



North Branch Area Schools

Parent Registration Check off List

We welcome you and we are glad that you have chosen to enroll your child into North Branch Area Schools. We wish to make the registration process as easy as possible as we begin to transition your child into his or her new school. In addition to the Enrollment Form, the following items must be submitted at the time of your registration.

- 1. **Enrollment Form** – Complete Section 1 – 8
- 2. **Residency Validation Affidavit**- This will verify that you live in our school district. Please refer to the Residency Verification Affidavit and bring **two** valid forms of proof of residency.
- 3. **Birth Certificate** - Birth certificates must be the original that includes the county seal. We will make a copy and return the original to you.
- 4. **Proof of Custody** - If custody arrangements for the child are applicable, we need a copy of the most current custody paper.
- 5. **Other Documents** - If documents exist that include adoption certificates or legal name changes, foster, or court placed please have custody papers.
- 6. **Special Education** - If your child has received special education services, such as speech, occupational therapy, physical therapy, resource room help, etc., a copy of the most recent IEP or 504 Plan is essential.
- 7. **Immunization Record/Chicken Pox** - According to State law, we will need proof of all your child's immunizations. If you are not certain your child is up to date with his/her immunizations, please contact your family practitioner before coming to our office.
- 8. **Residency Questionnaire** - Required information to comply with the McKinney-Vento Act.
- 9. **Home Language Survey**- Required information to comply with Federal and State Law.
- 10. **Student Health Information** – This will assist our nurse in knowing your child's health needs.
- 11. **Concussion Awareness Acknowledgement Form** – The State of Michigan requires all parents of students enrolled in physical education classes and/or sports to be informed of the symptoms
- 12. **Transportation Request** – This will allow for a bus to be assigned.
- 13. **Records Release** – This will allow us to request records.

Thank you for helping us to make the registration process as efficient as possible by bringing the information listed above. Please do not hesitate to call if you have any questions, or if we can assist you in this process.

North Branch Elementary (K-4)	810-688-3041
Ruth Fox Middle School (5-8)	810-688-3284
North Branch High School (9-12)	810-688-3001
Quest Alternative High School (10-12)	810-688-7581
Special Education Department (K-12)	810-688-9324

DATE -

IN PERSON _____ VIRTUAL _____



North Branch Area Schools Enrollment Form

New Re-enrolling Entering Grade _____ School Enrolling In _____

Section 1 - Student Information					
Legal Last Name		Legal First Name		Legal Middle Name	Nickname
Birth Date (Month/Day/Year)		Gender M F	Birth Place: City County State		US Citizen Yes No
Last School Attended: _____ City/State _____					
Code: <input type="checkbox"/> Public School <input type="checkbox"/> Charter/Academy <input type="checkbox"/> Church/Private <input type="checkbox"/> Preschool <input type="checkbox"/> Home Schooled					
Has your child ever been enrolled in North Branch Area Schools? ___ Yes ___ No If yes, which school(s) : _____					
Military Connect – Is the Father or Mother of this child actively serving in the Military? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Section 2 - Primary Household Information (where child resides)				COUNTY -	
PRIMARY Household Parent/Guardian #1			PRIMARY Household Parent/Guardian #2		
Address-House #	Street	Apt #	City	State	Zip Code
Mailing Address-house #	Street	Apt #	City	State	Zip Code
Child lives with: (please circle)					
0 - Both parents	1 - Mother Only	2 - Mother/Stepfather	3 - Father Only		
4 - Father/Stepmother	5 - Grandparent(s)	6 - Guardian(s)	7 - Other		
Primary Household Parent/Guardian #1			Primary Household Parent/Guardian #2		
Home phone: () _____ Is home phone unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No			Home phone: () _____ Is home phone unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Cell phone: () _____			Cell phone: () _____		
Work phone: () _____			Work phone: () _____		
Email: _____			Email: _____		
SECONDARY Household Parent/Guardian #1			SECONDARY Household Parent/Guardian #2		
Address-House #	Street	Apt #	City	State	Zip Code
Mailing Address-house#	Street	Apt #	City	State	Zip Code
County _____					
Secondary Household Parent/Guardian #1			Secondary Household Parent/Guardian #2		
Home phone: () _____ Is home phone unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No			Home phone: () _____ Is home phone unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Cell phone: () _____			Cell phone: () _____		
Work phone: () _____			Work phone: () _____		
Email: _____			Email: _____		

Last Name _____ First Name _____

Section 3 - Siblings – Please list other siblings attending North Branch Area Schools

Last Name	First Name	School	Grade

Section 4 Ethnicity/Race

Is this child Hispanic/Latino? No, not Hispanic/Latino
 Yes, Hispanic/Latino – (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Race - Circle one American Indian/Alaska Native Asian American
 Native Hawaiian/Pacific Islander Black/African American White

Section 5 – Special Services (examples include -IEP, Speech, 504, IRIP)

Does your child currently receive Special Education Services? Yes No Copy of plan provided
 Does your child have a current 504 plan? Yes No Copy of plan provided
 Has your child ever participated in: Title I Talented/Gifted Speech IEP IRIP
 Other School Based Intervention _____

Section 6 - Other

1. Is there a joint custody or parenting plan in effect? Yes No
 If yes, please list alternate parent on joint custody or parenting plan. _____
2. Is the custody joint legal? Yes No Is the custody joint physical? Yes No
 If yes, does the child also reside with this parent during the school week? Yes No
PLEASE – Provide documentation of custody
3. Is there a restraining order in effect? Yes No
 (If yes, legal papers with official court stamp or signature must be on file with the school for enforcement.)
4. Has your child ever been suspended or expelled for any reason? Yes No
 If yes: Date(s): _____ Reason _____

Section 7-Emergency Contacts (other than primary contacts) May be released to person(s) listed below.

