

GAYLORD COMMUNITY SCHOOLS

An NCA Accredited School District



North Ohio Elementary
Mandy Bolen, Principal

South Maple Elementary
Therese Hansen, Principal

Dear Parent/Guardian,

Thank you for registering your child with Gaylord Community Schools.

Please provide the following documents to complete the enrollment:

- **ORIGINAL BIRTH CERTIFICATE**
- **PROOF OF RESIDENCY** - must have parent/guardian name and address indicating residency (Ex. driver's license, utility bill, rent/lease agreement, property tax statement, voter's registration, mortgage document, certification from work, etc.)
- **POWER OF ATTORNEY or GUARDIANSHIP PAPERWORK** – if student doesn't live with parent
- Latest **IEP or 504 PLAN** – if student receives special education services
- Copy of current **IMMUNIZATION RECORD**
- Evidence of **VISION & HEARING SCREENING**
(For more information about immunization clinics and/or hearing & vision screenings, contact the Health Department at 1-800-432-4121 or your child's physician)

Please fill out the following forms:

- **STUDENT INFORMATION RECORD** (Emergency Card)
- **KINDERGARTEN WAIVER** (If applicable)
- **REGISTRATION PROOF OF RESIDENCY**
- **CONSENT FOR DISCLOSURE OF IMMUNIZATION INFORMATION**
- **STUDENT INFORMATION SHEET**
- **TRANSPORTATION REGISTRATION FORM** (If applicable)
- **CONCUSSION AWARENESS ACKNOWLEDGEMENT FORM**

These forms are to be filled out if the enrollment takes place after the school year has started:

- **STUDENT/PARENT AGREEMENT SIGNATURE PAGE**
- **DIRECTORY INFORMATION OPT-OUT FORM**

Your child's school assignment will be based on the following criteria:

- Same elementary school building as sibling/s
- Residence Zone
- Class enrollment

North Ohio Elementary • 912 North Ohio Avenue • Gaylord Michigan 49735-1253
Phone: (989) 731-2648 • Fax: (989) 731-3387 • www.gaylordschools.com

South Maple Elementary • 650 East Fifth • Gaylord Michigan 49735-1253
Phone: (989) 731-0648 • Fax: (989) 731-0095 • www.gaylordschools.com



A HEALTHY START TO KINDERGARTEN

Entering school is a major milestone in your child's life. It is important for your child to be in good health for school. We can help your child to have a healthy start with:

IMMUNIZATIONS

Kindergarten students must show proof of having had the required childhood immunizations for Michigan school settings by the first day of school. Parents wishing to waive immunizations for religious or philosophical reasons must make an appointment at the local health department for waiver education. Students with true medical contraindications to immunizations must see their doctor to receive a *Medical Contraindication Waiver Form*. The Health Department provides FREE immunizations to children without health insurance and bills Medicaid Healthy Kids, MICHild, and several private insurances. Call 1-800-432-4121 for more information.

HEARING AND VISION SCREENINGS

Your child's ability to see and hear is very important to the learning process. **A vision test is required prior to school entry.** Appointments are available in each county for free vision and hearing screening. In cooperation with your local school district, hearing and vision testing is offered through your child's school years according to the following schedule:

Vision: Preschool, grades K, 1, 3, 5, 7 and 9.

Hearing: Preschool, K, grades 2 and 4.

PHYSICAL EXAM

Your school may require a physical exam for school entry. You are encouraged to make an appointment with your family physician.

DENTAL HEALTH SERVICES

Children over the age of one year should see a dentist every 6 months. You are encouraged to make an appointment with your family dentist. If your child has Medicaid/Healthy Kids Dental (Delta Dental) or MICHild dental insurance, Health Department of Northwest Michigan - Dental Clinics North has dental clinics in Alpena, Cheboygan, East Jordan, Gaylord, Mancelona, Petoskey, Traverse City, and West Branch. Appointments are available by calling 1-877-321-7070.

