



YALE PUBLIC SCHOOLS REQUIRED DOCUMENTS FOR ENROLLMENT

THE FOLLOWING DOCUMENTS ARE REQUIRED BEFORE A STUDENT CAN BE ENROLLED

Please have the following documents ready along with the enrollment forms completed. We will make copies of these documents for the students file and return the original documents.

- **TWO PROOFS OF RESIDENCY;** any of the following will be acceptable: Driver's license, utility bill, rent receipt, lease, tax bill, voter registration.
- **ORIGINAL BIRTH CERTIFICATE**
- **IMMUNIZATION RECORD;** must indicate a minimum of one dose of each of the required shots: DTP, Polio, MMR, Hepatitis B, Meningococcal (age 11 or upon entry to 7th grade) and Varicella. (Varicella is not required if the child has had chickenpox, but documentation stating this fact and a signature is required).

*The new rule allows parents/guardians to have the opportunity to speak with a health educator from their local health department about their concerns and questions regarding immunizations prior to the nonmedical waiver being signed.

Any parent/guardian who wants to claim a nonmedical waiver will need to receive education regarding the benefits of vaccination and the risks of disease from a county health department before obtaining the certified nonmedical waiver form through the Local Health Department. The new rule requires the use of the State of Michigan nonmedical waiver form dated January 1, 2019.

- **TRANSCRIPTS and/or GRADES FROM PREVIOUS SCHOOL –** These can be requested from the school at the time of enrollment, but the enrollment may be delayed until they are received. Providing these will prevent a delay in enrollment.

If you have enrollment questions, please contact our Central Office to be transferred to the appropriate school/building.

**Yale Public Schools Central Office
198 School Drive
Yale, MI 48097
Phone: (810) 387-3231 ext. 7263 or 7264 Fax: (810) 387-4418**



YALE PUBLIC SCHOOLS – REQUEST FOR RECORDS

PREVIOUS SCHOOL: _____ PHONE: _____

ADDRESS: _____ FAX: _____

THE STUDENT LISTED BELOW HAS ENROLLED IN A YALE PUBLIC SCHOOL. PLEASE MAIL THE STUDENT’S COMPLETE SCHOOL RECORDS TO THE ADDRESS LISTED AT THE BOTTOM OF THIS FORM OR NOTIFY THE SCHOOL IF YOU HAVE NO RECORD OF THE STUDENT. **RECORDS INCLUDE: CA60, TRANSCRIPT OF GRADES AND CREDITS, ACHIEVEMENT AND ABILITY TEST SCORES, HEALTH RECORDS, CURRENT IEP AND ANY OTHER PERTINENT INFORMATION CONCERNING THE STUDENT.** THESE WILL BE USED FOR THE PROFESSIONAL USE OF AUTHORIZED YALE PUBLIC SCHOOLS PERSONNEL ONLY.

STUDENT: _____ GRADE: _____

DATE OF BIRTH: _____ START/ENTRY DATE: _____

AFFIRMATION OF PRIOR DISCIPLINE RECORD

HAS YOUR CHILD BEEN EXPELLED FROM SCHOOL? YES NO

HAS THIS STUDENT HAD ANY IN-SCHOOL/OUT-OF-SCHOOL SUSPENSIONS FOR ANY MAJOR VIOLATIONS? YES NO

IF YOU CHECKED YES, PLEASE EXPLAIN THE CIRCUMSTANCES IN DETAIL, ALONG WITH THE SCHOOL NAME AND DATES OF SUSPENSION OR EXPULSION. _____

I VERIFY THE ABOVE INFORMATION TO BE TRUE AND ACCURATE. I REQUEST STUDENT RECORDS AND INFORMATION BE DISCLOSED TO THE YALE PUBLIC SCHOOL DISTRICT.

PARENT/GUARDIAN SIGNATURE

DATE

PRIOR SCHOOL – PLEASE COMPLETE THE FOLLOWING INFORMATION

PLEASE CHECK ONE:

____ According to our records, we can verify that the information provided by the above parent/student is correct.

____ According to our records, we can verify that the information provided by the above parent/student is NOT correct.

If the student has been suspended or expelled from your district, please forward the appropriate disciplinary documentation immediately. Thank you.

Administrator’s/Designee’s Signature: _____

Title: _____ Date: _____

PLEASE FORWARD STUDENT RECORDS TO:

RECORDS CLERK
YALE JUNIOR HIGH SCHOOL
198 SCHOOL DRIVE
YALE, MI 48097

PHONE: (810) 387-3231 ext. 4230

FAX: (810) 387-9207

PLEASE FORWARD SPECIAL EDUCATION RECORDS TO:

SPECIAL EDUCATION CLERK
AVOCA ELEMENTARY
PO BOX 365
AVOCA, MI 48006

PHONE: (810) 387-3231 ext. 2265

FAX: (810) 324-2843

OFFICE USE ONLY:
1ST REQUEST: _____
2ND REQUEST: _____



YALE PUBLIC SCHOOLS – STUDENT ENROLLMENT FORM

Enrolling In: Yale High School (9-12) Phoenix Alternative School Yale Junior High (6-8)
 Yale Elementary Avoca Elementary Farrell-Emmett Elementary

STUDENT'S FULL LEGAL NAME: _____ GRADE: _____

GENDER: _____ DATE OF BIRTH: _____ CITY & STATE OF BIRTH: _____

MULTIPLE BIRTH: YES NO *IF YES, BIRTH ORDER: 1 2 3 4 RESIDENT of DISTRICT: YES NO

ETHNICITY/RACE

This is a two-part question required by the federal government.

