

August 22, 2024

To The Parents/Guardian Of: ^(First\_Name) ^(Last\_Name)  
^(Mailing\_Street)  
^(Mailing\_City), ^(Mailing\_State) ^(Mailing\_Zip)

Dear ^(First\_Name) and Family,

Welcome to the 2024-25 school year. Your teacher is (Home\_Room).

The school day begins at **7:55AM** and students will be dismissed at **2:35PM**. SME will be open for student drop off at 7:35AM. Parents must confirm end of day transportation for their child with the classroom teacher before the first day of school. Please see the directions for each option in the arrival/dismissal page included.

Allow me to share some important information and dates related to the beginning of the school year.

Tuesday, August 27th	Kindergarten Kick Off 5-6PM
Wednesday, August 28th	Open House 5-6PM 1st-3rd grades only
Tuesday, September 3th	First day of school 1st-3rd grades
September 3th and 4th	Kindergarten visits scheduled with classroom teacher
Thursday, September 5th	Kindergarten first day/12:45PM arrival <i>**Parent responsible for kindergarten student drop off</i>
Friday, September 6th	Kindergarten begin full day schedule

Enclosed in this mailing you will find:

- Arrival/Dismissal information
- Preprinted emergency card **which must be updated** and returned on or before the first day of attendance
- K/1 Students: stickers with your child's information, please put one on your child's left chest for the first three days of school
- Optional Directory Opt Out Form
- Student/Parent Agreement Signature Page

All public schools in Michigan will continue to offer universal breakfast and lunch during the 2024-25 school year for all students. Universal free meal family applications have been mailed to all families. Families may complete these applications online at <https://gaylord.familyportal.cloud/>.

All school communication will be sent via email. This includes the school newsletter, lunch menu and the Elementary Parent-Student Handbook. This information will also be available on the district website. Please provide and/or verify your email address on the 2024 -2025 emergency card.

I encourage all parents to become involved in the PTO. The PTO provides support to teachers and students in a variety of ways. Please consider joining SME PTO.

As always, I am available should you have questions or concerns. Enjoy the remaining days of summer.

Sincerely,

Diane Parker, Principal

## GAYLORD COMMUNITY SCHOOLS 2024-2025 STUDENT INFORMATION RECORD

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

Student's Legal Last Name:	First Name:	Middle Name:	Preferred First Name:
Home Phone:	Gender: (M/F)	Grade	Date of Birth:
Student's Residence Address:		City:	Zip Code:
Mailing Address for Student Mailings:		City:	Zip Code:
School District of Residence:	County of Residence	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)		
<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> African American	<input type="checkbox"/> American Indian / Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native Hawaiian / Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic / Latino

LANGUAGE SPOKEN AT HOME: (select all that apply)  English  Spanish  Other: (specify) \_\_\_\_\_

STUDENT LIVES WITH: (check one):

<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Father Only	<input type="checkbox"/> Foster Parents	<input type="checkbox"/> Other (specify below)
<input type="checkbox"/> Joint Custody	<input type="checkbox"/> Mother / Step-Father	<input type="checkbox"/> Father / Step-Mother	<input type="checkbox"/> Host Family	_____
<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Mother / Other	<input type="checkbox"/> Father / Other	<input type="checkbox"/> Adult Student	_____

STUDENT'S RESIDENCE IS: (check one)

<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> More than 1 family in house	<input type="checkbox"/> Motel / Car / Campsite
<input type="checkbox"/> With Friends / Family (other than parent/guardian)	<input type="checkbox"/> Shelter	<input type="checkbox"/> Other

### PARENT INFORMATION

Mother Name:	Father Name:
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:
Email:	Email:
Work Place/Phone:	Work Place/Phone:
Lives with Student (select one): <input type="checkbox"/> YES <input type="checkbox"/> NO	Lives with Student (select one): <input type="checkbox"/> YES <input type="checkbox"/> NO

If a parent does not live in the same household as the student, send school mailings to this address (Optional):

Is any parent a member of the **Armed Forces** and on active duty (select one):  YES  NO

If there are adults who are restricted from seeing this student OR if there is any other guardianship information by order of a court, please list them here.  
**WE CAN NOT RESTRICT A PARENT WITHOUT LEGAL DOCUMENTATION ON FILE AT THE SCHOOL**

OTHER ADULTS RESIDING IN THE HOME: (not including mother and father listed above)		
Name (Last,First)	Relationship	Phone

### 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 (List below)
- Medications (List below)
- Other (List below)

**CONDITIONS:**

- Asthma - Parent providing inhaler to office? YES NO
- Diabetes
- Convulsions / Seizures (Explain below)
- Other Medical Information (Explain below)

Parent providing Epipen? YES NO

Please list any allergies and/or provide specific information on conditions checked above:

Please provide any additional information regarding your child's health or medical issues you would like the school to be aware of:

**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 well-being 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.

