

EASTPOINTE COMMUNITY SCHOOLS

Student Support Services ♣ 24685 Kelly Road ♣ Eastpointe, MI 48021 ♣ (586) 533-3738

Early Learning Center
23750 David Ave.,
Eastpointe
(586) 533-3900
(586) 533-3909 fax

REGISTRATION CHECK LIST FOR ECSE AND SLI STUDENTS

Students can only be registered by a parent or legal guardian.

Student's Name _____ Grade 30

The following information will be required at the time of registration. A copy will be made for the student's file.

_____ Proof of Birth - You can order online www.vitalcheck.com or call State of MI (517) 335-8656

_____ Parent's Picture ID

_____ Proof of Immunization from health care provider

_____ Residency

Proof of Residency- 3 items from list	Where is student living? Check one below:
_____ Driver License/State ID	_____ with parent/guardian in house or apartment
_____ Utility Bill/Tax Bill	_____ with more than one family living in home
_____ Mortgage or Lease Agreement	_____ with family/friends other than parent/guardian
_____ Court Docs, Bank Statement, Medical Bills	_____ in foster placement
_____ Section 8 Documentation	_____ in a shelter
(no other proof necessary)	_____ temporarily in motel, car, or campsite
Other: _____	Other: _____

_____ SE Request for Records

_____ Legal Documents, if applicable (i.e. Foster or Guardianship)

_____ Student Enrollment Form

_____ Immunization Consent Form

_____ Household Information Survey

_____ Transportation Request Form, if applicable

_____ Concussion Information Form

_____ Indian Education Survey, if applicable

MEDICAL ALERT

Please list special medical conditions: _____

Are there any medications that must be administered at School? _____ Yes _____ No

If yes, a medication control form must be completed and submitted with medication.

ADDITIONAL INFORMATION

Does student receive Special Education, Speech, have an IEP or 504 Plan? _____ Yes _____ No

If marked yes,

_____ Complete Special Education Request for Records Form.

Has the student ever attended Eastpointe Community Schools? _____ Yes _____ No

If yes, which building or program? _____

Office use:
Registered by: _____ Date: _____



EASTPOINTE COMMUNITY SCHOOLS

REQUEST FOR SPECIAL EDUCATION RECORDS

STUDENT NAME _____

BIRTH DATE _____

GRADE _____

Previous School Information: (Please Print)

School Name: _____

School Address: _____
Street Number City State Zip Code

Phone Number: _____ Fax Number: _____

PLEASE SEND EDUCATIONAL RECORDS AND STATE UIC NUMBER TO:

Eastpointe Community Schools
Special Services Department
24685 Kelly Road Couzens
Eastpointe, MI 48021
Phone: (586) 533-3738
Fax: (586) 533-3742

Please send the following information to help us better understand and assist in developing an appropriate health care plan for this student. Specifically we are interested in:

- | | |
|---|---|
| <input type="checkbox"/> IEP | <input type="checkbox"/> MET |
| <input type="checkbox"/> REED | <input type="checkbox"/> Psychological Reports |
| <input type="checkbox"/> Social Work Reports | <input type="checkbox"/> Psychiatric Reports |
| <input type="checkbox"/> Behavior Intervention Plan | <input type="checkbox"/> Functional Behavioral Assessment |
| <input type="checkbox"/> Medical Reports | <input type="checkbox"/> Vision Reports |
| <input type="checkbox"/> Other: | |

I consent to the release of the above specified records to the Eastpointe Community School District.

Parent/Guardian Signature: _____ Date: _____

PLEASE PRINT: Parent/Guardian Name: _____

Address _____ City _____ Zip Code _____

We wish to remind you that in compliance with the *FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT*, as amended December 31, 1974, information in our records are available only to authorized personnel, and may not be revealed to others without the written consent of the parent/guardian or eligible student (CA18). However, all student records must be made available upon request for inspection by the parents and/or eligible student. Therefore, please DO NOT include any information that cannot be shared with parents and/or students.

*Under provisions of the Privacy Rights of Parents and Students Act, page 1213, Subpart D.99.30 (b), it is not necessary to have the written consent of the parents to release records "to officials of other schools or school systems in which the student seeks or intends to enroll..."



