Welcome to Kindergarten

Hello! Welcome to Central Elementary!

We are excited to help parents as they begin this adventure!

The following items are needed to complete for enrollment:

- ✓ Birth Certificate
- ✓ Immunization Record/Waiver
- ✓ Driver's License or Picture ID
- ✓ Proof of Residency (Utility bill)
- ✓ Health Appraisal needs to be filled out & signed by you and your doctor. This also needs to be signed by your child's dentist.
- ✓ Completion of enrollment packet.

✓ All paperwork must be returned by Aug 4th, 2025, to be processed for your child to start school in August.

✓ Preschool/Head Start students still need this form completed.

*Any questions, please call Central Elementary

(269)483-7107 #2 at the prompt

FOR OFFICE USE ONLY:
STUDENT NUMBER_____ SCHOOL_C___MS____HS____
LOCKER #_____ BUS#_____
UIC_____

BIRTH CERTIFICATE	PROOF OF RESIDENCY	RECORDS REQUEST	INTERNET PERMISSION	LANGUAGE SURVEY	RESIDENCY QUESTIONNAIRE	MOTHER DLIC
SHOT RECORD/ IMM RELEASE	FIELD TRIP/ PHOTO PERMISSION	EARLY DISMISSAL	CONCUSSIO N INFO	SOC APPLICATIO N	RELEASE DIRECTORY INFO	FATHER DLIC
START	TEACHER	PE INFO SHEET	BUS	K HEALTH APPRAISAL	9-12 SPORTS TRANSFER	

WHITE PIGEON COMMUNITY SCHOOLS

Family Date Sheet

NEW FAMILIES: Has this student ever been in this district before? ____Yes ____ No
Have you ever had a student in this district before? ____Yes ____ No
Is the student receiving special education services(IEP)? ____Yes ____ No

Did the student attend Preschool?_____ Name of school:_____

DATE:_____ GRADE ENTERING:_____ GRADE COMPLETED:_____ MALE/FEMALE (Circle one)

SCHOOL LAST ATTENDED_____ ADDRESS_____CITY_____STATE_____

STUDENT NAME_____NICKNAME_____
(LAST) (FIRST) (MIDDLE)

PHYSICAL ADDRESS_____ P.O.BOX _____

CITY_____ STATE_____ ZIP_____

STUDENT'S BIRTHDATE _____ CITY & STATE OF BIRTH _____

PHONE _____-_____-_____ TOWNSHIP_____
(AREA CODE)

Please answer BOTH parts A and B:

Part A: Is this student Hispanic/Latino? (choose only one)

_____NO, not Hispanic/Latino	_____YES, Hispanic/Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

Part B: What is the student's race?

___ American Indian or Alaska Native	___Asian	____Native Hawaiian or Other Pacific Islander	____ Black or African American	____White

Family Information

	Mother	Father
NAME:		
ADDRESS: (IF DIFFERENT)		
E-MAIL ADDRESS:		
CELL PHONE NUMBER:	(Area code)	(Area code)
EMPLOYER:		
WORK PHONE:	(Area code) Ext:	(Area code) Ext:
WORK HOURS:		
LANGUAGE IN HOME:		

IN A MILITARY CONNECTED FAMILY _____YES _____ NO

STUDENT LIVES WITH- CIRCLE ONE: Birth Parents Father & Step-Mother

Mother & Step-Father Relative Father Only Mother Only Legal Guardian Foster Home

Grandparents Joint custody Power of Attorney

PERSON THAT HAS CUSTODY: _____

STEP-PARENT IN HOME: _____ YES _____NO Step-Parent's Name _____

PLACE OF WORK _____ PHONE_____-_____-_____
(AREA CODE)

CITY _____ STATE_____ CELL PHONE_____-_____-_____WORK HOURS_____
(AREA CODE)

STUDENT INFORMATION

LIST ANY CHRONIC ILLNESS OR ALLERGY _____

MEDICATIONS TAKEN AT HOME _____

MEDICATION TAKEN AT SCHOOL _____

DOCTOR'S NAME _____ PHONE _____-_____

Has the student being enrolled had chickenpox? Yes _____ No _____ Date _____

OTHER CHILDREN IN THIS HOUSEHOLD:

NAME	BIRTHDAY	GRADE	SCHOOL ATTENDING

IMPORTANT: Please list two adults who would assume responsibility for your child in an emergency if neither parent can be reached.