ETHNICITY: (Check Only One) HISPANIC/LATINO NOT HISPANIC/LATINO

RACE: (Check One or More Regardless of Ethnicity)

AMERICAN INDIAN or ALASKAN NATIVE ASIAN BLACK or AFRICAN AMERICAN
 NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER WHITE

HOME LANGUAGE SURVEY

The following information will be used to determine the number of children eligible for bilingual instruction according to Section 380.1152-1157 School Code of 1995, Michigan's Bilingual Education Law. Note: Indicating a language other than English to any of the below questions will result in your child being assessed for an additional English Language Learner Program.

WHAT LANGUAGE DID YOUR CHILD FIRST LEARN TO SPEAK? _____

IS YOUR CHILD'S NATIVE LANGUAGE A LANGUAGE OTHER THAN ENGLISH? YES NO

IF YES, WHAT IS THAT LANGUAGE? _____

IS THE PRIMARY LANGUAGE * USED IN YOUR CHILD'S HOME OR ENVIRONMENT A LANGUAGE OTHER THAN ENGLISH?

YES NO IF YES, WHAT IS THAT LANGUAGE? _____

**PRIMARY LANGUAGE MEANS THAT THE DOMINATE LANGUAGE USED BY A PERSON FOR COMMUNICATION*

FAMILY #1

STUDENTS PRIMARY RESIDENCE

ADDRESS: _____ APARTMENT/LOT: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PRIMARY PHONE NUMBER: _____

MAILING ADDRESS (IF DIFFERENT THAN ABOVE): _____

GUARDIAN #1: _____

GUARDIAN #2: _____

Is Guardian #1 in the Armed Forces on ACTIVE Duty? Yes No

Is Guardian #2 in the Armed Forces on ACTIVE Duty? Yes No

RELATIONSHIP: _____

RELATIONSHIP: _____

CELL PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

WORK PHONE: _____

EMAIL: _____

EMAIL: _____

FAMILY #2

ADDRESS: _____ APARTMENT/LOT: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PRIMARY PHONE NUMBER: _____

GUARDIAN #1: _____

GUARDIAN #2: _____

Is Guardian #1 in the Armed Forces on ACTIVE Duty? Yes No

Is Guardian #2 in the Armed Forces on ACTIVE Duty? Yes No

RELATIONSHIP: _____

RELATIONSHIP: _____

CELL PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

WORK PHONE: _____

EMAIL: _____

EMAIL: _____

IF STUDENT ALSO RESIDES WITH FAMILY #2, WOULD YOU LIKE TO RECEIVE MAILINGS AT THIS ADDRESS? YES NO

ADDITIONAL EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____ HOME PHONE: _____ CELL PHONE: _____

MEDICAL ALERT INFORMATION:

PLEASE LIST BELOW ANY MEDICAL CONDITIONS, ALLERGIES, OR HEALTH CONCERNS YOUR CHILD HAS THAT WE SHOULD BE AWARE OF.
IF YOUR STUDENT HAS MEDICATION THAT NEEDS TO BE OR MAY NEED TO BE TAKEN THROUGH OUT THE SCHOOL DAY, PLEASE FILL OUT THE YALE PUBLIC SCHOOLS MEDICATION PERMISSION FORM.

_____ PHYSICIAN: _____
DENTIST: _____
HOSPITAL: _____

SIBLING INFORMATION

STUDENT NAME: _____ SCHOOL: _____
STUDENT NAME: _____ SCHOOL: _____
STUDENT NAME: _____ SCHOOL: _____

SPECIAL EDUCATION INFORMATION

If your student receives Special Education Services, please provide documentation of the current plan to the school.

DOES YOUR CHILD CURRENTLY RECEIVE SPECIAL EDUCATION SERVICES? YES NO

IF YES, PLEASE COMPLETE THE 30 DAY PLACEMENT FORM AND CHECK ALL THAT APPLY:

- IEP SPEECH/LANGUAGE PHYSICAL THERAPY OCCUPATIONAL THERAPY SOCIAL WORK

DOES YOUR CHILD HAVE A CURRENT 504 PLAN? YES NO

PLEASE LIST ANY OTHER SPECIAL NEEDS YOUR CHILD MAY HAVE: _____

PERMISSION FOR PUBLICATION OF STUDENT NAME/PHOTO/VIDEO

YALE PUBLIC SCHOOLS LIKE TO RECOGNIZE STUDENTS FOR THEIR EFFORTS AND ACCOMPLISHMENTS IN A VARIETY OF WAYS. WE MAY USE YOUR CHILDS NAME/PHOTO/OR VIDEO USED ON CLASSROOM WEBPAGES, SCHOOL/DISTRICT MEDIA SITES, ELECTRONIC NEWSLETTERS AND SOCIAL MEDIA SITES (SCHOOL FACEBOOK OR TWITTER).

