CONSOLIDATED COMMUNITY SCHOOL SERVICES

ENROLLMENT PACKET

C.C.S.S. Central Office
4900 W Davis Ct
Kincheloe, MI 49788
906-495-7305
ccss@eupschools.org

Below you will find a list of forms needed for student enrollment.
Please return the following when enrolling your student .

1. Pupil Enrollment Form (If there are custody issues, we will need a copy of the custody agreement)
2. Student/Family Residency Questionnaire
3. Copy of Original Birth Certificate (Hospital Certificates are not acceptable.)
4. Birth Certificate Affidavit if you cannot provide a birth certificate
5. Tribal Affiliation Data Collection Form – If the student is Native American
6. Title VII Form - If student is Native American
7. Education Benefits Form
8. Special Education or 504 Plan Placement Identification – If the student receives services
9. Official Request for School Records
10. Up-to-date High School Transcripts, if available
11. Emergency Medical Authorization Form
12. Exam, Attendance & Cell Phone Policies
13. Student Technology Acceptable Use Agreement/ Virtual Courses & Consent Form
14. Consent to Photo, Film, or Videotape Form
15. Concussion Information Awareness Form

Consolidated Community School Services
4900 West Davis Court, Kincheloe, MI 49788
Phone (906)495-7305 Fax (906)495-5710
https://ccsseupschoolsorg.finalsite.com

PUPIL ENROLLMENT FORM

Year: 26/27 Site: _____

Student's Legal Name (Last, First, Middle)	DOB (mm/dd/yyyy)	Age	Gender

Mailing Address	City	State	Zip

Student Currently Lives with?	Student Cell Phone	Place of Birth (City, State)

Physical Address (if different than mailing)

Ethnicity Please Circle:	**Is Hispanic or Latino**? Circle Yes or No	**Special Education/IEP Circle Yes or No**
White *__American Indian__ Asian Hispanic Native Hawaiian Black ***Tribal Affiliation:** _____	**Hot Lunch Eligibility** Free Lunch ☐ Reduced Lunch ☐	**504** **Circle Yes or No**

Mother Name:	Father Name:
Address: City, Zip:	Address: City, Zip:
Phone	Phone
Employer: Work Phone:	Employer: Work Phone:
Step-Parent's Name:	Step-Parent's Name:

Emergency Contact Name: Phone: Relationship:

How did you hear about us?
Returning Student ☐ Social Media ☐ Previous School Staff ☐ Friend/Other ☐

Has the student been suspended/expelled from any school? **Circle Yes or No** ***If Yes**, which District*:

POST-GRADUATION OPPORTUNITIES INFORMATION PACKETS
Per State of Michigan Legislature, the following web address will send you to the Post-Graduate Opportunities Information Packet. https://pathfinder.mitalent.org/resources

Student received a copy of the SEXUAL HARASSMENT AND SEXUAL ASSAULT INFO GUIDE
Circle Yes or No

Parent consent for virtual online course enrollment: **Circle Yes or No**

Internet/Photo Release: I give permission for my child to use the Internet at school and consent to photograph, film, or videotape a student. This also signifies that you have read and signed the :Acceptable Use Policy" of the school.

_____ _____

Parent Signature & Date Student Signature & Date

Serving School Districts of: Brimley, Cedarville, DeTour/Data, Engadine, Newberry, Pickford, Rudyard, Sault Ste. Marie, Three Lakes & Whitefish (Updated 8/13/26)

2026/27 CCSS
PUPIL ENROLLMENT FORM

Educational Information-To be filled in by Coordinator/Central Office:

Name of School Official filling out form _____ Date _____

Student's Legal Name (Last, First, M.I.)				
Cohort	Current Grade	Unified I.D. # Unified Password	9220/Alt 31a/At Risk Direct Cert 9210/504 9222/PCE Section 24 Title VI	NWEA ☐ Skyward ☐ SRM ☐ Illuminate ☐ Network ☐ Spreadsheet ☐
UIC CODE:		Resident District:		Residency Code:
Copy of Birth Cert on file: ☐		Verified Direct Certified: Yes ☐ No ☐		
McKinney Vento ☐ NA ☐ Unaccompanied Minor ☐		Special Ed. Info Requested ☐ Date Verified:		Disability: Program: Service:
Program enrolled in: Alternative HSC G.E.D.		**Date of Enrollment:** **Date of Exit** with reason:		
Section 25 Eligibility ☐ Verified First Day of Attendance: Fall Gen Collection FTE claimed: *Gen Ed:* *Spec. Ed:* District Claiming Pupil in Fall MSDS:				
Last School Attended:			Record Request Date:	

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STUDENT/FAMILY RESIDENCY QUESTIONNAIRE

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11431 et seq. Your answers will help determine if the student(s) meets eligibility requirements for services under the McKinney-Vento Act.