ADULT ONE:

_____
NAME **RELATIONSHIP**

_____ _____ _____ _____
ADDRESS **Work Number** **Home Number** **Cell Number**

_____
CITY **STATE** **ZIP CODE**

ADULT TWO:

NAME RELATIONSHIP

ADDRESS Work Number Home Number Cell Number

CITY STATE ZIP CODE

In case of an accident or severe illness, I authorize the school authorities to contact one of the above if no one can be reached at home or business. Furthermore, if I cannot be reached I authorize the school authorities to secure medical attention for my child, but not at school expense.

PARENT'S SIGNATURE:_____

Remarks:

_____

_____

_____

_____

White Pigeon Community Schools

White Pigeon, Michigan 49099

Emergency Instructions for Early Dismissal

There are times when school must close early due to weather or other conditions. The school will notify the radio and television stations and they will transmit the message. Please make sure to include contact phone numbers.

STUDENT'S NAME: _____

TEACHER'S NAME: _____ GRADE: _____

When an emergency dismissal occurs, my child/children should go:

CHECK ONE:

( ) Walk Home (address) _____

_____

( ) Walk-Other (address & explain) _____

_____

_____

( ) Bus (address) _____

_____

( ) Pick-Up (Who) _____

_____

TRANSPORTED CHILDREN- If the bus driver finds no one home, the student will be returned to school.

Please list all school-age siblings:

Name:	Grade	Teacher
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ _____

Signature Date

WHITE PIGEON COMMUNITY SCHOOLS
410 E Praire Ave.
White Pigeon, MI 49099
Jr/Sr HS: Phone:(269) 483-7679 Fax: (269) 483-8742
Central Elementary: Phone: (269) 483-7107 Fax: (269) 483-8432

VERIFICATION OF RESIDENCY

Directions: This form is to be completed for each child who enrolls in this school district for the first time and for every change of address. Proof of current residency is required each time an address is changed. Acceptable types of proof are water, sewer, electric, trash, or gas bills, lease, or property tax bills.

Law requires that in order to attend school in a certain district a natural parent or guardian must be a permanent resident of that district. I recognize that it is unlawful to enroll a child in a school district where their parent or legal guardian has no permanent residency. This child is presumed to have a residency the same as the parent or legal guardian. The school district reserves the right to require that satisfactory documentary evidence be submitted to the Superintendent to establish the student's residency.
I also recognize that if it is determined by the school district that my child/children are not legal residents of this school district, I will be obligated to pay the full cost of education for my child/children. The exact amount will be determined when a nonresidency is determined.

CHECK ONE: ____ New Student _____
(Last School attended)

____ Address Change _____

_____
(Old Address)

Student_____ Grade_____ D.O.B._____

New Address_____ Phone_____-_____-_____

_____

Living With:(Circle One) Legal Guardian: Yes No Court Placed: Yes No

Names of Adults (Relationship)

_____

_____

Parent/Guardian Signature:

_____ Date:_____

White Pigeon Community Schools

Student Residency Questionnaire

By completing this questionnaire, you help this district comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your truthful and accurate answers help the district identify services that the student may be eligible to receive. This is confidential information and will not be shared with anyone other than school staff.