- I GIVE PERMISSION FOR MY CHILDS NAME/PICTURE/VIDEO PUBLISHED ON SCHOOL/DISTRICT WEBPAGES, NEWSLETTERS, OR SOCIAL MEDIA.
 I **DO NOT** GIVE PERMISSION FOR MY CHILDS NAME/PICTURE/VIDEO PUBLISHED ON SCHOOL/DISTRICT WEBPAGES, NEWSLETTERS, OR SOCIAL MEDIA

PARENTAL CONSENT FOR ENROLLMENT

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE STATEMENTS CONTAINED HEREIN AND ON ANY ATTACHMENTS ARE TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH.

PARENT/GUARDIAN SIGNATURE DATE

OFFICE USE ONLY:

DATE OF ENTRY _____ STUDENT ID # _____ STUDENT UIC# _____
BIRTH CERT. ___ IMMUNIZATION ___ COMPUTER USE FORM ___ CONCUSSION FORM ___ RESIDENCY PROOFS ___
RELEASE OF RECORDS FORM ___ P2P FORM TO SP ED OFFICE ___ COPIES TO: TRANSPORTATION ___ FOOD SERVICES ___



YALE PUBLIC SCHOOLS – SPECIAL EDUCATION PERMISSION TO PLACE FORM

STUDENT NAME: _____ BIRTHDATE: _____

ADDRESS: _____

PARENT/GUARDIAN NAME: _____ PHONE NUMBER: _____

PRIOR DISTRICT: _____ PRIOR SCHOOL: _____ GRADE: _____

TO BE COMPLETED BY SCHOOL DESIGNEE:

Last IEP Date: _____ Last MET Date: _____ Last Eligibility Category: _____

Staff person who verified the above information: _____ Date: _____

Method: Inspection of IEP Phone call to prior district staff: _____

Name Title

We will immediately implement your student's **CURRENT** individualized education program (IEP) *R340.1722e(1)(a)*.

We will immediately place your student in an appropriate program or service and convene an individualized education program team meeting **WITHIN 30 SCHOOL DAYS** to develop an IEP *R340.1722e(1)(b)*.

Comments: _____

CIRCLE TEMPORARY CLASSROOM PROGRAM PLACEMENT PLAN:

- | | |
|--|--|
| RR Resource Room
Rule 340.1749a (elementary)
Rule 340.1749b (secondary) | ECP Early Childhood Program
Rule 340.1754 |
| CI Mild Cognitive Impairment
Rule 340.1740 | NCP Non-classroom Early Childhood Services
Rule 340.1755 |

AMOUNT OF SE CLASSROOM TIME: _____ HOURS PER WEEK

Time in the SE class may vary slightly during these 30 days as we adjust the program to the student's needs.

CIRCLE TEMPORARY SUPPORT SERVICE PLAN:

- | | |
|---|--------------------------------|
| TC Teacher Consultant
Rule 340.1749 | PT Physical Therapy |
| SLI Speech/Language Instruction
Rule 340.1745 | OT Occupational Therapy |
| HH Homebound/Hospitalized
Rule 340.1746 | SSW School Social Work |
| | WS Work Site Based Learning |
| | OTHER _____ |

SPECIALIZED TRANSPORTATION: NO YES, Specify: _____

PLACEMENT BEGINS ON: _____ FOR 30 SCHOOL DAY UNTIL: _____

TO BE COMPLETED BY THE SPECIAL EDUCATION OFFICE:

These resources are being authorized by: _____
Superintendent or Designee *Title*

Person responsible for this plan: _____ at _____
Primary Special Education Provider *School*

REQUEST FOR PARENT CONSENT:

I GIVE PERMISSION for the immediate placement of my child & for the release of his/her Special Education records to Yale Public Schools.

I REFUSE PERMISSION for this immediate placement of my child.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



YALE PUBLIC SCHOOLS – MCKINNEY VENTO REPORTING FORM

The term 'homeless children and youths' means individuals who lack a fixed, regular, and adequate nighttime residence includes-children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or similar reason; are living in motels, hotels, trailer parks, or camping grounds due to lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings. The term "unaccompanied youth" includes youth in homeless situations who are not in the physical custody of a parent or guardian.

DATE: _____

SCHOOL DISTRICT: YALE PUBLIC SCHOOLS BUILDING: _____

STUDENT NAME: _____ DATE OF BIRTH: _____

AGE: _____ SEX: _____ GRADE ENROLLED: _____

PARENT/GUARDIAN NAME: _____

STUDENT IS LIVING WITH: _____

ADDRESS: _____ CITY: _____ ZIP: _____

TELEPHONE NUMBER: _____

PRIMARY NIGHTTIME RESIDENCE: (PLEASE CHECK APPROPRIATE SETTING)

- SHELTER
- UNSHELTERED (CARE/PARK/STREET)
- DOUBLED-UP
- MOTEL/HOTEL
- TRANSITIONAL HOUSING
- UNACCOMPANIED YOUTH (youth living with friends/friend's parents/ relatives)

HOMELESS STUDENTS ARE ELIGIBLE FOR ALL OF THE FOLLOWING SERVICES. PLEASE INDICATE THE SERVICES THE STUDENT RECEIVES WITHIN THE CURRENT SCHOOL DISTRICT. (Please check all that apply, the building secretary can assist with identifying the services.)

