New Student Registration Information

Atlantis Alternative High School

1409 W. Maple Ave. Flint, MI 48507 Office: 810-591-3548 Fax: 810-591-3594 www.carman.k12.mi.us

PARENT/GUARDIAN MUST BE PRESENT AT THE TIME OF ENROLLMENT

THE FOLLOWING DOCUMENTS ARE REQUIRED TO COMPLETE STUDENT ENROLLMENT

Proof of Residency- Resident Student (3 pieces required)

Acceptable documents include Mortgage agreement, deed, property tax bill, or signed lease agreement and two pieces of official current mail such as consumer's bill, phone bill, cable bill, car insurance statement, bank statement, DHS mail, etc. dated within the last month.

<u>Proof of Residency –</u> Non-Resident (Prior approval needed for School of Choice, Employee Choice or Administrative Choice)

- One piece of current official mail.
- Original Birth Certificate Only parents named on official birth certificate can enroll the student. If name is not on the birth certificate, you must provide court legal documentation of parental rights.
- ♦ Parent/Guardian Identification
- Your child's immunization record

**Immunizations must by <u>up-to-date</u> / <u>current</u> in order to complete enrollment.

Including: <u>4 DPT's</u> – the last one on or after 4th birthday, <u>2 MMR's</u> on or after 12 months of age, <u>3 Polio's</u> – the last one on or after the 4th birthday or 4 are required, <u>3 Hepatitis B's</u>, <u>2 Varicella</u> – on or after 12 months of age or history of chickenpox disease, and <u>FOR CHILDREN 11 – 18 YEARS OLD</u> - <u>1 dose of Meningococcal</u> (MCV4 or MPSV4) and <u>1 Tdap</u> if 5 years since last dose of DTap, Td or DT

- ◆ <u>Custody/Guardianship paperwork</u> (protective custody documents if applicable) If you are not the birth parent listed on the birth certificate **Court legal** paperwork must be provided to enroll the student. Power of Attorney is not accepted.
- ◆ <u>High School Transcript / Report Card / Check Out Grades</u> (This information enables us to give you proper credit for classes previously taken and ensure that all required classes are scheduled).
- ◆ <u>IEP</u> if applicable (Individualized Education Program for Special Ed.)
- ♦ Behavior Report

() Residen () Birth Ce	ION RECEIVED:				
() Birth Ce			ATLANTIS ALT. H	IIGH SCHOOL	2022-2023
() Immuni () Transcri () Check-C () IEP (Spot) () Custody	ertificate Guardian ID zation Record () Immuniza pt () Report Ca Out Grades ecial Education) () Health F r Restrictions / PPO AUP () Signed C	tion Waiver ard orm Concussion	DATE OF ENROLLMEN' STUDENT REGISTRATI GRADE: COUNSELOR: GRADES REQUESTED: BUS ROUTE IN: SCHOOL OF CHOICE PE	ON # HOMEROOM: RECEIVED BUS ROUTE HOROGRAM: STATE/ A	D: DME:
Has your child eve	r attended school in the Carm	an-Ainsworth S	School District before? (pl	lease circle) YES or	NO
Are you requesting	g 100% online classes for your	student for the	2020-2021 school year? (· ·	
	lline classes, does your child n	eed technology?	YES or NO?		
Name:	First	Middle	Name	Grade Entering: _	
			1 141110		
Stree	et Address	С	ity	Zip Code	
Child's Birthdate:	Sex	:	Primary Phone Cor	ntact #:	
Birth City:	Birt	h State:	Birth Cou	ntry:	
	OT born in the USA, what mor				
	on of Last School Attended:	•			_
Does your child h	e pending or is your child so have a current individual ed have a current 504 plan? (ple	lucation plan (ease circle) YES	IEP)? (please circle) YES or NO		YES or NO
	RE	ASON FOR E	NROLLING		
☐ Dropped from S	chool Suspended Exp	elled Pregna	ant / Parent Other		
	ETHNIC & RA	ACE DATA /	LANGUAGE SURVE	Y	
Although you are not legally obligated to provide this information, it is required by the U.S. Department of Education for the purpose of educational research. <i>Your response will be kept confidential</i> . If you do not answer, we must use our best judgment. Please answer parts A, B and C.					
Part A Is this s No, not Hispani	, <u> </u>	nic / Latino (A	person of Cuban, Mexic other Spanish culture or		
Part B Do you	consider yourself (or child)	to be multi-ra	icial? Yes or No (If yes, mark more than 1 b	elow)
please a White original North A Black of origins America	s the student's race? (Part Answer Part C by marking one (A person having origins in a peoples of Europe, the Midd frica.) r African-American (A per in any of the black racial grown an Indian or Alaska Native origins in any of the original and South America, including	e or more boxes iny of the le East or rson having ups of Africa) (A person peoples of		nsider your child's raving origins in any cast, Southeast Asia, ing Cambodia, Chinaysia, Pakistan, the Pad Vietnam.) r Other Pacific Islams in any of the original parts of the original parts.	race to be.) of the original or the Indian ia, India, hilippine ander (A inal peoples