Student's full legal name (as shown on Birth Certificate)

Last	First	Middle	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade Entering
Home Street Address		City and Zip	Primary Phone	
Birth Date		Birth City/State	Student Order of Birth (if multiple) Please check: <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04	
Ethnicity Is the student Hispanic/Latino? <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)		Race The question to the left is about ethnicity, not race. No matter what you selected, please continue to answer the following by marking <u>one or more boxes</u> to indicate what you consider your student's race to be. <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Multi-Racial (if multi, please check all appropriate boxes above)		

Fill in Section Below for ALL students – If any boxes are marked yes, the student will be assessed to determine eligibility to receive English as a Second Language (ESL) services. (Scan and email form to Sarah.Miles@eastpointeschools.org)

Country of Birth (optional) <input type="checkbox"/> USA <input type="checkbox"/> Other _____	First Attended School in USA (Month & Year) _____
Is your child's native tongue a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of Language: _____	Is the primary language used in your child's home or environment a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of Language: _____

Previous School Information

Attended School in <u>this</u> District Before? (Include Pre-K) <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, School Attended (Include Year and Grade)
Previous School	Previous District
Previous School Address	Previous School City, State & Zip
	<input type="checkbox"/> Public School <input type="checkbox"/> Church/Private <input type="checkbox"/> Home School

Did Your Child Receive Special Services at Former School?

No Yes If yes, check all that apply and provide copy of current IEP

Special Education 504 Speech/Language Title 1 Social Work Other Service

Please Describe Other Service

Parent/Guardian IN THE HOME

Primary Parent/Guardian Name	Employer	Emergency Contact Priority <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04
Home Phone	Cell Phone	Work Phone
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster <input type="checkbox"/> Other _____	Email Address	<input type="checkbox"/> Add to auto email
Secondary Parent/Guardian Name	Employer	Emergency Contact Priority <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04
Home Phone	Cell Phone	Work Phone
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster <input type="checkbox"/> Other _____	Email Address	<input type="checkbox"/> Add to auto email

STUDENT ENROLLMENT FORM (page 2 of 2)

Student Name: _____

Name of Parent Living Elsewhere	Have custody papers been provided? <input type="checkbox"/> No <input type="checkbox"/> Yes Should this person receive mailings? <input type="checkbox"/> No <input type="checkbox"/> Yes	Emergency Contact Priority <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04
Home Phone	Cell Phone	Work Phone
Address	Email Address	<input type="checkbox"/> Add to auto email

EMERGENCY CONTACTS: Please list LOCAL contact to be called in case of illness/emergency when parent cannot be reached.

Name	Relationship	Emergency Contact Priority <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04
Home Phone	Cell Phone	Work Phone
Name	Relationship	Emergency Contact Priority <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04
Home Phone	Cell Phone	Work Phone
Name	Relationship	Emergency Contact Priority <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04
Home Phone	Cell Phone	Work Phone

List Other Children Who Reside in the Home

Name	Birth Date	Grade/School	Relationship to Student
Name	Birth Date	Grade/School	Relationship to Student
Name	Birth Date	Grade/School	Relationship to Student

HEALTH INFORMATION:

NOTE: If your child is required to take medication during the school day (inhaler, epi-pen, insulin, etc) you must complete a Medication Form or NO medications will be given.

OFFICE USE: Food Services
(copy & send) Transportation

Medical Alerts/Health Conditions:
 Asthma Diabetes Vision Problem Hearing Problem Heart Condition

Medications Taken (Please list):
 GRADES 9-12 ONLY: My child may possess and self-administer Tylenol/Midol/Advil according to school policy. The medication must be in its original container. ECS will not be responsible for any misuse, abuse or injury arising from self-administration of medication.

 List all Non-Food Allergies and Directions/Procedures for Allergic Reaction: EPI-Pen

Physical Limitations:

 My child may participate in Physical Education Class: Yes No

Food Allergies:

Food to Omit: _____ Foods to Substitute: _____

Food to Omit: _____ Foods to Substitute: _____

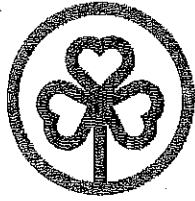
 Directions/Procedures for Allergic Reaction: EPI-Pen

Physician Name _____ Physician Phone _____ Preferred Hospital _____

The undersigned hereby acknowledges that the information provided on this form is true and accurate. The undersigned understands that it is his/her responsibility to inform the appropriate school office if and when any of the information on this form changes.

