



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: _____ Current Grade: _____

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? _____

3. Date of Entry? Immigration to the United States: _____
MM/DD/YYYY

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)

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

Student: _____

Grade: _____

Date of Birth: _____

Forward the *Educational Records* of
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 _____

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



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 bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of 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 hit or fall
- Can’t recall events after hit or fall

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. An athlete 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 or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes 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.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.



JOIN THE CONVERSATION  www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO [>>> WWW.CDC.GOV/CONCUSSION](https://www.cdc.gov/concussion)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

PARENT AND STUDENT CONCUSSION AWARENESS EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012, as amended, that I have received and reviewed the Concussion Awareness Fact Sheet for Parents and/or the Concussion Fact Sheet for Students 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 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, Personnel Office
 1585 Meisner Road
 East China, MI 48054
 FAX (810) 676-1034

For Office Use Only:
 Revised 12/29/2017
 T/D _____
 Emailed _____

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"/> Seizures	<input type="checkbox"/> Emergency Medication
Allergies (i.e. Food, Latex, Insects) – Medically diagnosed Please list allergies: _____	<input type="checkbox"/> Epipen
<input type="checkbox"/> Cystic Fibrosis	

Other Medical Conditions:

- Medical Documentation of doctor diagnosis must be provided to your child's school.
- Families of children with various medical concerns may be contacted to complete an Action 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: _____

East China School District

Transportation Department

EduLog Data

- New Student
- Address Change
- Withdrawal

Today's Date _____

Last Name _____ First Name _____

School _____ Grade _____ Birthdate _____

Address _____

City _____ Zip _____

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Emergency Contact's Name _____ Phone _____