



Student Registration Form

Today's Date _____

Child's Last Name _____ First Name _____ Male Female

Address # and Street _____ City _____ Zip _____

Home Ph. _____ E Mail (Mother) _____ (Father) _____

2017-18 Grade _____ DOB (Month/Day/Year) _____

Has child ever attended the Utica Community Schools ? _____ If yes, which one _____

Last School Attended _____ Last School Address _____

Father's Last Name _____ First Name _____ Bus. PH. _____ Cell PH. _____

Address if different from above _____ City, State, Zip _____

Educational Background: High School College Graduate School Occupation _____

Mother's Last Name _____ First Name _____ Bus. PH. _____ Cell PH. _____

Address if different from above _____ City, State, Zip _____

Educational Background: High School College Graduate School Occupation _____

Marital Status _____

_____ **If there is a custody restriction, court documents need to be on file in the office.** _____

Medical Concerns (please list) _____

(The above may require a Medical Authorization Form or Health Care Form)

Has there ever been a Special Education Plan (IEP) for your child? Y N

Is there a current Special Education (IEP) Plan for your child? Y N If yes, please provide the office staff with a copy.

Does your child have a 504 plan? Y N

Does your family have a place of evening residence? Y N

EMERGENCY INFORMATION

Sibling Name _____ School _____ Grade ___ M F DOB _____

Sibling Name _____ School _____ Grade ___ M F DOB _____

Sibling Name _____ School _____ Grade ___ M F DOB _____

First person listed will be called. If not available, the next person in line will be called.

#1 Adult Name _____ Relationship to Student _____ Phone # _____

#2 Adult Name _____ Relationship to Student _____ Phone # _____

#3 Adult Name _____ Relationship to Student _____ Phone # _____

Parent Signature _____ Date _____

The following must be presented to the school staff in order to process the registration paperwork:

Child's Certified Birth Certificate in English

Child's Immunization Record

Parent Driver License/State ID/Work Photo ID

Proof of Residency (1 required)-Lease or rental Agreement-Closing Document-Purchase Agreement-Current Tax Bill

Home Language Information Section 380.1152-1157 School Code of 1995, Michigan's Bilingual Education Law

*Note- Indicating a language other than English in any of the below questions will result in your child being assessed for an additional English Language Learner Program.

What language did your child first learn to speak? English Other Language_____

What is the primary language used by **adults** in your home? English Other Language_____

What language does your **child** most often use at home? English Other Language_____

What language does your child most often use when speaking with friends outside the home? English Other
Language _____

Has your child attended any United States school in the last year? Y N

Date of Arrival in the United States (month/day/year) _____ Country of Birth _____ 1st Date in US School _____

If yes, Name of School _____ City, State _____ Dates Attended _____

Immigration Status: (check one) Refugee Immigrant Migrant U.S. Born Other Country of Immigration _____

Ethnicity/Race

Is the student's ethnicity Hispanic or Latino? Yes, child is Hispanic or Latino No, child is not Hispanic or Latino

Which of the following is the Student's Race: (If multi-racial, place a check mark for each that applies)

American Indian or Alaska Native Black or African American White
Asian American Native Hawaiian or other Pacific Islander Hispanic or Latino

I verify that the above information is true and factual.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

-----**OFFICE USE ONLY**-----

Child's Birth Certificate in English Child's Immunization Record Parent Driver License/ID

Proof of Residency (1 required)-Lease or rental Agreement-Closing Document-Purchase Agreement

**Parent Request for Academic Progress
Via Electronic Message**

Dear Parents:

To promote the (improvement of your child's academic achievement), or (your partnership in your child's learning) this form officially documents your request to receive an electronic message from the designated teacher for the time intervals and period indicated below. You acknowledge, by your signature, that you are the recipient of the information and that your child's privacy of information is not compromised by this electronic message. You also acknowledge that your student's full name, address or phone number will not be included in the message, that your student's academic progress information will be contained in the body of the message and not as an editable attachment, and that the message cannot contain behavior/discipline issues or information.

Release

I request that my child's academic progress be sent via electronic messaging from the teacher indicated below for the time period and intervals agreed upon.

Student Name

Starting Date

Ending Date

Intervals (weekly, monthly, etc.)

Parent/Guardian Signature

Address

Parent/Guarding Name (printed)

City/State/Zip

CURRENT Date

PARENT email

Teacher Name (PRINTED)

Teacher Signature

Please sign and return to the designated teacher who will retain this request on file.



Notice to Parents

Often, our students are involved in interviews by the local media, reporting on the positive instructional programs of the district. These interviews can include, but are not limited to, classroom activities, concerts and musical programs. The Utica Community Schools Board of Education has approved a policy regarding media relations, which affects students. The policy requires that the news media report to the Office of School/Community Relations or the building principal for prior approval before interviewing students involved in instructional programs.

District employees may release student information to the media only in accordance with applicable provisions of the Family Education Rights and Privacy Act (FERPA) and Board of Education Policy 5124 - Release of Directory Information. (See reference in Student/Parent Handbook.)

By completing the form below, you will give the school district, including the Utica Community Schools cable access TV education station, and the news media permission to interview your child in connection with activities involving the Utica Community Schools for as long your child is a student of the district. Please complete the form and return it to your building principal. The completed form will be kept in the school office.