s your child's native tongue a language <u>other</u> than English? Yes or No f yes, what is the language spoken? s the primary language used in your child's home a language <u>other</u> than English? Yes or No f yes, what is the primary language?				
FAMILY IN	NFORMATION			
Child lives with (name):, who is	Mother			
Mother's Name:	_ Father's Name:			
Address:	Address:			
Home Phone: Work Phone:	Home Phone: Work Phone:			
Cell Phone:	Cell Phone:			
Email Address:	Email Address:			
Please Circle:	Please Circle:			
Contact Allowed? Y N Education Rights? Y N	Contact Allowed? Y N Education Rights? Y N			
Release To? Y N Deceased? Yes No	Release To? Y N Deceased? Yes No			
Step-Parent Name:	Other Name:			
Address:	Please check the appropriate box:			
Home Phone: Work Phone:	□ Legal Guardian □ Foster Placement			
Cell Phone:	Court Placed Other			
Email Address:	Address:			
Please Circle:	Home Phone: Work Phone:			
Contact Allowed? Y N Release To? Y N	Cell Phone:			
	Email Address:			
	Please Circle: Contact Allowed? Y N			
	Education Rights? Y N Release To? Y N			
Siblings or any other children living in your household				
Tame Relationship	Grade School			
	Grade School			
	Grade School			
Vame Relationship	Grade School			
	Y CONTACT INFORMATION lition to both parents listed above			
f parent/guardian cannot be reached, call:				
st Name: Phone	e: Relationship to child:			
nd Name: Phone	e: Relationship to child:			
rd Name: Phone	e: Relationship to child:			

MEDICAL CONDITIONS / ALLERGIES			
Condition: Medication:			
Condition: Medication:			
All medication (including over-the-counter medication) must be presented by an adult to the principal's office with an Administer Medication Form signed by the parent/legal guardian and physician. This authorization form must be on file and all medication must be stored in its original container for the school to administer medication or for the student to self-medicate.			
In case my child becomes ill or is injured at school and needs emergency medical care, I understand 911 could be called and an ambulance will transport my child to the nearest hospital.			
MILITARY-CONNECTED CHILDREN			
Does this student have any parents/guardians that are connected with the military? Circle One: YES NO If yes, provide the name(s) and relationship to the student: Is the immediate family member On Active Duty Retired Reservist			
IMPORTANT - PLEASE READ			
As per State and Federal Law (MCL 722.30 & FERPA), please be advised Carman-Ainsworth Community Schools recognizes the equal rights of parents and guardians as indicated on a certified birth certificate or legal court order. In cases where parents/guardians are legally separated, divorced, and/or those parents who simply have ongoing custody issues between them, the parental rights of both parties will be equally recognized by your child's school, unless and until a parent/guardian has a legal court order that specifically restricts or denies the non-custodial parent's access to the child at school, the child's school records, or other protective order. To accommodate a custodial parent's request to deny non-custodial parent's rights to access or obtain information on a child, the school must have a copy of the most recent court order on file that indicates one parent's access and information rights are inhibited. Otherwise, either parent with proper identification, may have access to the child at school, request and receive information, and be included in the child's educational process. If you have any questions or concerns, please contact the school building principal.			
As the parent/legal guardian, my signature affirms all information provided within this form is true and accurate, and that my child and I reside at the student's address on page 1 of this form. I understand false information provided by me may subject me to legal penalties for perjury and/or my child being removed from Carman-Ainsworth Schools.			
Parent / Guardian Signature Date			
Parent E-Mail			
Student E-Mail			

