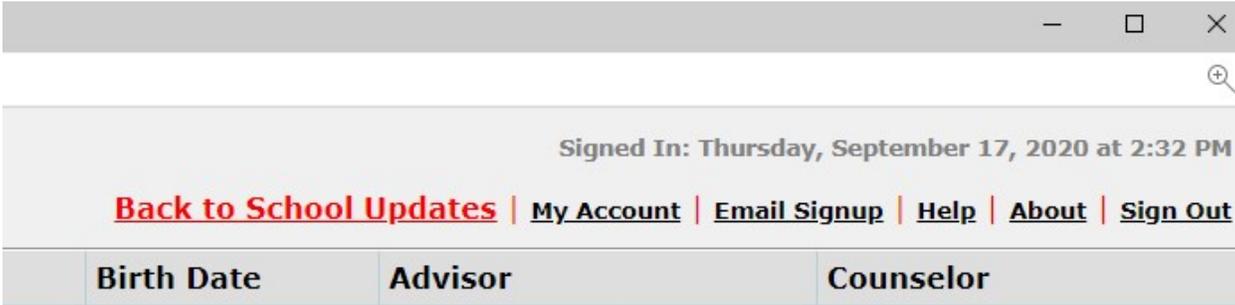
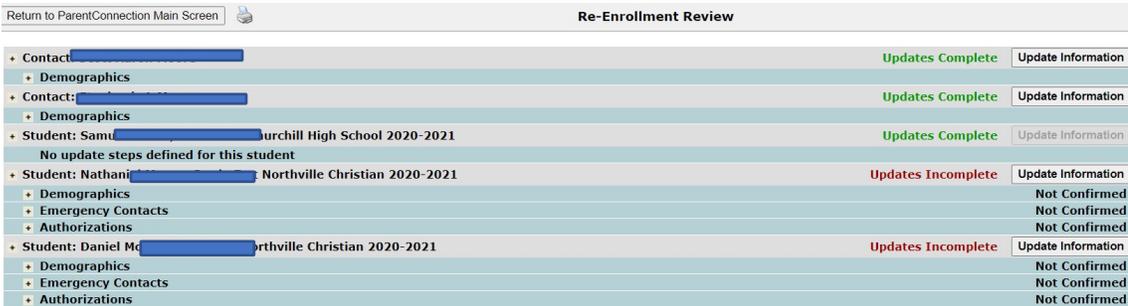


Back to School Updates via Parent Connect

Parents will log into Parent Connect and click on [Back to School Updates](#)



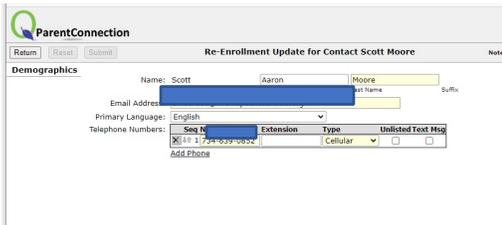
They will see a screen listing themselves as a contact and all their students in the District



The first area to be verified is **CONTACT(S) – DEMOGRAPHICS**

Click on **Update Information** to the right

Here the parent may update any field in yellow.



Once completed – they must click out of a cell and **click on Submit**. If no changes are made they may click **Return**. Parents may update their spouse’s information if they live in the same household.

Updating STUDENT Information

Click on **Update Information** to the far right of the student's name

Student: Daniel Moore	Christian > 2020-2021	Updates Incomplete	Update Information
Demographics			Not Confirmed
Emergency Contacts			Not Confirmed
Address Verification			Not Confirmed
Health Information			Not Confirmed
Authorizations			Not Confirmed

The next screen will be presented. **DEMOGRAPHICS**

Return Reset Submit **Re-Enrollment Update for Student Daniel Moore** Note: Highlighted fields are required. All changes will be flagged as Pending until approved and accepted by appropriate school personnel.

Demographics Please review your student's demographic information and edit where available. Please contact the school registrar if there is incorrect information that you are not able to edit.

Emergency Contacts

Address Verification

Health Information

Authorizations

Name: [Redacted]
Nickname: Dan
*Birth Date: 11/07/2010
Birth Place: Marietta, GEORGIA, United States of America
Student Hispanic or Latino? Yes No
Race: Caucasian
Additional Race: Add Additional Race
Home Language: English
Primary Phone Number: 734- [Redacted] 852 Cellular
Additional Phone Numbers:

Seq	Number	Type	Unlisted	Text Msg
X 1	[Redacted] 5410	Cellular	<input type="checkbox"/>	<input type="checkbox"/>

Email Address: dmoore11@student.livoniapublicschools.org

Mark this section complete, then select **Submit** at the top of the screen.

Once the information has been reviewed and updated, **check** Mark this section complete and click **Submit**

The next screen will be presented – **EMERGENCY CONTACTS**

Parents will review the contacts. They may remove a contact by clicking the **X** next to the name or they may click on **Add Emergency Contact**, to add new ones

Return Reset Submit **Re-Enrollment Update for Student Daniel Moore** Note: Highlighted fields are required. All changes will be flagged as Pending until approved and accepted by appropriate school personnel.

Demographics

Emergency Contacts Please list at least two emergency contacts in the event that the Primary Contact(s) cannot be reached.

Address Verification

Health Information

Authorizations

#	*First Name	*Last Name	Relationship	Phone Number	Extension	Type	Txt Msg
1	[Redacted]	[Redacted]	[Redacted]	[Redacted]	2	Cellular	<input type="checkbox"/>
2	[Redacted]	[Redacted]	[Redacted]	[Redacted]	2	Residence	<input type="checkbox"/>
3	[Redacted]	[Redacted]	[Redacted]	[Redacted]	2	Residence	<input type="checkbox"/>

Add Emergency Contact Copy and replace emergency contacts for other available students upon submit

Mark this section complete, then select **Submit** at the top of the screen.

Once the information has been reviewed and updated, **check** Mark this section complete and click **Submit**

The next screen will be presented – **ADDRESS VERIFICATION**

ParentConnection

Return Reset Submit **Updates Pending** **Re-Enrollment Update for Student Daniel Moore** Note: Highlighted fields are required. All changes will be flagged as Pending until approved and accepted by appropriate school personnel.

Demographics
 Emergency Contacts
 Address Verification
 Health Information
 Authorizations

The current address on file for your student is listed below. Please verify whether or not this address is correct.
 If your student's address is not correct, please enter the correct address in the area provided.
 If additional information is needed, you will be contacted by the school registrar. **Your new address will not be updated in the system unless the appropriate documentation is submitted to the school registrar.**

Current Address:
 Is this address correct? **Yes** ▼
 Updated Address:

Mark this section complete, then select **Submit**.

Parents simply mark **Yes or No**. If they want to update the address they may enter it in the box provided.

The instructions on the screen state - **Your new address will not be updated in the system unless the appropriate documentation is submitted to the school registrar.**

Once the information has been reviewed, **check** Mark this section complete, then click **Submit**

The next screen will be presented – **HEALTH INFORMATION**

Return Reset Submit **Re-Enrollment Update for Student Daniel Moore** Note: Highlighted fields are required. All changes will be flagged as Pending until approved and accepted by appropriate school personnel.

Demographics
 Emergency Contacts
 Address Verification
 Health Information
 Authorizations

Listed below are medical conditions currently on file for your child. If there are changes in any health conditions listed, please note in the "Notes Updated by Contact" area.

Update Current Health Alerts:

You may add **new health alerts** below and/or provide additional information, which you feel is important for the school to know, in the event your child has an emergency. To add a medical condition:

- Click the Add button below
- Select the condition (drop down menu)
- Enter notes if applicable
- Repeat as needed
- Select "Other" if a condition is not available
- If using "Other", please provide brief details in the notes field

Add New Health Alerts:

Consent for Disclosure of Immunization Information to the Local and State Health Departments.

Immunizations are an important part of keeping our children healthy. Schools, 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 Education 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 older, 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 information in writing at any time.

My selection below indicates I have read the Consent for Disclosure of Immunization Information and grant or deny the release of records to the Local and State Health Departments.

Selection:

Instructions for Medication Administration:
 For prescription or over the counter medication to be administered during the school day, a signed statement is required to be on file in the school office. Office personnel will dispense medication, which must be in its original container and clearly labeled with the student's name, the medication name, and times to be dispensed. If your child will require medication during school hours, please complete the appropriate form and return the form to your child's school office.

- [Medication Authorization Form](#)

Mark this section complete, then select **Submit**.

This screen reviews **CURRENT HEALTH ALERTS** (if any). It also gives the parent the option to **Add New Health Alerts**.

The **Consent for Disclosure of Immunization Information to the Local and State Health Departments** must be **accepted** or **denied** in the **Selection box** provided.

The **Medication Authorization Form** is available to be printed and returned to the school, if necessary. Parents will click on the link and the form will present as a PDF. They may then print it and fill it out.

Once the information has been reviewed, **check** Mark this section complete, then click **Submit**

The next screen is presented - **AUTHORIZATIONS**

ParentConnection

Return | Reset | Submit

Re-Enrollment Update for Student Daniel Moore

Note: Highlighted fields are required. All changes will be flagged as Pending until approved and accepted by appropriate school personnel.

Demographics | Emergency Contacts | Address Verification | **Health Information** | Authorizations

Media Authorization Opt Out

Livonia Public Schools uses all available media to showcase our school district and the achievements of our students. We do this through a variety of means, including web, print marketing materials, newsletters, press releases, local cable TV and coverage in local print and broadcast media. Images of our students and their achievements are also the highlight of school yearbooks, newsletters and other materials produced at the school building level.

Recognizing that some families may wish to restrict their student(s) names and/or images from being used in school district information, we respectfully offer this **Media Authorization Opt-out form**. If you choose to opt-out the form should be printed and turned in to the Main Office.

My initials below confirm that I have been offered the option of the Media Opt-out form.

Confirmation
(Parent Initials):

Technology Use

My initials confirm that my student and I have read the **Livonia Public Schools Student LivNet Access Policy**, and agree to fully comply with that policy. We understand that the term LivNet includes, but is not limited to, access to the internet, use of all school district computer equipment, and all electronic communications and devices.

Confirmation
(Parent Initials):

Concussion Form

A concussion is a mild brain injury, caused by a blow, bump or jolt to the head that can have serious consequences. It can occur in any sport or recreational activity. Michigan was the 39th U.S. state to enact a law that regulates sports concussions and return to athletic activity. The law goes into full effect on June 30th, 2013. The sports concussion legislation requires all coaches, employees, volunteers, and other adults involved with a youth athletic activity to complete a concussion awareness on-line training program. The organizing entity must provide educational materials on the signs/symptoms and consequences of concussions to each youth athlete and their parents/guardians and obtain a signed statement acknowledging receipt of the information for the organizing entity to keep on record. The law also requires immediate removal of an athlete from physical participation in an athletic activity who is suspected of sustaining a concussion. The student athlete must then receive written clearance from an appropriate health professional before he or she can return to physical activity. Please review this information provided by the Michigan Department of Community Health.

- Michigan Sports Concussion Awareness Laws
- MDCH AND CDC "Heads Up" Educational Materials
- Youth Sports Training - CDC "Heads Up" Concussion in Youth Sports
- High School Sports Training

My initials below indicate that I confirm my child and I have received the Concussion Information provided by Livonia Public Schools.

Confirmation
(Parent Initials):

Student Handbook

Livonia Public Schools has prepared Student Handbooks for parents and students which include information about our school programs, behavioral expectations, district policies, and medical and safety information.

Please use the links below to review the handbook for your student's school.

- Churchill High School Handbook
- Franklin High School Handbook
- Stevenson High School Handbook
- Emerson Middle School Handbook
- Frost Middle School Handbook
- Holmes Middle School Handbook
- Elementary School Handbook

My initials below indicate that both my student and I have read, reviewed, and understand the rules and procedures in the Student Handbook.

Confirmation
(Parent Initials):

Medical Authorization

If the school is unable to contact a parent/guardian, we are authorized to release your child to the contact(s) listed. In case of a medical emergency at school, the parent, guardian or designee is required to meet and transport the student home. When judged necessary, an EMS may be called and may transport the student to a local hospital. (The local government may charge a fee for ambulance service; if required in an emergency, you may be charged). The school district will not be responsible for such charges.

Confirmation
(Parent Initials):

Mark this section complete, then select **Submit**.

The Window Into Your Student's Day at School

This screen contains a lot of information. It replaces the forms that must be signed yearly and returned to the school.

- **Technology Use – The LPS Student LivNet Access Policy** form must be read and the **Confirmation box** must be initialed. Parents can view the form by clicking on the link.
- **Concussion Form** - Several articles are available for the parents to review prior to **confirming** (Initialing the box) they have received the Concussion Information provided by Livonia Public Schools.
- **Student Handbook** – Parents will click the applicable link for their school handbook. They will then initial the **confirmation box** provided. **My initials below indicate that both my student and I have read, reviewed, and understand the rules and procedures in the Student Handbook.**
- **Medical Authorization** - These are the statements from our pink emergency care card. Parents will initial the **box confirming** they read it.

Once this section is completed – **check** Mark this section complete, then select **Submit**.

The last screen presented - **Digital Equity** – Mandated by the State of Michigan

- Demographics
- Emergency Contacts
- Address Verification
- Health Information
- Authorizations
- Digital Equity

Digital Equity Questionnaire

Completing this section captures student-level digital access data to help your school better understand access to technology in the home.

Can the student access the internet in their primary place of residence?

Internet Access in Residence:

If the student is unable to access the internet in their primary place of residence, why not?

Internet Barrier in Residence:

What is the primary type of internet service used in the student's primary place of residence?

Internet Access Type in Residence:

Can the student complete learning activities such as streaming a video and uploading assignments without interruptions caused by poor internet performance?

Internet Performance:

What device does the student most often use to complete learning activities away from school?

Digital Device:

Is the student's primary learning device shared with anyone else?

Primary Learning Device Access:

Who provided the primary learning device to the student?

Primary Learning Device:

Mark this section complete, then select **Submit** at the top of the screen.

The Back to School Updates are completed once the parent repeats these steps for each student they have enrolled.