Media Release Form

The person named below gives Utica Community Schools (UCS) permission to allow the news media and/or the school district to photograph, video and/or audio tape his or her child in connection with news events and activities involving the Utica Community Schools. I also give permission to reproduce and record my child's voice. I consent to the use of his/her name and/or the recordation and reproduction of him/her in connection with the production, exhibition, distribution and promotion or other use of any photographs, photo play, audio plays or otherwise. I agree that his/her participation is voluntary and without consideration or compensation. If, at any time, I do not want my child to participate in media interviews, I will notify the building principal in writing

Please Print Information

I agree to the above release language as parent or legal guardian of:

(Child's Name)

Date:

Name:

Relationship

Signature

**Must be filled out.
If you do not agree, fill out and
write "NO" across the top**



Parent Acknowledgement – Electronic Communications

Use of Student Work/Photograph

As a part of the communication process, Utica Community Schools maintains school and district Web sites. These pages provide information about the activities of Utica Community Schools, its employees and students, and can be viewed globally.

This form officially documents that you are willing to release your child's projects, photographs, video images and/or voice recordings into the public domain. They can be viewed by anyone with access to the Internet. Group photographs may be used on a web page; however, your child's name and/or individual photograph will not appear on the Internet. There is no monetary compensation for the use of these projects and/or images.

Release for Student Work/Photograph

I give my permission for my child's computer projects, photographs, images and/or voice recordings, to be used as described above and are willing to release this for use in the Utica Community Schools web pages on the internet. I understand no monetary compensation will be given for use of the materials. You can view the district's entire Acceptable Use of Technology/Internet Safety on the district's website: <http://www.uticak12.org>

Student Name (Please print): _____

Parent/Guardian _____

Address: _____

Date: _____



PLEASE RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL

As a prospective volunteer of the Utica Community Schools, I understand that it is the school district's policy to secure Conviction Criminal History information as part of their screening process using the information provided below:

School Year _____

PLEASE PRINT CLEARLY
(All requested information must be completed)

NAME: _____
 LAST (*as shown on your license*) FIRST (*as shown on your license*) Middle Initial

Maiden Name/Names Previously Used: _____

Daytime Phone: _____ Other Phone: _____

Birthdate: _____ Race: _____ ; YbXf: _____

MICHIGAN Driver's License No: _____ (State ID not accepted)

School Name: _____

Student(s) Name: _____ Student(s) Grade: _____

Volunteer For: _____

(List teacher, activity, specific fieldtrip and **date attending**)

Please submit 2 weeks prior to activity

Please be advised that if you have been convicted of a FELONY, volunteer activity will be prohibited.

Have you ever been convicted of a felony? _____ Yes _____ No

Are there any felony charges currently pending against you? _____ Yes _____ No

If yes, please explain the nature of conviction and date of conviction:

I understand that the above information is required by the Central Record Division of the Michigan State Police in Lansing, Michigan. I authorize Utica Community Schools to utilize the above information for the sole purpose of obtaining a conviction only criminal history file search.

Signature _____ Date _____



Transportation

MEDICAL & EMERGENCY INFORMATION



6600 18 Mile Rd.
Sterling Hts., MI 48314
Phone (586) 797-7100
Fax (586) 797-7101

Please Print

Student's Name: School: Date:

Medical Information

Medical Concern: (check as applicable)

Required Emergency Supplies: Located in Backpack?

- Diabetic, Allergies, Asthma, Seizures, Sugar Source, EpiPen, Inhaler, Other

Other Medical Concerns:

Signs to look for:

Necessary Emergency Procedures:

CALL 911 If the following occurs:

Call Parent if the following occurs:

Emergency Contacts

Parent/Guardian: Name, Relationship, Phone Numbers (Home, Cell, Work, Pager)

In case of emergency, if parent is not available, student can be left with: (Must reside within Utica Community Schools Boundary)

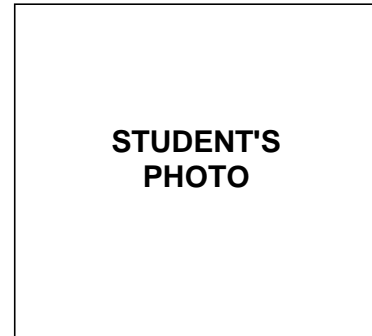
Name:

Address:

Phone: Relationship:

Yes No Student may be left at home unattended

I understand that this information will be kept on my child's bus I will update this information as my child's needs change.



Parent's Signature

Date

HEIGHT

WEIGHT

Transportation Office Use Only

Date of Input in Edulog Initials Copied to Medical File cc: Bus# Driver: Bus# Driver:

To Bus Driver, this form must be kept in your route book.



RESIDENCY INFORMATION FORM

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11431 et seq. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student _____ Parent/Guardian _____

School _____ Phone _____

Age _____ Grade _____ Date of Birth _____

Address _____ City _____

Zip Code _____ Is this address Temporary or Permanent? (circle one)

Please choose which of the following situations the student currently resides in (you can choose more than one):

- House or apartment with parent or guardian
- Motel, car or campsite
- Shelter or other temporary housing
- With friends or family members (other than or in addition to parent/guardian)
- Foster Care placement

If you are living in shared housing, please check all of the following reasons that apply:

- Loss of housing
- Economic situation
- Temporarily waiting for house or apartment
- Provide care for a family member
- Living with boyfriend/girlfriend
- Loss of employment
- Parent/Guardian is deployed
- Other (Please explain)

Are you a student under the age of 18 and living apart from your parents or guardians?

Yes No

Residency and Educational Rights

Students without fixed, regular and adequate living situations have the following rights:

1. Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
2. Transportation to the school of origin for the regular school day;
3. Access to free meals, Title I and other educational programs and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento Liaison at 586-797-1120 or the County Coordinator at 586-228-3490

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unaccompanied Youth

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 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 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 _____

_____ 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 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.