

Central Lake Elementary School Enrollment Packet

Office Use Only

SOC _____ Locker _____
Spec. Ed. _____ PowerSchool _____
Transcript _____ Technology _____
Birth Cert _____ Bus _____

Student's Legal Name (As it appears on birth certificate)

Last: _____, First: _____, Middle: _____
DOB: ____/____/____ Grade: _____ Gender: M/F Place of Birth: _____
Home Phone: _____-_____-_____
Physical Address: _____ City _____ State _____ Zip _____
Mailing Address: _____ City _____ State _____ Zip _____
School District of Residence: _____ (If School Of Choice-Must apply)

Last School Attended: _____ **Last School City & State:** _____
Last School Phone #: _____ **Last grade level completed:** _____
Last school ____ Suspension ____ Expulsion Reason: _____

Special Services your student received at previous school: (Please check all that apply)

____ 504 (Section 504) ____ Special Education ("Permission to Place" form needed) ____ Title1 Other: _____

Student Residence is: (Please Check)

____ Single Family Dwelling ____ More than 1 family in house/apartment ____ Motel/Car/Campsite ____ Shelter
____ With friends/family (other than parent/guardian) *If your living arrangements qualify you for McKinley-Vento
"homeless" funding, would you like the liaison to contact you? ____ Yes ____ No

Household #1 Parent/Guardian Information: Student Resides with

Name: _____	Relationship to student: _____
Phone: _____	Email: _____
Work Phone: _____	Employer: _____
Name: _____	Relationship to student: _____
Phone: _____	Email: _____
Work Phone: _____	Employer: _____
Physical Address: _____	City _____ State _____ Zip _____
Mailing Address: _____	City _____ State _____ Zip _____

Household #2 Parent/Guardian Information: Non-Custodial Parent/Guardian

Name: _____	Relationship to student: _____
Phone: _____	Email: _____
Work Phone: _____	Employer: _____
Name: _____	Relationship to student: _____
Phone: _____	Email: _____
Work Phone: _____	Employer: _____
Physical Address: _____	City _____ State _____ Zip _____
Mailing Address: _____	City _____ State _____ Zip _____

Health Information

Does your child have any of the conditions listed below? Please add any condition present in your child that is not listed below.

*Allergies _____	
*Asthma _____	* Heart Condition _____
*Bee Stings _____	* Rheumatic Fever _____
*Diabetes Mellitus _____	* Severe Eye Difficulty _____
*Epilepsy _____	* Severe Hearing Difficulty _____
*Other _____	

Does your child require any special treatment in school because of any of the above conditions?
___ Yes ___ No

Parent Signature _____

If you answered yes to any of the conditions listed above, please make a statement describing the difficulty and any recommendations for treatment.

Date _____ Parent/Guardian Signature _____

Is your child on medication that needs to be administered during school time by school personnel?

___ Yes ___ No Name of Medication: _____

If you answered yes to the above question, **a medical permission form must be filled out** by the Parent/Guardian and the Physician according to State Law, before any school personnel can be involved in giving medication in school.



8169 W. State St-P.O. Box 128, Central Lake, MI 49622

www.clps.k12.mi.us

Dear Parent or Guardian:

Each year, every school district in Michigan is required to report student data by race and ethnicity categories set by the U.S. Department of Education (U.S. ED) to the Michigan Department of Education (MDE). In 2007, U.S. ED released guidance regarding the collection and reporting of student race and ethnicity data. The guidance instructs school districts to collect race and ethnicity data utilizing a two-part question format. This change allows individuals to more accurately identify themselves given the increasing diversity of the nation's population.

With the new reporting format, you will need to update your child's data. Starting with the 2010-2011 school year, all schools in Michigan will collect race and ethnicity data using the two-part question format. These reports help keep track of changes in student enrollments and ensure that all students receive the educational programs and services to which they are entitled.

Please update your child's data by completing the enclosed form and return it to the appropriate school building office by Friday September 10, 2020. If we do not receive a response from you, an employee of the school district will be required to provide this information based on observation. Federal regulations do not permit school districts to leave the question blank. Please contact your child's school counselor at 231- 544-5566 if you would like to check the student data currently on file for your child.

For more information about the data reporting categories, please contact Lenore Weaver at 231-544-3141.

Sincerely

Lenore Weaver

Superintendent of Central Lake Public Schools

Student name: _____ Grade: _____

Please answer **BOTH** parts A and B.

Part A. Is this student Hispanic/Latino? (Choose only 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.)

Part A of the question is about ethnicity, not race. Regardless of what you selected on Part A, **please answer Part B** by marking one or more boxes to indicate what you consider your student's (or your) race to be.

