



FOREST PARK SCHOOL DISTRICT ENROLLMENT FORM



Enrollment Date: _____

BC ___ Immun. ___ H & V ___

Full Legal Name of Student:

Street Address: _____ P.O. Box _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Birthdate: _____ Grade: _____

Father/Guardian Name:

Street Address: _____ P.O. Box _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email Address: _____

Mother/Guardian Name:

Street Address: _____ P.O. Box _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email Address: _____

Who does this student live with? Both Parents (same home) Shared Parenting (separate homes)
 Father (only) Mother (only) Other

Emergency Contact Information: In case of emergency, we will attempt to contact the student's parent/guardian first. In the event we cannot do so, please provide the names of 2 people that we may contact:

Name: _____ Name: _____

Relationship to student: _____ Relationship to student: _____

Phone: _____ Phone: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Race and Ethnicity: (Note: Both Part A and Part B of the question must be answered.)

Part A: Is this student Hispanic/Latino? (please check only one)
 No, not Hispanic/Latino
 Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter which box you selected above, please continue to answer the following by marking one or more of the lines to indicate what you consider your student's race to be.

Part B: **What is the student's race?** (please check 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 in 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 people 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.

Language Spoken at Home: _____

Forest Park School District Enrollment Form (page 2)

Previous school enrollment

Name of school last attended

Street Address

City / State / Zip

Phone Number

Fax Number

Has student been suspended or expelled in the last 2 years?

Yes / No (please circle one)

If Yes, please explain when, where and why.

Did your child receive any special education services at a previous school?

Yes / NO (please circle one)

If yes, indicate types of services he/she received

_____ Special Education Classes

_____ Speech

_____ Social Work

_____ OT (Occupational Therapy)

_____ PT (Physical Therapy)

_____ 504 Plan

Please list names and birthdates of other children in your household:

Last Name / First Name Birthdate

Last Name / First Name Birthdate

Last Name / First Name Birthdate

Emergency Information

List any medical conditions (allergies, health conditions, medications, etc.) or other information you would like us to share with teachers, office personnel, and bus drivers.

Is there a legal custody agreement regarding this child? Yes No

If so, please provide appropriate documentation.

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 one of this form.

Signature of Parent or Legal Guardian

Date

**Forest Park School District
Student Residency Questionnaire**

Your child may be eligible for additional educational services through McKinney-Vento Assistance Act.
To determine your child's eligibility, please complete this form.

Name of Student _____

Address: _____ Phone: _____

Birth Date: ____/____/____ Grade: _____ Sex: _____ Male _____ Female

Is the student's current address a temporary living arrangement? ____ Yes ____ No

Is this temporary living arrangement due to loss of housing or economic hardship? ____ Yes ____ No

**If you answered YES to the above questions, please complete the remainder of this form.
If you answered NO, you may stop here.**

Where is the student presently living? (Check one box)

- _____ Temporarily with another family in a house or apartment due to loss of housing or economic hardship
- _____ With an adult that is not a parent or legal guardian, or alone without an adult
- _____ Moving from place to place
- _____ In a hotel/motel
- _____ Staying in a shelter (family shelter, domestic violence shelter, youth shelter)
- _____ Waiting foster care placement or in a new foster care placement (less than 6 months)
- _____ In a car, park, campground, abandoned building or any other inadequate accommodation
- _____ In an emergency/transitional shelter
- _____ Unknown nighttime residence
- _____ Other _____

Please check your relationship to the student:

- _____ Parent
- _____ Legal Guardian
- _____ Power of Attorney
- _____ Adult Caring for Student
- _____ Youth living without being in the physical custody of a parent or legal guardian

Signature: _____

Date: _____

The undersigned certifies that the information provided is accurate.

School Use Only

Copies to:

_____ District Liaison / School Counselor
_____ MSDS Data Person
_____ Building Administrator

_____ Food Service Accountant
_____ CA60

FOREST PARK SCHOOL DISTRICT

Form CC

RESIDENCY VERIFICATION AFFIDAVIT

According to State Attorney General Opinion No. 5925, school districts have the right to request proof of pupil residency. By signing this affidavit, you are affirming that the address given on all enrollment forms is the legal residence of the parent or guardian enrolling the student and is the residence of the student.

If you are living in the home of another person without a rental or lease agreement, that person must sign this document and prove their residency.

Verification of residency may be made with two (2) of the following: (check which is used)

<input type="checkbox"/> Driver's License, State I.D. or Voter Registration	<input type="checkbox"/> Purchase Agreement (if it denotes residency)	<input type="checkbox"/> Moving Bill
<input type="checkbox"/> Insurance Forms	<input type="checkbox"/> Property Tax Payment	<input type="checkbox"/> Utility Bill
<input type="checkbox"/> Lease Agreement	<input type="checkbox"/> Mortgage Receipt	<input type="checkbox"/> Other (specify below)
<input type="checkbox"/> Michigan Tax Income	<input type="checkbox"/> Passports - Michigan Residents	_____

PLEASE READ CAREFULLY

Should the district learn that this is not the residence and that the parent lives outside the boundaries of the INSERT YOUR DISTRICT'S NAME HERE, the student will be **PROHIBITED** from attending the YOUR DISTRICT'S NAME.

