

# Portland Alternative Education Registration 2023-2024



The Portland Virtual School will allow learners in grades 6-12 to learn in an online community that fosters independence, critical thinking, creativity and problem solving skills. Our alternative learning environment will provide a high quality standards-driven curriculum that will allow students to learn anytime and anywhere.

Any Time, Any Place, Any Way, Any Pace

*Student Name:* \_\_\_\_\_

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# PORTLAND ALTERNATIVE EDUCATION

## School Registration / Emergency Form



Student's Legal Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Last First Middle (Maiden)

Address \_\_\_\_\_  
Street City State ZIP County

Home Phone \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Student Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ City/State of Birth \_\_\_\_\_ / \_\_\_\_\_

Ethnicity: American Indian \_\_\_\_\_ Asian American \_\_\_\_\_ Black \_\_\_\_\_ Native Hawaiian \_\_\_\_\_ White \_\_\_\_\_ Hispanic /Latino \_\_\_\_\_ N/A \_\_\_\_\_

With whom does the student reside? \_\_\_\_\_ Relationship \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work/Cell \_\_\_\_\_

Address (if different from student's address) \_\_\_\_\_  
Street City Zip County

Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work/Cell \_\_\_\_\_

Address (if different from student's address) \_\_\_\_\_  
Street City Zip County

Email Address \_\_\_\_\_

Siblings in the District \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Do you have any known allergies or medical conditions? \_\_\_\_\_

Who is your family doctor \_\_\_\_\_ Phone \_\_\_\_\_

If medical attention is required, which hospital do you prefer? \_\_\_\_\_

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# PORTLAND ALTERNATIVE EDUCATION

## School Registration / Emergency Form



Is the student currently under suspension/expulsion from any public or private school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

Are you currently on/or pending probation? \_\_\_\_\_

If yes, who is your probation officer \_\_\_\_\_ / \_\_\_\_\_  
Name Phone

School District and County of Residence \_\_\_\_\_ Last grade completed \_\_\_\_\_

Did the student receive any special services at the above school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please check all that apply.

### Special Education / IEP

\_\_\_\_ Language    \_\_\_\_ Vision  
\_\_\_\_ Math        \_\_\_\_ Hearing  
\_\_\_\_ Speech      \_\_\_\_ Occupational Therapy  
\_\_\_\_ Reading     \_\_\_\_ Physical Therapy

### Title I (K-5 only)

\_\_\_\_ Math  
\_\_\_\_ Reading

### Accommodations

\_\_\_\_ 504 Plan  
\_\_\_\_ Behavior Plan

My son/daughter has permission for open campus during lunch: Yes \_\_\_\_\_ No \_\_\_\_\_

## YOU MUST SIGN REGISTRATION FORM

Student Handbook: By signing below my student and I agree to follow and abide by all policies and procedures stated in the student handbook.

For students under 18, parent signature is required

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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# Non-Resident Enrollment Request

(For all requests other than Ionia ISD Collaborative Schools of Choice or 105c)  
{1 Year Release Only}

Request for \_\_\_\_\_ School Year Resident District \_\_\_\_\_ Effective Date of Enrollment \_\_\_\_\_

Student Information					
Student Name	Gender	Birthdate	Grade Requested	Previous School Attended	School Requested

Parent Information	
Parent Guardian Name:	Daytime phone:
Street:	Email address:
	City/Zip:

Reason for Request	
<b>This request is for release to a nonresident district:</b> <input type="checkbox"/> To continue to complete the current school year in ESTABLISHED district <input type="checkbox"/> To complete senior year in ESTABLISHED high school <input type="checkbox"/> Parent/guardian is an employee of the requested district <input type="checkbox"/> Special program is not available at resident district - attach documentation Alternative Education Program <input type="checkbox"/> Other (describe in comments below):	<b>Is the student receiving special education programs or services?</b> <input type="checkbox"/> yes <input type="checkbox"/> no Parent: If yes, attach a copy of the current IEP.  <b>Has the student been expelled or suspended in the last two years?</b> <input type="checkbox"/> yes <input type="checkbox"/> no If yes, check ✓ the student name above and describe below.

Comments:

The Ionia County Intermediate School District and constituent local districts do not discriminate on the basis of race, color, disability, religion, gender, or national origin. The district reserves the right to limit enrollment based on capacity of buildings or programs as well as failure of applicant to meet any special requirements for entry into its buildings or programs. Non-Resident enrollments may be denied to a student who has been suspended or expelled from, or has a history of truancy, at their previous district.