I, the undersigned, authorize the physician and/or hospital listed on this document to treat my child in the event of serious illness or accident when I or the other persons listed on this form cannot be reached. Any obligation for medical expenses resulting from treatment in such a case is my responsibility. Permission to transport my child in case of emergency is also given.

Parent/Guardian Signature: _____ Date: _____



EASTPOINTE COMMUNITY SCHOOLS

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 students 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 Eastpointe 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: _____

INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD INFORMATION REPORT

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (FAP), FAMILY INDEPENDENCE PROGRAM (FIP), OR FDPIR PLEASE FOLLOW THESE INSTRUCTIONS:

Part A: Enter the total number of individuals living in your household, including all children in the box provided.

Part B: List the case number for any household member (including adults) receiving FAP, FIP, or FDPIR benefits

Part C: List the First and Last name, Birth Date, School that the child is attending, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part D: Skip this part

Part E: Sign the form. Print your name and Date.

IF YOUR HOUSEHOLD DOES NOT RECEIVE BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (FAP), FAMILY INDEPENDENCE PROGRAM (FIP), OR FDPIR PLEASE FOLLOW THESE INSTRUCTIONS:

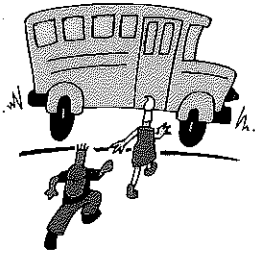
Part A: List the total number of individuals living in your household, including all children.

Part B: Skip this part.

Part C: List the First and Last name, Birth Date, School that the child is attending, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part D: Enter all gross income for each type of income that applies. If you have no income for any 1 or more of the categories, Circle NONE if no income. Add lines 1-6 and enter the Total Monthly Household Income.

Part E: Sign the form. Print your name and Date.



Eastpointe Community Schools

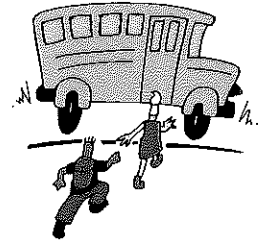
Pupil Transportation Department

17116 Ten Mile Road

Eastpointe, Michigan 48021

Phone (586) 533-3971

Nicholas.denoia@eastpointeschools.org



TRANSPORTATION REQUEST FORM

The Eastpointe Community Board of Education determines transportation services to eligible Eastpointe students attending the school serviced by their attendance boundary. Bus Transportation is not a state law. Bus Transportation is a Privilege.

Middle School (grades 6-8): more than one mile

Upper Elementary (grades 3-5): more than 3/4 of a mile from designated school

Lower Elementary (grades K-2): more than a 1/2 mile from designated school

Eastpointe Early Learning Center (ECSE)

Please complete form, front and back, and return to your school office. Student athletes will also need to complete this form.

If your child's transportation requirements change during the year, please notify your school by submitting an updated form.

PLEASE NOTE: It takes 2-3 business days to process route information.

Today's Date: _____

Student ID Number: _____
(Issued by School Office)

Circle School Attending for 2020-2021 School Year:

EMS 8th Grade Academy Bellview Pleasantview Forest Park Crescentwood ELC

PLEASE PRINT:

Students Last Name: _____ Students First Name: _____

Grade: _____ Student Birth Date: _____ Gender: Male Female

Home Address: _____ City/Zip Code: _____

Cell Phone: _____ Home Phone: _____

Emergency Contact Name: _____ Phone: _____

Parent/Guardian Name: _____

Please print first and last name

**Parent/Guardian Signature: _____ Date: _____

**I have read and understand the EXPECTATIONS on the back of this form and WILL review them with my student.

**Parent/Guardian Acknowledgment of Expectations Please Initial:

Please review the following conditions:

While waiting for the bus, your Student is responsible for:

- Getting on and off the bus at her/his assigned bus stop
- Staying off of lawns, porches, driveways, fences, etc. around neighboring homes
- No yelling, screaming or talking loudly that will disturb or offend neighboring homes
- No littering
- No fighting
- No unacceptable language
- Boarding the bus in a respectful manner
- Not approaching the bus until the bus has come to a complete stop and the bus door is opened
- ECS - Zero Tolerance Policy applies while waiting for the bus
- School/Transportation conduct codes are in place while waiting for the bus

While on the bus your Student is responsible for:

- Sitting in assigned seat, facing forward with no part of the body in the aisle or out of the window
- No Food & No Beverages
- No littering
- No fighting
- No unacceptable language
- No yelling, screaming or talking loudly that can distract the driver
- Carrying nothing other than school bags and musical instruments on the bus
- Being courteous and respectful at all times to fellow students and Bus Driver
- ECS - Zero Tolerance Policy applies while riding the bus
- School/ Transportation conduct codes are in place while riding the bus

As an ECS Parent with a student riding an ECS Bus your responsibilities are to:

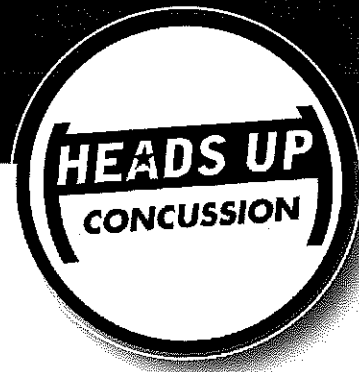
- Make sure all necessary paperwork is completed and received by your students' school
- Know your students bus route information
- Be responsible for your child's safety to and from the steps of the bus
- Know the rules governing bus riders (as listed above)
- Enforce expected classroom behavior of your student while waiting for and riding the bus
- Discuss with your student the rules that are to be followed when waiting and riding the bus.
 - Bus disciplines will be handed out for the listed offenses and/or infractions above.
 - Bus Disciplines could result in suspensions from riding the bus anywhere from 1 Day to the remainder of the school year.
- Riding the school bus is a privilege that can be taken away due to safety infractions and/or inappropriate behavior. School/ Transportation conduct codes are in place while riding and waiting for the bus

Please be advised that your child may be videotaped and voice recorded when being transported.

Parent/Guardian 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



Michigan Department of Health & Human Services

RICK SNYDER, GOVERNOR | NICK IVON, DIRECTOR

“IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON”

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.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

JOIN THE CONVERSATION  www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO  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).

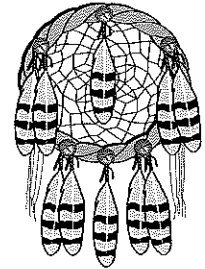


HEADS UP



EASTPOINTE COMMUNITY SCHOOLS

Lake Shore Schools Indian Education Consortium
21601 L'Anse, St. Clair Shores, MI 48081
Phone (586) 285-8930 - Fax (586) 285-8933



Dear Parent or Guardian:

The Indian Education Consortium (Lake Shore, Lakeview, South Lake, Eastpointe, Roseville, Fraser and Harper Woods School Districts) would like to invite you to enroll your eligible children in the Indian Education Program.

Below are some of the services that we offer:

- ✓ FREE reading and math tutoring by certified teachers for K-12 students
- ✓ FREE Indian craft and cultural Saturday workshops
- ✓ Academic assistance to all students
- ✓ Involvement of families in all special programs offered

If your child has a parent or grandparent that has Indian ancestry, please fill out the Indian Education Survey form and return it to the school office as soon as possible.

Thank you very much for your cooperation.

Indian Education Consortium Staff

Indian Education Survey

Please fill out the form below if **your children have Indian ancestry**, and return to your Principal:

Child's Name _____

Child's Birth Date _____

Parent's Name _____

Address _____
(Street) (City, State) (Zip Code)

Telephone _____

Email Address _____

Your Child's School _____

Child's Grade _____

1. Which side of the family is the Indian ancestry on (the mothers' or fathers')?

2. Which grandparent has Indian ancestry (the grandmother or the grandfather)?

3. Please give us the full name of the grandparent that has Indian ancestry. Please include the maiden name, if this is the grandmother.

4. Please tell me the Indian tribe that your Indian ancestry stems from.

Thank you very much.