



Kindergarten Enrollment Checklist

Welcome to Gull Lake Community Schools. In order to enroll your child, the office requires the following items:

_____ Proof of Residency in the GLCS school district OR Proof of acceptance as a School of Choice student **Driver's license with current address or utility bill with family name/address listed*

_____ Current, up-to-date Immunization Records

_____ Hearing & Vision

_____ Original Birth Certificate **Office staff will make a copy, but need to see the original*

_____ Enrollment Form

_____ Bus Transportation Form

_____ Concussion Awareness Form **signed by parents and student*

_____ Parent Input Form

Please submit all forms by June 1, 2020.

Gull Lake Community Schools

Enrollment Form 2020-2021



Re-enrolling in a Michigan Public School? ☐ Yes ☐ No

Date last attended a Michigan Public School: _____

School District last attended: _____

Resident District: _____

FOR OFFICE USE ONLY	
Verification of Birth Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verification of Immunizations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verification of Residency	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Number -	
Building/Teacher -	
1 st Day of Attendance -	<input type="checkbox"/> School of Choice

STUDENT INFORMATION

Student Name: _____ (From Birth Certificate) (LAST) (FIRST) (MIDDLE) Nickname: _____ (OPTIONAL)

Gender: ☐ Male ☐ Female Birthdate: ____ / ____ / ____ Age: ____ Grade: ____

Has the student been previously suspended or expelled? ☐ Yes ☐ No If Yes, which district? _____

If Yes, please explain _____

ETHNICITY (Part A) and RACE (Part B)

Race and Ethnicity (Both Part A and Part B) of the question **must be** answered.

If either part is not answered, the US Department of Education requires the district to supply an answer on your behalf.

Part A: Ethnicity (choose only one) **Is this student Hispanic/Latino?** (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.) ☐ Yes ☐ No

Part A refers to ethnicity, not race. No matter which box you selected above, please continue to answer Part B (below) by marking one or more boxes to indicate what you consider your student's race to be.

Part B: Race (choose one or more) When choosing more than one, enter % for each ethnicity

☐ Native American or Alaska Native (Origins from any of the original peoples of N, S, or Central America)

☐ Asian (Origins from any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent)

☐ Black or African American (Origins from any of the black racial groups of Africa)

☐ Native Hawaiian / Other Pacific Islander (origins from any of the original peoples of any Pacific Island)

☐ White (Origins from any of the original peoples of Europe, the Middle East or N Africa)

SPECIAL NEEDS INFORMATION

Special Program Received at Prior School: ☐ Special Education ☐ Speech & Language ☐ 504 Plan ☐ Title 1 Services ☐ Other (Explain) _____

HEALTH INFORMATION

Medical information is confidential and will be shared with personnel on a need to know basis.

Special Health Conditions ☐ Diabetes ☐ Heart ☐ Asthma ☐ Seizures ☐ Other (Explain) _____

Allergies ☐ Insects/Beestings ☐ Medication ☐ Food ☐ Environmental (Explain all) _____

Is student currently taking any prescription medications?

Please list: _____

I authorize Gull Lake 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.

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

PRIMARY HOUSEHOLD INFORMATION

Primary Phone Number: (____) _____ Primary Email Address: _____

Current Physical Address: _____ (STREET ADDRESS) (CITY) (STATE) (ZIP) (COUNTY)

Current Mailing Address: _____ (if different) (STREET ADDRESS) (CITY) (STATE) (ZIP)

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

If yes, what is that language? _____

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

PRIMARY HEAD(S) OF HOUSEHOLD (With whom does the child reside?)

- | | | |
|--|---|---|
| <input type="checkbox"/> Adoptive Parents | <input type="checkbox"/> Father Only | <input type="checkbox"/> Relative (_____) |
| <input type="checkbox"/> Birth Parent(s) | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Double-Up |
| <input type="checkbox"/> Father/Stepmother | <input type="checkbox"/> Emancipated Minor | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Mother/Stepfather | <input type="checkbox"/> Shelter | <input type="checkbox"/> Grandparents |
| <input type="checkbox"/> Mother Only | <input type="checkbox"/> Foster Home (less than 6 months?) <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Other (_____) |

PRIMARY HOUSEHOLD DATA	PRIMARY RESIDENT 1	PRIMARY RESIDENT 2
Head of Household Name/Title		
Relationship Type		
Cell Phone		
Email		
Occupation/Employer		
Employer Phone		

SECONDARY HEAD(S) OF HOUSEHOLDDoes the child have a second parent/second residence? ☐ Yes ☐ No If yes, with whom?

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Mother Only | <input type="checkbox"/> Stepmother/Father | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Father Only | <input type="checkbox"/> Stepfather/Mother | Joint Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Current Physical Address: _____
(STREET ADDRESS) (CITY) (STATE) (ZIP) (COUNTY)Current Mailing Address: _____
(if different) (STREET ADDRESS) (CITY) (STATE) (ZIP)Should this household be included in all mailings? ☐ Yes ☐ No Okay to release student to second household parent? ☐ Yes ☐ No

If you answered "No" to either of these questions, please attach legal documentation; specific to this child and legal documentation; specific to communication with the Secondary Household parent.

SECONDARY HOUSEHOLD DATA	SECONDARY RESIDENCE 1	SECONDARY RESIDENCE 2
Head of Household Name/Title		
Relationship Type		
Cell		
Email		
Occupation/Employer		
Employer Phone		

EMERGENCY CONTACT INFORMATION (Other than Parent/Guardian)

Calling Order	Name	Relationship Type	Home Phone	Work Phone	Cell Phone
1)					
2)					

If a medical emergency exists, the school is authorized to take appropriate action on behalf of the child. The family will assume all medical costs.

☐ Yes ☐ No

MISCELLANEOUS INFORMATION

Please check the box for the information/activities you wish to exclude your student from:

Photos from School Publications	School Travel	Student Directory	Armed Forces Recruited Access
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I certify that all the information is true and valid and that I am authorized to enroll this student:

Signature: _____ Date: _____



Community Schools

January 2020

Dear Kindergarten/Y5 and Pre-School Parents:

In just a short time, your child will be starting their educational careers with Gull Lake Community Schools. This is an exciting and progressive time in your child's development.

In order for your child's first school day to go as smooth as possible, please complete the attached Bus Transportation Information form and **return it to school by March 30, 2020**. Parents will be notified of school assignments and transportation schedules by letter in mid-August.

An area of importance is the need for a parent to be present when your child is discharged from the bus. Should the bus driver arrive at your child's bus stop, which only services your child and/or other kindergarten students, and you are not present, the driver will return your child to the school building. If you use a childcare provider, he/she will need to be present when your child is discharged from the bus. Drivers are not allowed to accept notes or verbal directions from parents/child care providers waiving the need for the parent/child care provider to be visible at the bus stop.

The rationale for this is the safety of your child. For many children, this will be their first experience on the bus. We want to make this a pleasant and safe experience for every child.

Should a temporary situation arise, which prevents you from meeting the bus; you may send a note to the school, designating an alternate stop address, where another adult will be present to meet your child. Please include the name of the adult, who will be meeting your child at the bus stop. **When indicating an alternate bus stop, it must be an existing stop on a route.**

Should you have any questions regarding Gull Lake's transportation services, please contact us at 548-3890.

Sincerely,
Amy DeYoung
Transportation Supervisor

GULL LAKE Community Schools

2020-2021 Bus Transportation

GLCS Transportation 269.548.3890 Fax 269.548.3895

Student ID # (provided by school building)

School _____ Grade _____ Sex ☐ M ☐ F

Home Telephone # _____ Father Work # _____
Mother Work# _____

Student Name: _____
Last First Middle

Date of Birth: ____/____/____
Month Day Year

Home Address: _____
Number Street

City State Zip

Emergency Contact: _____
Last First Phone #

**IF YOU CHOOSE A TRANSPORTATION ADDRESS OUTSIDE OF AN ELEMENTARY
ATTENDANCE BOUNDARY, TRANSPORTATION MAY NOT BE AVAILABLE**

NOT USING BUS TRANSPORTATION AM ☐ PM ☐ Both ☐

Pick-up Address Transportation will be based upon:

Number Street Apt # City Zip

Drop-off Address Transportation will be based upon:

Same as Above? Yes No If different, please list below:

Number Street Apt # City Zip

Will you be utilizing AACC? AM ☐ PM ☐ Both AM and PM ☐

Attending: Richland Elementary AACC ☐ Kellogg Elementary AACC ☐

Office Use Only

Date _____ Driver: _____ School _____ Parent _____



SCHOOL IMMUNIZATION REQUIREMENTS

In order to enter school, your student must have the following immunizations listed below. You do not have to wait until your child's 5th birthday to complete the school requirements. All State of Michigan immunizations may be completed on or after the child's 4th birthday. We must have a copy of your child's immunization record from your doctor's office or local county health department BEFORE they start school.

Required for all children entering Young 5's or Kindergarten, and all children changing school districts up to 6th grade:

- Two doses of Varicella vaccine or history of chickenpox disease
- Four doses of DTP with the fourth dose on or after the 4th birthday
- Four doses of Polio with the last dose on or after the 4th birthday
- Two doses of MMR with the first dose given on or after the 1st birthday
- Three doses of Hepatitis B (if series given in infancy, the third shot must be given on or after the 6-month birthday)

In addition to the above, required for all children 11-18 years of age who are changing school districts or who are entering 7th grade:

- One dose of **Tdap** vaccine at age 11 or before entry to 7th grade
- One dose of **Meningococcal** (Menactra, MCV4 or MPSV4) at age 11, or before entry to 7th grade

Vision and Hearing testing is mandatory before a child starts Kindergarten. If you do not have a doctor which provides hearing and vision screening, please contact your local Human Services Department and schedule an appointment.

Kalamazoo County Health

311 E. Alcott Street
Kalamazoo, MI 49001
Phone (269) 373-5200

Calhoun County Health

109 E. Michigan Avenue
Battle Creek, MI 49014
Phone (269) 969-6363 - Immunizations
Phone (269) 969-6389 - Hearing & Vision

Thank you for attending to your child's immunizations and screening in a timely manner. Please feel free to contact Megan Asper RN, BSN, District Nurse with any questions at 548.3529 or masper@gulllakecs.org

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

Parents and Students must sign and return the Educational Management Acknowledgment form

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 Gull Lake Community Schools.

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian Name Signature

Date

Date

Return this form with your student and parent signature. This form must be kept on file for the duration of participation at Gull Lake Community Schools.

Participants and parents: Please review and keep the attached educational materials for future reference.



Community Schools

2020 – 2021 Kindergarten Parent/Guardian Input Form – Student Placement

Due: Monday, June 1st

Student's Name _____

Previous Education (if applicable) _____

When placing students into a classroom, the goal is to create classrooms that are balanced academically, behaviorally, and socially, thus creating a healthy classroom environment for all students.

- Completing this form is not required, as great care is taken to ensure a quality educational experience and attention is given to each child.
- The final decision on all student placements is based upon a variety of factors including, but not limited to, academic/social considerations, total class size, male/female ratio, and equitable grouping.

Please provide any information you deem valuable.

Areas of strength for your child

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Pays Attention (focus) | <input type="checkbox"/> Stays on task | <input type="checkbox"/> Asks for help | <input type="checkbox"/> Participates with peers |
| <input type="checkbox"/> Works independently | <input type="checkbox"/> Respectful to others | <input type="checkbox"/> Shares with others | <input type="checkbox"/> Sits & listens for 10-minutes |
| <input type="checkbox"/> Fine/gross motor skills | <input type="checkbox"/> Completes 2-step directions | | |
| <input type="checkbox"/> Controls emotions | <input type="checkbox"/> Other: _____ | | |

Areas of concern for your child

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Difficulty paying attention | <input type="checkbox"/> Frequently off task | <input type="checkbox"/> Does not ask for help | <input type="checkbox"/> Minimal peer interaction |
| <input type="checkbox"/> Unable to work independently | <input type="checkbox"/> Difficulty getting along | <input type="checkbox"/> Has difficulty sharing | <input type="checkbox"/> Has difficulty sitting still |
| <input type="checkbox"/> Fine/gross motor skills | <input type="checkbox"/> Unable to follow directions | <input type="checkbox"/> Easily distracted | |
| <input type="checkbox"/> Does not control emotions | <input type="checkbox"/> Other: _____ | | |

Support needed for

- | | | | |
|--|-----------------------------------|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Behavior | <input type="checkbox"/> Sensory Needs | <input type="checkbox"/> Social Skills |
| <input type="checkbox"/> Outside Services: _____ | | <input type="checkbox"/> Other: _____ | |

Additional information you would like to share about your child:

Please describe the type of classroom environment that would best fit your child:

List student(s) you prefer your child not be placed with and the reason:

Date Received in Main Office _____