## **New Student Registration Information**



Carman-Ainsworth Middle School 1409 W Maple Ave Flint, MI 48507 Main Office: 810-591-3500 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 Identication
- ◆ Your child's immunization record (this must be up-to-date indicating: 4 DPT's the last one on or after 4<sup>th</sup> birthday, 2 MMR's on or after 12 months of age, 3 Polio's the last one on or after the 4<sup>th</sup> 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 <u>Court legal</u> 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).
- ◆ <u>IEP</u> if applicable (Individualized Education Program for Special Ed.)
- ♦ Behavior Report

OFFICE USE ONLY				
DOC	UMENTATION RECEIVED:	MIDDLE SCHOOL	2020-2021	
	) Residency ) Birth Certificate ) Parent/Guardian ID ) Immunization Record/Waiver ) Transcript ) Check-Out Grades ) IEP (Special Education) ( ) Health Form ) Custody Restrictions / PPO ) Signed AUP ( ) Signed Concussion	DATE OF ENROLLMENT:  STUDENT REGISTRATION #  GRADE: HOMERO  COUNSELOR:  GRADES REQUESTED:  m BUS ROUTE IN: BUS I  SCHOOL OF CHOICE PROGRAM	OOM: RECEIVED: ROUTE HOME:	
	CARMAN-AINSWORTH S	STUDENT REGISTRATION FORM	Į.	
Has your child ever attended school in the Carman-Ainsworth School District before? (please circle) YES or NO Are you requesting 100% online classes for your student for the 2020-2021 school year? (please circle) YES or NO. If YES to 100% online classes, does your child need technology? YES or NO?				
Name: _	Last First	Middle Name Grade F	Entering:	
	Street Address			
			Zip Code	
	Sirthdate: Sex:			
	y: Birth State: _ lent was NOT born in the USA, what month and ye			
Does you Please m Learn Emot Cogn	d Location of Last School Attended:  discipline pending or is your child suspended  ur child have a current individual education  nark an "X" by the following services that you  ning Disabilities (LD) OHI / POHI  cionally Impaired (EI) Speech Therapy  itively Impaired (CI) Other  ORKER Name:	plan (IEP)? (please circle) YES or our child has received: 504	NO Title I Tutoring Indian	
		ATA / LANGUAGE SURVEY		
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. Your response will be kept confidential. If you do not answer, we must use our best judgment. Please answer parts A, B and C.  Part A Is this student Hispanic / Latino? (please circle one)  No, not Hispanic / Latino Yes, Hispanic / Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)				
	Do you consider yourself (or child) to be m			
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 African Indian or Alaska Native (A person having origins in any of the original peoples of North and South American including Control	Asian (A person having original peoples of the Far East, South subcontinent including Camb Japan, Korea, Malaysia, Paki Islands, Thailand and Vietnam of Native Hawaiian or Other Islands of person having origins in any origins.	ur child's race to be.) ins in any of the original heast Asia, or the Indian bodia, China, India, stan, the Philippine m.) Pacific Islander (A of the original peoples	
	North and South America, including Central America.)	of Hawaii, Guam, Samoa or o	mici racific 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: 1<sup>st</sup> Name: Phone: Relationship to child: \_\_\_\_\_ 2<sup>nd</sup> Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ 3<sup>rd</sup> Name: \_\_\_\_\_\_ Phone: \_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_

