

New Student Registration Information

Carman-Ainsworth High School 1300 N Linden Rd. Flint, MI 48532 Main Office: 810-591-3240 Fax: 810-591-3215 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 (this must be up-to-date indicating: 4 DPT's the last one on or after 4th birthday, 2 MMR's on or after 12 months of age, 3 Polio's the last one on or after the 4th birthday or 4 are required, 3 Hepatitis B's, 2 Varicella on or after 12 months of age or history of chickenpox disease, and FOR CHILDREN 11 18 YEARS OLD 1 dose of Meningococcal (MCV4 or MPSV4) and 1 Tdap if 5 years since last dose of DTap, Td or DT
 - **Immunization must be up to date for students changing schools**
- ◆ <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>Report Card/Transcript/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).
- ◆ IEP if applicable (Individualized Education Program for Special Ed.)
- ♦ Behavior Report

TIME SENSITIVE REQUEST

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Student's Name):	assa nrint full nama	Grad	e:	Student's	s Birthdate:
Please check if			of the follow	wing serv	ices:	Speech
C.I	E.I	_L.DSo	cial Work	Other		
So	chool Last At	ttended:				
Please fax bac	ck the follow ertificate	ing:			Name of S	chool
Behavio	or Report				Street Addr	ess
Transci						
Report Check	Card out grades Guardian ID		City		State	Zip code
	zation Record	d 🚩		Phone #		
IEP – S	pecial Education	on				
<u> </u>			F	ax #		
medical, psychologous available. • Pleas • Michi Comments: Ple	e also fax the gan schools ease fax requestions the	e most recent IE	r records we records we record and records	which are bove me nber if kr nail stam	available ntioned chown: ped offic ed by a for	se records should include or may become nild (if applicable) ial transcript and CA-60 rmer school due to a
^		Ciamatum	o of Dovemble	?audian		
By Signing this re "Arson," or "physica		nfirming my cons			tion and th	nat no "Weapons in Schools,"
Confirming no "	weapons in scho	Signature of Fo				or verbal assault" infraction
Please send th	is informatio	Lor 130 Flir	man-Ains i Hubbard 0 North Li it, MI 485 c: 810-591	– Buildi inden Ro 32	ng Secre I	
Date sent:		_ Lhu	bbard@ca			
2 nd Request:		_ .				
3 rd Request:			U:\l	Forms\Regist	ration\Request	forStudentRecords-HighSchool2019

	<u>OFF</u>	ICE USE ONLY	
DOC	UMENTATION RECEIVED:	M HIGH SCHOOL	2020-2021
	Residency Birth Certificate Parent/Guardian ID Immunization Record/Waiver Transcript Check-Out Grades IEP (Special Education) () Health For Custody Restrictions / PPO Signed AUP () Signed Concussion	DATE OF ENROLLMENT: STUDENT REGISTRATION GRADE: HON COUNSELOR: GRADES REQUESTED: EM BUS ROUTE IN: SCHOOL OF CHOICE PROG	# MEROOM: RECEIVED: BUS ROUTE HOME:
	CARMAN-AINSWORTH	STUDENT REGISTRATION FO	ORM
Are you r If YES to	child ever attended school in the Carman-Ains requesting 100% online classes for your student 100% online classes, does your child need tech	for the 2020-2021 school year? (plea	· · · · · · · · · · · · · · · · · · ·
Name:	Last First	Middle Name	rade Entering:
	Street Address		Zip Code
	Sirthdate: Sex:		
Birth City	y: Birth State:	Birth Country	·
If the stud	ent was NOT born in the USA, what month and ye	ear did the student first attend school in	the USA?
Does you Please m Learn Emot	discipline pending or is your child suspendent child have a current individual education tark an "X" by the following services that young Disabilities (LD) OHI / POHI ionally Impaired (EI) Speech Therapy itively Impaired (CI) Other ORKER Name:	plan (IEP)? (please circle) YES our child has received: 504	or NO Title I Tutoring erican Indian
	ETHNIC & RACE D.	ATA / LANGUAGE SURVEY	
for the pu our best j Part A No, not		e will be kept confidential. If you de recle one) cino (A person of Cuban, Mexican, rican or other Spanish culture or ori	Puerto Rican, South or gin, regardless of race.)
	Do you consider yourself (or child) to be n		· ·
Part C	What is the student's race? (Part A is about please answer Part C by marking one or more White (A person having origins in any of the original peoples of Europe, the Middle East of North Africa.) Black or African-American (A person having origins in any of the black racial groups of A American Indian or Alaska Native (A person having origins in any of the original peoples)	e boxes to indicate what you conside Asian (A person having peoples of the Far East, subcontinent including (Japan, Korea, Malaysia, frica) Islands, Thailand and V Son Native Hawaiian or Ot	er your child's race to be.) gorigins in any of the original Southeast Asia, or the Indian Cambodia, China, India, Pakistan, the Philippine
	North and South America, including Central America.)		oa or other Pacific Islands)

