



JONESVILLE COMMUNITY SCHOOLS ENROLLMENT FORM

**Office use:**

Birth Certificate _____ Open Enrollment _____
Immunizations _____ District Release _____
Concussion _____
Proof of Residency (2) _____

Required Documents: Certified birth certificate, immunization records, (2) proof of residence items

Student Information

Requested school of attendance: ☐ Jonesville High School ☐ Jonesville Pathways Lab ☐ Jonesville Pathways Virtual
☐ Jonesville Middle School ☐ Williams Elementary School

Student Name (including middle name): _____

Gender: ☐ Male ☐ Female Birthdate: _____ City, county, state of birth: _____

Last school attended: _____ Into which grade is student enrolling? _____

Address: _____ County: _____

☐ Jonesville School District Resident ☐ Non-Resident If non resident, what district: _____

Parent/Guardian and Emergency Information

Parent 1

Relationship to Student: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone(s): _____

Birthdate: _____

Email: _____

Employer: _____

Work Phone: _____

Name of STEP PARENT: _____

STEP PARENT Phone: _____

Parent 2

Relationship to Student: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone(s): _____

Birthdate: _____

Email: _____

Employer: _____

Work Phone: _____

Name of STEP PARENT: _____

STEP PARENT Phone: _____

With whom does the student live: _____

Is there a court order regarding custody/visitation: ☐ Yes ☐ No (please provide court records)

Is there a person the **courts** have ruled your student may **NOT** have contact with? If so, who: _____

****Note - The school must have a copy of the court documentation regarding "No Contact" rulings.**

Other children who reside in the home:

Name: _____ Birthdate: _____ Grade: _____ School Attending: _____

Name: _____ Birthdate: _____ Grade: _____ School Attending: _____

Name: _____ Birthdate: _____ Grade: _____ School Attending: _____

Persons OTHER THAN THE PARENT authorized to pick up student or to be contacted in case of emergency:

1. _____
Name and relationship _____ Check if resides with student _____ Phone number _____

2. _____
Name and relationship _____ Check if resides with student _____ Phone number _____

3. _____
Name and relationship _____ Check if resides with student _____ Phone number _____

Emergency medical conditions/problems (check all that apply):

☐ Glasses/contacts/hearing aid ☐ Seizures ☐ Allergies ☐ Physical disabilities ☐ Other _____

If yes on any of the above, please explain:

My student is taking medication prescribed by a physician: ☐ Yes ☐ No If yes, explain: _____

If a student has to take over-the-counter or prescription medication during the school day, authorization forms are available in the office. These forms MUST be completed for the student to receive any medication.

Race/Ethnicity Information (both Part A and B must be completed - This information is required by the MI Dept. of Education)

Part A: Is this student Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin, regardless of race.) ☐ No, not Hispanic/Latino ☐ Yes, Hispanic/Latino

Part B: What is the student's race (please check all that apply) ☐ White (W) ☐ Black or African American (B)
☐ Hispanic or Latino (H) ☐ American Indian or Alaska Native (I) ☐ Native Hawaiian or other Pacific Islander (P)
☐ Asian (A)

Is student's native language English? ☐ Yes ☐ No If no, what is the language? _____

Is English the primary language (the dominant language used for communicating) in student's home?
☐ Yes ☐ No If no, what is the language? _____

Special Education (Check all that apply)

☐ Speech ☐ Special Education/IEP Does student have a current IEP ☐ Yes ☐ No If yes, date of IEP _____
☐ Other _____

Other Services

☐ Student has a 504 Plan

Athletic Information (Middle school or high school students only)

Did student play any sport at previous school: ☐ Yes ☐ No

If yes, what sport? _____ If yes, what grade? _____

Housing Information

Proof of residency provided:

☐ Driver license ☐ Rent receipt ☐ Mortgage payment ☐ Utility bill ☐ Property tax receipt/bill ☐ Public aid card
☐ State ID ☐ Food stamp card ☐ Vehicle Registration ☐ Paycheck stub ☐ Signed lease ☐ Other _____

Is your address a temporary living arrangement **and** due to loss of housing or economic hardship? ☐ Yes ☐ No

As a student, are you living with someone other than your parent/legal guardian? ☐ Yes ☐ No

If "yes" checked to either of the above questions, with whom does the student live with?

Living arrangements, please choose one:

☐ In a shelter ☐ In a hotel/motel ☐ With another family or person because of loss of housing or economic hardship
☐ With friends or family member **and** with parent/guardian ☐ in a location not designed for sleeping (car, park, campsite)
☐ Transitional housing (housing through an organization for the purpose of emergency housing)
☐ Other temporary living situation (please describe) _____

Other Information

Has student ever been expelled or is in the process of being expelled.

☐ Yes ☐ No

If your child should require medical attention and you can't be contacted, may school personnel obtain medical treatment for the student from the hospital's emergency room (the legal guardian will assume all financial responsibility)?

☐ Yes ☐ No

I give permission for my child to attend school-sponsored programs during the school year when special programs are held in any school building or facility within Jonesville Community Schools. I also give my permission for my student to be transported by bus to that site or to walk to this alternate location.

☐ Yes ☐ No

Each year Jonesville Community Schools will provide, upon request, to make available certain information known as "directory information". The JCS School Board designates a student "directory information" (Policy 8330) as the following: student's name, address, phone number, date and place of birth. Also this will include major field of study, participation in officially recognized activities and sports; height and weight of athlete if member of an athletic team; dates of attendance; date of graduation; awards received; school photos or videos of students participating in school activities, events, or programs; or any other information which would not generally be considered harmful or an invasion of privacy if disclosed. Also, this same information may be used to promote our school in materials we are developing for the school and community.

I verify that all information given is true and correct to the best of my knowledge.

Print name

Signature

Date

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

.....
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 ADMINISTRATOR

TITLE

DATE

JONESVILLE COMMUNITY SCHOOLS

115 East St. • Jonesville, MI 49250 • Phone 517-849-9075 • Fax 517-849-2434



Committed To Educational Progress

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. § 1232g, requires written parental consent before personally identifiable 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 Jonesville Community Schools to release my child's immunization record 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: _____

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.



JONESVILLE MIDDLE SCHOOL

Bryan Playford
Principal

401 E. Chicago Street
Jonesville, MI 49250
Phone: (517)849-3210
Fax: (517) 849-3213

REQUEST FOR STUDENT RECORDS

School Last Attended

Address

Fax Number

STUDENT NAME

DOB

GRADE

STUDENT NAME

DOB

GRADE

Is this a McKinney Vento (displaced) student? ☐ Yes ☐ No

Please include:

All educational records
Any psychological or special placement data
Health and immunization records

The Federal Regulation, Volume 41, No. 168, Section 99.31, June 17, 1976 states: "Prior consent for disclosure not required...if the disclosure is...to officials of another school or school system in which the student seeks or intends to enroll."

Registrar's Signature

Date