Parent Signature
As parent/guardian of the above named student(s) I hereby request approval of transfer of the student(s) as indicated below. I understand that:
a. I release all education records, including medical records, to the receiving district; b. <u>Transportation of the student(s) to the receiving district is my sole responsibility;</u> c. This document represents a commitment between the parent/guardian and the school district of enrollment for <u>one complete school year; and</u> d. <u>Any incomplete, inaccurate, or false statements may invalidate the transfer.</u>

Parent / Guardian Signature:	Date:
<div style="display: flex; justify-content: space-around;"> <div>           Releasing District Superintendent Signature            _____            _____            Enrolling District Superintendent's Signature         </div> <div>           Approved <input type="checkbox"/> Denied <input type="checkbox"/>    <input type="checkbox"/> <input type="checkbox"/> </div> </div>	Date _____  Date _____

**Note:** Superintendent decisions on release and/or enrollment are final and discretionary with no appeal process.





## Schools of Choice (SoC) 2023-2024 Application for Enrollment

Application Window: April 10, 2023 – September 8, 2023

- One application form per child must be received at the Central Office of your choice school district by **4:00 pm - 9/8/2023**.
- Questions should be directed to the Central Office of the choice district.
- Do not submit separate applications to Ionia ISD.

<b>District of choice:</b>	<b>Grade entering next semester:</b>
<b>In-County SoC</b> ( <i>Student resides within Ionia ISD</i> ) Circle one:    Yes    No	<b>Section 105c</b> ( <i>Student resides in a county adjacent to Ionia ISD</i> ) Circle one:    Yes    No
<b>Student Information</b>	
Student Name:	Birthdate:
Address:	Parent's Email:
City/State/Zip:	Home Phone:
Resident District:	Work Phone:
Parent / Guardian:	
School District and Building Currently Attending:	
Does your student receive Special Education or other services? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain:	
Has your child ever been expelled from school? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain:	
Has your child been suspended from any school in the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain:	
<b>K-12 Sibling Information</b>	
Is this student residing in the same household as students currently enrolled through School of Choice in the immediately preceding school year, semester or trimester?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sibling Name	Entering Grade
<b>Parent Signature</b>	
By signing below, I acknowledge that I have been provided a copy of, and accept the policies and regulations of the Ionia ISD Schools of Choice Program. I also understand that incomplete, inaccurate or false information I have provided may invalidate the transfer. <b><i>If my child is accepted as a Schools of Choice (SoC) student, I also understand that transportation shall be my sole responsibility.</i></b>	
Parent/Guardian Signature:	Date:
Student Signature (if 18 or older):	Date:
<b>Choice District Superintendent Signature</b>	
The Ionia Intermediate School District and constituent local districts comply with all federal state laws and regulations prohibiting discrimination, and with all requirements and regulations of the United State Department of Education and the Michigan Department of Education. The following signature indicates acceptance of the student:	
Authorized Signature:	Date:



## PORTLAND PUBLIC SCHOOLS

### Student Parking Registration



Driving to school is a privilege and most students do so out of necessity for a job or after school involvement. Your cooperation and help will provide for a safe parking lot accessible to students. Students who drive a car to school must know and follow the rules below, per *Administrative Guideline 5514 - Use of Motor Vehicles*.

1. Students must register their vehicle each school year. Non-registered cars may be ticketed or towed away at the owner's expense.
2. Students shall provide a copy of the following:
  - A. copy of their driver's license;
  - B. insurance certificate; and
  - C. registration.
3. Each student who drives must park in the designated student parking area.
4. Each student must display a parking permit as prescribed for the current year. Permits should be displayed by September. If a permit is lost, there will be a \$5.00 replacement fee.
5. Speeding/careless driving, etc. on school grounds and on streets bordering the school is not permitted. Parents and police will be notified.
6. Parking in NO PARKING areas is a violation. It will be dealt with by the discipline code as defiance of authority. Subsequent offenses may result in the loss of driving privileges.
7. Sitting in cars during the school day is not permitted. You should not allow any student or non-student to use your car as a place to loiter. You are responsible to see that your car is locked and responsible for what is in it.
8. Students may not enter the parking lot during the school day without getting permission from the office. Students in the parking lot without authorization are subject to discipline, in accordance with the Portland Public Schools Handbook.

No parking permits will be issued until this form has been signed and returned to the Attendance Office. Student vehicles parked on campus must have a tag hanging from the rear view mirror. For the safety of everyone in the school, the vehicle will be considered unauthorized if a tag is not visible, and may receive a parking ticket from the City of Portland. If you drive another vehicle to school, transfer your registration tag to that vehicle or you may receive a ticket.