Is your child's native tongue a language other than English? Yes or No If yes, what is the language spoken? Is the primary language used in your child's home a language other than English? Yes or No If yes, what is the primary language? FAMILY INFORMATION ☐ Mother ☐ Father ☐ Step Mother ☐ Step Father Child lives with (name): ______, who is the: _____ Guardian ___ Court Placed ___ Other _____ Contact in this order: (circle) 1 2 3 4 5 Not Available Contact in this order: (circle) 1 2 3 4 5 Not Available Mother's Name: Father's Name: Address: Address: Home Phone: _____ Work Phone: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Ethnicity: _____ Cell Phone: _____ Ethnicity: _____ Email Address: ____ Email Address: Marital Status: _____ Deceased? Yes No Marital Status: Deceased? Yes No Contact in this order: (circle) 1 2 3 4 5 Not Available Contact in this order: (circle) 1 2 3 4 5 Not Available Other Name: Other Name: Please check the appropriate box: Please check the appropriate box: ☐ Step Mother ☐ Step Father ☐ Guardian ☐ Step Mother ☐ Step Father ☐ Guardian ☐ Court Placed ☐ Other _____ ☐ Court Placed ☐ Other Address: ____ Address: Home Phone: _____ Work Phone: _____ Home Phone: _____ Work Phone: ____ Cell Phone: _____ Ethnicity: ____ Cell Phone: _____ Ethnicity: ____ Email Address: Email Address: Siblings or any other children living in your household Name Relationship Grade School Name _____ Relationship ____ Grade ___ School ____ Name _____ Relationship ____ Grade ___ School ____ RELEASE TO / EMERGENCY CONTACT INFORMATION If parent/guardian cannot be reached, call: 1st Name: Phone: Relationship to child: _____ 2nd Name: _____ Phone: _____ Relationship to child: _____ 3rd Name: ______ Phone: ______ Relationship to child: ______

MEDICAL COND.	WELONG / ALLED GLEG
	ITIONS / ALLERGIES
Condition:	Medication:
Condition:	Medication:
` ~	n) must be presented by an adult to the principal's office irent/legal guardian and physician. This authorization I in its original container for the school to administer
In case my child becomes ill or is injured at school and ne called and an ambulance will transport my child to the near	
MILITARY-CON	NECTED CHILDREN
Does this student have any parents/guardians that are com If yes, provide the name(s) and relationship to the student	:
Is the immediate family member On Active Duty	RetiredReservist
IMPORTANT	- PLEASE READ
recognizes the equal rights of parents and guardians as inccases where parents/guardians are legally separated, divor issues between them, the parental rights of both parties wi until a parent/guardian has a legal court order that specific the child at school, the child's school records, or other proto deny non-custodial parent's rights to access or obtain in recent court order on file that indicates one parent's access parent with proper identification, may have access to the court order.	
	ormation provided within this form is true and accurate, and 1 of this form. I understand false information provided by child being removed from Carman-Ainsworth Schools.
Parent / Guardian Signature	Date
Parent E-Mail	
Student E-Mail	

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

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

Special procedures needed in school (cardiac monitoring, etc.): □ No □ Yes (explain) _