Further, the district will require payment of tuition for the time in attendance as a non-resident and will take any legal steps to recover same.

Student(s) Name Date

Parent or Guardian Signature Date

Signature of Person With Whom Residing (If Applicable) Date

Street Address

City/State/Zip

Signature of Staff Person Enrolling Student

Forest Park School District

801 Forest Parkway
Crystal Falls MI 49920
Phone (906) 214-4695
Fax (906) 875-4660

HOME / SCHOOL COMMUNICATION/INFORMATION FOR PARENTS WHO LIVE APART

The school life of children whose parents live apart will benefit when both parents share the information and communication about the child's school and progress. By completing the information below, you will enable us to keep both of the child's parents in touch with the school.

**If there are legal restrictions on the parent living away, the school needs to have a copy of the legal document which states these restrictions. Without that document, the school must regard both parents as having equal rights, and cannot support any restrictions made by either of the parents on the other.

Person enrolling child(ren): _____

Relationship to the child(ren): _____

Children affected by this judgment: _____

Does the judgment allow/permit the parent who lives apart to be involved with the child's school?
Please circle YES or NO

If yes, please provide information regarding the parent who lives apart:

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Does the school have, on file, a certified copy of the related judgment?
Please circle YES or NO

Signature of person completing this form: _____ Date: _____

PREVIOUS ENROLLMENT/TEMPORARY PLACEMENT IN SPECIAL EDUCATION

Dickinson-Iron Intermediate School District

Student Name _____

Date of Placement _____

Birthdate _____

District/School _____

CURRENT STUDENT INFORMATION

Student Address _____ City _____ Zip _____

Parent/Guardian _____

PREVIOUS SCHOOL INFORMATION

Previous School District/School _____ Primary Disability of Student _____

Date of Most Recent Evaluation IEP _____ Date of Most Recent IEP _____

Previous IEP _____

Previous Special Education Program _____

Previous Related Services _____

PLACEMENT INFORMATION

The school district recommends implementation of the current individualized education program (IEP) from the previous school district with the following programs and services listed below. The current IEP has been reviewed and deemed appropriate by: _____
(Special Education Coordinator/Service Provider)

- OR -

The school district recommends the student be placed in the program and services listed below. An Individualized Education Program (IEP) Team meeting must be held by _____ (within 30 school days of the Special Education Coordinator's and parent's signature). It is mandatory that the IEP be scheduled at a mutually agreed upon time and place. Please indicate a date and time that is convenient for parents/guardians and service providers _____.

The recommended appropriate program(s) or service(s) include:

Name of Program/Service	Amount of Time/Frequency	Provider	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Hours in School Week _____

Total Hours in Special Education _____

Total Hours in General Ed. _____

Special transportation: No Yes, Special needs: _____

Other considerations: _____

CONSENT

*As parent/guardian, I give permission for my child's temporary enrollment in the school, program and related services listed above. I have been informed of all procedural safeguards and sources to obtain assistance.

Parent/Guardian Signature _____

Date of Consent _____

Administrator Receiving Consent Statement _____

Date Received _____

Parent/Legal Guardian ♦ CA-60 ♦ Evaluation Team Members ♦ Teacher/Service Provider(s)

Revised: 11/2012

Affirmation of Prior Discipline Record

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

Paragraph 1:

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

Paragraph 2:

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

If you checked Paragraph 2, explain the circumstances in detail. Include the school name, dates of suspension or expulsion and a description of the incident, giving rise to the suspension or expulsion.

Student Signature

Date

Parent/Guardian Signature

Date

PARENT/GUARDIAN DO NOT WRITE BELOW THIS LINE: FOR OFFICE USE ONLY

Name of Sending (former) School District: _____

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

_____ According to our records, the information provided above by the parent/student is not correct.

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

Signature of Sending District

Date

UNDERSTANDING CONCUSSION

Some Common Symptoms

Headache	Balance Problems	Sensitive to Noise	Poor Concentration	Not "Feeling Right"
Pressure in the Head	Double Vision	Sluggishness	Memory Problems	Feeling Irritable
Nausea/Vomiting	Blurry Vision	Haziness	Confusion	Slow Reaction Time
Dizziness	Sensitive to Light	Fogginess	"Feeling Down"	Sleep Problems
		Grogginess	Lost Consciousness	

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 – DON'T HIDE IT, REPORT IT.** Playing or practicing with concussion symptoms is dangerous and can lead to a longer recovery. 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. Ignoring symptoms and trying to "tough it out" often makes it worse.
- 2. KEEP YOUR STUDENT OUT OF PLAY –** Concussions take time to heal. Don't let the student return to play the day of injury and until a health care professional says it's okay. A student, who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
- 3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION –** Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

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

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he must be kept out of athletic activity the day of the injury. The student shall only return to activity (practice, scrimmage or competition) with written unconditional permission from an MD, DO, Physician's Assistant or Nurse Practitioner. 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.