Driver Name (print) \_\_\_\_\_

Phone number \_\_\_\_\_

License Plate # \_\_\_\_\_

Make and color of car \_\_\_\_\_

Student grade \_\_\_\_\_

Do you have **Dual Enrollment**? \_\_\_\_\_

Do you go to **ICCC**? \_\_\_\_\_

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

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# PORTLAND PUBLIC SCHOOLS

## Student Parking Registration



### Parking Ordinances and Associated Fines

The parking ordinances were adopted by the Portland Public Schools and The City of Portland to regulate the parking within the Portland Public Schools property and provide penalties for violations.

#### **Sec. 38-36     Parking Without a Permit and Fines**

It shall be unlawful for a student during regular school hours to park on the school grounds of the public schools of the city without possessing a valid permit which shall be displayed as required.

#### **Sec. 38-37     Hazardous Parking**

It shall be unlawful to park in such a way on the school grounds of the public schools of the city as to create an obstruction or hazard to other vehicles or pedestrians.

Violation of this section of the Parking Ordinance shall be a fine of twenty dollars (\$20.00) for the first offense, thirty dollars (\$30.00) for the second offense, and forty dollars (\$40.00) for the third and subsequent offenses.

#### **Sec. 38-38     No Parking Zone**

It shall be unlawful to park in a place signed "No Parking" on the grounds of a public school of the city.

Violation of this section of the Parking Ordinance shall be a fine of ten dollars (\$10.00) for the first offense, twenty dollars (\$20.00) for the second offense, and thirty dollars (\$40.00) for the third and subsequent offenses.

#### **Sec. 38-39     Misparking**

It shall be unlawful to park in any area not specifically designated for parking by sign or written rules of the school on the grounds of a public school of the city, including parking in any parking area without proper authorization for that area.

Violation of this section of the Parking Ordinance shall be a fine of ten dollars (\$10.00) for the first offense, twenty dollars (\$20.00) for the second offense, and thirty dollars (\$40.00) for the third and subsequent offenses.

#### **Sec. 38-40     Handicap Parking**

It shall be unlawful to park in any area that is designated by a sign on the parking lot surface, or by a posted sign for handicap parking.

Violation of this section of the Parking Ordinance shall be a fine of fifty dollars (\$50.00) for the first offense, seventy-five dollars (\$75.00) for the second offense, and one hundred dollars (\$100.00) for the third and subsequent offenses.

**I understand the parking rules and have been given a copy of this form.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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## PORTLAND PUBLIC SCHOOLS

Ionia County Career Center

### Driving/Riding Release



This form must be filled out in its entirety by students who drive or ride with another driver to and/or from Ionia County Career Center (ICCC).

Student: \_\_\_\_\_ has my permission to drive/ride with another student to and/or from ICCC as an alternative educational site.

Parent/Guardian Name Printed: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As a Portland High School Student, I will obey the driving/riding rules at Portland High School land to and from ICCC. I understand these privileges shall be taken away because of poor attendance or misbehavior.

Student: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Please indicate if you are driving or riding: ☐ Driving ☐ Riding

If driving, make and model of vehicle: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Color of Vehicle: \_\_\_\_\_

Vehicle Owner: \_\_\_\_\_

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# PORTLAND PUBLIC SCHOOLS

## Transportation Request Form



Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Student resides with: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime phone # \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Other students at home address:

1. \_\_\_\_\_ School: \_\_\_\_\_

2. \_\_\_\_\_ School: \_\_\_\_\_

3. \_\_\_\_\_ School: \_\_\_\_\_

4. \_\_\_\_\_ School: \_\_\_\_\_

In order for the transportation department to provide a safe and orderly environment for your child, parents/guardians are encouraged to identify one (1) pick-up and one (1) drop off location for the school year. The bus stop may or may not be located at the home address.

Requested pick-up address: \_\_\_\_\_

Drop off address: \_\_\_\_\_

- ☐ My child does NOT need transportation provided by the school district  
☐ I requested transportation at the above addresses

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# PORTLAND PUBLIC SCHOOLS

## List of Potential Disclosures of Directory Information and Opt-Out Form



The Board may disclose appropriately designated "directory information" without written consent, unless the parent or adult student advises the Board to the contrary by filling out, signing and returning this form to the District.