MEM SINDE	ENT FORM 2020-21 - For students who change schools after starting 9th grade				
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. Provide copies in new student packets and as soon as possible the form should be submitted to the <u>athletic director</u> for evaluation. The AD may then contact the MHSAA for assistance. Consult Int. 65 and 77 or the Residential Change Check List on MHSAA.com (Schools→ Parents→ Regulations Summary) 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 9 th grade of any school.					
	- Official enrollment date (in school records & attending one or more classes) →				
SECTION COMPLETED	- Number of classes for which credit has been given in the previous academic term →				
BY SCHOOL &	- Number of potential classes for a full-time student in the previous high school →				
STUDENT - CHECK	- Number of semester's and/or trimesters in grades 9-12 COMPLETED to date →				
TRANSCRIPT	- In what school year did the student END the 8th grade (and BEGIN grade 9th) → - Has the student REPEATED any grade 9-12? →				
	- Thas the student NET EATED any grade 3-12: 7				
STUDENT'S NAME	GRADE BIRTHDATE/				
PHONE ()	EMAIL				
CURRENT (NEW) ADI	DRESS STATE ZIP				
DATE OF RESIDENCE	E CHANGE INTO CURRENT (NEW) ADDRESS				
CURRENT (NEW) PU	BLIC SCHOOL DISTRICT IN WHICH YOU RESIDE				
OLD HOME ADDRESS	SCITYSTATEZIP				
FORMER RESIDENCE	E (CHECK ALL THAT APPLY) UVACANT USOLD RENTED ALL BELONGINGS MOVED? UY N				
FORMER PUBLIC SCH	HOOL DISTRICT OF RESIDENCE				
PARENT(S) OR GUAF	RDIAN(S)PHONE: ()				
1. The last sch	nool the student attended				
2. While enroll	led at former school, the student lived with				
	(List ALL people & their relationship to the student - parents, 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	t <u>NOW</u> lives with				
	(List ALL people & their relationship to the student - parents, siblings, or others)				
SELECT THE API	PROPRIATE ANSWER				
6. ☐ YES ☐ N 7. ☐ YES ☐ N	Circle the highest grade in which the student was enrolled at any previous school. School previously attended was a nonpublic or charter school. Student is a "Ward of the Court/State" and was placed in this school district by court order. Student is an international student enrolling from a foreign country. Select VISA: ☐ F1 ☐ J1 7a. ☐ Student is from an MHSAA Approved International Student Program (AISP).				

8. 9.	Program Nam ☐ YES ☐ NO Student's previo ☐ YES ☐ NO Student's parent	us school has been clo		d. (see Int. 64 & 90)	□ N ear
10. 11. 12. 13. 14.	☐ YES ☐ NO Student is 18 or ☐ YES ☐ NO Last year, the st ☐ YES ☐ NO Student is 18 an ☐ YES ☐ NO Student participate ☐ YES ☐ NO Student wishes to	udent lived at a boardir d moved into this distri ated in a cooperative pi	ng school, or while enrolled or ict WITHOUT his or her paren rogram involving his/her previ	ut of state attended a sports its. ous school and our school.	·
					OVER →
	VERIFICA	TION OF PREVIOUS	HIGH SCHOOL SPORTS PA	RTICIPATION	
15.	previous school year and, if	the transfer occurs after	d in (game/meet or scrimmage er the school year started, list o the sport played (e.g. 2018-	any sports participated in a	
	FALL		WINTER	SPRING	
16.	List the sport(s) in which the	student desires to par	rticipate in during the next 12	months at the new school:	
			ed Exceptions, the student is 0 school year. Students are e		
Tod	ay's Date	IN THE PAST 1	2 MONTHS?		
17.			ool the student was coached r incoming). If yes, indicate th		
	RECOMMEN	DED VERIFICATION	& COMMUNICATION BETW	EEN SCHOOLS	
	By my signature below I state	that the above is true		rstand that contests the s	tudent
STUD	ENT	DATE	PARENT/GUARDIAN	DATE	 :
NEW	SCHOOL ATHLETIC DIRECTOR	DATE	SCHOOL NAME + EM/	AIL OR FAX	
	TO PREVIOUS SCHOOL A.	D PLEASE SIGN	AND RETURN TO A.D. AT T	HE STUDENT'S NEW SCH	OOL
	exchange this form between at The previous school athletic d				
			Form Retu	rned to <u>NEW</u> School:	
	YIOUS SCHOOL ATHLETIC DIRECTOR Les if previous AD declines to s				

 	 	

ALERT! _ The NEW Sport Specific Transfer Rule is in effect. ANY sport a student played in 2018-19 determines eligibility in 2019-20 should the student transfer and not meet one of the 15 stated Exceptions.

OVER →

THIS PAGE FOR INTERNAL SCHOOL USE Do NOT send any page of this form to the MHSAA

Return the completed form to the School Athletic Director who should compete the following:

	e eligibility status of hecked below.		at	High School
	This student is IMMEDIATELY ELIG	BLE to participate i	n interscholastic athletics.	
	This student will be eligible upon cor	npletion and process	sing of the Educational Trans	fer Form.
	There is a question about the eligibility of this student and he/she may not participate in an interscholastic scrimmage or			in an interscholastic scrimmage or
	contest until written permission	s given by the scho	ol and the MHSAA.	
	This student is <u>NOT ELIGIBLE</u> to pa	rticipate in interscho	plastic athletics.	
	This student may be ELIGIBLE effect	tive//_		
ATH	ILETIC DIRECTOR	DATE	PRINCIPAL	DATE

Assistance in Applying the 2019-20 MHSAA Transfer Rule and Interpretations

Page 1 and 2 of this form is based upon the following MHSAA Regulations, Sections and Interpretations. Administrators should consult the *MHSAA Handbook* and then, if necessary, the MHSAA staff to assist in Processing a new student transfer. The only interpretations that are official are those received in writing.