MEDICAID HEALTHY KIDS & MICHild

Healthy Kids provides free health insurance coverage for pregnant women and children ages 0 to 19. Coverage can include doctor visits, immunizations, prescriptions, hospital expenses, counseling and any other services normally covered by Medicaid. The income allowance for Healthy Kids is higher for pregnant women and infants up to their 1st birthday (\$4,306 per month for a family of 4; \$3,533 for a family of 4 with children ages 1 to 19).

MICHild is a health insurance program for uninsured children ages 0-19. A family's income must be considered and a family of 4 with a monthly income less than \$4,681 is eligible. Doctor visits, immunizations, prescriptions, dental, vision, counseling & hospital care are all covered. The cost is \$10.00 per child with a maximum of \$20 per family. If you have another insurance with high deductibles, you may still qualify for MICHild. For more information, questions about whether you qualify, or an application, please call 1-800-432-4121.

WOMEN, INFANTS AND CHILDREN (WIC)

The WIC program is a special food and nutrition program for pregnant women, breastfeeding women, women who have had a baby in the last six months, infants, and children up to age five. All WIC clients, parents and their caregivers are offered nutrition education. Topics may include infant feeding, meal planning or making healthy food choices. Information about how children grow and develop, and how to access community resources is also available. WIC provides free foods such as: milk, yogurt, juice, cheese, eggs, cereal, peanut butter, fruits and vegetables, juice, tuna, infant formula, and infant cereal. A family of 4 with a monthly income less than \$4,086 may be eligible. For more information or an appointment, please call 1-800-432-4121.

No health insurance? Assistance in applying for free or low cost health insurance is available by calling the Health Department at 1-800-432-4121. No child is denied immunizations due to an inability to pay. Contact your child's primary care provider or your local health department if you have any questions or would like to schedule an appointment.

CDC Recommended Vaccinations for Infants and Children Birth to 6 Years

UNITED STATES, 2022

 Range of recommended ages  Catch-up Immunization

| Vaccine ↓ | Age → | Birth | 1 mo | 2 mos | 4 mos | 6 mos | 9 mos | 12 mos | 15 mos | 18 mos | 19-23 mos | 2-3 years. | 4-6 years |
|-------------------------------------|-------|-------|------|-------|-------|-------|-------|--|--------|--------|-----------|------------|-----------|
| Hepatitis B | HepB | | HepB | | | HepB | | | | | | | |
| Rotavirus | | | RV | RV | RV | | | | | | | | |
| Diphtheria, Tetanus, Pertussis | | | DTaP | DTaP | DTaP | | | DTaP | | | | | DTaP |
| <i>Haemophilus influenza</i> type b | | | Hib | Hib | Hib | | Hib | | | | | | |
| Inactivated Polio Virus | | | IPV | IPV | | IPV | | | | | | | IPV |
| Measles, Mumps, Rubella | | | | | | | | MMR | | | | | MMR |
| Varicella | | | | | | | | Varicella | | | | | Varicella |
| Pneumococcal | | | PCV | PCV | PCV | | | PCV | | | | | |
| Influenza | | | | | | | | Annual vaccination – 6 months to 8 years 1 or 2 doses | | | | | |
| Hepatitis A | | | | | | | | HepA Series (2 doses) | | | | | |

Approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

- Assure your children, if age eligible, are up to date on recommended Covid-19 Vaccines.