Date:_____

Student's Name:_____ Grade:_____

Parents/Guardians' Name: _____

Please indicate school district origin: _____
("School of origin" means the school that the child attended when permanently housed or the last school in which the child was enrolled)

Date transferred from previous school (if applicable): _____

Current Contact Person:_____ Relationship to student:_____

Current Address:_____ City:_____

State:_____ Zipcode:_____

Current Phone Number:(____)_____

Is this address at a shelter?	Yes_____	No_____
Is this a **temporary** residence with family or friends?	Yes_____	No_____
If yes, is this residence:		
A) By choice?	Yes_____	No_____
B) Due to financial difficulties?	Yes_____	No_____
Is this address at a campground, in a camper, or in a car?	Yes_____	No_____
Is this address at a hotel or a motel?	Yes_____	No_____
Will the student be using school bus transportation?	Yes_____	No_____

To be filled out by school personnel

School Information

School Name:_____
Building Liasion Name (printed):_____
Liaison Signature:_____
Keep the original form on file. Please make additional copies, one for the District Homeless Liaison.
Date Student Residency Questionnaire copy submitted to District Homeless Liaison:_____
If the student is using school bus transportation, please fax this immediately to the district liaison at (269) 483-8432

White Pigeon Community Schools

"Every Student—Every Day"

Home Language Survey

The 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 please help by providing 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?
Yes____ No_____

What is that language? _____

2. Is the primary language* used in your child's home or environment a language other than English?
Yes____ No____

What is that language?_____

3. In what language would you prefer to receive communications from the school? _____

Signature of Parent or Guardian:_____

Address:_____ Date:_____

* "Primary language" means the dominant language used by a person for communication.

White Pigeon Community Schools

"Every Student—Every Day"

Name of Student:_____ Grade:_____ Age:_____

School Building:_____

Was the student born outside of the US or Puerto Rico?

Yes_____ No____

If so, when did the student first enter US schools?

Date:_____

*Students from Puerto Rico are not considered immigrant students.

Signature of Parent or Guardian:_____

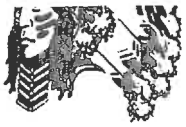
Address:_____ Date:_____



St. Joseph County Schools Information Systems

White Pigeon Community Schools

Acceptable Use Agreement Grades/ Programs



The purpose of this Acceptable Use Agreement is to give access to and define acceptable use of the technology resources made available to users through White Pigeon Community Schools (herein referred to as the "District") and the St. Joseph County Schools Information Systems (SJCSIS) Network (herein referred to as the "Network").

The District and the Network do not guarantee that technology resources will be error-free or that access will be uninterrupted. By signing this agreement you release the District and the Network of all claims and liabilities for use of the technology resources.

Any person using District and Network technology resources who, without authorization, accesses, uses, destroys, alters, dismantles, or disfigures the District's and Network's Information Systems, properties, or facilities, as well as those owned by third parties, shall be subject to disciplinary action. Such action may include, but is not limited to: Warning, Revoked Privileges, Financial Restitution, Suspension/Termination, and/or Legal action.

District and Network Safety Policies

- Never give out your last name, address, phone number, the school you attend, or personal identifying characteristics.
- Never agree to meet in person with anyone you have met online
- Never assume that you are speaking to a person your own age.
- Never assume the personal information that you may receive from the Internet is correct.
- Notify an adult immediately if you receive a message that may be inappropriate or if you encounter any material that violates the Acceptable Use Policy.

District and Network Acceptable Uses

- The computer Network at the District has been set up to allow Internet access for educational purposes. This includes classroom activities, research activities, peer review of assigned work, and the exchange of project-related ideas, opinions, and questions through email, network drives, message boards, and District-owned web page uses.
- Students will have access to the Internet in the classroom, media center, computer labs, and areas where public wifi is available
- Student's use of the Internet is contingent upon parent/guardian permission in the form o a signed copy of the Acceptable Use Agreement.

- Material created and/or stored on the system is not guaranteed to be private. District and Network administrators may review the system from time to time to ensure that the system is being used properly. For this reason, students should expect that emails, material used on personal web pages, and other work that is created on the network may be viewed by a third party.
- District and Network users are expected to adhere to the Safety Guidelines found in this document and in the District's Code of Conduct and/or Student Handbook.