The primary purpose of directory information is to allow the Board to include this type of information in certain school publications. The following is a list of uses for which the District commonly would disclose a student's directory information:

Yearbook	School Awards
Website/Social Media	Honor Rolls/Academic Lists
Drama/Music Productions	Athletic Programs/Sports Activity Sheets
Graduation Programs	Newsletters
Class Lists	School Publications

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's or adult student's prior written consent. In addition, two (2) Federal laws require the District to provide military recruiters, upon request, with three (3) directory information categories; names, addresses, and telephone listings – unless parents or adult students have advised the District that they do not want their student's information disclosed without their prior written consent.

The district has designated the following information about each student as "directory information":

- A student's name;
- Major field of study;
- Participation in officially – recognized activities and sports;
- Height and weight, if a member of an athletic team;
- Dates of attendance;
- Date of graduation;
- Awards received;
- Honor rolls;
- Scholarships; and
- School photographs or videos of students participating in school activities; events or programs.

The Board will make the above information available upon a legitimate request unless a parent, guardian, or adult student has opted-out of provision of their information in some or all circumstances by filling out, signing and returning the Opt-Out Form or notifies the School in writing within 14 days from the date of this notification that s/he will not permit distribution of any or all such information. Directory information will not be provided to any organization for any profit-making purpose.

If you elect to opt-out of the above, please sign below, and return to the office of your child's school.

If you do not wish to opt-out of any of the above common uses, you do not need to return this form or take any other action.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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# PORTLAND PUBLIC SCHOOLS

## Student Services Questionnaire



This information will be used to help Portland Public Schools address the needs of our students and families.

Student Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Does your student receive special education services (IEP or 504)? \_\_\_\_\_ yes \_\_\_\_\_ no

Do you currently receive or believe you may qualify for free or reduced lunch? \_\_\_\_\_ yes \_\_\_\_\_ no

Is the student's parent/guardian, step-parent or sibling currently in the military? \_\_\_\_\_ yes \_\_\_\_\_ no

Is your child's native language (first) tongue a language other than English? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, which language? \_\_\_\_\_

Is the primary language used in your child's home or environment a language other than English? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, which language? \_\_\_\_\_

Who does your student live with most (most days of the year)?  
\_\_\_\_\_ biological mother \_\_\_\_\_ biological father \_\_\_\_\_ aunt \_\_\_\_\_ uncle  
\_\_\_\_\_ other family member \_\_\_\_\_ grandparent \_\_\_\_\_ step-parent \_\_\_\_\_ other

During the school year, where does your student live? (check one box)

*The answers you give will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.*

### Section A

- \_\_\_\_\_ In a shelter, a motel, car, camper, etc.  
\_\_\_\_\_ Awaiting foster care placement or within first 6 months of placement  
\_\_\_\_\_ With another family or person due to loss of housing or economic hardship  
\_\_\_\_\_ With more than one family in a house or apartment  
\_\_\_\_\_ Other temporary living situation (please describe) \_\_\_\_\_

### Section B

\_\_\_\_\_ Choices in Section A do not apply

If you checked a box in Section A, complete Section C. If you checked Section B, no need to answer C.

### Section C My student lives with:

- \_\_\_\_\_ 1 parent \_\_\_\_\_ 1 parent and another adult \_\_\_\_\_ alone with no adults  
\_\_\_\_\_ 2 parents \_\_\_\_\_ a relative, friend or other adult \_\_\_\_\_ an adult that is not the parent/guardian

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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# PORTLAND PUBLIC SCHOOLS

## Student Health History



Date form received by school: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

To provide a safe environment for your child, it is important that we have an understanding of your child's health status. Please complete and return it to school.

### Health History:

Health Condition:	Yes:	No:	Health Conditions Cont.	Yes:	No:
Food Allergy (describe in comments)			Chronic Diarrhea or Constipation		
Bee Sting Allergy			Chronic Respiratory Problems		
Latex Allergy			Urinary/Kidney Condition (describe in comments)		
Seasonal Allergies			Brain (injury, condition, surgery)		
Other Allergy (describe in comments)			Eye/Vision Problems/Glass/Contacts		
Diabetes			Dietary Concerns		
Skin Condition			Ear/Hearing Problems		
Blood Disorder (list in comments)			Frequent Headaches		
Asthma			Frequent Stomach aches		
Bone/Joint Problems			Heart Health Condition (describe in comments)		
Cancer			Seizure disorder (list date of last seizure in comments)		
Behavior Concerns			Physical Disabilities (describe in comments)		
ADD/ADHD (describe comments)			Other health concerns not listed: (list in comments)		

Emergency Medications for Allergies, Seizures, Asthma, Diabetes:	Yes:	No:
Epi-Pen/AUVIQ Allergy prescribed for:		
Benadryl (for an allergy) Allergy:		
Diastat		
BAQSIMI		
Glucagon		
Inhaler Prescribed for:		
Other:		

Medications	Yes:	No:
Does student take routine medications? (list in comments section along with health condition it is taken for)		
Will medication be given at school?		

