



CONSTANTINE HIGH SCHOOL



PRINCIPAL

DARRIN VANDENBERG
dvandenberg@constps.org

COUNSELOR

SARA RUSSELL
srussell@constps.org

OFFICE HOURS

MONDAY-FRIDAY
7:15 AM - 3:15 PM

SCHOOL OF CHOICE

APPLICATIONS ARE REQUIRED
FOR THOSE THAT LIVE
OUTSIDE OF OUR DISTRICT

ENROLLMENT REQUIREMENTS

ADMINISTRATIVE ASSISTANT

RACHEL BACHELLER
rbacheller@constps.org



COMPLETED ENROLLMENT PACKET
*Including chromebook insurance paperwork & payment of \$25 annual insurance fee per student. * \$80 maximum per family*



ORIGINAL CERTIFIED BIRTH CERTIFICATE



OFFICIAL COPY OF IMMUNIZATIONS OR A
WAIVER FROM THE HEALTH DEPARTMENT



PROOF OF RESIDENCY

Acceptable forms include:

Utility Bill

Mortgage Statement/Rental or Lease Agreement

Property Tax Statement

Drivers License

All forms of proof must have your name and address on it



OFFICIAL TRANSCRIPT



CURRENT IEP OR 504 *If applicable*



CURRENT COURT DOCUMENTATION *If applicable*



SCHOOL OF CHOICE APPLICATION *If applicable*

CONTACT INFO

FOR ENROLLMENT



269-435-8920



rbacheller@constps.org



1 FALCON DRIVE
CONSTANTINE
MI 49042

CONSTANTINE HIGH SCHOOL – STUDENT INFORMATION

Student's Name (First, Last, Middle): _____ **Date of Birth:** _____

Home Phone: _____ Cell Phone: _____ Current Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Parent Email Address: _____

Gender: Male Female

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: Caucasian American Indian or Alaskan Native Black or African American Asian Hispanic

Native Hawaiian or other Pacific Islander Other _____

Language spoken in the home _____ **Native Language** _____

Father: _____ **Father's Employer:** _____

Father's Cell Phone: _____ Father's Work Phone: _____

Address if different from child: _____

Father's spouse/Step Parent: _____ Step Parent's day/cell phone: _____

Mother: _____ **Mother's Employer:** _____

Mother's Cell Phone: _____ Mother's Work Phone: _____

Address if different from child: _____

Mother's spouse/Step Parent: _____ Step Parent's day/cell phone: _____

With whom does the child reside? Both Parents Father/Stepmother Father Only

Mother/Stepfather Mother Only Legal Guardian Foster Care Parent/Significant Other Other _____

Are Student's Parents in Active Military? Yes No

May we contact you via the District Notification System (currently School Messenger Instant Alert)? Yes No

Please list any siblings that live at home and include their date of birth and grade level:

Non-Custodial Parents – Please list any parent /guardian and their address that would like to receive school mailings:

SCHOOL HISTORY

Previous School Attended: _____ **Phone:** _____

Address/City & State _____ **Fax:** _____

Did your child receive special services or IEP at previous school? Yes No **Title One?** Yes No

504 Plan? Yes No **Please check all that apply:** Speech Social Worker Learning Disabled Hearing

Vision OT/PT

STUDENT'S HEALTH INFORMATION

Does your child have any special medical conditions/problems that the school should be aware of? Yes No

If yes, please list condition: _____

List any allergies your student has: _____

Any Medications that need to be taken at school? Yes No Please list: _____

EMERGENCY CONTACT

In an EMERGENCY when we cannot reach you at home or work, please list someone who has agreed to take responsibility for your child in your absence:

Emergency Contact #1: _____ Phone: _____ Relationship: _____

Emergency Contact #2: _____ Phone: _____ Relationship: _____

Emergency Contact #3: _____ Phone: _____ Relationship: _____

Is there anyone that the school should be aware of that should NOT pick up your child? _____

**Please provide the office with documentation. (ex. Court Order)

EMERGENCY MEDICAL AUTHORIZATION PERMIT

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to the school principal or his/her designee (person with immediate supervisory responsibility) the authority to act for me. To provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment including surgical intervention, if necessary on behalf of my minor child listed above and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present.