**FOR AN APPOINTMENT AT ANY OF THE FOLLOWING LOCATIONS,
PLEASE CALL 1-800-432-4121**

| | |
|-------------------|---|
| BELLAIRE | HEALTH DEPARTMENT – 209 Portage Dr. |
| BOYNE CITY | BOYNE CITY EDUCATION CENTER – 321 S. Park St. |
| CHARLEVOIX | HEALTH DEPARTMENT – 220 W. Garfield |
| GAYLORD | HEALTH DEPARTMENT – 95 Livingston Blvd. |
| MANCELONA | HEALTH DEPARTMENT – 205 Grove St. |
| PETOSKEY | HEALTH DEPARTMENT – 3434 M-119, Suite A |
| PELLSTON | HORNET HEALTH CENTER – 172 Park St. |

GAYLORD COMMUNITY SCHOOLS
2022-2023 STUDENT INFORMATION RECORD

Please print clearly in ink and provide all information requested. Sign, date, and return to your student's school.

| STUDENT INFORMATION | | | GRADE: | |
|---|------------------------|-------------------------------------|--|---------------------------------|
| Student's Legal Last Name | First Name | Middle Name | Preferred First Name | |
| Student's Residence Address | City | Zip Code | School District of Residence | |
| Mailing Address for Student Mailings | City | Zip Code | County of Residence | |
| Student's Home Phone Number | Gender (M/F) | Date of Birth | Birthplace (City / State / Country) | |
| Please note that if ethnicity and race information is not provided, the US Department of Education requires the school district to provide an answer on our behalf. | | | | |
| ETHNICITY (check one) | | RACE (number all that apply) | | |
| Non-Hispanic: | | African American | | American Indian / Alaska Native |
| Hispanic: | | Native Hawaiian / Pacific Islander | | White |
| Language spoken at home: <input type="radio"/> English <input type="radio"/> Other _____ | | | | |
| Student Lives With: (check one) | | | | |
| <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;">___ Natural Parents</div> <div style="width: 25%;">___ Mother / Other</div> <div style="width: 25%;">___ Host Family</div> <div style="width: 25%;">___ Adult Student</div> <div style="width: 25%;">___ Father / Step-Mother</div> <div style="width: 25%;">___ Father Only</div> <div style="width: 25%;">___ Relative</div> <div style="width: 25%;">___ Other</div> <div style="width: 25%;">___ Mother / Step-Father</div> <div style="width: 25%;">___ Mother Only</div> <div style="width: 25%;">___ Court Placed</div> <div style="width: 25%;">___ Father/Other</div> <div style="width: 25%;">___ Legal Guardian</div> <div style="width: 25%;">___ Joint Custody</div> </div> | | | | |
| Student's Residence is: (check one) | | | | |
| <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">___ Single Family Dwelling</div> <div style="width: 33%;">___ More than 1 family in house</div> <div style="width: 33%;">___ Motel / Car / Campsite</div> <div style="width: 33%;">___ With Friends / Family (other than parent/guardian)</div> <div style="width: 33%;">___ Shelter</div> <div style="width: 33%;">___ Other</div> </div> | | | | |
| Mother Name: | | Father Name: | | |
| Lives with Student: | YES NO | Lives with Student: | YES NO | |
| Work Place: | | Work Place: | | |
| Home Phone: | | Home Phone: | | |
| Cell Phone: | | Cell Phone: | | |
| Email: | | Email: | | |
| List the names and relationships of all adults residing with the student (not including natural parents) below. | | | | |
| Name (Last, First) | | Relationship | Phone Number | |
| | | | | |
| | | | | |
| | | | | |
| List a parent living in a different household, if they should receive informational mailings from the school. | | | | |
| Parent Name: | | Address: | | |
| Is any parent a member of the Armed Forces and on active duty? YES NO | | | | |
| If there are adults who are restricted from seeing your child by order of a court , please list them here. We cannot restrict a parent without legal documentation on file at the school. | | | | |
| OFFICE USE ONLY | | | | |
| STUDENT ID: | STUDENT UIC: | AM BUS ROUTE: | | |
| RESIDENT STATUS: | DISTRICT OF RESIDENCE: | PM BUS ROUTE: | | |
| K-8 HOMEROOM TEACHER: | DISTRICT ENTRY DATE: | Secondary Route Info - AM: PM: | | |