District and Network Unacceptable Use

- The Network may not be used to download, install, distribute, copy, or store any application without prior permission from District and/or Network administrators. The Network may not be used for commercial purposes or to access illegal or malicious applications. Users may not buy or sell products or services through the system without prior permission from District and/or Network administrators.
- The Network may not be used for any activity or to transmit any materials that violate federal or local laws. This includes but is not limited to, illegal activities such as threatening the safety of another person or violating copyright laws.
- Network users may not use vulgar, derogatory, or obscene language. Users may not communicate through District-owned or personal devices to engage in bullying, perform personal attacks, harass another person, or post private information about another person. Such actions may be grounds for discipline under this Acceptable Use Agreement and the District's Code of Conduct and/or Student Handbook.
- Network users may not access websites, newsgroups, chat areas, or any other content containing material that is obscene or that promotes illegal activity. If a user does accidentally access this type of information, he or she should immediately notify a teacher or parent.
- Use of a computer or mobile device for anything other than a teacher-directed or approved activity is prohibited.
- User accounts shall only be used by the person authorized to use that account and users assume all responsibility for actions delivered through their account.
- Users may not make alterations to hardware/software systems or settings.
- Users may use their own laptop computer or mobile device at school, but may not connect to the Network in any way without express written permission from the District and/or Network administrators. The District is not responsible for the loss or theft of such equipment.

Web Page Policy and Permission

Identification of Students and Employees on the District Website: Student pictures and projects may be displayed on District web pages for educational and informational purposes unless other specified. Web pages will not contain a student's address, phone number or full name, except in instances when such a listing might also appear in public documents such as newspaper articles.

District-Provided Web Pages: User-created content on District-provided web pages must be consistent with the educational mission, goals, and objectives of the district and with the letter and spirit of the District's School Board policies. Material placed on web pages is expected to meet academic standards for proper spelling, grammar, and accuracy of information. Students may create content on Google Sites or other web applications under their instructor's supervision, but will not include pages containing personal details such as address or phone number. Linking to a student's or staff member's *personal* web page on an external site is not permitted.

Policy and Permission–Google Apps for Education, Email, and other online accounts

The District and Network follow the policies outlined in the Children's Online Privacy Protection Act (COPPA) in providing technology resources, Google Apps for Education accounts, email accounts, and access to any other online accounts used for educational purposes. Students in grades K-12 will be supplied with their own Google Apps for Education accounts hosted by Google Buy and managed by District and Network administrators. Students will also be assigned District email accounts, intended for educational use. By signing this agreement parents give their permission to the District and the Network to create online accounts for students under age 13. All policies outlined by Google and the following email policies apply to students as well.

Student email is NOT considered private.

Bulk mailing: Bulk mailing (mailing to a large list of people) should be done for educational purposes only. For example, a memo to the whole school, etc. Please do not forward jokes around.

Unsolicited email: Unsolicited bulk email, which is defined as sending advertisements, chain letters, or other such junk mail to users or a large list of users is NOT ALLOWED!

Commercial Email: Using either email system for personal profit, such as running a home business is also not allowed. If you have a need to use email for a home business please use another service provider.

Personal Mail: You can use your account for personal mail as long as it does not conflict with any of the policies in this document and it does not interfere with school.

Illegal Activities: Simply put this is not allowed and the proper authorities will be notified.

Account Sharing: If you share your account with someone it WILL BE SUSPENDED!

Personal Technology Guidelines

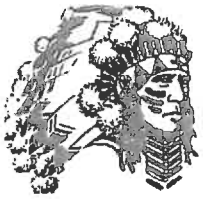
Student-owned personal technology and electronic devices may be used for educational purposes under direct teacher supervision.

Acceptable Uses during school hours:

- Designated areas for use are the cafeteria during lunch and other areas on the school grounds that staff use for their classes.
- Electronic devices and accessories must be stored appropriately when not in use.
- Student devices may only connect to the District and Network's Open Wi-Fi access points (where available). Devices with their own data plans may use their cell signal for Internet access.
- All notifications on every device must be set to silent.

Unacceptable Uses at any time on school grounds

- Users are prohibited to create or maintain a wireless hotspot.
- Unauthorized video and audio recording on school grounds is prohibited.
- Use of technology outside of designated areas during school hours is prohibited.
- Student-owned devices may not use a network cable for Internet or Network access.