Part B. What is the student's race? (Choose one or more)

- **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America.)
- **Asian** (A person having origins on any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)
- **Black or African-American** (A person having origins in any of the black racial groups of Africa.)
- **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.)
- **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

NOTE: Both parts A and B **MUST** be completed. We encourage you to select an answer for **both** parts. If either part (A or B) is not answered, the U.S. Department of Education requires the school district to supply an answer on your behalf.

Parent/Guardian Signature: _____ Date: _____



8169 W. State St-P.O. Box 128, Central Lake, MI 49622
www.clps.k12.mi.us

*Please read

*Initial

*Sign at the bottom

Medical Emergency Permission Policy

In the event I cannot be reached in a medical emergency, I hereby give permission for emergency treatment of my child. I understand that I will be contacted ASAP in the event of a medical emergency. I understand that the information found on this data sheet, may be released to those working with my child.

Initial_____

Fieldtrip Permission Policy

I understand that my child may be involved in field trips that require leaving the building. When transportation is required, my child may be transported by bus, school van or vehicles as arranged by the school I gave my child permission to participate in these activities.

Initial_____

Acceptable Technology Use Policy

I understand that all students are held responsible to follow the rules and regulations listed in the technology acceptable use policy. I understand this includes rules and regulations pertaining to electronic device use. I realize that failure to do so may result in loss of use. Available online at www.clps.k12.mi.us

Initial_____

Media/Website Policy

I understand that my child may be photographed during their involvement in school activities. I give my child permission for such photographs to be used in school or newspaper publications.

Initial_____ Opt Out

Student Handbook

I understand that the handbook is available online at www.clps.k12.mi.us. I understand that my student will be held accountable to the rules outlined in the student handbook.

Initial_____

Parent Signature indicates approval and understanding of all of the above.

Parent/Legal Guardian Signature

Date

Concussion

INFORMATION SHEET



CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

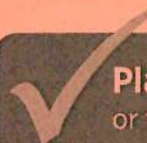
What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - Work with their coach to teach ways to lower the chances of getting a concussion.
 - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the 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* or *after* a hit or fall

Symptoms Reported by Children and Teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*



cdc.gov/HEADSUP

NETWORK AND INTERNET ACCESS AGREEMENT

Parents & Students: The purpose of this agreement is to outline the rules for using the local area network and the Internet at Central Lake Elementary School. Because of the cost and sensitivity of computer equipment, and because of the unregulated nature of material found on the Internet, the rules for usage must be understood by all parents and students.

Instructions: Please read the following document with your student. We ask that you sign your copy at the bottom of this page and keep it for your records. Please sign the second page of this document and return it to the school as directed by the teacher or principal.

- A. The use of school computers is a privilege which may be taken away if the student uses computers, the network, or the Internet improperly – or causes damage to computer hardware or software.
- B. The school will remove any material from school computers that is not conducive to the education mission or is not good for students (i.e., Objectionable material). Students will not install unauthorized software or download unauthorized files on school computers.
- C. The computers are to be used only for schoolwork as directed by the teacher or staff.
- D. Each student is responsible for good behavior while using computers and/or the network. The same rules that apply with regard to common courtesy and respect for people and property also apply with regard to use of the school computer network and the Internet. Improper use will lead to computer privileges being taken away from the student.
- E. The student will only use the Internet under the supervision of a teacher or staff member.
- F. The district has the right to review (or monitor) all activities, E-Mail correspondences, and material Created by students on school computers.
- G. Even if the agreement is not signed by the parent or student, improper use of computers, the Network, and/or the Internet will result in a loss of computer privileges at school, as well as other disciplinary actions as determined by the principal.

I have reviewed the "Network and Internet Access Agreement" and agree with the conditions listed in the document.

Signature of Parent

Date

HOME COPY

NETWORK AND INTERNET PERMISSION SLIP

By signing this document, the student and parent indicate that they have read the "Network and Internet Access Agreement" and agree that the student will abide by the rules stated therein. Though a failure to sign and return this document will not result in a suspension of the student's general computer or network privileges, *Internet privileges will be suspended until the signed Agreement is on file with the school.* This documentation will be kept at the school for the duration of the student's attendance.

Please sign and return to the school as soon as possible.

APPROVAL OF ACCESS TO THE INTERNET:

Student: I agree to abide by the rules and regulations set forth in the "Network and Internet Access Agreement."