TIME SENSITIVE REQUEST

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Student's N	lame: Please print full nam		Grade:	Student's Birth	date:
	Please print full nam	ie			
Please che	ck if your child has received	any of the	e following s	ervices:	
Spe	ech C.I E.I	L.D.	Socia	al Work Other:	
Birth	back the following:		S	chool Last Attend	ded:
				Name of School	
Beh	navior Report ial Security #			Street Address	
	nunization Record – Special Education 60		City	State	Zip code
SAT	Γ/ACT/M-Step Results	_	Phone Nu	mber	FAX
◆ Please al ◆ <i>If this stu</i> <u>School D</u>	ychological, testing, and below so fax the most recent IEF udent is using the Career (istrict, please transfer historics, please note the Please fax requested do	P on the a Cruising F /her EDP : Student U	bove menti Program thi to Bendle C JIC number	ioned child (if app rough the Genese Carman-Ainsworth r if known:	plicable) <u>ee Intermediate</u> <u>h Atlantis.</u>
	Do NOT ma	ail us the	CA60 until	requested.	
Schools," '	this release I am confirming "Arson," or "physical or verl	oal assault	" infractions		hat no "Weapons in
Λ			arent/Guardia	an	
school due	this release form, you are co to no "Weapons in Schools,	onfirming t " "Arson,"	hat this stud	dent has not been e	
X	<u> </u>				
	Signature of F	ormer Scho	ol Administra	ator/Designee	
Please ser	nd this information to:		Alternative n: Enrollm		
Date sent:		1409 E.	Maple Ave.		
		Flint, M	48507		
		Fax: 81	0-591-3594	/ Phone: 810-591	I-3548

VEHICLE REGISTRATION FORM

Student Name:	
Parent Name:	
Make & Model of Vehicle:	
Color of Vehicle:	
Year of Vehicle:	
License Plate Number:	
I will abide by the school's driving regulation the designated area. If I do not abide by the understand that my driving privileges will be	se rules, I
Student Signature	Date

• Required documents

- Valid Driver's License
- Proof of Insurance
- Vehicle Registration

ATLANTIS HIGH SCHOOL

(An alternative program for Carman-Ainsworth Community Schools) BEHAVIOR IMPROVEMENT AGREEMENT

All Students, Parents/Guardians and School Staff will promote a POSITIVE and RESPECTFUL school environment where all stakeholders feel safe to learn, work and communicate.

PLEASE INITIAL EACH STATEMENT that you AGREE TO UPHOLD as a student at our school: I will show respect and pride to all students, staff, guests and school property while attending this school. Profanity, Put-downs and Prejudice will not be tolerated. Any incident that results in a written referral or written statement by a victim or by-stander can result in a suspension, up to an expulsion, from the school district. Vulgarity, insubordination, bullying, vandalism, harassment, intimidation, or the threat of violence will result in immediate suspension with recommendation for long-term suspension or expulsion from the school district. Fighting or weapons on the property "during the school day" will result in long-term suspension and can result in an expulsion from the school district. I will attend as a student, and uphold, to a tobacco-, alcohol-, illegal substances- and drug-FREE school. Suspicion of substance use/abuse/possession will result in suspension, up to permanent removal. Students may be searched at any time with good cause. Failure to permit searches and seizures will be grounds for disciplinary action, removal from the program and possible calling of police. I will dress in a manner that is in a manner that meets positive standards of learning, health, cleanliness and safety. Dress will not be disrespectful, distracting or disrupting to the learning environment. If a reasonable individual makes a complaint about a student's wear of clothing then a staff member will investigate to take appropriate actions to keep the learning environment more positive. Students are expected to abide by C-A High School's dress code. Anyone with inappropriate dress will be asked to change clothing or leave school property. If students are asked to leave, they will be marked absent for the day. I will behave responsibly and respectfully throughout the school and during the school day. ALL media technology is to be used as directed by the lab rules and school staff. Students are permitted to listen to music to themselves before and after school, or with the permission of school staff. Music that becomes a distraction or disruption to the learning environment will result in LOSS of media technology use while in school. Headphones or earphones must be used when listening to music. I agree to follow all school and individual learning lab rules and fulfill all expectations as a student. I understand if I choose not to follow these guidelines, disciplinary action will be taken. When driving to school, I will drive responsibly and safely on school property and throughout the surrounding community. Students are expected to drive in a safe/responsible manner at all times. Infractions or vetted complaints will result in immediate suspension of driving privileges for the remainder of the semester. Irresponsible driving will result in police being contacted. If police are contacted, student will lose driving privileges permanently while attending our school. I will be a positive example and act responsibly within our school and the surrounding community. Students are expected to maintain appropriate behaviors within 'our' community. Students walking to and from school will demonstrate appropriate behaviors in the neighborhoods. Students who violate these expectations will be subject to student discipline. Student Name (Print) ______ Date _____ Date _____ As a parent/guardian of our student, I understand the expectations for my student to attend school. I make full effort to support my student and the school to provide and uphold a positive, clean, healthy and safe learning environment for all stakeholders. Parent Name (Print) _____ Date _____ Date _____