- SPECIAL EDUCATION
- TITLE 1 PROGRAMS
- GIFTED/TALENTED
- FREE LUNCH/BREAKFAST
- GED/ADULT EDUCATION
- GREAT START READINESS PROGRAM (4 YEAR OLDS)
- SCHOOL SUPPLIES
- TRANSPORTATION
- ENGLISH LIMIT LANGUAGE
- MIGRANT
- OTHER

MODE OF TRANSPORTATION TO SCHOOL: _____

PERSON COMPLETING THIS FORM: _____

- PLEASE CHECK THIS AREA IF YOU WOULD LIKE TO BE CONTACTED BY THE YALE PUBLIC SCHOOLS' HOMELESS LIAISON, BILL KRYSZYNSKI.
- PLEASE CHECK THIS AREA IF YOU WOULD LIKE TO BE CONTACTED BY THE RESA TEACHER COORDINATOR/HOMELESS LIAISON, LAURA MCDOWELL.
- PLEASE CHECK THIS AREA IF YOU WOULD LIKE TO KNOW MORE ABOUT THE SERVICES AVAILABLE TO PARENTS, UNACCOMPANIED YOUR, AND HOMELESSSTUDENTS THROUGH THE ST. CLAIR COUNTY RESA.

CONTACT INFORMATION:

Yale Public Schools, Homeless Liaison
Bill Kryscynski
198 School Drive
Yale, MI 48097
(810) 387-3231 ext. 7264 Fax: (810) 387-4418

St. Clair County RESA, Homeless Liaison
Laura McDowell
499 Range Road
Marysville, MI 48040
(810) 364-8990 Fax: (810) 364-7474

*THIS INFORMATION WILL BE FORWARDED TO THE ST. CLAIR COUNTY RESA FOR PROGRAM RECORD



YALE PUBLIC SCHOOLS - IMMUNIZATION REQUIREMENTS

To Enter School: State law prohibits a principal or representative from admitting new entrants to school without a record of having received **at least one dose of each:** Measles, Mumps, Rubella, Diphtheria, Meningococcal (age 11 or upon entry to 7th grade), Polio, Tetanus, Pertussis, Hepatitis B and Varicella (chickenpox vaccination or documentation of immunity). If the student has had the chickenpox disease, you will need to document on the shot record and provide a parent signature on this form below that would verify this.

If your student has one dose of each shot that is listed below, but is still incomplete with the rest of the doses, then the following paragraph applies:

According to Act 368 of the Public Acts of 1978, State of Michigan, I understand that my child is being allowed to attend school on a temporary basis for four months (4) from the date of this certificate because immunization records/immunizations are incomplete.

I understand that in order to remain in school after the four month temporary basis, my child must have received or be in the process of receiving the required vaccines.

STUDENT NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

REQUIRED IMMUNIZATIONS FOR ENTRY IN ALL PUBLIC & NON-PUBLIC SCHOOLS

Age → Vaccine**↓	All Kindergarteners and 4 years through 6 years	All 7 th Graders and 7-18 year Old transfer students
Diphtheria, Tetanus, Pertussis (DTP, DTaP, Tdap)	4 doses DTP or DTaP, 1 dose must be at or after 4 years of age	4 doses D and T OR 3 doses Td if 1 st dose given at or after 1 year of age. 1 dose Tdap at 11 years of age or older upon entry into 7 th grade or higher
Polio	4 doses OR 3 doses if dose 3 was given at or after 4 years of age	
Measles, Mumps, Rubella (MMR)*	2 doses at or after 12 months of age	
Hepatitis B *	3 doses	
Meningococcal Conjugate (MenACWY)	None	1 dose at 11 years of age or older upon entry into 7 th grade or higher
Varicella (Chickenpox)*	2 doses of varicella vaccine at or after 12 months of age OR current lab immunity OR History of varicella disease	

*If the student has not received these vaccines, documented of immunity is required.

**Students susceptible to these diseases may be excluded from school.

COMPLETE THE PORTION BELOW ONLY IF YOUR CHILD HAS HAD VARICELLA (CHICKENPOX) DISEASE

I certify that my child: _____
STUDENT NAME BIRTHDATE GRADE

has had Chickenpox/varicella disease _____
WHEN DID VARICELLA OCCUR? AGE OR DATE

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

WITNESS/STAFF SIGNATURE: _____ DATE: _____

____ Witness/Staff has verified documentation of having the chickenpox disease on shot record



YALE JUNIOR HIGH – 6th GRADE COURSE SELECTION FORM

STUDENT NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

TELEPHONE NUMBER: _____ MALE FEMALE

ELECTIVE CLASS:

Students may select **ONE** elective class. It is not always possible to schedule students in their first elective choice, so we ask that the student please rank the electives below in order of their preference. Please number your requests from **1** to **3**, number **1** being your first choice and number **3** being your last. Please read all course descriptions before making your selections.