| Other Children Residing in the Home | | | |
|-------------------------------------|-----------|-------|------------------|
| Name (Last, First) | Birthdate | Grade | School Attending |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| MEDICAL INFORMATION | |
|--|--|
| ALLERGIES: _____ Food (List below) *Contact cafe for special diets _____ Animals _____ Medications _____ Other | OTHER CONDITIONS: _____ Asthma - Parent providing inhaler to office? YES NO _____ Diabetes _____ Convulsions/seizures (Explain below) _____ Other Medical Information (Explain below) |
| Parent providing Epipen? YES NO | |
| Medical Authorizations and Authorization to Transport in Case of Emergency | |
| In case of an accident or serious illness, I request the school to contact me. If the school cannot reach me, I hereby authorize the school to call the physician indicated and follow his/her instructions. If the physician cannot be reached, the school may make necessary arrangements for the wellbeing of my child. | |
| Doctor Name: _____ | Doctor Phone: _____ |

| PERSONS AUTHORIZED TO PICK UP CHILD FOR EMERGENCY PURPOSE ONLY | | | |
|---|--------------|---------|--------------|
| If your child is injured, ill, etc., and needs to leave school, we will first contact the parents listed on the front of this card. If parents are unavailable, we will contact the following individuals authorized to pick up your child from school for emergency purposes only. Your child should know the person. ID may be requested. | | | |
| Authorized Person | Relationship | Address | Phone Number |
| | | | |
| | | | |
| | | | |
| | | | |
| Your child will not be released to any unauthorized person | | | |
| <div style="border: 1px solid black; width: 100%; height: 100%;"></div> | | | |

I affirm that as the parent/legal guardian, all information provided is true and accurate, and that my child and I reside at the listed address. I understand that any false information provided by me may subject me to legal penalties for perjury.

 Signature of Parent / Guardian

 Date

GAYLORD COMMUNITY SCHOOLS

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KINDERGARTEN WAIVER REQUEST FOR 2022-2023 SCHOOL YEAR

According to Michigan law, if a child residing in Gaylord Community School District is not five years of age on September 1, 2022, but will be five years of age not later than December 1, 2022, the parent or legal guardian of that child may enroll the child in kindergarten for the 2022-2023 school year if the parent or legal guardian notifies the school district in writing.

A school district that receives this written notification may make a recommendation to the parent or legal guardian as to whether the child is not ready to enroll in kindergarten due to the child's age or other factors. Regardless of the district recommendation, the parent or legal guardian retains the sole discretion to determine whether or not to enroll the child in kindergarten if the student is five years of age not later than December 1, 2022.

Student Name: _____ Date of Birth: _____

Verification of Age (*check one*):

- | | | |
|--|--|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Government Record | <input type="checkbox"/> Hospital Record |
| <input type="checkbox"/> Court Record | <input type="checkbox"/> Citizenship Paper | <input type="checkbox"/> Other: _____ (specify) |

Evidence of School Readiness (provided by parent/legal guardian):

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Parent/Guardian Printed Name

Parent/Guardian's Signature

Date

GAYLORD COMMUNITY SCHOOLS

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REGISTRATION PROOF OF RESIDENCY

Proof of residency Submitted:

- | | |
|---|---|
| <input type="checkbox"/> Driver's license | <input type="checkbox"/> Proof of residency from the County Registrar of Voters |
| <input type="checkbox"/> Lease / Rental agreement | <input type="checkbox"/> Current vehicle registration showing residency address |
| <input type="checkbox"/> Utility bill for the current month | <input type="checkbox"/> Letter from parent's employer on company letterhead |
| <input type="checkbox"/> Property Tax Bill | <input type="checkbox"/> Copy of money order for rent payment |
| <input type="checkbox"/> Mortgage Statement | <input type="checkbox"/> Other _____ |

I declare that I physically reside at: _____.
(complete address)

I declare under the penalty of perjury that the student listed below resides at the above address. I also agree to notify the school within two (2) weeks when residency has been changed. I understand that a new affidavit and a new proof of residency must be submitted. **If I move outside the district, appropriate forms will also be required.**

Falsification of any information or document required for residency verification or the use of the address of another person without actually residing there may result in; withdrawal of student from Gaylord Community Schools and/or being held liable to reimburse the district for expenses incurred to educate this student.

| Student Name | Grade |
|--------------|-------|
| | |

| Sibling Names | Grade | School |
|---------------|-------|--------|
| | | |
| | | |
| | | |

Parent / Guardian Name

Parent / Guardian Signature

Relationship to Student

Date

Gaylord 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 Gaylord 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: ____/____/____

Student Building: _____ Grade Level: _____

Signature of Parent/Guardian
or Eligible Student: _____ Date: ____/____/____

Printed Parent/Guardian Name: _____

Gaylord Community Schools
Kindergarten Information Sheet

Today's Date _____

Child's Name _____ Birthdate _____ Gender _____

Name you wish your child to be called in school _____

Mother's First Name _____ Last Name _____

Father's First Name _____ Last Name _____

Home Address _____ City, State, Zip _____

Mailing Address (if different) _____ City, State, Zip _____

Home Phone _____ Work Phone _____

With whom does your child reside? _____

Is your child right or left handed? _____ Does your child wear glasses? ___ Yes ___ No

Any known allergies? ___ Yes ___ No

If yes, please explain:

Any known health concerns? _____

___ Heart Trouble ___ Diabetes ___ Seizures ___ Asthma ___ Frequent Colds

___ Eczema ___ Earaches ___ Sore Throats ___ Fears ___ Hemophiliac

___ Bee Stings ___ Epilepsy ___ Nose Bleed ___ Hearing Problems

___ Trouble passing urine or bowel movement ___ Shortness of Breath

___ Other: _____

1. Are there any special things about your child that we should know, such as, illness, divorce, recent move, special fears, etc. that could affect learning?

2. Please list any group experiences your child has participated in (STARS, Head Start, Nursery School, Daycare, Story Hour, etc). Give names and dates.

3. Has your child been identified for any special services such as health, speech/language, IEP or 504? ___ Yes ___ No

If yes, please explain.

4. Does your child take medication on a regular basis? ____ Yes ____ No

If yes, what medication? _____

Reason: _____

5. Does your child's preschool teacher feel he/she is ready to start Kindergarten? ____ Yes ____ No

Please explain:

6. Explain any responsibilities your child has at home.

7. What are some favorite things your child likes to do?

8. Do you celebrate holidays and birthdays in your home? ____ Yes ____ No

If no, please explain:

9. Is your child able to sit in a group setting and listen to a story for ten minutes? ____ Yes ____ No

10. Does your child listen without interrupting while someone else talks? ____ Yes ____ No

11. Does your child know his/her: Phone number? ____ Yes ____ No

Address? ____ Yes ____ No

12. Do you have books/magazines/newspapers at home that your child reads? ____ Yes ____ No

13. What do you expect your child to acquire through the Kindergarten experience?

14. What else would you like your child's teacher to know about your child?

15. Would you be interested in occasionally sending snack items or a food ingredient for an occasional cooking project? ____ Yes ____ No

16. Would you be willing to volunteer in your child's classroom? ____ Yes ____ No

Gaylord Community Schools Transportation Registration Form

Transportation questions please call: (989) 705-3022



**Return Registration forms to Gaylord Community Schools Board Office 615 South Elm St. - 7:30am - 4:00pm
Mon-Fri all year / or your students' school during school days**

Date: _____ ☐ New ☐ Change ☐ Moved

* New registration forms must be completed and returned to the Registrars' Office for all bus changes.

* Families with multiple students need to submit only one form.

* It may take Transportation Dept. up to 5 school days to arrange for busing upon receiving this form.

* More processing time may be necessary during the new school year registration period.

| Student Name | School | Grade | Gender |
|--------------|--------|-------|--------|
| | | | |
| | | | |
| | | | |

Bus Stop will be at or closest to the students address. We can accommodate ONLY one Pick Up and ONLY one Drop Off location

AM Pick Up (check one) ☐ Home ☐ Day Care ☐ Other Contact Name _____

Address _____ Phone# _____

PM Drop Off (check one) ☐ Home ☐ Day Care ☐ Other Contact Name _____

Address _____ Phone# _____

***Signature of Parent/Guardian*Print _____ Sign _____**

Email: _____ Phone: _____



Please Fill Out Top Half



Joint Custody/Shared Parenting Only If student will be transported to/from a destination other than listed above, please indicate below. **A copy of court papers must be provided with registration form.**

Parent Name _____ Relationship to Student _____

AM Pick Up (check one) ☐ Home ☐ Day Care ☐ Other Contact Name _____

Address _____ Phone# _____

PM Drop Off (check one) ☐ Home ☐ Day Care ☐ Other Contact Name _____

Address _____ Phone# _____

Email: _____ Phone: _____

.....It is the responsibility of the shared custody parents to inform students school of bus schedule weekly.....

Route # _____ Stop _____ BUS START _____

Route # _____ Stop _____ _____

Route ☐ PS ☐ Parent Noti. ☐ Attached ☐ Driver ☐ Notes: _____

UNDERSTANDING CONCUSSIONS

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), National Athletic Trainers Association

| Some Common Symptoms | | | | |
|----------------------|----------------------|----------------------|--------------------|---------------------|
| Headache | Balance Problems | Sensitivity to Noise | Poor Concentration | Not "Feeling Right" |
| Pressure in the Head | Double Vision | Sluggishness | Memory Problems | Feeling Irritable |
| Nausea/Vomiting | Blurry Vision | Haziness | Confusion | Slow Reaction Time |
| Dizziness | Sensitivity to Light | Fogginess | "Feeling Down" | Sleep Problems |
| | | Grogginess | | |

WHAT IS A CONCUSSION?

A concussion is a type of 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 for 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 activity on the day of the injury and not until a health care professional says they are okay to return to activity.

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 ACTIVITY**-Concussions take time to heal. Don't let the student return to activity the day of the injury and not until a health professional says it is okay. A student who returns to activity 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.
3. **TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION(S)**-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 or has trouble with homework or school assignments
- Forgets an instruction
- Can't recall events prior to or after a hit or fall
- Appears fatigued
- 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. If a student sustains a bump, blow or jolt to the head or body and the following danger signs are present, **immediate medical attention** should be sought at the closest emergency department.

| | | | |
|--|-------------------------------------|---|------------------------------------|
| • One pupil larger than the other | • Repeated vomiting or nausea | • Becomes increasingly confused or agitated | • Is drowsy and cannot be awakened |
| • Slurred speech | • Has unusual behavior | • A headache that gets worse | • Convulsions or seizures |
| • Weakness, numbness or decreased coordination | • Cannot recognize people or places | • Loses consciousness (even briefly) | |

WHAT SHOULD YOU DO?

If a student reports one or more symptoms of a concussion after receiving a bump, blow or jolt to the head or body, h/she should be immediately removed from activity (this includes but is not limited to, athletics, PE classes, band, dance, aerobics, theatre and choir.) The student should only return to activity with the permission of a health care professional experienced in evaluating concussions. Rest is key during recovery. Exercising or activities that require 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 rest breaks, be given extra help and time, and spend less time reading, writing or on a computer or iPad. After a concussion, returning to sports and school is a gradual process and should be monitored by a health care professional. Concussions affect each individual differently. Some may recover quickly and fully while others may have symptoms that last for days, weeks or even months.

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 "Understanding Concussions: Education for Parents and Athletes" provided by Gaylord Community Schools.

Student Name Printed

Parent or Guardian Name Printed

Student Name Signature

Parent or Guardian Name Signature

Date

Date

Return this signed form to your school's athletic office or to your coach. The school must keep this on file until the student is age 18. We realize this may not be the first nor the last time you sign and submit this form, as each organization needs to have a copy. Thank you for your cooperation and understanding.

Students and parents please review and keep the educational materials available for future reference.

GAYLORD COMMUNITY SCHOOLS

An NCA Accredited School District



Form 7540.03 F1a / Page 1 of 1

STUDENT/PARENT AGREEMENT SIGNATURE PAGE

Student Name: _____ Grade: _____ Parent/Guardian Name: _____

➤ NETWORK / INTERNET ACCESS AGREEMENT FOR STUDENTS

In consideration of the privilege of using the Network, I hereby release the District, its employees, agents and individual members of the Board of Education, from any and all claims or causes of action arising out of my use or misuse of the Network or Network equipment. I agree to use the Network responsibly and to abide by the rules and regulations set forth herein and as may be added from time to time by the District.

I have reviewed this Network Use Agreement with my parent or legal guardian (or I have reached the age of 18).

Signature of Student

Date

The following section must be completed for all students who have not reached the age of 18.

As the Student's parents or legal guardian, I have read and agree to this Network Access Agreement and have discussed it with my son or daughter. I understand that Network access is a privilege provided for educational purposes. I understand that it is impossible for the District to restrict access to all controversial material. I hereby release the District, its employees and agents and individual members of the Board of Education from any and all claims or causes of action arising out of my use or misuse of the Network or Network equipment. In addition, I agree to indemnify the District for any fees, expenses or damages incurred as a result of my child's use or misuse of the Network or Network equipment.

Signature of Parent / Guardian

Date

➤ FIELD TRIP PERMISSION

My child's class may be taking field trips during the school year. When field trips require transportation, children will be transported by bus.

I give permission for my child to participate in class field trips. ☐ YES ☐ NO

Signature of Parent / Guardian

Date

➤ ACKNOWLEDGMENT OF STUDENT HANDBOOK

We have received and read the Parent/Student Handbook. We understand the rights and responsibilities pertaining to students and agree to support and abide by the rules, guidelines, procedures, and policies of the School District. We also understand that this handbook supersedes all prior handbooks and other written material on the same subjects.

Signature of Student

Date

Signature of Parent / Guardian

Date

GAYLORD COMMUNITY SCHOOLS

An NCA Accredited School District

Directory Information Opt Out

ONLY RETURN IF YOU SELECT ANY OF THE OPTIONS BELOW

I understand that the Family Educational Rights and Privacy Act (FERPA), a federal law, allows the Gaylord Community School District to disclose designated directory information to third parties. I am choosing to have some or all of my child's directory information be withheld from this disclosure. **If you do not wish to opt-out of any of the below common uses, you do not need to return this form or take any other action.**

Please check the applicable statement below along with the information you do not wish to be shared:

_____ I **DO NOT** authorize the Gaylord Community School District to share any of the following checked directory information with anyone outside of the Gaylord Community School District, with the exception of the military.

_____ I **DO NOT** authorize the Gaylord Community School District to share any of the following checked directory information with anyone outside of the Gaylord Community School District, for the entire school year.

Student Name

Grade Level

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date

_____ Student name (includes ALL awards, events, games, etc.)

_____ Home address

_____ Telephone number(s)

_____ Email address

_____ Grade level

_____ Date of birth

_____ Place of birth

_____ Weight/height

_____ Photograph, video or electronic images (includes ALL awards, events, games, etc.)

_____ Yearbook picture and name

_____ Most recent school/education institution attended

_____ Parent information (name, address, phone, email, etc.)

_____ Participation in officially recognized activities and sports

_____ Awards and honors received

_____ Clubs/Affiliations

_____ Printed holiday programs and/or graduation programs

_____ Newspaper articles

_____ Scholarship information

_____ PTO directories

_____ Child's work (media and internet)