St. Joseph County Schools Information Systems

White Pigeon Community Schools

Acceptable Use Agreement Grades/ Programs



I have read and understand all of the information in this 4-page document and understand that this form will be kept on file at school. I have reviewed and discussed this policy with my child. I give my child permission to access the Network as outlined above and use of a school email account. I also understand that my child's work (writing, drawings, etc.) may occasionally be published on the Internet and may be accessible on a World Wide Web server unless I have specified otherwise.

Student Name Printed: _____ Date: _____

Student Signature: _____ Date: _____

Parent Name Printed: _____ Date: _____

Parent Signature: _____ Date: _____

White Pigeon Community Schools

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

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the 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 disclosure of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize White Pigeon Community Schools to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and 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:_____

White Pigeon Community Schools

White Pigeon, Michigan 49099

Parental Permission for Field Trips

Dear Parents,

Realizing that activity trips and tours of industry, business, etc. have real value in educational programs, most teachers and activity leaders desire to arrange some such events for their pupils during the year. We have found that the policy of requiring releases for such individual trips proves to be burdensome for both the home and school. Therefore, we ask for your cooperation in signing one blanket release which can be in effect while your child is enrolled in our schools.

Parents will continue to receive advance notice of each trip through monthly newsletters or other school-wide communications. This will allow parents to have sufficient time to inform the school if they do not want their child to participate.

My child, _____ has my permission to participate in class, activity, or team groups of the White Pigeon Community Schools on educational and activity tours and field trips. I understand that the group will always be accompanied by the teacher or other activity leader and by other adults.

Any one of the three people listed below may authorize permission. Please sign and return to school promptly.

Signature: _____

(father, mother, or legal guardian)

Date: _____

White Pigeon Community Schools

White Pigeon, Michigan 49099

Photography Consent Form

As a parent or legal guardian of _____,
I am stating that I give my permission for my child to be photographed, videotaped, etc. In which the above child appears for publication purposes. This will remain in effect until I revoke this document in writing to White Pigeon Community Schools.

Signature: _____
(father, mother, or legal guardian)

Date: _____

Office Use:

Signature of Verifying individual: _____

Date: _____

Photographic permission refers to educational publications, newspapers, social media, and or television including but not limited to White Pigeon Community Schools Chief Advisor, yearbook, classroom composite, district-wide newspaper, the Sturgis Journal, Kalamazoo Gazette or the Elkhart Truth.

A FACT SHEET FOR

Parents

CDC HEADS UP

SAFE BRAIN. STRONGER FUTURE.



What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports one or more of the symptoms of concussion listed below, or if you notice the signs or symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

Signs & Symptoms of a Concussion

Signs Observed by Parents or Guardians

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to hit, bump, or fall
- Can't recall events *after* hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

Symptoms Reported by Your Child or Teen

Thinking/Remembering

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Emotional

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual

**Only ask about sleep symptoms if the injury occurred on a prior day.*

To download this fact sheet in Spanish, please visit: www.cdc.gov/HEADSUP. Para obtener una copia electrónica de esta hoja de información en español, por favor visite: www.cdc.gov/HEADSUP

January 2021

Danger signs

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if she or he has one or more of these danger signs:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Children and teens with a suspected concussion should NEVER return to sports or recreation activities on the same day the injuried occurred.

They should delay returning to their activities until a healthcare provider experienced in evaluating for concussion says it's OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class
- Sports practices or games
- Physical activity at recess

What should I do if my child or teen has a concussion?

1. **Seek medical attention right away.**
   A healthcare provider experienced in evaluating for concussion can determine how serious the concussion is and when it is safe for your child or teen to return to normal activities, including physical activity and school (concentration and learning activities).
2. **Help them take time to get better.**
   If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen may need to limit activities while s/he is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. After a concussion, physical and cognitive activities—such as concentration and learning—should be carefully managed and monitored by a healthcare provider.
3. **Talk to your child or teen about how they are feeling.**
   Your child may feel frustrated, sad, and even angry because s/he cannot return to recreation and sports right away, or cannot keep up with schoolwork. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement.

How can I help my child return to school safely after a concussion?

Most children can return to school within a few days. Help your child or teen get needed support when returning to school after a concussion. Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms.