This boxed information is intended to provide evidence to address Regulation I, Section 2 (age eligibility), Section 4 (maximum enrollment), Section 7 (previous academic term record), and Section 9(A-F) (transfer student). A transfer student must be enrolled prior to Oct 1 to participate in fall MHSAA tournaments, Feb 1 winter tournaments or May 1 for spring tournaments. See Reg. I, Section 9 [F].

The CAPITALIZED INFORMATION on residence relates to Regulation I, Section 9 exceptions regarding residence change "from one public school district to a different public school district." Exceptions: 1, 2, 3, 4, 5, 8, & 12 and Int. 90.

Line 1: Indicates type of school: public, nonpublic or charter school.

Lines 2-3: Regulation 1, Section 9(A), Exception 1, (30 days) Interpretations 65 and 90.

Line 4: Determine grade level. Regulation 1, Section 9(A), Exceptions 10 and 11.

Line 5: Verification of line 1 and Interpretation # 62 (school of residency). Line

6: Regulation I, Section 9(A), Exception 3.

Line 7: Regulation 1, Section 9(A), Exception 4. J-1 or F -1 Visa International Students See

Interpretations 83-89 and MHSAA.com for Approved International Student Program (AISP) listing.

Line 8: Regulation I, Section 9(A), Exception 6, (also see Interpretations 65, and 90)

Line 9: Regulation I, Section 9(A), Exception 8 (allowed one time → Must use "Educational Transfer Form").

Student moving between parents who never married see Interpretation 92 and include documentation.

Line 10: Regulation I, Section 2.

Line 11: Regulation I, Section 9(A), Exception 2 (Int. 62, 63) or Exception 1 (Int. 67 - out-of-state sports academy).

Line 12: Regulation I, Section 9(A), Exception 12 (allowed ONE time → Must use "Educational Transfer Form").

Line 13: Regulation I, Section 9(C), Former school must concur and student must have participated in the co-op.

Line 14: Acknowledges that the student or parents need to discuss the matter of eligibility further.

Lines 15-16: Regulation I, Section 9(B) Checks history of sports participation during the most recent previous school year.

See section 9(B) Sports Specific Eligibility.

Line 17: Section 9(E.5) the Athletic Related Transfer Regulation (Links Rule). Checks enrolling at a school where a

coach from the former school has been recently hired in the previous 12 months.

ALERT! _ The NEW Sport Specific Transfer Rule is in effect. ANY sport a student played in 2018-19 determines eligibility in 2019-20 should the student transfer and not meet one of the 15 stated Exceptions.

Revised May 20, 2019

American Indian Referral

Dear Parent,

Is your child part AMERICAN INDIAN?



If your child has tribal affiliation, they may be able to receive extra help with school and learn more about Native American Indian culture.

Please fill in all the blanks below and someone from our office will contact you about enrolling your child in our program. If you do not have a phone, we will mail you a letter *or* call you at work (if it's ok).

If you have any questions, please call me at 591-3289. We have voice mail if you need to call after office hours and leave a message.

Nita Norcross Native American Specialist

Name of Child		Name of <i>TRIBE</i>
Child's School	Child's Grade	Child's Birthdate
Child's Street Address(includ	e Lot # or Apt. #)	City/Zip Code
Number of Children in Famil	y	Cell Phone Number
Best time to reach you at hom	ne e	Home Phone Number
Can we call you at work? If y	ves, list the time you work.	Work Phone Number
Name of Parent/Legal Guardi	an	Today's Date

Notice of Right to Access and Privacy of Student Records

According to the Family Rights and Privacy Act (FRPA), parents and guardians of each student under 18 years of age and each student who is 18 years of age or older have certain rights regarding records kept on the student by the Carman-Ainsworth Community Schools. These include:

- The right to examine the student's record in the presence of a school official. Requests for inspections shall be made at the respective school buildings or the Carman-Ainsworth Administration Building. Charges will be made for copies of items contained within the record.
- The right to have the administration hear evidence that any part of the record is inaccurate, misleading or violates a student's privacy or other rights; to have the record changed if the administration agrees with the applicant's evidence; and to insert an explanation in the record if the administration disagrees.
- The right to have records which personally refer to a student kept confidential except either
 by consent of the parent/ student or when being used by school personnel for school business.
 Certain official agencies may also request records. These are listed in the Board of
 Education Policy on Privacy of Student Records from the Carman-Ainsworth Administration
 Building.
- The right to protest to: The Family Educational Policy on Privacy Act Office; Department of Health, Education and Welfare; 330 Independence Avenue SW; Washington, D.C.; 20201, if the school district is not complying with the Family Rights and Privacy Act of the Department of Health, Education, and Welfare rules.

