



# Student Registration Form

The information gathered on this form will be used by school staff to plan educationally for your child. Some information is required for state/federal reporting purposes.

For Office Use Only	
Start Date: _____	B/C: _____
IMM: _____	Residency: _____

## Student Information

Legal Name (last/first/middle): \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Birth date (MM/DD/Year): \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type: Home \_\_\_\_\_ Cell \_\_\_\_\_ Unlisted \_\_\_\_\_

Race: American Indian \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Black or African American \_\_\_\_\_

Hispanic \_\_\_\_\_ Caucasian/Non-Hispanic \_\_\_\_\_ Non-Resident/Other \_\_\_\_\_

Enrollment Information: Grade: \_\_\_\_\_ School Year \_\_\_\_\_ School \_\_\_\_\_

## Parent/Guardian Information

Name (last/first/middle): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Extra Mailing: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relation to Student: \_\_\_\_\_ Legal Guardian: Yes \_\_\_\_\_ No \_\_\_\_\_

Name (last/first/middle): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Extra Mailing: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relation to Student: \_\_\_\_\_ Legal Guardian: Yes \_\_\_\_\_ No \_\_\_\_\_

## Student Language Information

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

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what language? \_\_\_\_\_

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

Yes \_\_\_\_\_ No \_\_\_\_\_ Is yes, what language? \_\_\_\_\_



### Sibling Information

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ School \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ School \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ School \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ School \_\_\_\_\_ Grade: \_\_\_\_\_

### Emergency Contacts

Contact 1: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact 2: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact 3: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact 4: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Medical Information

Medical Problems/Concerns/Medications that Howell Public Schools would need to be aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Wears Glasses/Contact Lenses? Yes \_\_\_\_\_ No \_\_\_\_\_ Wears Hearing Aids? Yes \_\_\_\_\_ No \_\_\_\_\_

### Student Services

Is the student currently eligible for special education services? Yes \_\_\_\_\_ No \_\_\_\_\_

Eligibility Category: \_\_\_\_\_ IEP Date: \_\_\_\_\_

Check any supports that the student received in the previous school:

\_\_\_\_ 504 Plan      \_\_\_\_ Occupational Therapy      \_\_\_\_ Math Support

\_\_\_\_ Social Work      \_\_\_\_ Physical Therapy      \_\_\_\_ Reading Support

\_\_\_\_ Resource Room      \_\_\_\_ Speech/Language Therapy      \_\_\_\_ Enrichment

\_\_\_\_ Counseling Support      \_\_\_\_ English Language Learner Support      Other: \_\_\_\_\_

In case of an emergency, your student will be transported to the nearest medical facility. The parent(s)/guardian(s) is responsible for all expenses incurred. My Signature below authorizes emergency medical care for my child and release of medical condition(s) to school administrative personnel.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## RESIDENCY AFFIDAVIT

I, \_\_\_\_\_ declare that I physically reside at  
(Parent/Guardian Name)

\_\_\_\_\_, Michigan, and that I have no  
(Street Address, City, Zip Code)

other residence other than that listed on this affidavit. I also declare that I am in compliance with the State of Michigan General School Laws, which require that students attend school in the district in which they live with their parents or legal guardians\*.

In order to affirm my residency in the Howell Public School district, I have presented certain documents with my address to school officials. I declare that the documents are true and accurate and further, I am aware that the deliberate falsification of information for school attendance purposes is unlawful. I am aware also of the policy of Howell Public Schools, which states that if a student is found to have established residency in our district by using false or inaccurate information, the student will be immediately dismissed from school, and the parents of the student will be held liable for all costs incurred while the student was enrolled in the Howell Public School district.

Signature: \_\_\_\_\_  
(Parent/Guardian Signature)

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Residence: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
(City, State, Zip Code)

\*A parent may place his or her child in the home of a relative, and if the placement is for purposes of providing a **suitable home** to the child, the child is a resident of the district in which the relative resides.



## Student Residency Questionnaire/Affidavit

This document is intended to address the McKinney-Vento Assistance Act. Your answers will help determine documents necessary to enroll your child quickly.

Student Name: \_\_\_\_\_

The student lives in the following situation:

- Owner-occupied home
- Rental unit
- Emergency shelter or transitional housing\*
- Motel/hotel\*
- Campground\*
- Public or private place that is not designed for or ordinarily used for regular sleeping accommodations for humans, including cars, parks, public spaces, abandoned buildings, substandard housing, and a bus or train\*
- Foster care placement for 6 months or less\*
- Long-term, stable cooperative living arrangement\*
- Temporary, shared housing with friends, family or others\*

Other location \_\_\_\_\_

*\*Living in these situations may qualify you for services, including immediate enrollment, transportation, school supplies, education advocacy and community referrals.*

