _____ Charger: _____

Aircard: Serial Number _____ Backpack: _____

- I understand that the equipment is property of Clio Area Schools and must be returned upon completion or exit for Clio Community High School. _____ (initials)

Print Name: _____

Signature: _____

Date: _____

Team Leader: _____

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Researcher Name: _____

Contact Phone Number: _____

Team Leader: _____ Mentor: _____

W-A-Y Program Parent/Guardian Agreement:

- I understand W-A-Y Program is an educational project intended for High School aged youth. I understand that its aim is to reengage young people in learning and to rebuild self-esteem and confidence.

- I will encourage the young person in my care to take an active part in W-A-Y Program, which includes: logging in daily, contacting his/her mentor daily, completing projects in a timely manner, and attending the learning lab as required.

- I understand W-A-Y Program has its own secure learning environment intended only for the W-A-Y Program researcher and staff. The researchers username and password is for the researchers use only. The login information may not be shared with anyone including parents. The researcher will be held responsible for any inappropriate or offensive communications.

- If I need to contact W-A-Y Program staff for any purpose, I understand that I can call the assigned Team Leader. There is a 24 hour answering system in place, and all calls will be returned.

- I understand the issues surrounding internet security and safe use of the internet. I understand that internet filtering systems are not reliable, and that I have a parental responsibility to guide the young person in my care. I will encourage the young person in my care to use the internet in a safe and responsible manner.

- I understand W-A-Y Program computer systems have limited filtering, but internet security software can be installed at any time if I deem necessary after discussion with our assigned Team Leader.

- I understand that I am responsible for the young person in my care, and accept that I need to ensure an appropriate level of supervision. I understand that W-A-Y Program learning community is transparent and all communications are monitored closely. If the central team has any concerns, I will be contacted directly and expected to support the central team in their efforts.

- If the young person in my care is unable to log on for more than one day, I will contact my assigned Team Leader. This includes planned vacations, internet/power outages, or any instance that would prohibit the

LOCALLY EDUCATED * GLOBALLY AWARE

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- I will actively contribute to W-A-Y Program learning communities. I will help and support others in the community. If I learn something new, I will share it in W-A-Y Program learning environment.

- I will keep my learning environment username and password secure. I will not share it with anyone. I will not let anyone into W-A-Y Program learning environment.

- I will look after the equipment Clio Area Schools has provided. I agree to return the equipment at any time if asked. The equipment shall remain at the enrollment address, and shall not be removed without consent of the assigned Team Leader.

Enrollment Address:

The equipment is as follows:

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Charger: _____

Aircard: Serial Number _____

Backpack: _____

- I understand that the equipment is property of Clio Area Schools and must be returned upon completion or exit for Clio Community High School. _____ (initials)

Print Name: _____

Signature: _____

Date: _____

Team Leader: _____