Your child's or teen's healthcare provider can use CDC's Letter to Schools to provide strategies to help the school set up any needed supports.

As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer
- Sit out of physical activities, such as recess, PE, and sports until approved by a healthcare provider
- Complete fewer assignments
- Avoid noisy and over-stimulating environments

To learn more, go to www.cdc.gov/HEADSUP or call 1.800.CDC.INFO

January 2021

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 White Pigeon Community Schools.

Participant Name (printed): _____

Participant Name (signature): _____

Date: _____

Parent Name (printed): _____

Parent Name (signature): _____

Date: _____

Return this signed form to your child's school. This form will be kept on file for the duration of participation or age 18.

Participants and parents, please review and keep the educational material available for future reference.

Health Information for Physical Education

If your child has any health concerns, please complete this form and return it to your child's teacher.

Student Name:_____

Teacher:_____

Please list specific health conditions which may need to be brought to my attention. Examples: asthma, heart conditions or any chronic problems.

Conditions Concerns:

Parent Guardian Name:_____

Home Phone:_____ Work Phone:_____

RULES AND PROCEDURES
FOR A SAFE AND PLEASANT RIDE

Parents,

It is our goal to provide SAFE dependable transportation for all students. Please review and discuss the bus rules with your children. Impress upon them the importance of following the rules while riding a school bus. This is a general list of rules for all the buses, as each driver is different (just as each teacher is different), and may expect something more from the students. The bus is an extension of the classroom. Courteous and correct classroom behavior is expected from all students.

For your children's safety, they must obey the rules and listen to the bus driver (also the substitute bus driver). The bus driver is in complete charge and is authorized to assign seats. Remember the driver has the same authority over the students on the bus and at the bus stops as teachers do in the classroom and hallways. Following the Bus Rules **is the student's responsibility** on the bus.

If your child is to get off the bus at a stop other than their own, send a signed (by parent or guardian) and dated written request with them or phone the bus garage. **Do not give permission last minute via the child's cell phone after they get on the bus.** Students not assigned to any bus, but needing to ride, must also have a written request to ride or phone the bus garage. If a student is riding home with your child, both parents will need to send a written request or phone the bus garage to let them know. If your child will not be riding the bus to school, please notify your driver in advance or phone the bus garage (483-7439), prior to your bus stop time.

If you are the parent of a pre-school, Young 5, or Kindergarten student, it is required that you make sure the driver can see you when they arrive to let your student off the bus. For the child's safety, the driver will not let a small child off the bus without knowing if someone is home. It is not required but strongly advised, if you have a student that is in 1st or 2nd grade, you should also let the driver know someone is home.

Whereas the drivers do an excellent job reaching each stop at the same time every day, there may be times when this is not possible. Please remember the buses are at the mercy of weather conditions, traffic, trains, etc. so we ask you to have students ready at least 5 minutes before their stop time, but also be prepared to wait at least 5 minutes before their stop time, but also be prepared to wait at least 5 minutes after their bus stop time.

If you have any questions, feel free to call the bus garage at 483-7439. To leave a message for a driver, dial 269-483-7676 extension 52343.

Thank you.

SCHOOL BUS SAFETY RULES

1. **Riding the bus is a privilege.** Unacceptable conduct such as, loud talking, fighting, disobeying the bus driver, using inappropriate language, obscene gestures, harassment, bullying others, and verbal or physical abuse, may make it necessary to take your riding privileges away.

2. **Be ready and at your stop** when the bus arrives and enter quickly.

3. The driver must not be distracted from the job of driving the bus. Students **must** obey the driver. (this includes substitute drivers)!

4. Students shall be respectful, courteous, helpful, and friendly **to the driver and fellow students.**

5. Students shall sit in their seats and remain seated. No changing seats without the driver's permission.

6. Windows or doors will only be opened or closed with permission from the driver. Keep hands and head inside the windows.

7. Keep the aisle clear at all times.

8. Students are not to enter or exit from the bus by means of the emergency door (emergency only).

9. When crossing the road, students are to take from 8 to 10 students ahead of the bus so that the driver can see them and they can see the driver. They are to wait for the driver's signal and **check traffic** before crossing the road. NEVER cross behind the bus.