Last Name	First Name	Relationship to Child	Phone #
			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()
			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()
			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()

Daycare/Childcare Provider

Provider Name	Phone Number	Cell Phone
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Daycare/Childcare provider is authorized to remove child from school. Yes No

Section 8 – Verification of Information

I verify the above information to be true and accurate and I understand that as part of their enrollment they may be enrolled in online classes as part of their education. Any falsification to achieve enrollment may be cause for termination of the child's enrollment within North Branch Area Schools.

Legal Parent/Guardian Signature _____ Date _____



RESIDENCY VERIFICATION AFFIDAVIT

By signing this affidavit, you are affirming that the address given on all enrollment forms are the legal residency of the parent or guardian enrolling the student and is the residence of the student.

Student Name

Parent or Guardian Name

Date

Street Address

City/State/Zip

Signature of Parent/Guardian

OFFICE USE ONLY

BELOW THIS LINE

OFFICE USE ONLY

Please provide 2 proofs of residency (we will copy and return)

Options include

- | | | | |
|-----------------------|-------------------|-------------------------|------------|
| ____ Driver's License | ____ Utility Bill | ____ Property Tax | ____ Other |
| ____ State ID | ____ Rent receipt | ____ Voter Registration | _____ |

RESIDENCY

____ Resides in District

If address is not in the **SCHOOL DISTRICT** please complete one of the following:

____ School of Choice Form

____ Student Release Request Form (skyward code 06)

Signature of Staff Person Enrolling Student

North Branch Area 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 student's 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 **North Branch Area Schools** to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department.*

I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law.

This includes any immunization information and limited personally identifiable information from the school.

Student's Name: _____ Date of Birth: ___/___/___

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

Printed Parent/Guardian Name: _____

You do **NOT** need to complete this form

IF your child has been vaccinated for chicken pox (Varicella)

Dear Parent/Guardian:

As part of the state reporting, we have an immunization requirement that needs to be addressed. As of January 1, 2002, all students within our state who transfer schools are required to show that they have received the Varicella inoculation (chicken pox) or that they have had the disease. If your child has not had chicken pox, they will be required to get the vaccination or the parent may sign a waiver. When your child receives the Varicella (chicken pox) inoculation, you must bring the updated copy of their immunization record to North Branch Area Schools.

If your child had already had the chicken pox, we will need verification from you or your doctor in writing. You may use the form provided below to verify that your child has had the disease.

.....

Child's birthdate _____

My son/daughter _____ has had
(Child's name)

Chicken pox disease _____
(Month/year)

Parent's signature



**NORTH BRANCH AREA SCHOOLS
RESIDENCY QUESTIONNAIRE**
6655 Jefferson, PO Box 3620, North Branch, MI 48461

PLEASE PRINT

School Name: _____ School Year: _____

Student Name: _____
Last First Middle

Birth Date: _____ / _____ / _____ Gender: Male Female Grade: _____
Month / Day / Year

The answer you give below will help determine your child's eligibility for services under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate.

Where is the student currently living? (Please check one box.)

- Permanent housing Motel/Hotel
 Homeless shelter Domestic violence shelter
 Youth shelter
 Doubled-Up (temporarily living/staying with another family member/friend/others **due to loss of housing or economic hardship**)
 Other location (e.g. in a car, park, bus, train, or campsite)
 Other temporary living arrangement (please describe): _____

Parent/Legal Guardian Name: _____

Address: _____ Phone: _____

City, State: _____ Zip: _____

PLEASE READ: Presenting false information, false records, or falsifying records is an offense punishable by federal and state law. By signing below, you attest that all information provided on this form is true and accurate.

Parent/Legal Guardian Signature: _____ Date: _____

For School Use Only:

I certify the above named student is eligible to receive services under the McKinney-Vento Act including participation in the Child Nutrition Program.

_____ Date

_____ McKinney-Vento Liaison Signature



STATE BOARD OF EDUCATION

Approved Home Language Survey*

The North Branch Area School District is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1151 – 380.1158 of the School Code of 1976, Michigan’s Bilingual Education Law. Would you help provide the following information?

Thank you very much for your cooperation.

Name of Student _____ Grade _____ Age _____

School Building _____

1. Is your child’s native tongue a language **OTHER** than English?

- No **English is our child’s native tongue**
- Yes What is that language? _____

2. Is the primary language¹ used in your child’s home or environment a language **OTHER** than English?

- No **English is our child’s native tongue**
- Yes What is that language? _____

Signature of Parent or Guardian

Date

¹“Primary language” means “dominate language used by a person for communication.”