<u>RANK</u>	<u>COURSE</u>	<u>DESCRIPTION</u>
_____	BAND (JGJ031)	Instrumental Music: may require responsibilities outside the normal school day for concerts/competitions.
_____	CHOIR (JGJ011)	Choral Music: may require responsibilities outside of the normal school day for concerts/competitions.
_____	GENERAL ELECTIVE	Basic Computing, STEM Lab, Physical Education, Art

ANY SPECIAL REQUESTS MUST BE WRITTEN BELOW:

STUDENT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



YALE JUNIOR HIGH – 7th GRADE COURSE SELECTION FORM

STUDENT NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

TELEPHONE NUMBER: _____ MALE FEMALE

ELECTIVE CLASS:

Students may select **ONE** elective class. It is not always possible to schedule students in their first elective choice, so we ask that the student please rank the electives below in order of their preference. Please number your requests from **1** to **5**, number **1** being your first choice and number **5** being your last. Please read all course descriptions before making your selections.

<u>RANK</u>	<u>COURSE</u>	<u>DESCRIPTION</u>
_____	BAND (JGJ017)	Instrumental Music: May require responsibilities outside the normal school day for concerts/competitions.
_____	CHOIR (JGJ027)	Choral Music: May require responsibilities outside of the normal school day for concerts/competitions.
_____	COMPUTER SCIENCE DISCOVERIES (JGN021)	Full Year of Introduction to Computer Science: Includes programming, physical computing, coding, and data. Students build their own websites, apps, and games.
_____	PHYSICAL ED (JGM027)	Full Year of Physical Education.
_____	ART (JGL017)	Full Year of Art: Students apply learned skills to produce their own artwork. Includes working with a variety of media.

ANY SPECIAL REQUESTS MUST BE WRITTEN BELOW:

STUDENT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



YALE JUNIOR HIGH – 8th GRADE COURSE SELECTION FORM

STUDENT NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

TELEPHONE NUMBER: _____ MALE FEMALE

ELECTIVE CLASS:

Students may select **ONE** elective class. It is not always possible to schedule students in their first elective choice, so we ask that the student please rank the electives below in order of their preference. Please number your requests from **1 to 5**, number **1** being your first choice and number **5** being your last. Please read all course descriptions before making your selections.

<u>RANK</u>	<u>COURSE</u>	<u>DESCRIPTION</u>
_____	BAND (JGJ017)	Instrumental Music: May require responsibilities outside the normal school day for concerts/competitions.
_____	CHOIR (JGJ027)	Choral Music: May require responsibilities outside of the normal school day for concerts/competitions.
_____	COMPUTER SCIENCE DISCOVERIES (JGN021)	Full Year of Introduction to Computer Science: Includes programming, physical computing, coding, and data. Students build their own websites, apps, and games.
_____	PHYSICAL ED (JGM027)	Full Year of Physical Education.
_____	ART (JGL017)	Full Year of Art: Students apply learned skills to produce their own artwork. Includes working with a variety of media.

ANY SPECIAL REQUESTS MUST BE WRITTEN BELOW:

STUDENT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



YALE PUBLIC SCHOOLS – COMPUTER USE AGREEMENT

Purpose

This policy authorizes the Yale Public Schools (the District) to offer access to the Internet and other on-line informational computer services to students, and other faculty consistent with District regulations and procedures lawful use thereof.

Philosophy

The District has the capability of offering access to the Internet and other on-line computer informational services. Access to these services enables users to exchange electronic mail messages with other users and to explore thousands of libraries, databases and bulletin boards throughout the world. Use of the Internet and other on-line computer services is a privilege which can be extended to students, teachers and other faculty as a means to enhance learning opportunities.

On-line computer services can be a valuable resource and asset to the community. They can also be a tool for illegal, inappropriate or objectionable use of the District's computer resources. With these facts in mind, the District recognizes it has a need to regulate the use of the District's computer services. Adequate regulation necessitates rules and regulations for the use of the on-line services and the agreement of all users to comply with them prior to permitting access.

Policy

The District supports offering access to the Internet and other on-line computer services to students, teachers and other faculty. In order to provide this access in a responsible manner, the District will implement regulations and user agreements which prohibit inappropriate, illegal or objectionable use. To ensure compliance, the regulations will allow the District to monitor on-line computer use and to review, termination of access rights and/or appropriate disciplinary or legal action. Prior parental permission will be required for use by any student or unemancipated person under 18 years of age who desires to use the District's on-line computer services.

Introduction

On March 22, 2001, the Yale Public Schools (the "District Board of Education took action authorizing the administration to adopt guidelines and procedures for the lawful and appropriate use of the Internet and other on-line computer informational services. It is the Policy of the Board of Education of the Yale Public School District to allow District employees and students to access the District's technology resources for educational purposes. The District's technology resources include District owned, leased and/or controlled computers, servers, routers, cables, programs and other technology equipment and resources, including access to the internet, e-mail and other on-line services. As such, their use will be restricted to activities which support District educational goals and objectives.