**YOUR CHILD WILL NOT BE RELEASED TO ANY UNAUTHORIZED PERSON**

Name (Last, First)	Relationship	Phone

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

## 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)

**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 the Network/Internet Access Agreement included in the District handbook 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 and/or off campus events 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 and/or off campus events.       YES       NO

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

\_\_\_\_\_  
Date

➤ ACKNOWLEDGMENT OF STUDENT HANDBOOK

We have reviewed and read the District Parent/Student Handbook located on the GCS website. 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

## South Maple Elementary Arrival

### 1. Bus

- a. Students will be released from the bus at 7:35AM.
- b. Breakfast will be available and eaten in the cafeteria during this time.

### 2. Drop Off 7:35- 7:55AM

*Students may not be dropped off before 7:35AM.*

- a. Enter the South Maple drive, pulling up to the sidewalk, student exits on the passenger side of the vehicle.
- b. Student enters through the main entrance and goes directly into the cafeteria.
- c. Students will be supervised in the cafeteria until being released to classrooms at 7:55AM.
- d. Breakfast will be available and eaten in the cafeteria during this time.

### 3. Drop Off after 7:55AM

- a. Adult escorts child to the South Maple Office.
- b. Breakfast will be available and will be eaten in the classroom



## South Maple Elementary Dismissal

### 1. Bus

- New bus riders or changes to transportation need to be made through the South Maple office at (989)731-0648.
- Student has a blue identification tag on their backpack.

### 2. Front Pick Up 2:37- 2:50PM

- Parent enters the South Maple drive and remains in their vehicle. See **blue** on map below.
- Student will be waiting outside rain, snow or shine.
- Parent may displays the school provided identification tag.
- Student enters the vehicle on the passenger side from the sidewalk.
- Student has a pink identification tag on their backpack.

### 3. Gym Entrance Pick Up 2:37- 2:50PM

- Parent contacts the South Maple office at (989)731-0648 and identifies up to 2 approved names for pick up.
- Parent enters the Gaylord Middle School drive and parks on the west side of the building. Do not park on 5th street and walk through traffic. See **red** on map below.
- Student will be waiting inside the building.
- No earlier than 2:37PM, parent approaches South Maple gym entrance at the south exterior door only. Parent will provide identification, sign student out, and student will be brought to the gym entrance.
- Student has a yellow identification tag on their backpack.

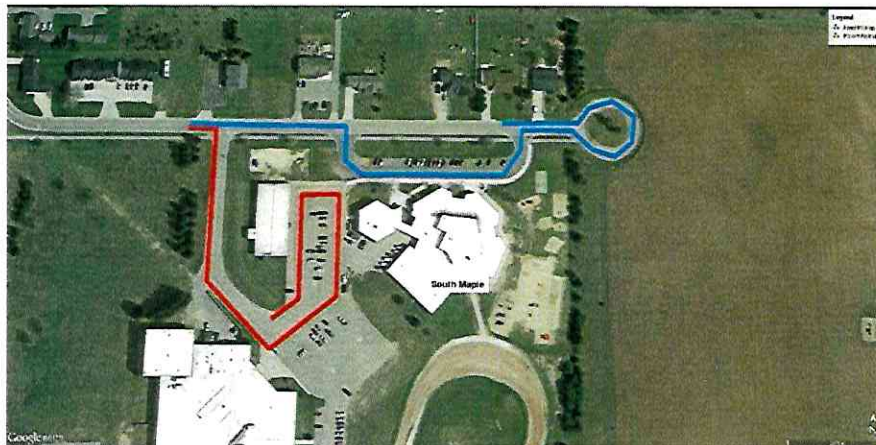
#### Before the first day of school:

- Inform your child's teacher of dismissal plan.

#### During the school year:

- To **permanently change** your child's current dismissal information **contact** the South Maple Elementary office at (989)731-0648.
- If you have a **daily transportation change**, for example: Your child's regular dismissal is bus and today you need to pick your child up or someone other than an approved parent pick up adult is picking up your child, **contact** the South Maple Elementary office, on the day of the change, before 1:30PM.

There is an abundance of traffic at this time of day. Driver's attention to safety, courtesy to other vehicles, and patience is important.



Legend: **Blue-Front Pick Up**

**Red-Parent Pick Up**