Atlantis Bus Form

Name:
Parent Name:
Address:
Phone Number:
Best time to call:
Nearest Main/Major Intersection:
Resident School District:

LANGUAGE AND LITERACY BACKGROUND SURVEY FOR ENGLISH LANGUAGE LEARNERS

Enrollment Information (to be completed by building staff)

School District	Sc	hool Building	
Building ESL Contact	Te	acher	
Enrollment Date	Gra	ade	Student ID#
General Information (to be co	ompleted by parent / guardian	1)	
Name (Last, First, Middle)			Entry Date
Home Address			
City	State		Zip Code
Home Phone	Alternate Phone		
Birth Date	Home Country		
Native Language	Other language(s) spoken		Gender: Male Female
Father's Name (Last, First, Middle	e)		
Mother's Name (Last, First, Middle	e)		
Please list names of brother(s)/sis	ster(s), their age, and indicate if Ma	ale or Female	
Name Age	☐ Male ☐ Female	Name	Age Male Female
Name Age	☐ Male ☐ Female	Name	Age
Other relatives living in home:	☐ Yes ☐ No	How long has the child	d been in the U.S.?
Has the child lived in other countr	ies? (besides home country and th	ne U.S.)	□ No
If yes, please list where:			
Educational Information			
Where has the child attended sch	nool in the past?		
How many years of formal schoo	ling has the child received in his/he	er home country?	
What was the language used in s	school?		
Does the child:	Read in native language?	Yes	No
Does the Gilla.	Write in native language?	Yes	No
How many years of formal schooling has the child received in the U.S.?			
Does the child:	Read in English?	Yes	No
Does the Child.	Write in English?	Yes	No
Have there been any interruptions in the child's schooling?		Yes	No
Does the child currently receive help from a tutor or other program?		Yes	No
(i.e., Title I parapro, ISD parapro, Reading Recovery, etc.) Please indicate.			
How did the child perform academically in his/her home country?			
Has the child received any specia	al education services in the past?	Yes	No

Language Background	
What language(s) is/are spoken in the home?	
Adult to Adult	
Adult to Child	
Child to Adult	
Sibling to Sibling	
Media in the Home	
Does the child read newspapers, magazines, or books in the home language	e?
Does the child read newspapers, magazines, or books in English?	☐ Yes ☐ No
Does the child watch television and/or listen to music in the home language?	Yes No
Does the child watch television and/or listen to music in English?	☐ Yes ☐ No
Personal Background	
What are the child's strengths?	
What are the child's weaknesses?	
What are the child's interests, hobbies?	
Are there any health conditions or concerns?	□ No
If yes, please explain	
Reasons for coming to the U.S.	
Intended length of stay	
With whom does the child live?	
Parent's/Guardians highest level of education	
Are parents/guardians literate in English?	In the native language?
Are there religious factors that may affect the child's learning or experiences	in school?
Is the child's behavior culturally appropriate in the native culture?	In the U.S.?
Has the child had any traumatic experience(s) which may affect him/her?	
Does the child have responsibilities outside of school?	

If yes, what?

Carman-Ainsworth Community Schools Student Health Information Part 1: Parent/Guardian to complete Student Name: (Last, First, M.I.) Gender: DOB: Grade: School Year: \square M \Box F Father's Work/Cell Phone: (Mother's Work/Cell phone: (Home Phone: (My child has a medical condition that may affect his/her school day: □ No ☐ Yes (Please complete part 2) My child is covered by health insurance: ☐ Yes, Name of Insurance_ □ No Parent/Guardian Name (Please Print): PARENT/GUARDIAN SIGNATURE: DATE: Secretarial Part 2: Please complete all that applies to your child. The parent/guardian is responsible for providing any Acknowledgement medication, special food, and/or equipment that the student will require throughout the school day. Please see office staff for correct medication forms. **Allergies** Med. Form Allergy Type □ Food List Food(s): □ Bee Sting □ Other: Action/Care Plan Reactions Synergy (2) □ Coughing □ Nausea □ Wheezing ☐ Hives □ Rash □ Difficulty Breathing □ Generalized Swelling □ Swelling □ Other ___ Initials/Date: Treatments to be provided in school: □ Oral medications (Benadryl, etc.) □ Epi-Pen □ Other **Asthma** ____ Med. Form Severity: □ Mild ☐ Moderate ☐ Severe **Triggers:** □ Exercise □ Environmental □ Other _ Action/Care Plan Symptoms or Reactions: Chest tightness, discomfort or pain Difficulty breathing Throat itch, tightness, Synergy (2) ☐ Hoarseness ☐ Wheezing □ Other Initials/Date: ☐ Inhaler ☐ Oral Medications ☐ Nebulizer Medications to be used in school: / * Please see office staff for Asthma Action Plan to be completed by parent/quardian and physician for every student with asthma. **Diabetes** Med Form <u>Treatments to be provided in school</u>: □ Insulin: □ Syringe □ Pump Action/Care Plan □ Blood Sugar Testing □ Glucagon (need physician authorization) □ Oral Medications □ Carbohydrate Counting * Please see office staff or school nurse for Diabetes Medical Management Plan to be completed by Synergy (2) parent/guardian and physician for every student with diabetes. Initials/Date: **Seizure Disorder** Med. Form Type of seizure: □ Absence ☐ Complex Partial ☐ Generalized Tonic-Clonic ☐ Other: Action/Care Plan Physical Education Restrictions: No Yes (explain) Medications needed in school: □ No □ Yes: List medication(s) ___ Synergy (2) Date of last seizure: Length of seizure: Initials/Date: * Please see office staff or school nurse for Seizure Care Plan to be completed by parent/quardian and physician

This information may be shared with teachers, bus drivers, etc., in order to promote the health and safety of your child.

☐ Hemophilia/Bleeding disorder ☐ Heart Condition _____ ☐ Physical disability

Special procedures needed in school (cardiac monitoring, etc.):

for every student with seizure disorder.

□ Other Medication needed in school: \square No \square Yes List medication(s):

Other Health Conditions

□ Sickle Cell Anemia

□ Cancer

Med. Form

Synergy (2)

Initials/Date:

Action/Care Plan

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 heath 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 Carman-Ainsworth 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.

CARMAN-AINSWORTH COMMUNITY 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 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>y</i> ,	nd Human Services and Local Health Department prove the quality and timeliness of immunization gan Law. This includes any immunization		
Student's Name:	Date of Birth://		
Signature of Parent/Guardian or Eligible Student:	Date://		
Printed Parent/Guardian Name:			

Carman-Ainsworth Community Schools Parent Authorization for Technology Use

	School
(ease print clearly)
Student ID Number	
I have read and accept the Student Guidelines for K-1 board members, agents, a related to my child's use o District and its board men	Technology Resources: Required for Technology Usage terms of the Acceptable Use Practices for Technology Resources, 2, found at www.carman.k12.mi.us . I release the District and its ind employees, including its Internet Service Provider, from all liability inability to use the Technology Resources. I also indemnify the pers, agents, and employees, including its Internet Service Provider lamages incurred as a result of my child's use, or misuse, of the arces.
Student Signature	Date
Parent Signature	Date
Parent/Guardian Name (P	ease Print)
I understand that this agred device and other resource	ake Home Parent Consent: Required for 1:1 Device Usage ement is a condition for my child's home use of the Chromebook for the Carman-Ainsworth Community School's 1:1 program. If the gned, a take home Chromebook will not be assigned to the stude
I understand I am respons	ole for all damage (accidental, intentional, and loss) to the device.
I have reviewed the 1:1 D this agreement.	vice Handbook at <u>www.carman.k12.mi.us</u> and accept the terms of
Parent Signature	Date
	ease Print)
	dent to take virtual classes through Carman-Ainsworth Communit this agreement will last for my child's entire educational career at nity Schools.
Parent Signature	Date
Parent/Guardian Name (P	ease Print)

PLEASE RETURN THIS FORM TO THE MEDIA CENTER PRIOR TO CHECKING OUT A DEVICE