### If you are living in temporary shared housing, please answer the following questions:

- Is the living situation intended to be temporary or long-term? \_\_\_\_\_
- How long have you lived there? \_\_\_\_\_
- Do you consider yourself a guest in the home?  Yes  No
- Are you paying rent?  Yes  No
- Are you looking for a place to live?  Yes  No
- Do you plan to move out soon?  Yes  No
- Do you have a legal right to be in the home?  Yes  No
- Can the student or family be asked to leave at anytime with no legal recourse?  Yes  No
- Did the student move into the home as an urgent measure to avoid being on the street or in another precarious situation?  Yes  No
- Home many people live in the home? \_\_\_\_\_
- How many bedrooms are in the home? \_\_\_\_\_
- Where does the student sleep? \_\_\_\_\_



## Student Technology Acceptable use and Safety Agreement

To access and use District Technology Resources (see definition in Bylaw 0100), including a school-assigned e-mail account and/or the Internet at school, students under the age of eighteen (18) must obtain parent permission and sign and return this form. Students eighteen (18) and over may sign their own forms.

Use of District Technology Resources is a privilege, not a right. The Board of Education's Technology Resources, including its computer network, Internet connection and online educational services/apps, are provided for educational purposes only. Unauthorized and inappropriate use will result in loss of this privilege and/or other disciplinary action.

The Board has implemented technology protection measures that protect against (e.g., block/filter) Internet access to visual displays/depictions/materials that are obscene, constitute child pornography, or are 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 that the Board has not authorized for educational purposes and/or that they and/or their parents/guardians may find inappropriate, offensive, objectionable or controversial. Students using District Technology Resources are personally responsible and liable, both civilly and criminally, for unauthorized or inappropriate use of the Resources.

The Board has the right, at any time, to access, monitor, review and inspect any directories, files and/or messages residing on or sent using District Technology Resources. Messages relating to or in support of illegal activities will be reported to the appropriate authorities. Individual users have no expectation of privacy related to their use of District Technology Resources.

### **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 Technology 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 page, site, service or app hosted on Board-owned or District-affiliated 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 the Board to issue an 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 Technology 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 and/or may result in disciplinary action. As a user of District Technology Resources, I agree to communicate over the Internet and through the Technology Resources 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 and use of the Technology Resources to individuals who violate the Board's Student Technology Acceptable Use and Safety Policy and related Guidelines, and take such other disciplinary action as is appropriate pursuant to the Student Code of Conduct.

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# 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](http://www.cdc.gov/concussion).

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

# PARENT & ATHLETE CONCUSSION INFORMATION SHEET



## WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

## DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

## SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

## SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall



## 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 Howell Public Schools.

\_\_\_\_\_  
Participant Name Printed

\_\_\_\_\_  
Parent/Guardian Name Printed

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduation Year:

Howell Public Schools must retain signed Educational Material Acknowledgment Form on file for the duration of student's participation or until age 18.

Participants and parents/guardians, please review and retain the educational materials for future reference.



## Affirmation Of Prior Discipline Record

Directions: Check the applicable paragraph, provide all appropriate information and sign this document.

### Paragraph 1:

The undersigned affirms that \_\_\_\_\_ has not been suspended or expelled from an public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school-sponsored activity or on a public or private conveyance providing transportation to and from a school or school-sponsored activity.

### Paragraph 2:

The undersigned affirms that \_\_\_\_\_ has been suspended or expelled from an public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school-sponsored activity or on a public or private conveyance providing transportation to and from a school or school-sponsored activity.

If you checked paragraph 2, please explain the circumstances in detail. Include the school name, date(s) of suspension or expulsion and a description of the incident giving rise to the suspension or expulsion.

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Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

### \*To Be Completed And Returned By Sending (Former) School District:

Name of sending (former) school/school district: \_\_\_\_\_

Please check one:  According to our records, we can verify that the information provided above by the parent/student is **correct**.

According to our records, we can verify that the information provided above by the parent/student is **not correct**.

Please forward appropriate disciplinary documentation if the student has been involved in offenses involving weapons, alcohol or drugs, or willful infliction of injury to persons or an act of violence against persons and/or property committed on school premises, at a school-sponsored activity, or on a public or private conveyance providing transportation to or from school or a school-sponsored activity.

Signature and title of sending district administrator: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

\*A willful false statement on this affirmation will result in a report to the appropriate authorities and possible removal from the Howell Public Schools.



## 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 student's 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 Michigan Care Improvement Registry (MCIR) benefits health care organizations, schools, licensed child care programs, pharmacies, and Michigan's citizens by consolidating immunization information from multiple providers into a comprehensive immunization record. This consolidation reduces vaccine-preventable diseases and over-vaccination, allowing providers to view up-to-date patient immunization history in one system.

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 disclosure of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

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I authorize HOWELL PUBLIC 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  
or Eligible Student: \_\_\_\_\_