MEDICAL COM	VELONG / ALL EDGIEG
	ITIONS / ALLERGIES
Condition:	Medication:
Condition:	Medication:
· · ·	n) must be presented by an adult to the principal's office arent/legal guardian and physician. This authorization d in its original container for the school to administer
In case my child becomes ill or is injured at school and no called and an ambulance will transport my child to the ne	
MILITARY-CON	NECTED CHILDREN
Does this student have any parents/guardians that are con If yes, provide the name(s) and relationship to the student	t:
Is the immediate family member On Active Duty	ReservistReservist
IMPORTANT	- PLEASE READ
recognizes the equal rights of parents and guardians as in cases where parents/guardians are legally separated, divo issues between them, the parental rights of both parties w until a parent/guardian has a legal court order that specifithe 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	
that my child and I reside at the student's address on page	ormation provided within this form is true and accurate, and a 1 of this form. I understand false information provided by any 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 Name:		Grade:	
please print ful	ll name		
Student's Birthdate:			
Has your child received any of the fo	llowing services:	_Speech	Social Work
E.I C.I Res	source Rm Other		· · · · · · · · · · · · · · · · · · ·
School Last Attended:			
	Name of	f School	
	Charact A	dalas	
	Street A	adress	
	City	State	Zip Code
	O.l.y	3.0.13	<u></u>
	Phone		Fax
include medical, psychological, testing become available.  Comments:  This release also confirms that this sering the sering ser	tudent has not been ex ohysical or verbal assau	pelled by a forn ult" infractions.	ner school due to a
STUDENT	UIC CODE:		
Signature Confirming no "Weapons in School	of Former School Adrols" infraction or "phy		— I assault" infractior
Please send this information to:	Carman-Ainsworth 1409 W. Maple Ave Flint, MI 48507 Fax: 810-591-3594	enue	
Date sent:			
Date Received:			

## **Carman-Ainsworth Community Schools** Student Health Information Part 1: Parent/Guardian to complete DOB: Student Name: Grade: School Year: (Last, First, M.I.) $\sqcap$ M $\sqcap$ 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) My child is covered by health insurance: No 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 List Food(s): \_\_ Reactions ☐ Hives □ Rash ☐ Difficulty Breathing ☐ Nausea ☐ Wheezing ☐ Coughing ☐ Generalized Swelling ☐ Swelling □ Other \_ <u>Treatments to be provided in school</u>: □ Oral medications (Benedryl, etc.) □ Epi-Pen □ Other **Asthma** □ Severe Severity: □ Mild ☐ Moderate <u>Triggers</u>: $\square$ Exercise ☐ Environmental □ Other \_\_\_ ☐ 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 <u>Treatments to be provided in school</u>: □ Insulin: □ Syringe □ Pump □ Pen □ Blood Sugar Testing □ Glucagon (need physician authorization) □ Oral Medications \* 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 Type of seizure: □ Absence □ Complex Partial □ Generalized Tonic-Clonic □ Other:

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

No 
Yes (explain)

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

□ Cancer □ Hemophilia/Bleeding disorder □ Heart Condition □ Physical disability □ Other \_\_\_\_\_

Length of seizure:\_

\* Please see office staff or school nurse for Seizure Care Plan to be completed by parent/guardian and physician for every

Date of last seizure:

child.

**Other Health Conditions** 

student with seizure disorder.

Physical Education Restrictions: □ No □ Yes (explain)

Medications needed in school: □ No □ Yes: List medication(s) \_\_\_

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

# 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 middle 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 middle school level.

Parent/Guardian Signature	Date	
<u> </u>	student to take virtual classes through Carman-Ainsworth Comm It this agreement will last for my child's entire educational career a	,

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 on Reverse Side

## **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 Understanding Concussion Fact Sheet for Parents and Students provided by Carman-Ainsworth Community Schools.

Participant Name Printed	Parent or Guardian Name Printed
Participant Signature	Parent or Guardian 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.

illormation from his of fiel education records.	
You may withdraw your consent to share this infe	ormation in writing at any time.
I authorize CARMAN-AINSWORTH COMMUNITY Second to the Michigan Department of Health and I understand this information will be used to imposervices and to help schools comply with Michiga information and limited personally identifiable in	d Human Services and Local Health Department rove the quality and timeliness of immunization an Law. This includes any immunization
Student's Name:	Date of Birth://
Signature of Parent/Guardian or Eligible Student:	Date://
Printed Parent/Guardian Name:	