Other Health Information	Yes:	No:
Do your child's health problems affect activities of daily living or school participation? (explain in comments section)		

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# PORTLAND PUBLIC SCHOOLS

## Student Health History



Dear Parent/Guardian,

Included with this letter you will find a Student Health History form. Your child's learning and academic success depends upon good health. To assist us in providing the safest and healthiest school environment for your child, please provide all pertinent medical information. We will collect and review the information and if medically necessary, we will alert teachers and staff about health concerns.

### **Prescription Medications:**

The physician that prescribed your child's medication needs to sign the school Medication Administration Authorization form for any medication that your child takes or carries at school. This includes medicine such as rescue inhalers, Epi-pens, Glucagon, and Diastat. This form must be filled out entirely and be on file at the school before any medication can be taken/used on school grounds. All medications must be brought to school by the parent/guardian and be in their original container with an untampered prescription label. Students are not permitted to self-carry or self-administer any medication unless written permission is on file in the office. This paperwork must be completed every year.

### **Over the Counter Medications:**

Portland Public Schools is not able to supply any medications for students. The parent/guardian will need to supply any medication(s) their student may need. Please bring a new, unopened container of the medication to your student's school. This includes medicine, such as Benadryl, for allergies. Be sure to also fill out a Medication Administration Authorization form. Medications should not be sent to school with a student.

### **Allergies and Chronic Conditions:**

For any allergy or chronic health condition that may require intervention(s) at school (asthma, diabetes, epilepsy, etc.) we require an action plan/care plan that is signed by the child's doctor.

Please return the Student Health History sheet as soon as possible to your child's school secretary. If you have any questions or concerns, please feel free to contact one of the district nurses below.

Thank you for your cooperation and understanding.

Julia Crowley, LPN  
PPS District Nurse  
jcrowley@portlandk12.org  
(517) 647-2991 or (517) 647-2989

Jessica Schroeder, RN  
PPS District Nurse  
jschroeder@portlandk12.org  
(517) 647-2991 or (517) 647-2989

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## PORTLAND PUBLIC 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.

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.

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*I authorize Portland Public 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: \_\_\_\_\_

Printed Parent/Guardian Name: \_\_\_\_\_

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**PORTLAND PUBLIC SCHOOLS**  
School Medication Administration Form



Valid for school year (current): \_\_\_\_\_

School: \_\_\_\_\_ Date form received by school: \_\_\_\_\_

This form must be completed fully in order for the school to administer the required medication. A new medication administration form must be completed each school year, for each medication, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Non-prescription (over-the-counter) medication must be in the original container with the label intact
- An adult must bring the medication to the school.
- The school nurse will call the prescriber, as allowed by HIPPA, if a question arises about the student's medication.

☐ **Over the Counter Medication**

☐ **Prescription Medication**

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Condition for which medication is being administered: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

Time/Frequency of administration: \_\_\_\_\_ If PRN, frequency: \_\_\_\_\_

If PRN, for what symptoms: \_\_\_\_\_

Side effects: \_\_\_\_\_

Medication shall be administered from: \_\_\_\_\_ to \_\_\_\_\_

Physician's Name/Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PORTLAND PUBLIC SCHOOLS**  
School Medication Administration Form



**Parent/Guardian Authorization**

I request designated school personnel to administer the medication as prescribed by the above prescriber. I certify that we have the legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I understand that at the end of each school year, an adult must pick up medication. I authorize the school nurse to communicate with the health care provider as allowed by HIPPA.

Parent/Guardian Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---

**Self Carry/Self Administration of Emergency Medication Authorization**

Self carry/self administration of emergency medication may be authorized by the prescriber and must be approved by the school nurse.

The above student will:      ☐ Self Carry                      ☐ Self Administer

Prescriber's authorization for self carry/self administration of emergency medicine:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

School RN approval for self carry/self administration of emergency medicine:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**PORTLAND PUBLIC SCHOOLS**  
Medical Statement for Student *Without* a Disability  
(Requesting Special Foods in Child Nutrition Programs)



Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Description of child's medical or other special dietary needs that restrict the child's diet:

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Foods to Omit:	Foods to Substitute:

Other information regarding diet or feeding: (provide additional information below or on back of form or attach to this form).