The following information will be made available for publication in directories, sport programs, and so forth. Directory information includes the following information relative to a student:

- ✓ Student's name
- ✓ Parent's name
- ✓ Address
- ✓ Telephone number
- ✓ Date and place of birth
- ✓ Major field of study
- ✓ Participation in officially recognized activities and sports
- ✓ Weight and height of members of athletic teams
- ✓ Dates of attendance
- ✓ Degrees and awards received
- ✓ Most recent previous educational agency or institution that the student attended
- ✓ Similar information generally found in yearbooks.
- ✓ Pictures and video tapes of the image of the student

If a parent or student does NOT wish this information to be available for publication, a WRITTEN notice (attached form will suffice) must be signed by the parent/student and submitted to the building principal upon enrollment. (This form must be re-submitted on a yearly basis.)

WAIVER OF DIRECTORY INFORMATION

**Only to be completed if a parent or student does <u>NOT</u> wish this information to be available for publication.

I understand that the following information may be made available by the school for publication in directories, sport programs, and so forth. Directory information includes the following information relative to a student:

- ✓ Student's name
- ✓ Parent's name
- ✓ Address
- ✓ Telephone number
- ✓ Date and place of birth
- ✓ Major field of study
- ✓ Participation in officially recognized activities and sports
- ✓ Weight and height of members of athletic teams
- ✓ Dates of attendance
- ✓ Degrees and awards received
- ✓ Most recent previous educational agency or institution that the student attended
- ✓ Similar information generally found in yearbooks.
- ✓ Pictures and video tapes of the image of the student

I do NOT wish this information to be available for publication, and I am submitting this waiver to the building principal upon enrollment. (This form must be re-submitted on a yearly basis.)

Student Name (Last, First)	Grade	
Signature of parent/ guardian of student under age of 18	Date	
Daytime Phone #		
<u>OR</u>		
Signature of student who is 18 years of age or older	Date	

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 organiz pation or age 18.	ation that must keep on file for the duration of partici-

I understand that this Concussion Awareness Acknowledgement Form will last For my entire educational career at the High School level.

Participants and parents please review and keep the educational materials available for future refer-

ence.

ACCEPTABLE USE PRACTICES FOR TECHNOLOGY RESOURCES CARMAN-AINSWORTH COMMUNITY SCHOOLS

Acceptable use means that, as a student in the Carman-Ainsworth Community Schools, you will promise to use the computer, Internet and technology resources with respect.

Acceptable use means you will promise to abide by the school and district rules as outlined here and as will be taught to you by your teachers and media specialists.

- 1. I will use the computer (and all accessories), printer and Internet in an appropriate manner and only for educational purposes.
 - I will not enter inappropriate or hurtful language into the computer.
 - I will be polite and treat others with respect when using the computer, Internet and technology resources.
- 2. I will use only my work, and not the work of others.
 - I will respect copyright laws.
 - I will tell where I found my information.
- 3. I will practice basic rules of safety when using the Internet.
 - I will not enter any personal information such as names, addresses, and/or photos with names.
 - I will not share any passwords.

STUDENT'S AGREEMENT

I have read the information that is written above. If I did not understand the meaning of part of it, I asked an adult to explain it to me. I agree to follow these rules at all times when I use the Internet and technology resources at school. I understand that this agreement will last for my entire educational career at the high school level.

PRINT: Student Last Name	First Name	
Student Birthdate	Grade Level	
Student Signature	Student ID	

PARENT OR GUARDIAN

Parent/Guardian Signature

1. I have read the Acceptable Use Practices for Technology Resources and have discussed it with my child. We agree to abide by the Carman-Ainsworth Community Schools' Acceptable Use Practices in using the computer, Internet and technology resources. If discipline is necessary, I understand that students will be disciplined according to the general disciplinary practices if they do not follow these guidelines or if they utilize the computers, Internet or technology resources inappropriately. I understand that this agreement will last for my child's entire educational career at the high school level.

Parent/Guardian Signature	Date
o ,	ake virtual classes through Carman-Ainsworth Community nt will last for my child's entire educational career at the high

Date

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 authorize CARMAN-AINSWORTH COMMUNITY 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:		