



ENROLLMENT FORM

Please Print

Student's Name _____ Birthdate ____/____/____ Phone _____
Last First Initial

Address _____
Number & Street City/Township Zip

Previous address _____
Number & Street City/Township Zip

City of Birth: _____ Grade entering 2021-22 school year: _____

If outside the United States, when did the student enter the United States? _____

Is student of Hispanic/Latino descent? Yes No

Ethnic Group American Indian/Alaskan Native Asian African American White Native Hawaiian/Pacific Islander

Is there a custody order currently in place for this child? Yes No If yes, please provide documentation.

Check if a parent is a member of the Armed Forces on active duty: Start date: _____ End date: _____

Parent/Guardian Information

Student resides with: Father Mother Both Parents Joint Custody Grandparents Foster Care Other

Parent/Guardian Name 1 _____ Relationship to Student _____
Home Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian Name 2 _____ Relationship to Student _____
Home Phone _____ Work Phone _____ Cell Phone _____

Sibling's Name _____ Age _____ Birthdate _____ Attending which school? _____

Is your child under a long term suspension or expulsion from any previous school? Yes No

Is your child under a suspension or other consequence regarding an athletic code of conduct violation? Yes No

Has your child attended a previous school? Yes No If yes, name of school(s) _____

School Address/Phone _____

Date your child last attended school: _____

Has your child received Special Education or 504 Services? Yes No If yes, services received: _____

Home Language Survey

1. Is your child's native tongue a language other than English? Yes No If yes, what language? _____

2. Is the primary language used in your child's home or environment a language other than English? Yes No

If yes, what language? _____

Parent/Guardian Signature _____ Date _____

East China School District Residency Affidavit

Date: _____

Proof of Residency
Two of the following

- **Driver's license**
- **Purchase/Lease Agreement**
- **Utility Bill**
- **Property Tax Bill**

Child/ren reside with:

Please circle one: Mother/Father Mother Father Other: _____

Guardian 1 Name: _____ Relationship: _____

Address: _____ City, State, Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Guardian 2 Name: _____ Relationship: _____

Address: _____ City, State, Zip: _____

Home #: _____ Work #: _____ Cell #: _____

I declare that I am in compliance with the State of Michigan General School Laws, which require that students attend school in the district in which they live with their parents or legal guardians and that I have no other residence other than that listed on this affidavit.

In order to affirm my residency in the East China School District I have presented certain documents with my address to school officials. I declare that these documents are true and accurate and further, I am aware that the deliberate falsification of information for school attendance purposes is unlawful. I further understand that if statements made on this affidavit change, I must immediately notify the appropriate East China School District official.

I also understand that if a student is found to have established residency in our district by using false or inaccurate information, the student will be immediately dismissed from school, and the parents of the student will be held liable for all costs incurred while the student was enrolled in the East China School District.

Children	Grade	School(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Print Name: _____
(Parent/Legal Guardian)

Signature: _____
(Parent/Legal Guardian)



Suzanne Cybulla
Superintendent
1585 Meisner Road
East China, MI 48054-4143

810.676.1000
810.676.1034 FAX
www.ecsd.us

REQUEST FOR STUDENT RECORDS

TO: _____
(Previous School Name)

(Street Address)

(City, State, Zip)

(Fax Number)

The following student has enrolled in the East China School District:

Student: _____

Grade: _____

Date of Birth: _____

**Forward the *Educational Records* for
the above named student to:**

**East China School District
Attn: Lisa Volkman
1585 Meisner Road
East China, MI 48054**

**Forward the *Special Education Records*
for the above named student to:**

**East China School District
Special Education Office
Attn: Lindsay Grange
1585 Meisner Road
East China, MI 48054
Fax: (810) 676-1130**

Please include cumulative school records, including special education records, health records, test scores, psychological, psychiatric and/or emotional evaluations, and all discipline (suspension/expulsion) records, etc. These will be for the professional use of authorized East China School District personnel only. Any further information you can give us to help in proper placement will be appreciated.

This request is pursuant to Section 1135 of the Michigan Revised School Code which requires a school to forward a transferring student's records to the receiving school within 30 days from receipt of written request unless the student has been identified as a missing student under Section 1134. These records may be released without prior written parent consent in accordance with the provisions of the Federal Family Educational Rights and Privacy Act.

Parent Signature

Date

Concussion INFORMATION SHEET



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

CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

Children and teens who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)



Revised January 2019

PARENT AND STUDENT CONCUSSION AWARENESS EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge that I have received and reviewed the ***Concussion Information Sheet*** provided by the East China School District and will keep the educational material for future reference.

Student Name (Printed)

Parent/Guardian Name (Printed)

Student Name (Signature)

Parent/Guardian Name (Signature)

Date

Date

Please return this signed form to your child's school or Enrollment Office if first time entering the District. The form will be kept on file for the duration of your child's attendance in the East China School District.



Home Language Survey

If a language other than English is spoken at home, please answer the following questions. Federal law requires the school district to test your student's English language proficiency. Based on the results, your student may be eligible for participation in an English Language Literacy (ELL) program and/or accommodations within the classroom.