I allow my child to have antibiotic/antihistamine topical cream or cough drops from the office, if needed.

This authorization is valid for the current school year or until such time as I withdraw the authorization.

Parent/Guardian signature: _____ **Date:** _____

FIELD TRIP RELEASE FORM

I hereby give my permission for _____ to attend **all authorized** field trips during the current school year.

Parent/Guardian signature: _____ **Date:** _____

STUDENT NETWORK AND INTERNET ACCEPTABLE USE AND SAFETY AGREEMENT

To access the Internet at school, students under the age of eighteen (18) must obtain parent permission and must sign and return this form. Use of the Internet is a privilege, not a right. The Constantine Public School Board's internet connection is provided for educational purposes only. Unauthorized and inappropriate use will result in a cancellation of this privilege.

*I give permission for my child to use and access the Internet at school.

*I will work on computers only with a teacher or an educational assistant present.

*I will treat all computer equipment and the work of others with respect.

*I give permission for my child's photograph to be used at school for special awards, yearend slide shows, classroom projects, etc.

Parent/Guardian's Signature: _____ **Date:** _____

PERMISSION TO PHOTOGRAPH

I hereby grant permission for our child and/or his/her schoolwork products to be photographed or videotaped as part of an educational program produced by Constantine Public Schools.

We understand that our child's image, name, work product, school, and grade may be revealed in the presentation(s) but that no other information about our child or his/her schoolwork will be revealed without our prior consent.

Parent/Guardian's Signature: _____ **Date:** _____

***Local Media/Social Media**

I give permission for my child's photo to be released to local newspapers, television, or other local media sources and social media sites, such as Facebook, Twitter, etc. (ex, student of the month, assemblies)

Parent/Guardian signature: _____ **Date:** _____

***Internet Permission**

I give my permission to Constantine Public School District to publish photographs(s) and/or video recordings of my child on the school district website, school managed apps, accounts, or web-based video streaming services. This consent only applies to the web address www.constps.org, and other services owned or operated by Constantine Public Schools or its employees.

Parent/Guardian signature: _____ **Date:** _____

The above signatures acknowledge that I have read and consent to the above, and that all student information is accurate.

Verification of Residency

This form is to be completed for each child who enrolls in Constantine School District
FOR THE FIRST TIME AND FOR EVERY CHANGE OF ADDRESS

This is a: New Enrollment Change of Address

Student: _____ Grade: _____ Date of Birth: _____

Address: _____ Phone: _____

OR

New Address: _____ Phone: _____

Living with: (Name of all adults & children)

Legal Guardian **Court Placed**

Parent: _____

Yes No

Yes No

Parent: _____

Yes No

Yes No

Siblings:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Others:

1. _____ Relationship: _____
2. _____ Relationship: _____
3. _____ Relationship: _____
4. _____ Relationship: _____

The above is a true statement with regard to this child's residency and legal guardianship. I further recognize that if it is later determined by the school district that my child/children are not a resident of this school district, we may be obligated to pay the "Full per Capita Cost" of educating my child/children in this school district.

Date: _____ Parent/Guardian Signature: _____

Date: _____ Witness Signature: _____

Student Residency Form

This form is intended to address the requirement of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act) The question below is to assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act. In the event that the child is not staying with his/her parent(s) or Guardian(s), use the caregiver authorization form to address guardianship issues.

Name of Student: _____

Where does the student stay at night?

- Stays at an apartment or home we own or rent. **(If you check this, SKIP to the bottom of the page)**
- Temporarily staying with relatives or friends because we do not currently have a place of our own.
- In a motel/hotel
- In a campsite
- We are currently unsheltered and do not have a regular place to stay at night
- In a car
- In a shelter
- Other (specify) _____

What are the current living arrangements with family?

- Student currently lives with parent or parents
- Student is currently separated from family
- Student is pending foster care placement, or has been placed in foster care
- Student is an 'Unaccompanied Youth' (Kicked out of home, ran away from home, no adult available to enroll them in school)
- Student is staying with someone who is not a family member or legal guardian

*****If family is currently without a permanent residence, please fill out:**

I, _____ declare as follows:
(name)

I am the parent or guardian of _____ who is of school age and is
(student)

seeking enrollment in Constantine Public Schools. Since _____ our family has not had a
(date)

permanent residence.

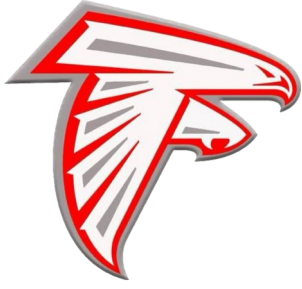
Upon penalty of perjury under the laws of the State of Michigan, I declare that the information provided here is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to do so.

Name of person completing the form: _____

Signature: _____ Date: _____

Mailing address: _____

Emergency contact number: _____



Constantine High School

REQUEST FOR EDUCATIONAL RECORDS

Previous School District	School Name
Address	
City/State/Zip	
Phone	Fax
Email	
Contact Person	

The student(s) listed below recently enrolled in the Constantine Public School District. Please forward all records to the school listed below. Please include grades, test scores, health records, attendance records, psychological/confidential testing and reports (if applicable) and any Special Education information including evaluations/eligibility/IEPs. If records are not kept in your building, please forward this request to the appropriate office.

Student Name	Birth Date	Grade
Student Name	Birth Date	Grade
Student Name	Birth Date	Grade

I authorize the release of records for the above student(s)

Signature _____

Date _____

This form is provided by Constantine Public Schools for the purpose of obtaining a student's school records from another district. By signing this release, a parent, legal guardian, or the student (if 18 years or older), is giving permission for the school records to be released to the school indicated below and the Special Education Office as needed.

Constantine High School

1 Falcon Drive
Constantine, MI 49042
Phone 269-435-8920
Fax 269-435-8981
rbacheller@constps.org
srussell@constps.org

OFFICE USE ONLY	DATE REQUESTED	DATE RECEIVED
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Constantine High School

SPECIAL EDUCATION SERVICES

PLEASE FILL THIS FORM OUT EVEN IF YOUR CHILD DOES NOT QUALIFY FOR SPECIAL EDUCATION SERVICES. IN THIS CASE YOU WOULD CHECK THE "NO" BOX AND SIGN AND DATE THIS FORM.

Student Name	
Grade Level	
Has your child ever received Special Education Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when was the last time they received services?	
Please indicate the type of services received (check all that apply)	<input type="checkbox"/> Speech <input type="checkbox"/> Social Worker <input type="checkbox"/> Learning Disabled <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> OT/PT
Does your child have a 504?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent Signature	
Date	

Constantine High School

1 Falcon Drive
Constantine, MI 49042
Phone 269-435-8920
Fax 269-435-8981
rbacheller@constps.org
srussell@constps.org

OFFICE USE ONLY

SPECIAL EDUCATION	504	ASSIGNMENT
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Local education agencies, including public school academies, in Michigan must use the following Home Language Survey as written beginning with the 2025-2026 school year. Additional information, as well as translated versions of the HLS, are available at www.michigan.gov/mde-el. Questions may be emailed to mde-el@michigan.gov.

Michigan Department of Education Home Language Survey

Michigan welcomes families of all language backgrounds. Speaking more than one language is a valuable asset!

Please answer the two questions below. If your response to either question is a language other than English, the school district will give an assessment to see if your student may benefit from English language support.

- What language is used most at home?
- What language is used most by the student?

Title III Immigrant Funding Identification Question

- Was the student born outside of the US or Puerto Rico?
 - If yes, when did the student enter the US schools?

Educational Material for Parents and Students (Content Meets MDCH Requirements)

Sources: Michigan Department of Community Health, CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

UNDERSTANDING CONCUSSION

Some Common Symptoms

Headache
Pressure in the Head
Nausea/Vomiting
Dizziness

Balance Problems
Double Vision
Blurry Vision
Sensitive to Light

Sensitive to Noise
Sluggishness
Haziness
Fogginess
Grogginess

Poor Concentration
Memory Problems
Confusion
“Feeling Down”

Not “Feeling Right”
Feeling Irritable
Slow Reaction Time
Sleep Problems

WHAT IS A CONCUSSION?

A **concussion is a type of traumatic brain injury** that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven’t been knocked out.

You can’t see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

IF YOU SUSPECT A CONCUSSION:

- 1. SEEK MEDICAL ATTENTION RIGHT AWAY** – A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don’t hide it, report it. Ignoring symptoms and trying to “tough it out” often makes it worse.
- 2. KEEP YOUR STUDENT OUT OF PLAY** – Concussions take time to heal. Don’t let the student return to play the day of injury and until a health care professional says it’s okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
- 3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION** – Schools should know if a student had a previous concussion. A student’s school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can’t recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

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

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to www.cdc.gov/concussion.

Parents and Students Must Sign and Return the Educational Material Acknowledgement Form

CONCUSSION AWARENESS

EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2017 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by Sponsoring Organization: CONSTANTINE PUBLIC SCHOOLS

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian Name Signature

Date

Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

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



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 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.

I authorize Constantine 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

Printed Name of Parent/Guardian

Date



Student Name: _____ **Grade:** _____

2025-2026 Acceptable Computer Use Agreement

"I understand that using the Network Services within the Constantine Public Schools is a privilege and not a right. My use of this privilege may be suspended or revoked by the school at any time if I do not follow the appropriate policies and procedures as established by the Constantine Public Schools and Constantine High School. If I am issued a password for either use of the network services for either word processing or Internet/Intranet services, I agree to keep my password confidential. I agree to properly log off the computer before leaving my workstation. I will never let anyone else use my account."

"As a condition of my use of the Network Services, I have read and will comply with the terms and conditions stated in the Acceptable Computer Use Agreement. I understand disciplinary action will be taken if I violate this agreement."

Students who violate the technology use guidelines may have their access restricted or suspended by the principal or designee with possible detentions or suspensions from school depending upon the severity of the violation. Consequences for misuse of Network protocol can include complete loss of Network privileges.

PARENT ACKNOWLEDGEMENT:

"As the parent or guardian of this student I have read the terms and conditions of this agreement. I understand access to the Network Services is a privilege and not right. I understand that use of the computer is provided for educational purposes. I recognize it is impossible for Constantine Public Schools to restrict access to ALL controversial materials. Therefore, I will not hold the school, the school district, or any member of the school district responsible for inappropriate communication on the Network Services or for any objectionable material viewed or used by my student."

"I hereby give my permission for my student whose name and signature appear below to use the Network Services in the Constantine Public Schools, and where appropriate, to be issued a password and/or an account that will give him/her access."

"I am aware that the Constantine High School Handbook is available, on our website, at www.homeofthefalcons.org, on the High School Page."

Yes No

I give permission for my child to receive online or virtual instruction as needed and/or scheduled.

*Parent Signature: _____ Date: _____

*Student Signature: _____ Date: _____

*Student users of the Network Services in the Constantine Public Schools must have permission from a parent or guardian.

SCHOOL YEAR: 25-26

GRADE _____

HOME ROOM TEACHER _____



Constantine Public School District

Electronic Device Insurance Protection Plan

Constantine Public School District is providing and administering accident protection as part of our current digital learning initiative. Enrollment in this plan is required for anyone planning to take a school district electronic device home who has not otherwise provided evidence of coverage that is acceptable to the district and equal to or greater than what is indicated in this agreement. This plan covers “accidental damage” to the electronic device and is designed to limit individual financial responsibility for any damage as described in the coverage section below. Each school year the annual premium begins coverage for all electronic devices provided by the school district for use by individual staff members or students. In addition, each electronic device is covered under a manufacturer's warranty that covers the normal operation of the electronic device to ensure that it is functioning properly. ***Constantine Public Schools expects Chromebooks to remain in the provided protective case supplied with each device. Failure to do so may result in charges for any repairs the case would have prevented.***

<p style="text-align: center;">Program Rate / Coverage</p> <ul style="list-style-type: none"> • \$25 annual premium per student • \$80 maximum per family • \$25 per EMC student • Limit of Liability: Maximum of \$300 annually for each separate electronic device. 	<p style="text-align: center;">Effective Coverage / Expiration Date</p> <ul style="list-style-type: none"> • <u>Effective Date</u>: Based on the receipt of signed agreement • <u>Expiration Date</u>: Last day of employment/ enrollment for the current school year or one year from the date of the last signed agreement with CPS.
<p style="text-align: center;">Coverage</p> <ul style="list-style-type: none"> • <u>Accidental Damage</u>: Pays for accidental damage caused by liquid spills, drops, or any other unintentional event. • <u>Theft</u>: Pays for loss or damage of the electronic device due to theft. The claim requires a police report to be filed. • <u>Fire</u>: Pays for loss or damage of the electronic device due to fire. The claim must be accompanied by an official fire report from the investigating authority. • <u>Electrical Surge</u>: Pays for damage to the electronic device due to an electrical surge. Must be investigated by the Tech Director to confirm. • <u>Natural Disasters</u>: Pays for the loss or damage of the electronic device caused by natural disasters. 	<p style="text-align: center;">Exclusions</p> <ul style="list-style-type: none"> • <u>Dishonest, Fraudulent, Intentional, Negligent or Criminal Acts</u>: Will not pay if damage or loss occurs in conjunction with dishonest fraudulent, intentional, negligent or criminal act. Individuals will be responsible for the full amount of the repair/replacement. • <u>Consumables</u>: Including but not limited to the case (\$60,) • <u>The charger (\$30), and software</u>. Cosmetic Damage that does not affect the functionality of the device. This includes but is not limited to scratches, dents, and broken plastic ports/parts or port covers. Students are responsible to pay this replacement fee when a charger is lost. • <u>Voiding the manufacturer’s warranty by tampering with the device or system software</u>. • <u>CPS is not liable for any loss, damage (including incidental, consequential, or punitive damages) for expenses caused directly or indirectly by the equipment</u>.

PLEASE COMPLETE THE INFORMATION ON THE NEXT PAGE AND
TURN IN THAT **FORM AND PAYMENT** TO YOUR SCHOOL OFFICE.

Constantine Public School District

Electronic Device Insurance Protection Plan

Child's Name	GRADE:
Parent/Guardian Name	
Mailing Address	
City, State, Zip	
Home Phone:	Cell Phone:

I give permission for my child to receive virtual instruction as needed.

(Parent signature) _____

I WILL participate in the Constantine Public School District's Electronic Device Accident Protection Plan. I agree to the provisions outlined in the policy terms and understand that:

- Enrollment in this program is required to take school district electronic devices off school premises.
- The policy only covers the school issued electronic device and does not cover the charger or case.
- This policy does not cover cosmetic damage that does not impair the use of the electronic device; including, but not limited to: scratches, dents, and broken plastic parts or connection ports.
- Damage as a result of a violation of the Electronic Device User Agreement is not covered; including, but is not limited to: dishonest, fraudulent, intentional, negligent, or criminal acts.
- Damage to the device is still the responsibility of the individual employee or student.
- Liability is limited to the replacement/repair of the device; no additional liability is implied or assumed.
- Opening the casing of the device to expose its internal components or hacking the operating system voids warranties and is not covered by this policy. Physically tampering with or hacking the operating system in an attempt to modify a device removes manufacturer protections.
- Devices covered by this protection plan must be in an approved case. Damage that occurs in transit to or from the school site or school activities when the device is not housed in an approved case is not covered under this policy.
- Enrollment in this program does not cover: Dishonest, Fraudulent, Intentional, Negligent/Criminal Acts.
- The enrollment cost is non-refundable. If a student leaves the district before January 15 this amount will be prorated.

Employee/Student Name: _____	_____	_____
Printed	Signature	Date
Parent or Guardian Name: _____	_____	_____
(For students only) Printed	Signature	Date

Office Use Only: Payment Information:

- \$_____ Payment Amt. Enclosed.
- FORM OF PAYMENT: (*circle*) Cash Check #_____
- Please note, checks will need to be cleared before the device can be issued.

NOTES:

Parent/Guardian Chromebook & Internet Guide to Student Use

Parent Letter of Understanding

Constantine Public Schools recognizes that with new technologies come new challenges to both teachers and parents. Below is a series of suggestions drawn from a wide variety of professional sources that may aid you, the parent, in effectively guiding your child's use of the Chromebook.

1. Go where your child goes online. Monitor the places that your child visits. Let your child know that you're there, and help teach her/him how to act as s/he works and socializes online.
2. Review your child's friends list. You may want to limit your child's online "friends" to people your child actually knows and is working with in real life.
3. Understand sites' privacy policies. Internet sites should spell out your rights to review and delete your child's information.
4. Report unwelcome or malicious online threats. Report in a timely fashion to the school any online interactions that can be considered threatening.
5. Help your child develop a routine. Many parents have found success by helping create a routine for their child's computer use. Define a routine as to how the Chromebook is cared for, recharged, and when and where its use is appropriate.
6. Take a look at the apps or programs. It is to the advantage of the students, parents/guardians, and school that the parents have a working understanding of the programs and student work found on the Chromebook.
7. Read and share with your child the CPS care and use policies. By reading and discussing the care and use policies, you can create a clear set of expectations and limitations for your child.
8. Please explain to your child that his/her Chromebook may be selected at random to provide their Chromebook for inspection.
9. When you have a question, concern or need, contacting your child's teacher as soon as you can is the best practice to prevent problems or delays with fixing your child's device.

I have read the Letter of Understanding, and agree to contact my child's teacher as soon as possible when a question, concern or issue comes up, so that it can be dealt with as soon as possible.

Parent Name

Date

Student Name

Grade

Signature

Constantine Public Schools

Device User Agreement

Purpose: In order to support a more personalized approach to learning, Constantine Public Schools is providing devices to elementary, middle and high school students. Like a textbook, the device is a resource to support learning. Students with devices are required to follow the guidelines stated in the Code of Conduct.

As a Student:

I will take good care of my school-issued device.

- Cords and cables must be inserted carefully into the device to prevent damage.
- Devices must never be left in an unlocked locker, unlocked car or any unsupervised area.
- Report any software/hardware issues to your teacher as soon as possible.
- Keep the device in a well-protected, temperature controlled environment when not in use.
- I will never loan out my school-issued device to other individuals.

In addition, My child understands that:

1. To keep food and beverages away from the device since that may cause damage.
2. Not to disassemble, jailbreak or hack into any part of my or any school-issued device or attempt any repairs.
3. To protect my school-issued device by only carrying it in the case provided.
4. To use my school-issued device in ways that are appropriate and meet the school's expectations, whether at school, at home, or anywhere else.
5. That if a device is used in a way that is inappropriate, the student may be disciplined by the school.
6. The student will not place decorations (such as stickers, markers, etc.) on the school-issued device. They will not deface the serial number sticker on any school-issued device.
7. They understand that the school-issued device is subject to inspection at any time without notice and remains the property of the Constantine Public School District.
8. The student will not share their password(s) with anyone other than a teacher or adult from my school or the parent/guardian.
9. It is understood if my student damages or loses the device, is negligent to cause damage to the device, or if it is stolen, we may have to pay a fine.

We understand that nothing we do with the device is private, and nothing we have on the device is private. We agree to the rules set forth herein.

Constantine Public Schools Device User Agreement

Student Name (Please Print): _____

Student Signature: _____

Date: _____

I have read and agreed to the Technology rules outlined in the document. I have also watched the mandatory parent informational video, or attended a mandatory parent informational meeting, and am fully satisfied that I understand the requirements for my student.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Date: _____



Constantine Public Schools Volunteer Release Form

**Fill out one form per school year for the district*

Thank you for offering your services to our school. For the safety of our students, please complete the following information:

Print Full Name: _____ Date of Birth: ___/___/___

Male or Female (circle one) Race: _____ Age: _____

Student's Name: _____

I have offered my services as a volunteer to help the School District in the following areas:

DATE OF ACTIVITY: (Please include BUILDING)

I agree to abide by all relevant board policies and administrative guidelines while on duty for the District. I understand that, although I am covered under the District's liability insurance policy (supplemental coverage), I am not covered by its health insurance policy nor am I eligible for workers' compensation. Should I become ill or suffer an accident while doing volunteer work for the District, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further that, as a volunteer, I am not in any manner considered an employee of the District or entitled to any benefits provided to employees. I further release the Board of Education from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

For the protection of the children in the school, the District is required by law to inquire of its staff members whether or not they have ever been convicted of a crime related to children. We would appreciate your cooperation by indicating that you have never been convicted of any of the following offenses: *aggravated assault, assault, aggravated menacing, abuse or neglect of a child, kidnapping, abduction, child stealing, criminal child enticement, rape, sexual battery, corruption of a minor, gross sexual imposition, importuning, voyeurism, public indecency, felonious sexual penetration, compelling prostitution, promoting prostitution, procuring prostitution, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually-oriented matter involving a minor, illegal use of a minor in nudity-oriented material or performance, endangering children, contributing to the delinquency of children, carrying concealed weapons, improperly discharging a firearm at or into a school or house, corrupting another with drugs, placing harmful objects in or adulterating food or confection.*

Any volunteer who works with or has access to work with the District shall be screened through the Internet sites for the Sex Offenders Registry (SOR) list, the Internet Criminal History Access Tool (ICHAT) criminal history records check and the Offender Tracking Information System (OTIS) prior to being allowed to participate in any activity or program. I authorize Constantine Public Schools, or its agent, to investigate my criminal background as it pertains to the above matters. I certify that all information provided is true and complete to the best of my knowledge.

Volunteer SignatureDistrict WitnessDate

We appreciate your service to our schools and hope you have a wonderful and rewarding experience.

Constantine Public Schools

2025-2026 CALENDAR

**No School for students.
Staff Reports.**

1/2 Day (Fridays No Late Start)



No School

Late Start Friday

Aug 11-13 - Staff Reports - Opening Week Training
 Aug 18 - First Day of School, ½ Day Students
 Aug 29 - No School - Labor Day

AUGUST 2025						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

FEBRUARY 2026						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

Feb 6,9 - No School - Mid-Winter Break
 Feb 11 - Pupil Count Day

Sept 1 - No School - Labor Day
 Sept 15 - No School Students - Staff Training

SEPTEMBER 2025						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

MARCH 2026						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

March 13 - End of Marking Period 3
 March 27 - Spring Break Begins

Oct 1 - Pupil Count Day
 Oct 13 - No School - Fall Break
 Oct 17 - End Marking Period 1

OCTOBER 2025						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

APRIL 2026						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

April 1-3 No School - Spring Break
 April 3 - Good Friday

Nov 26-28 - No School - Thanksgiving Break

NOVEMBER 2025						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

MAY 2026						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

May 21 - HS Graduation
 May 25 - No School - Memorial Day
 May 28 - ½ Day - Last Day of School - End of Semester 2

Dec 19 - ½ Day Staff and Students - End Semester 1
 Dec 22 - Winter Break Begins

DECEMBER 2025						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JUNE 2026						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Jan 1,2 - No School - Winter Break
 Jan 5 - ½ Day Students, Full Day Staff
 Jan 19 - No School Students - Staff Training

JANUARY 2026						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

JULY 2026						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

PUBLIC NOTICES

CONSTANTINE PUBLIC SCHOOLS

Nondiscrimination

The Board of Education declares it to be the policy of the District to provide an equal opportunity for all students, regardless of race, color, creed, age, disability, religion, gender, ancestry, national origin, height, weight, marital status, place of residence within the boundaries of the District, or social or economic background, to learn through the curriculum offered in the District Policy.

Policy on Drug Free Schools

In Accordance with Federal Law, the Board of Education prohibits the use, possession, concealment, or distribution of drugs by students on school grounds, in school or school-approved vehicles, or at any school related event. Drugs include any alcoholic beverage, anabolic steroid, dangerous controlled substances as defined by State statute or substance that could be considered a “look-a-like” controlled substance. Compliance with this policy is mandatory for all students. Any student who violates this policy will be subject to disciplinary action, in accordance with the due process and as specified in the student handbooks, up to and including expulsion from school. When required by State law, the District will also notify law enforcement officials.

Toxic and Asbestos Hazards

The Board of Education is concerned for the safety of the students and staff members and will attempt to comply with all Federal and State statutes and regulations to protect them from hazards that may result from industrial accidents beyond the control of school officials. Exposure to asbestos and hazardous pesticides will be eliminated consistent with prevailing applicable laws.

Weather Conditions

When severe weather or snow forces the delay or closing of school, the following radio and TV stations are notified as soon as possible: Radio: WLKM, WKMI, WRKR, WKFR, WKZO, WQLR, WFRN, WMSH, WRBR, WNWN, and U-93. TV: WSJV-Channel 28, WWMT-Channel 3, WNDU-Channel 16, and WSBT-Channel 22. When it is necessary to close school early, the same stations will be called in advance of dismissal. There is no dismissal during a tornado warning. But students and parents should discuss a family procedure to follow in case there is no one home in the event of cancellation or early closing.

Pesticides

As part of Constantine Public School District pest management program, pesticides are occasionally used. If you have a child enrolled in school or in Playschool, you have a right to be informed prior to pesticides being applied to the school grounds and buildings. In certain emergencies, pesticides may be applied without prior notice, but you will be provided notice following any such application. If you need prior notification, contact Lisa Pointer-Seidner at the Superintendent’s Office.

Publications Pictures

School personnel, or those acting on behalf of the school, may include pictures of individual student in various publication such as the CPS Express (district Newsletter), internal memoranda, the CPS website, other promotional pieces, etc. unless specific request is made by parents or guardians to omit pictures. If you choose to forbid your child’s picture being used, it must be put in writing with the date and signature and turned in to the principal of the building the child attends.



2 0 2 5 - 2 0 2 6

SCHOOL SUPPLY LIST

Because students will have a variety of classes and instructors, we do not provide a general school supply list. Instead, individual teachers will communicate specific supply needs during the first week of school. However, if you'd like to purchase some basic supplies in advance, every student will need the following:



PENCILS



HIGHLIGHTERS



RED PEN



NOTEBOOKS FOR EACH CLASS



FOLDERS FOR EACH CLASS