*Translation of this survey form in Spanish, Arabic, French, Italian, and Ojibwa is available at the Office of Field Service.

NORTH BRANCH AREA SCHOOL
STUDENT HEALTH INFORMATION

Student Name _____
Last First Middle

Birthdate ____/____/____ Grade _____

Does your student have any of the following (check all that apply)

Allergies Yes No To medication, food, pollen etc.? List _____
*Requires Epi-Pen? Yes No
**Requires Emergency Treatment? Yes No

Asthma Yes No Diagnosed by doctor? Yes No
*Does student need to use an inhaler at school? Yes No
**Requires Emergency Treatment? Yes No

Bee Sting Allergy Yes No Diagnosed by doctor? Yes No
*Requires Epi-Pen? Yes No
Reaction:
Difficult Breathing? Yes No
Hives? Yes No
Local Swelling? Yes No
**Requires Emergency Treatment? Yes No

Diabetes Yes No */**Takes Insulin? Yes No
Comment: _____

Epilepsy/ Seizures Yes No Requires Medication _____
*Date of Last Seizure ____/____/____
Yes No **Required Emergency Treatment

Heart Condition Yes No Diagnosed by Doctor? Yes No
Medication _____
Physical Restrictions? Yes No
Comments: _____

List of medical information, such as any serious illnesses, surgeries or injuries in the past 12 months:

What medications are regularly taken?

Medication _____ Dose _____ Purpose _____

Medication _____ Dose _____ Purpose _____

Parent Signature: _____ Date: _____

*Medical Administration Form needs to be filled out & returned to school with medication

**Medical plan for medical condition needs to be filled out & returned to school

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	Balance Problems	Sensitive 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	Sensitive to Light	Fogginess	"Feeling Down"	Sleep Problems
		Grogginess		

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
- Repeated vomiting or nausea
- Becomes increasingly confused, restless or agitated
- Is drowsy or cannot be awakened
- Slurred speech
- Has unusual behavior
- A headache that gets worse
- Convulsions or seizures
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)
- Weakness, numbness, or decreased coordination
- Cannot recognize people/places

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 North Branch Area Schools.

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian Name 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.

Dean Transportation & North Branch Area Schools

P.O. Box 3620
North Branch, MI 48461-3620
Phone 810-688-3660

Transportation Request

This form need to be filled out to complete the registration of your student and to have them assigned a bus stop and route for the school year. Please fill out this form even if student will be transported privately.

Student Name: _____

This student WILL need bus transportation (circle one) YES NO

Grade: _____

Home Address: _____

Phone: _____

***Pick-up and drop off location: (Students are only allowed two bus stops)**

Pick-up: _____

Drop Off: _____

*****Any student not riding for 3 weeks will be considered a non-rider and will be removed from the route roster.**

*****To be reinstated transportation must be notified.*****

*****We MUST see someone at the stop before we drop ANY Lower Elementary student!*****

Other Information: _____



If SpEd - scan to SpEd Dept _____

North Branch Area Schools Record Release

I hereby request:

Name of School: _____

Name of School District: _____

Address: _____

City, State & Zip Code: _____

Phone Number: _____ Fax Number: _____

to release and send the records of:

Student(s)	Grade	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

OFFICE USE ONLY BELOW THIS LINE OFFICE USE ONLY

Please send the following document for:

Possible Enrollment Enrollment

Mail Fax

<input type="checkbox"/>	<input type="checkbox"/>	CA60 with complete school records including State UIC number , health records, academic records, test scores, records listed below and any other pertinent information.
<input type="checkbox"/>	<input type="checkbox"/>	Official Transcript along with current grades and current EDP
<input type="checkbox"/>	<input type="checkbox"/>	Discipline/Behavior Reports (Including all suspensions/exclusions)
<input type="checkbox"/>	<input type="checkbox"/>	Attendance Records *Is there any truancy filed on this student? YES or NO
<input type="checkbox"/>	<input type="checkbox"/>	Special Education Documents (i.e, IEP, 504 Plan, Medical Action Plan, psychological reports, MET's, Social Work). Special Education Department Fax: 810-688-8320
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

To whom records are to be sent:

Central Administration Attention: Enrollment 6655 Jefferson Street PO Box 3620 North Branch, MI 48461 Phone: (810) 688-3570 Fax: (810) 688-7010	NB High School & Quest High School Attention: Enrollment 6598 Brush Street PO Box 3620 North Branch, MI 48461 Phone: (810) 688-3001 Fax: (810) 688-8322	Ruth Fox Middle School Attention: Enrollment 6570 Brush Street PO Box 3620 North Branch, MI 48461 Phone: (810) 688-3284 Fax: (810) 688-2930	NB Elementary School Attention: Enrollment 4055 Elm Creek PO Box 3620 North Branch, MI 48461 Phone: (810) 688-3042 Fax: (810) 688-8321
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According to the Final Regulations-Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17,1976, it is no longer necessary to obtain written consent to release records. It states that school officials, including teachers within the educational system in which the students may intend to enroll, may receive a student record without a written consent for such release.