District employees and students may, in the discretion of the Superintendent or designee, be assigned an access code which will permit access to the Internet and other on-line services. The assignment of an access code and the use of the District's technology resources is considered to be a privilege in which District employees and students have no entitlement or property, liberty, privacy or other interest. This privilege may be revoked, in whole or in part, at any time in the discretion of the Superintendent or designee.

The District's technology resources will enable users to access on-line information from around the world. Much of this information is non- educational and may be illegal or inappropriate. The District has implemented a technology protection measure that protects against access on the District's computers to visual depictions that are obscene, child pornography or otherwise harmful to minors, as defined and required by the federal Children's Internet Protection Act. This device also protects against access to other material that may be inappropriate. However, this measure does not protect against access to all information that is inappropriate or illegal. District employees and students are expected to exercise good judgment and discretion in the use of the District's technology resources. Any unlawful or inappropriate use of these resources is strictly prohibited.

The District in no way, assumes any responsibility for actions of users that could result in criminal or civil legal sanctions.

The term "User(s)" employed throughout this memorandum means (all persons) including students, staff, community members who have District authorization use the Internet and other available on the information computer services and have signed the appropriate use agreement. The term "On-line services" as employed throughout this memorandum means the Internet and any other on-line informational or other computer services that are Available and/or can be accessed through the computer equipment and resources owned and/or within the control of the District.

Rules & Regulations

In order to implement the District Policy on the use of the Internet and other on-line informational services, the District has established the following list of basic rules and regulations that District employees and students are required to know and which apply to any use of the District's technology resources:

1. Users are responsible for knowing and following all federal state and local laws and regulations which regulate the information available on the Internet and other on-line services.
2. Users are responsible for knowing and following all federal state and local laws and regulate the use of the District's technology resources, including the Internet, e-mail and other on-line services.

3. District employees and students are expected to always exercise good judgment and discretion and to limit the use of the District's technology resources for educational and job-related purposes.
4. The District Superintendent or designee, in his/her discretion, may deny, revoke or suspend access codes to the District's technology resources. Any such decision is final and shall not be subject to review or appeal.
5. District employees and students have no property, liberty or other interest or expectation of privacy in the use of the District's technology resources. The District administration reserves the right to monitor and review any material accessed, reviewed or stored in connection with the use of District technology resources. The District may edit or remove any material placed or stored on the District's technology resources which the Superintendent or designee, in his/her discretion, determines may be inappropriate.
6. Use of the District's technology resources in violation of federal state or local laws or regulations, including but not limited to copying material protected by copyright laws, violating criminal laws or transmitting any material that is threatening or obscene, is prohibited.
7. Use of the District's technology resources for private, personal, commercial or business activities, including but not limited to personal e-mails, advertising, promotion, purchasing and/or political lobbying is prohibited.
8. Use of the District's technology resources in a manner that is inappropriate or could be considered offensive by others is prohibited. The Superintendent or designee has the authority to make the final decision on what is deemed to be inappropriate use of the District's technology resources. Examples of inappropriate and/or offensive use include the following:

To the extent not prohibited above, the following specific use of on-line services is strictly prohibited:

- Sending, receiving or displaying terms, messages or pictures which could violate the District's non-- discrimination or other policies, could be considered obscene or pornographic or could be deemed to be offensive by a reasonable person or which is otherwise determined to be inappropriate by the District Superintendent or designee.
- Users are responsible to download and upload ONLY public domain software onto the Internet.
- Using language which is obscene or otherwise offensive to the reasonable user.
- Harassing, insulting, stalking, attacking or invading the privacy of others.
- Any use which could reasonably result in damage to the District's technology resources.
- Using another person's or user's access code.
- Giving your access code to another person.
- Unauthorized invading or trespassing into directories, servers, folders, work or files that are not yours or to which you have not been given District approval to access.
- Intentionally wasting resources.
- Divulging personal information about yourself or others to strangers (including addresses, telephone number, credit card numbers, access code or other personal or confidential information).

PENALTIES FOR VIOLATION

If it is determined by the administration that a User has violated one or more of the rules and regulations governing use of on-line services established by the District administration, the User will be penalized and/or disciplined commensurate with the severity or persistence of the violation. The nature and extent of the penalty and/or discipline imposed by the District administration is final and shall not be subject to review or appeal. Violations on the Internet will be considered major violations for students.

Possible penalties and/or discipline may include suspension or revocation of the rights to use the District's on-line services or computer equipment and/or resources.

The administration will follow any other District policy and/or procedure applicable to the particulars of any violation. Violations of a criminal nature may also be reported to the local law enforcement agency for appropriate prosecution. The District prohibits and assumes no responsibility for the unlawful actions of any User.

APPROPRIATE USE AGREEMENT

Prior to any person obtaining a User access number or in any way using the District's on-line services, the person is required to have on file with the District a signed written Appropriate Use Agreement which is approved by the district.