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\_\_\_\_\_  
Signature of Medical Authority

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office Phone Number

Please fax completed form to Portland Public Schools: (517) 647-2975.

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**PORTLAND PUBLIC SCHOOLS**  
**Virtual Course Consent**



In order for a student under 18 to take a virtual course with Portland Public Schools we are required to have parental consent. Typically this is done at the time of registration as this allows us to schedule students for virtual courses as they are needed throughout the year.

I consent for my child to take virtual courses through Portland Alternative Education or Portland Virtual School.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**\* MUST BE RETURNED FOR BOTH ATTENDING  
AND VIRTUAL STUDENTS \***

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# PORTLAND PUBLIC SCHOOLS

## Acceptable Use Policy

and

## Agreement for Acceptable Use of Portland Public Schools

### Technology Resources

### Students Grades K-12



\_\_\_\_\_  
*Building/Program Name*

\_\_\_\_\_  
*Student Name*

This agreement is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, between \_\_\_\_\_ ("Student" or "User") and the Portland Public Schools ("PPS"). The purpose of this agreement is to grant access to and define acceptable use of PPS's mission statement. "Technology Resources" include, but are not limited to: (1) internal and external network infrastructure, (2) Internet and network access, (3) computers, (4) servers, (5) storage devices, (6) peripherals, (7) software, and (8) messaging or communication systems. These resources may be provided to users to: (1) assist in the collaboration and exchange of information, (2) facilitate personal growth in the use of technology, and (3) enhance information gathering and communication skills.

In exchange for the use of PPS's Technology Resources either at school or away from school, you understand and agree to the following:

- A. Your use of the PPS's Technology Resources is a privilege that may be revoked by the PPS at any time and for any reason.
- B. The PPS reserves all rights to any material stored on PPS Technology Resources. You have no expectation of privacy when using PPS Technology Resources. PPS reserves the right to monitor all use of its Technology Resources, including, without limitation, personal email and voice mail communications, computer files, data bases, web logs, audit trails, or any other electronic transmissions accessed, distributed, or used through the Technology Resources. PPS also reserves the right to remove any material from the Technology Resources that the PPS, at its sole discretion, chooses to, including, without limitation, any information that PPS determines to be unlawful, obscene, pornographic, harassing, intimidating, or disruptive.
- C. The Technology Resources do not provide you a "public forum." You may not use the Technology Resources for commercial purposes or to lobby or solicit political positions or candidates unless expressly authorized in advance by a teacher or administrator as part of a class program or activity. You may, however, use the Technology Resources to contact or communicate with public officials.
- D. The PPS's Technology Resources are intended for exclusive use by registered users. You are responsible for your account/password and any access to the Technology Resources made using your account/password. Any problems arising from the use of your account/password are your responsibility. Use of your account by someone other than you is forbidden and may be grounds for loss of access privileges and other disciplinary consequences for both you and the person(s) using your account/password.
- E. You may not use the Technology Resources or any other communication/messaging devices (including devices not owned by PPS while on campus, at school sanctioned events – home or away, and/or on school busses) to engage in cyberbullying. Cyberbullying means "the use of email, cell phone and pager text messages, instant messaging (IM), defamatory personal websites, and defamatory online personal polling websites to support deliberate, repeated and hostile behavior by an individual or group that is intended to harm others."
- F. Misuse of Technology Resources may result in suspension of your account privileges and/or other disciplinary action, up to and including expulsion, as determined by the PPS. Misuses includes, but is not limited to: authorized person, *during adult use*, to enable access to bona fide research or for other lawful purposes.
- G. It is the policy of PPS to prohibit its minor students from (1) accessing inappropriate matter on the Internet; (2) engaging in hacking or other unlawful online activities; (3) disclosing, using, or disseminating personal information online; or (4) accessing materials that are harmful to minors. It is also the policy of PPS to educate

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# PORTLAND PUBLIC SCHOOLS

## Acceptable Use Policy

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### Technology Resources

### Students Grades K-12



students about cyberbullying awareness and response and about appropriate online behavior, including safely interacting with other individuals in social networking websites, chat rooms, and by email.