Concussion Educ. Materials & Acknowledge Form (May 2016)

Parent and Student Must Sign Consent & Waiver on MHSAA Physical Form Acknowledging Awareness

This portion below may be substituted for the signatures on the MHSAA Physical 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 FOREST PARK SCHOOL DISTRICT

Sponsoring Organization

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian Name Signature

Date

Date

Return this signed form to the participant's MHSAA member school. The school should keep this document on file for five years following the student's high school graduation.

Participants and parents please review and keep the educational materials available for future reference.

Forest Park School District

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 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 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 Forest Park School District 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: _____

**STUDENT CONSENT FORM FOR OPTIONAL COVID-19 TESTING
TO BE COMPLETED BY PARENT / GUARDIAN**

Parent/Guardian Information

- *If your student has tested positive for COVID-19 in the past 90 days, they should not participate in COVID-19 testing to avoid false positives.*
- *Students that pass their 90 days will then start testing again with symptoms or close contacts.*
- *Unvaccinated and vaccinated individuals are strongly encouraged to participate in Covid Testing.*
- *Reminder: Vaccinated individuals can still get Covid and spread Covid. Lets continue to take all the right steps to stopping the spread of COVID-19!*

Parent/Guardian
Print Name:

Parent/Guardian Cell/Mobile #:
Note: results may be texted to this cell #

Parent/Guardian
Email Address:

Child/Student Information

Child/Student Print Name:

Grade Level:

Date of Birth:
(MM/DD/YYYY)

Address:

City:

Zip Code:

CONSENT

By completing and submitting this form, I confirm that I am the appropriate parent, guardian, or legally authorized individual to provide consent and:

- A. I authorize collection and testing of a sample from my student for COVID-19 at school, whether for an individual rapid test. By signing this form, I am consenting to any of the following testing methods for my student. I understand that my student's school will determine which testing methods are offered to my student and will inform me of the services the school is administering prior to the start of, or any change to, the school's COVID-19 testing program. More detail about test types is provided in Appendix A.
- Individual testing on symptomatic individuals: for when individuals present symptoms while at school
 - Individual testing on close contacts (Test and Stay): for asymptomatic close contacts to be tested every other days for (7) days from the first day of exposure, with individuals testing negative being allowed to remain at school.
 - No, I do NOT provide consent for my student to participate in COVID-19 testing.
- B. I understand that all sample types will be non-invasive, only short nasal swabs.
- C. I understand that I will be notified in a timely manner via email or phone if my student comes in close contact with someone who tests positive for COVID-19.
- D. I understand that staff administering all COVID-19 testing have received training on safe and proper test administration. I agree that neither the test administrator nor the **Forest Park School District**, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur from participation in the COVID-19 testing program.
- E. I understand that my student **must** stay home if feeling unwell. I acknowledge that a positive individual test result is an indication that my student must stay home from school, self-isolate, and continue wearing a mask or face covering as directed in an effort to avoid infecting others.

- F. I understand the school system is not acting as my student's medical provider, this testing does not replace treatment by my student's medical provider, and I assume complete and full responsibility to take appropriate action with regards to my student's test results. I agree I will seek medical advice, care and treatment from my student's medical provider if I have questions or concerns, or if their condition worsens. I understand I am financially responsible for any care my student receives from their healthcare provider.
- G. I understand that COVID-19 testing may create protected health information (PHI) and other personally identifiable information of the student, and such information will only be accessed, used, and disclosed in accordance with HIPAA and applicable law. Pursuant to 45 CFR 164.524(c)(3), I authorize and direct the testing provider to transmit such PHI to my student's school and the Dickinson Iron Department of Public Health. I further understand that PHI may be disclosed to the Executive Office of Health and Human Services and any other party, as authorized under HIPAA.
- H. I understand that participation in COVID-19 testing may require the school to disclose my student's identity, demographic, and contact information from education records to the testing provider and may require the school to disclose my student's identity, demographic, and contact information from education records to the Dickinson Iron Health Department and the Michigan Department of Public Health. I authorize my school to disclose such personally identifiable information (PII) as is required for my student to participate in COVID-19 testing.
- I. I understand that authorizing these COVID-19 tests for my student is optional and that I can refuse to give this authorization, in which case, my student will not be tested.
- J. I understand that if I refuse to have my student tested, if they are in close contact with an individual who tests positive for COVID-19, my student will be sent home for 10 days.
- K. I understand that I can change my mind and cancel this permission at any time, but that such cancellation is forward-looking only, and will not affect information previously released. To cancel this permission for COVID-19 testing, I need to contact **906-214-4695 ext. 220**
- L. I authorize the testing provider, Dickinson Iron Health Department and/or the Michigan Department of Public Health to monitor aspects of the COVID-19 virus, such as tracking viral mutations, by analyzing positive sample(s) for epidemiological and public health purposes. Results of such analyses will not be personally identifiable nor create personally identifiable information.

I, the undersigned, have been informed about the COVID-19 test purpose, procedures, possible benefits and risks, and I have received a copy of this Informed Consent. I have been told that I can ask additional questions at any time. I voluntarily agree to this testing for COVID-19 for my student.

Signature of Parent/ Guardian:		Date:
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