PARENTAL CONSENT

Due to the potential for abuse by Users using the District's on-line services and the possibility of criminal and/or civil legal sanctions for inappropriate use, the District requires all students to have on file, with the District, signed written parental permission for use of on-line services which is approved by the District before the person may obtain a User access number or in any way use the District on-line services.



YALE PUBLIC SCHOOLS ON-LINE COMPUTER SERVICE

APPROPRIATE USE AGREEMENT AND PARENT PERMISSION FORM

I have read and I understand the terms of the Yale School District's Administrative Regulation on the use of District's technology resources. I understand that as a condition of my using these resources and/or obtaining an access code, I must abide by the law and the District's rules and regulations for access. Failure to do so may result in me losing my privilege to use on-line services and the District's technology resources, plus other disciplinary action and/or criminal or civil legal sanctions.

I hereby agree to fully comply with the law and the District's rules and regulations which apply to my use of the District's technology resources. I further understand and agree that the District is not responsible for my violations or misuse.

Student (or User) Signature: _____ Date: _____

Student Name (please print): _____

Student's School: _____ Grade: _____ Date of Birth: ____/____/____

***If this form is being signed by a student and/or minor, the portions below must be completed.**

As parent/legal guardian of the person signing above, I grant permission for my child to access the District's technology resources, which includes accessing the Internet and other on-line services. I HAVE READ AND AGREE TO THE Yale Public School's On-line Procedures and Technology Resources Administrative Regulation, and understand that I may be held responsible for violations by my child. I understand that my child's access code can be used to access information from computers outside the school community, some of which may be illegal and/or inappropriate; therefore, I agree to accept responsibility for guiding my child, and conveying to her/him appropriate standards for selecting, sharing and/or exploring information and media.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (please print): _____

Street Address: _____ City/Zip: _____

Home Telephone: _____ Daytime Telephone: _____



YALE PUBLIC SCHOOLS - MEDICATION PERMISSION FORM

THIS FORM MUST BE COMPLETED BY PARENT/GUARDIAN AND KEPT IN THE SCHOOL OFFICE. ALL MEDICATION MUST BE BROUGHT TO THE SCHOOL BY AN ADULT. MEDICATION BROUGHT TO SCHOOL BY A STUDENT WILL NOT BE ADMINISTERED. UN-ADMINISTERED MEDICATION CAN BE PICKED UP IN THE SCHOOL OFFICE BY AN ADULT. MEDICATION CANNOT BE SENT HOME WITH STUDENTS. PLEASE REMEMBER TO KEEP A RECORD OF THE SUPPLY OF MEDICATION YOU HAVE BROUGHT TO THE OFFICE. THE SCHOOL IS NOT RESPONSIBLE FOR NOTIFYING PARENT/GUARDIAN REGARDING THE NEED FOR ADDITIONAL MEDICATION.

STUDENT NAME: _____ BIRTHDATE: _____

SCHOOL: _____ GRADE: _____

ALL MEDICATION WILL BE ADMINISTERED BY THE PRINCIPAL, SECRETARY OR OTHER SCHOOL PERSONNEL AS DIRECTED BY THE PRINCIPAL.

MEDICATION INFORMATION:

1. Name of Medication: _____ Date(s) to be Administered: _____
 Dosage: _____ Frequency: _____ Times Given: _____
 Purpose: _____
 Comments/Directions/Hazards: _____
 Prescription: _____ Non-Prescription: _____

2. Name of Medication: _____ Date(s) to be Administered: _____
 Dosage: _____ Frequency: _____ Times Given: _____
 Purpose: _____
 Comments/Directions/Hazards: _____
 Prescription: _____ Non-Prescription: _____

3. Name of Medication: _____ Date(s) to be Administered: _____
 Dosage: _____ Frequency: _____ Times Given: _____
 Purpose: _____
 Comments/Directions/Hazards: _____
 Prescription: _____ Non-Prescription: _____

PHYSICIAN INFORMATION:

Attending Physician: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Physician Signature: _____

I hereby request that my child be administered his/her prescription/non-prescription medication at school by the school personnel. I understand that prescription medication will be administered exactly as per directions of the above named physician. Nonprescription medications will be administered as indicated above by parent/guardian. I will notify the school of any changes or discontinuation of this medication in writing. Yale Public Schools also has my permission to share the information on this form to staff on a need to know basis.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



HEADS UP SCHOOLS

A Fact Sheet for Parents

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 symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

SIGNS AND 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 the hit, bump, or fall
- Can't recall events *after* the 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
- Has trouble falling asleep

**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/Concussion. Para obtener una copia electrónica de esta hoja de información en español, por favor visite: www.cdc.gov/Concussion.



DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- 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 concussion should **NEVER** return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care professional experienced in evaluating for concussion says they are symptom-free and it's OK to return to play. This means, until permitted, not returning to:

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

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

1. **Seek medical attention right away.** A health care professional 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 health care professional.
3. **Together with your child or teen, learn more about concussions.** Talk about the potential long-term effects of concussion and the dangers of returning too soon to normal activities (especially physical activity and learning/concentration). For more information about concussion and free resources, visit: www.cdc.gov/Concussion.