10. **NO talking at railroad tracks, or at turnarounds!**

11. **NO eating, drinking, or chewing gum on the bus.**

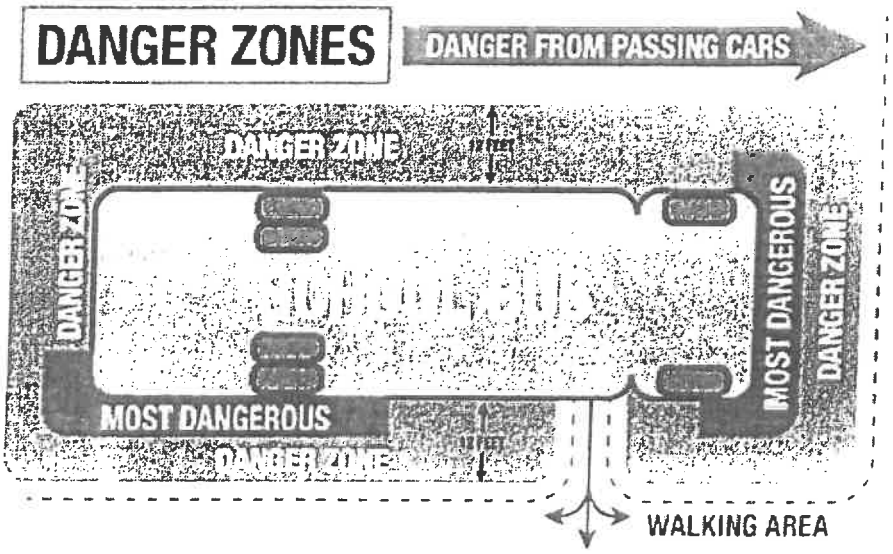
12. Students shall not be permitted to check mailboxes **at any time** when getting on or off their bus.

13. The school bus is an extension of the school campus and therefore all student code of conduct rules as listed in student handbooks will also apply to the school bus, including dress code with the exception of hats and coats are expected when weather requires them.

14. Keep away from all sides of the bus (danger zone) where it is difficult for the driver to see you.

15. As in school, **cell phone use is not permitted** on the buses. Also, cameras are not to be used on buses. Music may be played by individuals with earphones, but no sharing of music due to parental consent. Music should be turned off at Rail Road Crossings and earphones removed when crossing the road for student safety.

16. Due to an ever-increasing number of students that suffer from asthma or other breathing issues. there is to be nothing used or sprayed on the bus that has a strong scent. examples but not limited to antiperspirant/deodorant, hair spray, cologne, perfume, nail polish, polish remover, hand lotions, etc. Also, it is asked that students not overdo it when using colognes, perfumes, scented hair spray, etc. just prior to getting on the bus. Thank you.



ALL AREAS around a school bus can be dangerous, but the most dangerous area is in the front, along the right side, and behind the bus.

When crossing the road at your stop, go along the right side of the road until you are in front of the bus about 10 feet. You should be able to see the driver signal you across the road. **Before you cross the center of the road, be sure you look both ways.**

Transportation Department

269-483-7439

Please fill in this form completely. It is very important for our office to have the most up-to-date information on all of the students we transport. If you have any changes during the year, such as telephone numbers, etc., please let our office know ASAP (As soon as possible). Also, please review the attached bus rules and consequences for breaking the rules, with your child(ren) and sign below. Keep the rules for future review and return this sheet to the bus driver. Thank you.

LIST ALL YOUR CHILDREN THAT ARE ATTENDING WHITE PIGEON SCHOOLS

NAME OF STUDENT	GRADE	BUS NUMBER

PARENT GUARDIAN NAME) HOUSE NO. & STREET ADDRESS) HOME PHONE

DIRECTIONS TO YOUR HOME)

NAME OF AN EMERGENCY PERSON) PHONE NUMBER

LIST ANY OTHER IMPORTANT INFORMATION that would pertain to your children? Is there a sitter, give name, address, and phone number, is this for a.m., p.m., or both? Should your child(ren) go to a different place if we have an unexpected early dismissal? Is there any medical information or condition that the driver should be aware of, etc? If you need additional room write on the back of this form

I HAVE REVIEWED THE BUS RULES AND PROCEDURES WITH MY CHILD(REN).

(DATE) (Parent Guardian Signature)

PLEASE, IT IS VERY IMPORTANT TO RETURN THIS SHEET TO THE BUS DRIVER WITHIN THE NEXT FIVE (5) DAYS

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ( )
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	WORK TELEPHONE NUMBER ( )

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?
☐	☐	☐	1 Allergies or Reactions (for example, food, medication or other)
☐	☐	☐	2 Hay Fever, Asthma, or Wheezing
☐	☐	☐	3 Eczema or Frequent Skin Rashes
	☐	☐	4 Convulsions/Seizures
	☐	☐	5 Heart Trouble
☐	☐	☐	6 Diabetes
☐	☐	☐	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)
☐	☐	☐	8 Trouble with Passing Urine or Bowel Movements
☐	☐	☐	9 Shortness of Breath
☐	☐	☐	10 Speech Problems
☐	☐	☐	11 Menstrual Problems
☐	☐	☐	12 Dental Problems: Date of Last Exam / /
☐	☐	☐	Other (please describe):

☐ ☐ Does your child take any medication(s) regularly?

Reason for Medication

/ /

Parent/Guardian Signature Date

Birth History:

Are there any current or past diagnosis(es) ☐ Yes ☐ No

If yes, please describe:

If yes, list medications ⇨

Was the health history reviewed by a health professional?

☐ Yes ☐ No *Examiner's Initials:*

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results	Normal	Referred	Under Care
☐	☐	VISION	Visual Acuity			
			Muscle Imbalance			
		Date: / /	Other:			
☐	☐	HEARING	Audiometer			
			Other:			
		Date / /				
☐	☐	URINALYSIS	Sugar			
			Albumin			
		Date / /	Microscopic			
☐	☐	BLOOD LEAD LEVEL	Level ____ ug/dl ⇨			
		Date: / /				

No	Yes	Was child tested for:	Test results	Normal	Referred	Under Care
☐	☐	HEIGHT & WEIGHT	Height			
			Weight			
☐	☐	Other:	Other			
☐	☐	HEMOGLOBIN / HEMATOCRIT	⇨			
☐	☐	BLOOD PRESSURE	Reading			
☐	☐	TUBERCULIN	Type			
		Date: / /	Neg.: ☐ Pos.: ____ mm			

NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.

Examinations and/or Inspections

Essential Findings Deviating from Normal:

Exam Date / /

SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3
	2	
DTaP/DTP/DT/Td	1	4
	2	5
	3	6
Tdap	1	
Haemophilus Influenzae type b (HIB)	1	3
	2	4
Polio (IPV/OPV)	1	3
	2	4
Pneumococcal Conjugate (PCV7/PCV13)	1	3
	2	4
Rotavirus (RV1/RV5)	1	3
	2	
Measles,Mumps, Rubella (MMR)	1	2
Varicella (Chickenpox)	1	2

History of Chickenpox Disease? ☐ Yes No If yes, date:

I certify that the immunization dates are true to the best of my knowledge

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis A (HepA)	1	2
Influenza (IIV/LAIV)	1	3
	2	4
Meningococcal (MCV4 / MPSV4)	1	2
Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
	2	
OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	1	
	2	
	3	

Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable

*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.

Parent/Guardian refused immunizations: ☐

Health Professional's Signature | Title | Date

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
☐	☐	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
☐	☐	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s). ☐ Classroom ☐ Playground ☐ Gymnasium ☐ Swimming Pool ☐ Competitive Sports Other

Other Recommendations

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____ child's name _____'s teeth. As a result of this examination, my recommendation for treatment is _____

Dentist's Signature | Date

PHYSICIAN'S SIGNATURE

Examiner's Signature | Date | *Examiner's Name (Print or Type)* | Degree or License

Number & Street | City | MI | ZIP Code | ( ) Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.