

What to Bring to Register

Only a parent on the birth certificate or a legal guardian with court papers may register the child.

Please bring this checklist with you as part of your enrollment information.

Below are the forms and documents needed to enroll your child in West Bloomfield Schools.

It is your **responsibility** to obtain information from your child's previous school or your files. We will make copies and give the originals back to you. Registration packets can also be picked up from each schools registration office.

- Registration Packet**, completed and signed. *(All pages in the packet are required.)*
 - Release of Records
 - Home Language Survey
 - Bully Free Form
 - Concussion Form
- Parent/Guardian government photo identification with current address**
(driver's license, state identification card, passport etc.)
- Proof of residency** – one of the following:
 - Property Transfer Affidavit stamped by the City or Township
 - Warranty Deed with liber number
 - Recent Property Tax Statement
 - Closing Statement with all signatures
 - Lease Agreement – fully executed and signed by all parties. Lease must include tenant and occupants names. Lease must have a start date and end date. (Additional documentation may be required.)
- Need any two of the following items.** Items must be current with name and address of parent/guardian to be valid *(no cable, phone, mobile phone, television service).*
 - Gas invoice (Consumers Energy), with service address
 - Electric invoice (DTE), with service address
 - Water invoice, with service address
 - Bank /credit card statement
 - Paycheck stub or letter from employer on their letterhead
 - Automobile insurance
- Student's birth certificate** *(with raised seal).*
Temporary: If birth certificate is missing – Affidavit of Birth 30 day request which may be obtained from the school. Document must be notarized by a Notary Public and be accompanied by a passport, hospital record of birth or baptismal record to be valid.)
- Immunization records** – including Health Care Alert form and any medical permission forms from physician granting student permission to carry inhalers, epi-pens, medication etc. *Immunizations must be on file before student may attend school.*
- Unofficial copies of special education IEP, or 504 plans to aid in setting up services, if applicable.
- Report card** for 1 – 8 or unofficial copy of student's **transcript** (for grades 10, 11, 12) or from the 8th grade for incoming 9th grade. Students transferring mid-year must bring in their grades to date from their old school, as well.
- Unofficial copy of **student's discipline history** from the old school. A screen print from the old school will work.
- Vision Screening *(Kindergarten students only)*

WEST BLOOMFIELD SCHOOL DISTRICT

Student Registration Form 1 of 3

For Office Use	
Grade _____	
Start Date _____	
Year of Graduation _____	

For Office Use	
Birth Certificate Verified _____	Immunization Records _____
Homeroom Teacher/Number _____	
Student Number _____	
Counselor _____	
Date of Records Requested _____	Date of Records Received _____
<input type="checkbox"/> Schools of Choice/Resident District _____	

- New Enrollee Re-enrollee – Student has previously been enrolled in West Bloomfield School District or a District preschool program.
- Student is currently taking on-line classes through another school district

Student's Name _____ Male Female
Last First Middle

Student's Address _____
Street, Apt. No. City Zip Code

Home Phone No. _____ Listed Unlisted

Date of Birth _____ Place of Birth (City, State) _____ Country _____

Former School _____ Private ___ Public ___ Grade Last Completed ___ Date _____

Former School Address _____ City/State _____ Zip _____

(State Requirement)

Multiple Birth Order- (To complete when children of multiple births have identical first, middle, and last names.) Born First, Second, Third, Fourth, etc.

As required by the U.S. Dept. of Education:

Ethnicity: Hispanic/Latino Yes No

(Please continue to answer the following - Choose one or more race)

- American Indian or Alaska Native _____
- Asian _____
- Black or African American _____
- Native Hawaiian or Other Pacific Islander _____
- White _____

Does your child speak English? Yes No

What is the primary language spoken at home?

If applicable, date entered USA _____

For office use			
Program Enrollment/Eligibility (Y/N/D)			
Title I	_____	Special Education	_____
Career & Tech Voc	_____	Gifted and Talented	_____
Migrant Education	_____	Adult Education	_____
		Early Intervention	_____
		Limited Eng Proficient	_____
		Section 504	_____

INFORMATION	↓ Mother	↓ Father
Name of adult with whom student resides (include last name if different from child)	_____	_____
	Are you court appointed full guardianship <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you court appointed full guardianship <input type="checkbox"/> Yes <input type="checkbox"/> No
Your relationship to student _____→		
Employer & Address (Include Street Number & Name, (Apt. Number), City, State, Zip Code) _____→		
Other contact numbers (include area codes)		
1. Business Phone _____→	1. _____	1. _____
2. Pager Number _____→	2. _____	2. _____
3. Cell Phone Number _____→	3. _____	3. _____
4. Email Address _____→	4. _____	4. _____

PARENT LIVING ELSEWHERE INFO	Send Mail? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of adult (Last, First, Middle) →	
Relationship to student →	
Mailing Address (Street Number & Name, Apartment Number, City, State, Zip Code) →	
1. Day Phone Number →	1. _____
2. Cell Phone Number →	2. _____
3. Work Phone Number →	3. _____
4. Email Address →	4. _____

Please list other children in family:

<u>Name</u>	<u>Birth Date</u>	<u>School Enrolling at</u>

EMERGENCY INFORMATION - At a later date you may receive additional forms requesting similar information for you to complete.

Emergency Contacts - Please list names, **other than** parents/guardians, to contact in case of illness/emergency.

1.	_____	_____	_____
	Name	Relationship	Telephone with area code
2.	_____	_____	_____
	Name	Relationship	Telephone with area code
3.	_____	_____	_____
	Name	Relationship	Telephone with area code

Please coordinate administration of medication with the school office.

Students at the middle and high school level are permitted to carry and administer medication with proper authorization from a parent and physician. Elementary students are permitted to carry and administer medication when the privilege is a part of an Individualized Education Program (IEP) or Section 504 Plan and the parent provides written consent and proper authorization from the physician. This privilege may, if abused, be revoked by the building principal.

HEALTH INFORMATION - Does your child have any specific health problems? If so, please explain and alert the school of any necessary emergency actions needed.

Your Child's Doctor's Name _____ Telephone _____
area code and number

In case of emergency, is there a hospital preference? _____

In case of extreme emergency, the school authorities have my permission to take such action, as they deem necessary.

Signed: _____ **Date:** _____

Primary e-mail address for District announcements: _____
Please print clearly

Primary phone number for District announcements: _____

I affirm that, as the parent/legal guardian, all information provided in this document is true and accurate, and that my child and I reside at the listed address. The undersigned understands that documented and verifiable proof of residency is required and it is his/her responsibility to inform the appropriate school office if and when any of the information set in this form changes. West Bloomfield School District will refer matters of residency violations/residency fraud to the applicable local police department and/or Oakland county prosecutor. The undersigned also affirms that the enrollee has not been expelled from any Michigan school district prior to seeking enrollment in the West Bloomfield School District.

Parent Signature: _____ **Today's Date:** _____



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 West Bloomfield School District 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: _____

**West Bloomfield School District
Request for Records of Incoming Student**

Student Name _____
Last First Middle

Birthdate _____ Grade _____ Month last attended _____ 20 _____

I give my permission for _____
Name of Previous School

Address

City, State, Zip

to release the following to _____:

- Home Language Survey, if applicable
- UIC Code
- Graduation/Enrollment Dates
- Scholastic Records (If numerical grading is used, please send letter grade equivalent.)
- Standardized Test Results
- Attendance Records
- Health Records
- IEP or 504 Documents
- Discipline Records
- Other _____

Reason for request _____

Send to: Abbott Middle School
Attn: Antoinette Morton
3380 Orchard Lake Road
West Bloomfield, MI 48324

Contact information:
Antoinette Morton: 248-865-3674
Fax: 248-865-3671
email: Antoinette.Morton@wbsd.org

Date

Signature of Parent/Guardian

WEST BLOOMFIELD SCHOOL DISTRICT

Request for Discipline Records of Incoming Student



Student Name _____

Last

First

Middle

Date of Birth _____

The undersigned affirms that the student known as _____ **has not been** suspended or expelled, or is not pending suspension/expulsion, from any public or private school.

The undersigned affirms that the student known as _____ **has been** suspended expelled or is pending suspension/expulsion from any public or private school.

Has the student ever been convicted of a felony? Yes No

Explain the circumstances in detail. For suspension or expulsion include the school name(s), date(s) of suspension or expulsion, and a description of the incident(s).

(Use reverse side if additional space is needed.)

I give my permission for the following schools from the previous **two** years to release and/or communicate **any and all discipline records** to West Bloomfield School District for the student named above. If home schooled, last school attended.

Name of Previous School

Name of Additional Previous School (if less than 6 mos.)

Address

Address

City, State, Zip

City, State, Zip

Dates Attended

Dates Attended *(List additional schools on reverse side.)*

Date

Signature of Parent/Guardian

SENDING SCHOOL: PLEASE CHECK ONE

According to our records, the information provided by parent/guardian on the above named student **is correct**.

According to our records, the information provided by parent/guardian on the above named student **is not correct**.

Name of School, Phone #

Signature, Title

Date

RETURN TO: Abbott Middle School
Attn: Antoinette Morton
3380 Orchard Lake Road
West Bloomfield, MI 48324
or
email: Antoinette.Morton@wbsd.org



WEST BLOOMFIELD SCHOOL DISTRICT
ENGLISH AS A SECOND LANGUAGE EDUCATION

HOME LANGUAGE SURVEY

The West Bloomfield School District is collecting information regarding the language background of its students. This information will be used by the district to identify the students who should be provided (ESL) English as a Second Language instruction.

Please provide the following information:

Name of Student: _____ Date of Birth: _____

School: _____ Grade _____ Entry Date _____

1. What is your child's country of Birth? _____

2. What date did child enter the United States? (month/day/year) _____

3. Is your child's first language a language other than English?

_____ Yes _____ No What is that language your child first spoke?

4. Is the primary language* used in your child's home a language other than English?

_____ Yes _____ No What is that language? _____

If you answer YES to either of the above questions, the law requires the school to assess your child's English Language proficiency to determine his/her eligibility to receive English as a Second Language (ESL) services. You will be notified about the results of this testing.

*For this purpose, primary language is the language you use most often when speaking with your child at home.

I attest that the information provided is accurate and complete.

Parent /Legal Guardian (print)

Date

Parent/Legal Guardian Signature

Email or phone number

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

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 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.

WEST BLOOMFIELD SCHOOL DISTRICT

Student Pledge
Bully-free School Zone

We the students of the West Bloomfield School District say...
“At this school district, we believe... we should be... bully free!”

Bullying defined is when one individual (or group) seeks to dominate, control, intimidate, and/or terrorize the life of another individual. We know bullying can be pushing, shoving, hitting, and spitting, as well as name-calling, picking-on, making fun of, laughing at, and/or excluding someone. Bullying causes pain and stress to victims and is never justified or excusable as “kids being kids”, “just teasing”, or any other rationalization. The victim is never responsible for being a target of bullying. Bullying behavior is not welcome at our school.

Everyone in the West Bloomfield School District will work to provide a school environment that is safe, calm, orderly, procedural, and one in which people care for one another.

By signing this pledge, we the students of the West Bloomfield School District agree to:

1. Value student differences and treat others with respect.
2. Not become involved in bullying incidents or be a bully.
3. Be aware of the school district’s policy and support system with regard to bullying.
4. Report honestly and immediately all incidents of bullying to a faculty member, guidance counselor, or principal.
5. Be alert in places around the school district where there is less supervision such as bathrooms, between buildings, busses, etc.
6. Support students who have been or are subjected to bullying.
7. Participate fully and contribute to homeroom class discussions in dealing with bullying.
8. Provide a good role model for younger students and support them if bullying occurs.

I acknowledge that whether I am being a bully or see someone being bullied, if I don’t report or stop attempt to stop the bullying, I am just as guilty.

Signed by: _____

Print name: _____ **Date:** _____

Health Care Alert



WEST BLOOMFIELD SCHOOL DISTRICT
Educating Students to be their Best IN and FOR the World

This form is to be provided to the school at the start of each school year • Update if changes in health status occur

School Year: _____

Student Name _____ Date of Birth _____ Age _____ Grade _____

My Child Has The Following Medical Condition(s):

Listed In Alphabetical Order • Check All That Apply

• Emergency Action Plans &/or Instructions For Daily Management of a Chronic Health Condition Must Be Provided As An Attachment •

<input type="checkbox"/> Allergy	___Animal(s) ___Food(s) ___Latex ___Medication ___Seasonal ___Stinging Insect (ex. bee, wasp) List known allergens _____ _____ ___History of Anaphylaxis ___Self carries epinephrine auto-injector* ___Self administers epinephrine auto-injector*
<input type="checkbox"/> Asthma	___Student self carries rescue inhaler* ___Student self administers rescue inhaler*
<input type="checkbox"/> Diabetes	___Type I ___Type II Additional Information: _____
<input type="checkbox"/> Emotional or Mental Health Concern	___Anxiety ___ADHD ___Depression Other - Describe: _____ _____
<input type="checkbox"/> Seizures	Type of seizures: _____ Frequency of seizures _____
<input type="checkbox"/> Other Medical Condition	Describe: _____ _____ _____

Emergency Contacts • Please print legibly •

Contact 1 _____ Relationship _____ Home _____ Mobile _____ Work _____

Contact 2 _____ Relationship _____ Home _____ Mobile _____ Work _____

Physician

Physician Name _____ Specialty _____ Office Phone _____ Phone 2 (pager or answering service) _____

* Per Michigan law and board policy, an emergency action plan signed by both a physician and parent is required for a student to self carry/self-administer emergency medications at school.