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

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 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. 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, and/or
- Reduce time spent reading, writing, or on the computer.

*To learn more about concussion and to order materials **FREE-OF-CHARGE**, go to: www.cdc.gov/Concussion or call 1.800.CDC.INFO.





YALE PUBLIC SCHOOLS - PARENT AND STUDENT CONCUSSION AWARENESS EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012, as amended, that I have received and reviewed the Concussion Awareness Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by the Yale Public School District and will keep the educational material for future reference.

STUDENTS NAME (PRINTED)

PARENT/GUARDIAN NAME (PRINTED)

STUDENTS SIGNATURE

PARENT/GUARDIAN SIGNATURE

DATE

DATE

Please return this signed form to your child's school. The form will be kept on file for the duration of your child's attendance in the Yale Public School District.

Yale Public Schools

TRANSPORTATION DEPARTMENT

253 SCHOOL DRIVE ~ YALE, MICHIGAN 48097
PH: (810) 387-3231 ext. 6271 ~ FAX: (810) 387-9074
Jolene Roffe, Director of Transportation

Dear Parent and/or Guardian,

School Bus Transportation is available for all eligible students enrolled within the attendance boundaries of Yale Public Schools and reside outside of the city limits of the city of Yale. Eligible students **must register for Transportation Services** in order to receive bus service for the current school year. Failure to submit a transportation form constitutes “voluntary waiver” of transportation and students will not be assigned a bus. If your student should require transportation, please complete this form and return it to the Transportation Department as soon as possible. ****NOTE** this must also renewed every school year.

Although you may not request transportation services at this time, you may request transportation when needed in the future, depending on your location, it may take up to 3 days to have your child(ren) assigned to a bus and implement them into the bus run.

It is important that you fill this form out completely if your child(ren) are enrolled in school, even if you will not be utilizing bus transportation services.

You may return this form to your child’s school of attendance, the child’s bus driver, or fax it to the bus garage (810)-387-9074.

Reminders:

One Stop Pick-up/One Stop Take-home: Yale Public Schools has a one-stop pickup and one-stop take home policy. Parents/guardians are requested to identify one (1) pick up location and one (1) take home location for the school year. These locations may have two different addresses due to childcare, etc.; however, both addresses must be consistent every day, Monday through Friday. The bus stop may or may not be located at the address requested. Students will be assigned a bus stop within the prescribed walking distance of the address location. Walking distances and bus routes may be adjusted temporarily, if necessary, by reason of ridership, unsafe or impassable roads.

Childcare: The childcare address must be located within the school of attendance boundaries. It is not possible to provide transportation to childcare facilities located outside of the school of attendance boundaries.

It is important that you fill out this form in its entirety; if you will not be utilizing bus transportation services please also indicate that. If we do not receive a form from you, your child(ren) will be removed from the bus transportation service roster and no transportation will be provided to and from school.

As always, your cooperation is greatly appreciated; by working together we can achieve not only safe but efficient bus routes. If you have any questions please feel free to contact the transportation office. 810-387-3231 ext. 6275 or 6271.

Sincerely,

Jolene Roffe,
Director of Transportation
(810) 387-3231 ext. 6271

YALE PUBLIC SCHOOLS Transportation Registration Form

Transportation is available for all *eligible* students that attend Yale Public Schools with in the attendance boundaries. Please fill out this form when enrolling. This form must be renewed every year by June 8th for the upcoming school year.

Yale Public Schools has a one stop pick up and one stop take home policy. These addresses may be different; however they must be consistent every day. The bus stop will be located in accordance to state law and school district policy Students will be assigned a bus stop within the prescribed walking distance of the address location.

Please list all students in household, their school of attendance and address for pickup and drop off:

Students Name: _____ School of Attendance: _____ Grade: _____

PICK UP: Home address Alt. Address _____ **AM Transportation Is Not Required**

DROP OFF: Home address Alt. Address _____ **PM Transportation Is Not Required**

Students Name: _____ School of Attendance: _____ Grade: _____

PICK UP: Home address Alt. Address _____ **AM Transportation Is Not Required**

DROP OFF: Home address Alt. Address _____ **PM Transportation Is Not Required**

Students Name: _____ School of Attendance: _____ Grade: _____

PICK UP: Home address Alt. Address _____ **AM Transportation Is Not Required**

DROP OFF: Home address Alt. Address _____ **PM Transportation Is Not Required**

Students Name: _____ School of Attendance: _____ Grade: _____

PICK UP: Home address Alt. Address _____ **AM Transportation Is Not Required**

DROP OFF: Home address Alt. Address _____ **PM Transportation Is Not Required**

Students Name: _____ School of Attendance: _____ Grade: _____

PICK UP: Home address Alt. Address _____ **AM Transportation Is Not Required**

DROP OFF: Home address Alt. Address _____ **PM Transportation Is Not Required**

Parent/Guardian Contact Information:

Last Name _____ First Name _____

Street Address: _____ E-mail _____

Home Tel: _____ Cell Ph: _____

Signature of Parent/Guardian: _____ **Date:** _____

THIS FORM MUST BE SUBMITTED FOR TRANSPORTATION SERVICES: