



Gateway 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

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

____ Enrollment Form

____ Request for School Records

____ Affirmation of Prior Discipline Form **signed by parents and student*

____ Bus Transportation Form

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

____ GLCS Electronic Device Acceptable Use Policy Form **signed by parents and student*

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 circle 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: _____



Request for School Records

Date _____

Transferring From: _____
School District Name School Building Name

Address City State Zip

School Number School Fax Number

The following student has enrolled in our school.

Name of Student: _____

Date of Birth _____ Grade _____

Parent Name _____

Please fax the following information to 269.548.3401 and mail the official cumulative educational records.

- Grades to Date
- Transcript
- Special Education Information (IEP, PA504, or accommodation plan)
- Immunization records
- Birth certificate
- State of Michigan UIC number (if applicable)

Please send records to: Gull Lake Community Schools
10100 East D Ave
Richland, Michigan 49083
Phone: 269.548.3425 Fax: 269.548.3401

Thank you for your prompt attention.

Lynnette Walker, Gateway Academy Supervisor
Phone Number: 269.548.3425

According to the Final Regulation-Family Education Rights and Privacy Act dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that the school officials, including teachers within the educational institution and officials of other school systems in which the student may intend to enroll, may receive a student's record without a written consent for such release.



AFFIRMATION OF PRIOR DISCIPLINE RECORD

A willful false statement on the affirmation will result in a report to the appropriate authorities.

Check the applicable statement, provide all appropriate information and sign this document. The undersigned affirms that _____,

☐ **has not been** ☐ **has 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 an act of violence against persons and/or property committed on school premises, or any school sponsored activity, or on a public or private conveyance providing transportation to and from a school-sponsored activity.

If you check "**has been**", 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.

_____/_____/_____
Date Signature of Student Signature of Parent

Date copy sent for verification ____/____/_____ Initials of Gull Lake District staff member _____

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 by the parent/student is not correct.

If the student has been involved in offenses involving weapons, alcohol, drugs, or willful infliction or injury to persons or an 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.

_____/_____/_____
Date Signature of Sending District Administrator-Title



Welcome to Gull Lake Community Schools

If requesting Transportation, it is extremely important to completely fill out the Request for Transportation form. Upon receipt of the Student Enrollment form and the completed Request for Transportation form, you will receive a phone call from the Transportation Department with the bus information. The information will include: the bus number, the pick-up and drop-off location and times.

Please understand, the first few weeks of school are extremely busy for the Transportation Department. Students enrolling the week before school and/or after the school year begins may experience a several day delay in the processing of the Request for Transportation.

Students may not ride the bus until the Request for Transportation is processed and the information is communicated to the parents of the new student. By law, all student's names must be on a bus roster and the roster must be maintained on the school bus. It is also imperative that the driver knows who each student is; what school she/he attends and the correct drop-off address.

Should you have any questions regarding the above process, please contact the Transportation Office at 269.548.3890.

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 _____

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.

Student Name (Print)

Date

Student Signature

Year of Graduation

Parent/Guardian Signature

Date

☐

I do **NOT** wish to allow my student to use the Internet while at school. I understand though, during certain curricular activities, my student must use school computers and the District's network resources.

This agreement covers access to and use of electronic devices (personal or otherwise), electronic resources and Internet access.

Gull Lake Community Schools (GLCS) offers students and staff accounts for access to electronic resources. This access is provided in order to promote educational excellence within GLCS by facilitating resource sharing, innovation, and communication. Access to the Internet will be provided according to established procedures, guidelines and law.

In compliance with the Children's Internet Protection Act, GLCS has implemented Internet filtering mechanisms. However, please know there is a wide range of material available on the Internet, which is not appropriate for students. It is not practical or possible for GLCS to monitor and enforce the wide range of social values represented on the Internet. GLCS recognizes parents bear primary responsibility in specifying to their student what is or is not acceptable.

Access to electronic resources is a privilege and not a right. GLCS may discipline students or take away their right to use the Internet and electronic resources at school if the student misuses this privilege. Students are responsible for their own actions while on the Internet or while using GLCS resources.

All materials, communications (including email), files, visited Internet sites, and device use may be monitored or read by school officials.

GLCS uses Google Apps for Education (GAFE) as our primary means of communication and collaboration. Upon acceptance of this guideline, a GAFE account will be created. All accounts and communications are tracked and are archived. **Students in the K-8 grades will have GAFE email accounts which will only be allowed to communicate with other Teachers, Staff, and Students within GLCS. K-8 students will not be able to send or receive email outside of the school district.**

Purpose and Acceptable Use.

- The term "**educational purpose**" is the guiding factor for all activities, which includes classroom activities, career development, and high-quality educational self-discovery activities.
- Electronic resources must be used in an educational manner to support Creativity, Critical Thinking, Collaboration, Cooperation, and Communication.

Unacceptable Use.

Using the guiding statement of “educational purpose,” some specific examples of prohibited use are shown below. However, this policy does not attempt to demonstrate all unacceptable behaviors. Behaviors considered unacceptable may result in termination of Internet access and/or the general use of electronic resources provided by GLCS. Depending upon the severity of a user’s inappropriate action(s), disciplinary action up to and including student expulsion may occur.

The following examples are considered unacceptable:

- Sharing of Usernames and Passwords is not allowed.
- Providing personal information such as Name, Address, Phone Number or Gender is not safe and not allowed.
- Purchasing or selling of products and services by students is not allowed.
- Hiding or falsifying your identity is not acceptable.
- Bullying, harassing, intimidating, threatening or offensive language is not to be used. Electronic communications will not contain profanity, obscene comments, sexually explicit material, or expressions of bigotry, racism, or hatred.
- Plagiarism and copyright infringement are prohibited. Ideas or writings of others are not to be used without the permission of the author.
- Gaining unlawful access to another person’s resources or organizational resources as well as knowingly circumventing or trying to circumvent security measures is not allowed.
- Making malicious attempts to harm or destroy data of any person or GLCS resource is unlawful and not allowed.

Student’s Agreement.

Along with the above acceptable and unacceptable use statements, I will report any violations of this guideline I have knowledge of to my teacher or school official.

I understand I may be held responsible for any or all damage incurred as a result of my negligent or inappropriate use of resources.

I understand Gull Lake Community Schools is not responsible or liable for any harm, damages or charges which result from my use of electronic resources, including loss of data, interruption of services, corruption of files or programs, purchases, hacking or other violations of this guideline.

I have read the guideline as written above, and understand fully and agree to follow the principles, guidelines and rules it contains. If I did not understand the meaning of any part, I have asked an adult to explain it to me.

Parent’s Agreement.

As the parent or guardian of this student, I have read the guideline written above. I understand access to electronic resources at school for students of Gull Lake Community Schools is provided for educational purposes only. I understand Gull Lake Community Schools has installed Internet filtering technology and has taken other actions as required by Federal law to protect against minor’s access to materials on the Internet that are harmful, obscene, child pornographic or otherwise inappropriate. However, I further understand Gull Lake Community Schools cannot prevent such access in all cases, and I agree I will not hold the Gull Lake Community Schools or its employees responsible for materials my son or daughter acquires or sees. By signing, I give my permission to Gull Lake Community Schools for my son or daughter to use the Internet and electronic resources while on school property.

Gull Lake Community Schools reflects the general trend of society towards a digital information based culture. If I do not consent to the above rules or I do not wish for my student to access the Internet, I have indicated my desire by checking the box stating “I do not wish to allow my student to use the Internet while at school.”



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