- H. PPS does not guarantee that measures described in paragraphs F and G will provide any level of safety or security or that they will block all inappropriate material from PPS's minor students. You agree that you will not intentionally engage in any behavior that was designed to be prevented by paragraphs F and G.
- I. The PPS does not warrant or guarantee that its Technology Resources will meet any specific requirement, or that they will be error free or uninterrupted; nor will PPS or its Internet provider be liable for any direct or indirect, incidental, or consequential damages (including lost data, information, or time) sustained or incurred in connection with the use, operation, or inability to use the Technology Resources.
- J. When utilizing the PPS Technology Resources, you may use only PPS authorized messaging and communication systems. There is no expectation of privacy in electronic communications. The PPS reserves the right to monitor electronic communications.
- K. As soon as possible, you must disclose to your teacher or other school employee any message you receive that is inappropriate or makes you feel uncomfortable, harassed, threatened, or bullied, especially any communication that contains sexually explicit content. You should not delete such content until instructed to do so by a staff member.
- L. The PPS and/or the Internet provider will periodically determine whether specific uses of the PPS's Technology Resources are consistent with this acceptable use policy. The PPS or its Internet provider reserves the right to log Internet use and to monitor mail space and file server utilization by users. The PPS reserves the right to remove a user account on the PPS's Technology Resources to prevent further unauthorized activity.
- M. You may not transfer software belonging to PPS without the permission of the PPS Technology Coordinator or his/her designee. Without first obtaining such permission, you will be liable for any damages and will be required to pay the cost of any damages caused by such transfer, whether intentional or accidental.
- N. You are responsible for the proper use of Technology Resources and will be held accountable for any damage to or replacement of the Resources caused by your inappropriate use.

In consideration for the privileges of using the PPS's Technology Resources and in consideration for having access to the information contained therein, I release the PPS, its Board of Education, individual Board members, administrative employees and agents, the Internet provider and its operators from any and all claims of any nature arising from my use, or inability to use, the Technology Resources. I agree to abide by this Acceptable Use Policy and Agreement and by any rules or regulations that may be added from time-to-time by the PPS and its Internet provider as well as PPS's Internet Safety Policy and its Student Code of Conduct. All additional rules, regulations, and policies are available in hardcopy in the Principal's office.

I have read this Acceptable Use Policy and Agreement and sign it knowingly and freely.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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# PORTLAND PUBLIC SCHOOLS

## District Chromebook Agreement



Student Name \_\_\_\_\_

Device Asset ID Number \_\_\_\_\_

### Parent/Guardian Responsibilities and Permission

I have received a District Chromebook device to use at home and school to support my student's learning and achievement. By accepting the possession of the device, I agree to the following:

- o I understand that it is to be used for educational purposes only and in accordance with Student Acceptable Use Policy.
- o I understand that I am responsible for any loss or damage to the device and charger.
- o The District may request the device be returned at any time.
- o I must return the device to the District in the same condition as it was received.

Students must follow the Responsible Use and Care Guidelines as outlined below. A list of assigned equipment and accessories is also provided below with cost if damaged, stolen, or lost.

I am authorizing the assignment of a Chromebook device to my child currently enrolled in Portland Public Schools. I understand that the device is to be used as a tool for learning and that my child will comply with the Responsible Use and Care Guidelines. I will ensure the safe and timely return of the device within the loan period or upon request by the District. I understand that in the event of theft, misuse or carelessness, there is no provision for replacement. I also understand that I am financially responsible for any willful, malicious, or accidental damage to the device.

By accepting the device, you are responsible for any and all damages and costs incurred.

### Internet Content Filtering

The District has implemented technology protection measures and content filtering on all student Google accounts both on campus and offsite. This will ensure that anywhere students are logged in with their school Google accounts, they will be protected required under the guidelines of the Children's Internet Project Act. While Portland Public Schools uses technology protection measures to limit access to material considered harmful or inappropriate to students, it may not be possible for the District to absolutely prevent such access.

### Student Responsibilities

By accepting the device, the student is agreeing to follow the guidelines in this policy and is agreeing to report any misuse of the Chromebook to the person designated by the School for such reporting. Misuse means any violations of this policy or any other use that is not included in the policy, but has the effect of harming another or his or her property. Additionally, misuse includes anything that violates the school student handbook or the district technology agreement.

### Responsible Use and Care Guidelines

1. Modifying or changing the device settings and/or internal or external configurations is prohibited.
2. Using obscene, threatening or disrespectful language in any form online or in electronic communications is strictly prohibited.
3. Avoid placing heavy materials, such as books, on top of the device.
4. Protect the LCD display screen. Before closing the device, make sure there are no small items, such as a pencil or small earphones, on the keyboard.
5. When carrying a Chromebook, close it and carry it face up.
6. Report any damage that may have happened to the Chromebook immediately.
7. Parents and students agree to return the device and all components to the school in the same condition as when the device was issued to the student.