Student

Date

Parent: As the student's parent and/or guardian, I have read and agree to the terms described in The "Network and Internet Access Agreement." With respect to my student's computer, network, and Internet privileges – and with regard to the information that is contained on or could be obtained by way of the district's network – I hereby release Central Lake Public Schools, Central Lake Elementary School, and the Board of Education, as well as the network administrators and operators, from by and all claims that may arise as a result of my student's use of or inability to use school computer resources within the guidelines set forth in the "Network and Internet Access Agreement."

Signature of Parent

Date

DENIAL OF ACCESS TO THE INTERNET:

As the student's parent and/or guardian, I **do not** give permission for my student to use the Internet at Central Lake Elementary School. Use of the computer network is permissible, but **only during activities that do not involve Internet access.**

Signature of Parent

Date

OFFICE COPY



CENTRAL LAKE PUBLIC SCHOOLS



Consent for Disclosure of Personally Identifiable Information and 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 immunizations 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 and immunization 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 **CENTRAL LAKE PUBLIC SCHOOLS** to release my child's immunization record and personally identifiable information 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: _____

CENTRAL LAKE PUBLIC SCHOOLS
REQUEST FOR ADVANCE NOTIFICATION BY FIRST CLASS MAIL

Dear Parent / Guardian:

Complete this form **ONLY** if you are requesting advance notification by United States Postal Service first-class mail of a pesticide application at Central Lake Public Schools.

Please be advised that you **WILL** receive notice via the methods identified in the annual advisory notice and should only complete this form if you are **also** requesting notification by first-class mail.

If you are requesting prior notification of pesticide treatments conducted at school or at the preschool, other than a bait or gel formulation, and you would like the notice to be delivered by United States Postal Service first-class mail, postmarked at least 3 days prior to the planned treatment, please complete the information on the following form and submit it to:

Central Lake Public Schools 8190 W State Street Central Lake, MI 49622 Attention: Business Office

I wish to receive a prior notice of any pesticide application to the school or day care center by first-class mail.

PARENT NAME: _____

STUDENT NAME: _____

STREET ADDRESS: _____

CITY, ZIP _____

DAY PHONE # _____ EVENING PHONE # _____

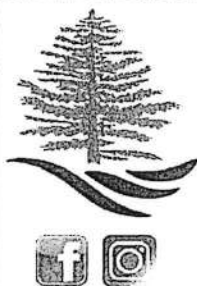
EMAIL: _____

Please Check One:

- ☐ I wish to be notified prior to a scheduled pesticide application inside of the school building.
- ☐ I wish to be notified prior to a scheduled pesticide application on the outside grounds of the school building.
- ☐ Both of the above.

Signature _____

Date _____



**HEALTH
DEPARTMENT**
of Northwest Michigan

1-800-432-4121
nwhealth.org

A HEALTHY START TO KINDERGARTEN

Entering school is a major milestone in your child's life. It is important for your child to be in good health for school. We can help your child to have a healthy start with:

IMMUNIZATIONS

Kindergarten students must show proof of having had the required childhood immunizations for Michigan school settings by the first day of school. Parents wishing to waive immunizations for religious or philosophical reasons must make an appointment at the local health department for waiver education. Students with true medical contraindications to immunizations must see their doctor to receive a *Medical Contraindication Waiver Form*. The Health Department provides FREE immunizations to children without health insurance and bills Medicaid Healthy Kids, MICHild, and several private insurances. Call 1-800-432-4121 for more information.

HEARING AND VISION SCREENINGS

Your child's ability to see and hear is very important to the learning process. A vision test is required prior to school entry. Appointments are available in each county for free vision and hearing screening. In cooperation with your local school district, hearing and vision testing is offered through your child's school years according to the following schedule:

Vision: Preschool, grades K, 1, 3, 5, 7 and 9.

Hearing: Preschool, K, grades 2 and 4.

PHYSICAL EXAM

Your school may require a physical exam for school entry. You are encouraged to make an appointment with your family physician.

DENTAL HEALTH SERVICES

Children over the age of one year should see a dentist every 6 months. You are encouraged to make an appointment with your family dentist. If your child has Medicaid/Healthy Kids Dental (Delta Dental) or MICHild dental insurance, Health Department of Northwest Michigan - Dental Clinics North has dental clinics in Alpena, Cheboygan, East Jordan, Gaylord, Mancelona, Petoskey, Traverse City, and West Branch. Appointments are available by calling 1-877-321-7070.

MEDICAID HEALTHY KIDS & MICHild

Healthy Kids provides free health insurance coverage for pregnant women and children ages 0 to 19. Coverage can include doctor visits, immunizations, prescriptions, hospital expenses, counseling and any other services normally covered by Medicaid. The income allowance for Healthy Kids is higher for pregnant women and infants up to their 1st birthday (\$4,306 per month for a family of 4; \$3,533 for a family of 4 with children ages 1 to 19).