Student's Name: _____

Date of Birth (mm/dd/yy): _____ Grade entering: _____ School: _____

Parent/Guardian 1: _____ Relationship to Student: _____

Parent/Guardian 2: _____ Relationship to Student: _____

Parent/Guardian 3: _____ Relationship to Student: _____

Parent/Guardian 4: _____ Relationship to Student: _____

Is your child's native tongue a language other than English? Yes No

If yes, what language? _____ **(The child's native tongue/language is the language most often spoken by the student.)**

Is the **primary** language used in your child's home or environment a language other than English? Yes No

If yes, what language? _____ **(The primary language is the dominant language used at home regardless of the language spoken by the student.)**

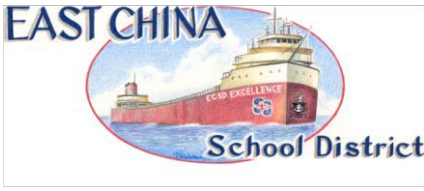
What language did your student learn first? _____

What language do you use the most to speak to your student? _____

In what language do you wish to receive communication from school? _____

Parent/Guardian Signature

Date



Family Access User Agreement Form

Declaration of Parent/Legal Guardian Status and Request for User ID and Password

Each user (parent/legal guardian) must complete his/her own Family Access User Agreement Form as all users have their own individual account.

Due to FERPA (Family Educational Rights and Privacy Act), a student's educational record may only be accessed by a Parent/Legal Guardian. For the purposes of accessing ParentConnection, Parent/Legal Guardian includes both Biological/Adoptive Parent(s) or Court Appointed Legal Guardian(s).

If you are a Legal Guardian, you must provide your court documentation along with this form.

Parent/Guardian Name: _____ Circle Relationship to student
Mother Father Legal Guardian

Address: _____

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

Home Email: _____

Please list all East China School District students of which you are mother, father, or legal guardian. List additional students on the back of this form.

Student's Name	School	Grade

I certify that I am the biological/adoptive parent or legal guardian of the above named student(s).

Print Name

Signature

Date

Return this form along with required documentation (if any) to the address listed below. Once this form has been processed, your Family Access user name and password will be emailed to you.

East China School District Administration Building
Attn: Lisa Volkman, Enrollment Office
1585 Meisner Road
East China, MI 48054
FAX (810) 676-1034

EAST CHINA SCHOOL DISTRICT

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. §n 1232g, requires written parental consent before personally identifiable information from your child's educational 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 educational records.

You may withdraw your consent to share this information in writing at any time.

I authorize the East China School District to release my child's immunization record to the Michigan Department of Health and Human Services and St. Clair County Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help 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: _____

Printed Name of Parent/Guardian or Eligible Student: _____

Date: _____

Proof of Immunity for Chickenpox Disease

I _____ state that _____ has had
(Parent/Legal Guardian Name) *(Student's Name)*

the chickenpox disease.

Parent/Legal Guardian Signature

Date

I _____ state that _____ has had
(Parent/Legal Guardian Name) *(Student's Name)*

the vaccine for the chickenpox disease.

Parent/Legal Guardian Signature

Date

EAST CHINA SCHOOL DISTRICT
1585 Meisner Road
East China MI 48054

Please Print

HEALTH INFORMATION

Student's Name: _____ Date: _____
 Birthdate: _____ Grade: _____ School: _____
 Student's Address: _____
 Parent/Guardian Name: _____ Phone Number: _____
 Email: _____ Cell Number: _____

MEDICAL INFORMATION

My child does **NOT** have any medical concerns

My child has the following <i>doctor diagnosed</i> medical concerns. (Check all that apply)	Required Emergency Supplies (Check all that apply)
<input type="checkbox"/> Asthma	<input type="checkbox"/> Inhaler
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Glucagon
<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Hearing Aide
<input type="checkbox"/> Vision Impaired	<input type="checkbox"/> Glasses
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Emergency Medication
<input type="checkbox"/> Seizures	<input type="checkbox"/> Epinephrine auto injector (Epipen, Auvi-Q, etc.)
Allergies (i.e. Food, Latex, Insects) – Medically diagnosed Please list allergies: _____	

Other Medical Conditions:

- Medical documentation of diagnosis must be provided to your child's school.
- Families of children with various medical concerns may be contacted to complete a Health Care Plan.

I understand that this information will be kept in the office and on child's bus (if applicable). I will update this information as my child's needs change.

Parent/Guardian Signature: _____ Date: _____

SCHOOLS VACCINES REQUIRED FOR SCHOOL ENTRY IN MICHIGAN

Whenever children are brought into group settings, there is a chance for diseases to spread. Students must follow state vaccine laws in order to attend school. These laws are the minimum standard to help prevent disease outbreaks in school settings. The best way to protect students in your care from other serious diseases is to promote the recommended vaccination schedule at www.cdc.gov/vaccines. Encourage parents to follow CDC's recommended schedule; by doing so, school requirements will be met.



	All Kindergarteners and 4-6 year old transfer students	All 7th Graders and 7-18 year old transfer students
Diphtheria, Tetanus, Pertussis (DTP, DTaP, Tdap)	4 doses DTP or DTaP 1 dose must be at or after 4 years of age	4 doses diphtheria and tetanus or 3 doses if 1st dose given at or after 1 year of age 1 dose Tdap at 11 years of age or older upon entry into 7th grade or higher
Polio	4 doses 3 doses if dose 3 was given at or after 4 years of age	
Measles, Mumps, Rubella (MMR)*	2 doses at or after 12 months of age	
Hepatitis B*	3 doses	
Meningococcal Conjugate (MenACWY)	None	1 dose at 11 years of age or older upon entry into 7th grade or higher
Varicella (Chickenpox)*	2 doses at or after 12 months of age or Current lab immunity or History of varicella disease	

During disease outbreaks, incompletely vaccinated students may be excluded from school. Parents and guardians choosing to decline vaccines must obtain a certified non-medical waiver from a local health department. Read more about waivers at www.Michigan.gov/Immunize.

*If the student has not received these vaccines, documented immunity is required.

All doses of vaccines must be valid (correct spacing and ages) for school entry purposes.