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# PORTLAND PUBLIC SCHOOLS

## District Chromebook Agreement



### Chromebook Etiquette

All users must abide by the rules of Chromebook etiquette, which include:

1. Politeness. Use appropriate language. No swearing, vulgarities, suggestive, obscene, belligerent or threatening language.
2. Safety. The Chromebooks shall be used for only intended purposes to enhance learning. No personal information shall be shared that could compromise student or staff safety.
3. The following is a non-exhaustive list of offenses that are not acceptable uses of Chromebooks:
  - o Uses that are offensive to others. Don't use access to make ethnic, sexual preference or gender-related slurs or jokes.
  - o Uses that violate the law or encourage others to violate the law. Don't transmit offensive or harassing messages; offer for sale or use any substance whose possession or use of is prohibited by the School District's Student Code of Conduct.
  - o Uses of social networking sites. Chromebooks are provided as a tool of the student's education. School is not the appropriate setting for the use of social networking sites and such use is prohibited. Social networking sites are sites where individuals create and view personal profiles, create networks of friends, leave messages for each other, etc.
  - o Uses that are deemed harassment or bullying. Cyberbullying is strictly prohibited. Chromebooks shall not be used for this purpose or to persuade others to do so. If a student finds that other users are engaging in Cyberbullying or harassment, he or she should report such use to the person designated by the School.

### Privacy

Students shall not share any information that could compromise the privacy of themselves or any other students/staff member at the school. This information includes, but is not limited to, the following:

1. Login information
2. Personal information like addresses
3. Descriptions of themselves or any other person that could be used for identification

### Damage Charges

Equipment	Damaged Equipment Cost
Chromebook LCD Display	\$75
Chromebook Keyboard/Palm Rest	\$90
Chromebook (lost, stolen, or total replacement)	\$300
AC Charger	\$40

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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# PORTLAND PUBLIC SCHOOLS

## Receipt of Student Handbook



We, \_\_\_\_\_ (Parent/Guardian), and \_\_\_\_\_  
\_\_\_\_\_ (Student), have received and read the Portland Public Schools 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.

Parent/Guardian Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PACE STUDENT HANDBOOK



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# PORTLAND PUBLIC SCHOOLS

## Release of Information



Student Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_

**Name and Address of Previous School:**

\_\_\_\_\_  
Name of School Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Fax/Email

This is to certify that the parent/guardian of the above student authorizes the release of the following information to Portland Public Schools:

<input type="checkbox"/> <b>Initial Request ONLY</b> *Do not send CA60 or drop student	<input type="checkbox"/> <b>Full Request</b> *Student is accepted to PHS
<input type="checkbox"/> Discipline Records	<input type="checkbox"/> CA60
<input type="checkbox"/> Attendance Records	<input type="checkbox"/> Standardized Test Scores
<input type="checkbox"/> Academic History	<input type="checkbox"/> Health Records (Immunization Records)
<input type="checkbox"/> Special Education Records	<input type="checkbox"/> Attendance Records
	<input type="checkbox"/> Withdrawal Grades (Prior to End of Marking Period)
	<input type="checkbox"/> Suspension or Expulsion Records
	<input type="checkbox"/> Special Education Records
	<input type="checkbox"/> Discipline Records

Please send above checked information to: (CIRCLE ONE)

**Portland High School**  
1100 Ionia Rd.  
Portland, MI 48875  
Attn: Mindy Blaschka  
[mlaschka@portlandk12.org](mailto:mlaschka@portlandk12.org)

**Portland Middle School**  
745 Storz Ave.  
Portland, MI 48875  
Attn: Stacy Gross  
[sgross@portlandk12.org](mailto:sgross@portlandk12.org)

**Westwood Elementary**  
883 Cross St.  
Portland, MI 48875  
Attn: Robin Gross  
[rgross@portlandk12.org](mailto:rgross@portlandk12.org)

**Oakwood Elementary**  
500 Oak St.  
Portland, MI 48875  
Attn: Bailey Wittenbach  
[bwittenbach@portlandk12.org](mailto:bwittenbach@portlandk12.org)

**PACE**  
1090 Ionia Rd.  
Portland, MI 48875  
Attn: Karla Wittenbach  
[kwittenbach@portlandk12.org](mailto:kwittenbach@portlandk12.org)

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