MICHild is a health insurance program for uninsured children ages 0-19. A family's income must be considered and a family of 4 with a monthly income less than \$4,681 is eligible. Doctor visits, immunizations, prescriptions, dental, vision, counseling & hospital care are all covered. The cost is \$10.00 per child with a maximum of \$20 per family. If you have another insurance with high deductibles, you may still qualify for MICHild. For more information, questions about whether you qualify, or an application, please call 1-800-432-4121.

WOMEN, INFANTS AND CHILDREN (WIC)

The WIC program is a special food and nutrition program for pregnant women, breastfeeding women, women who have had a baby in the last six months, infants, and children up to age five. All WIC clients, parents and their caregivers are offered nutrition education. Topics may include infant feeding, meal planning or making healthy food choices. Information about how children grow and develop, and how to access community resources is also available. WIC provides free foods such as: milk, yogurt, juice, cheese, eggs, cereal, peanut butter, fruits and vegetables, juice, tuna, infant formula, and infant cereal. A family of 4 with a monthly income less than \$4,086 may be eligible. For more information or an appointment, please call 1-800-432-4121.

No health insurance? Assistance in applying for free or low cost health insurance is available by calling the Health Department at 1-800-432-4121. No child is denied immunizations due to an inability to pay. Contact your child's primary care provider or your local health department if you have any questions or would like to schedule an appointment.

CDC Recommended Vaccinations for Infants and Children Birth to 6 Years

UNITED STATES, 2022

☐ Range of recommended ages ☐ Catch-up Immunization

Vaccine ↓	Age →	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 years.	4-6 years
Hepatitis B	HepB		HepB			HepB							
Rotavirus			RV	RV	RV								
Diphtheria, Tetanus, Pertussis			DTaP	DTaP	DTaP			DTaP					DTaP
<i>Haemophilus influenza</i> type b			Hib	Hib	Hib			Hib					
Inactivated Polio Virus			IPV	IPV		IPV							IPV
Measles, Mumps, Rubella								MMR					MMR
Varicella								Varicella					Varicella
Pneumococcal			PCV	PCV	PCV			PCV					
Influenza								Annual vaccination – 6 months to 8 years 1 or 2 doses					
Hepatitis A								HepA Series (2 doses)					

Approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

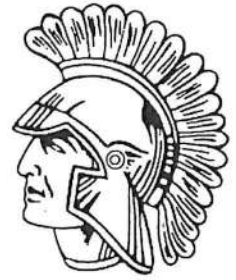
- Assure your children, if age eligible, are up to date on recommended Covid-19 Vaccines.

FOR AN APPOINTMENT AT ANY OF THE FOLLOWING LOCATIONS,
PLEASE CALL 1-800-432-4121

BELLAIRE	HEALTH DEPARTMENT – 209 Portage Dr.
BOYNE CITY	BOYNE CITY EDUCATION CENTER – 321 S. Park St.
CHARLEVOIX	HEALTH DEPARTMENT – 220 W. Garfield
GAYLORD	HEALTH DEPARTMENT – 95 Livingston Blvd.
MANCELONA	HEALTH DEPARTMENT – 205 Grove St.
PETOSKEY	HEALTH DEPARTMENT – 3434 M-119, Suite A
PELLSTON	HORNET HEALTH CENTER – 172 Park St.

CENTRAL LAKE PUBLIC SCHOOLS

STUDENT TRANSPORTATION REQUEST or ROUTE CHANGE



If your home is outside the village limits, he or she may be eligible for bus transportation. Here is the first step. Please fill out this form. Once the Transportation Department receives this completed form, you will receive a phone call or email notification. School of choice transportation is not available.

School Year: _____

Student Name:		Grade:
Current Date:	Start Date:	
Home Address:		
Cell Phone:	Work Phone:	
Home Phone:	Email:	
Should the driver be aware of any health concerns your student has: YES NO		
If yes, please explain:		

BUS ROUTE REQUEST OR CHANGE

	My child is NOT riding the CLPS school bus and I am requesting to have him/her added.
	My child presently rides the CLPS school bus and I am requesting the following changes:
Parent Signature:	Date:

Students are allowed to have only one pick up location and one drop off location.

- *The locations must be within the district boundaries,
- *Location may be either home or day care.
- *The district does not allow for day varying pick up and drop of locations.

FOR OFFICIAL USE

Date Received: _____ Scheduled: _____ Date: _____
 Notified parent/guardian: _____ Bus number: _____
 CENTRAL LAKE PUBLIC SCHOOLS teal@clps.k12.mi.us