Please choose which of the following situations the student (s) currently resides in: *(You can choose more than one)*

_____ House or apartment with parent or guardian
_____ Motel, car, or campsite
_____ Shelter or other temporary or transitional housing
_____ With friends or family members (without parent/guardian)
_____ With friends or family members (in addition with parent/guardian)
_____ In housing that lacks adequate heat, running water or electricity

If the student(s) is living in shared housing, please check all of the following reasons that apply:

_____ Loss of housing
_____ Economic situation
_____ Temporarily waiting for house or apartment
_____ Providing care for a family member
_____ Living with boyfriend/girlfriend
_____ Loss of employment
_____ Parent/Guardian is deployed
_____ Parent/Guardian is incarcerated
_____ Other family hardship_____
_____ Other (Please explain)_____

Is the student under the age of 18 and living apart from parents or guardians? Yes No
If yes, who is the student's primary caregiver? _____ Relationship_____

STUDENT(S) NAMES First	Middle	Last	*M/F*	*D.O.B.*	*Grade*	*School Name*

Please list any other children who also live in the home, but are not attending school:

STUDENT(S) NAMES First	Middle	Last	*M/F*	*D.O.B.*	*Age*	*If child is under 5, does he/she attend a preschool program?*

Students without fixed, regular, and adequate living situations have the following rights:

1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;

2) Transportation to the school of origin for the regular school day;

3) Access to free meals, Title I and other educational programs, and transportation to extracurricular activities to the same extent that it is offered to other students.

By signing below, I acknowledge that I have received and understand the above rights. Any questions about these rights can be directed to the local McKinney-Vento Liaison at [Insert phone number] or the State Coordinator at 517-488-9161.

Parent/Guardian/Student Name _____ Signature _____ Date _____

(Area Code) Phone number _____ Street/Contact Address _____ City _____ State _____ Zip _____

CCSS
4900 W DAVIS COURT
KINCHELOE MI 49788

AFFIDAVIT
BIRTH CERTIFICATE

School _____

Date _____

The Michigan Missing Children's Act, MCL 380.1135 of the Revised School Code, requires that a person enrolling a pupil in school provide the local or intermediate school district with a certified copy of the pupil's birth certificate or other reliable proof of the pupil's identity.

Consolidated Community School Services has the authority to determine the type of other reliable proof and will only accept other proof and an affidavit for thirty (30) days. **Unless a birth certificate is provided for the above student within thirty (30) days this case shall be referred to the local law enforcement agency for investigation as required by law.**

In accordance with MCL 380.1135 (1)(b), this affidavit is being employed to accompany other reliable proof of age and identity of the aforementioned student. Please indicate the other reliable proof this affidavit is accompanying.

- ☐ Baptismal Certificate indicating date and place of birth
- ☐ County, military or immigration records
- ☐ Doctor or hospital records accompanied by sworn statements
- ☐ Court Records
- ☐ Life Insurance Policy

I am unable to produce a certified copy of the birth certificate for

_____
(child's name)

In Accordance with MCL 380.1135 (1)(b), please explain the reasons for the inability to provide a certified copy of the aforementioned student's birth certificate.

_____

_____

I certify that the above information is accurate.

Parent/Guardian Signature _____

Signature of School Official _____

Tribal Affiliation Data Collection

Engadine Consolidated Schools/C.C.S.S. Tribal Affiliation Questionnaire

GED Program Site in which you are enrolling:_____

NOTE: Responding to this questionnaire is optional. The information collected will support coordination and communication with Tribal Nations and help the district determine its eligibility to apply for additional funding to support Indigenous learners.

Student Full Legal Name:_____

Parent/Guardian Name(s): _____

Address:_____

City:_____ State:_____ Zip Code:_____

Grade:_____ Birth Date:_____

For this data collection, tribal affiliation refers to an individual with ties to one or more Indigenous Nations through citizenship, membership, enrollment, or descendancy.

Question A: **Is this student tribally affiliated?**

- ☐ **Yes, the student is tribally affiliated**
- ☐ **No, the student** is **not tribally affiliated**

Question B: If **the student is tribally affiliated, what is their primary tribal affiliation?**
(Choose only one)

- ☐ **Bay Mills Indian Community**
- D **Grand Traverse Band of Ottawa and Chippewa Indians**
- ☐ **Hannahville Indian Community**
- ☐ **Keweenaw Bay Indian Community**
- ☐ **Lac Vieux Desert Band of Lake Superior Chippewa Indians of Michigan**
- D **Little River Band of Ottawa Indians**
- ☐ **Little Traverse Bay Band of Odawa Indians**
- D **Match-e-be-nash-she-wish Band of Pottawatomi Indians of Michigan**
- ☐ **Nottawaseppi Huron Band of the Potawatomi**
- ☐ **Pokagon Band of Potawatomi Indians**
- ☐ **Saginaw Chippewa Indian Tribe of Michigan**
- ☐ **Sault Ste Marie Tribe of Chippewa Indians**
- ☐ **Not Listed**

OMB Control No. 1810-0021 (Exp. 06/30/2026)

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): ◯ child ◯ child's parent ◯ child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- ◯ Federally Recognized Tribe
- ◯ State Recognized Tribe
- ◯ Terminated Tribe
- ◯ Alaska Native
- ◯ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ◯ Membership or enrollment number establishing membership (if readily available) or
- ◯ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement
I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

EDUCATION BENEFITS FORM SY 2026 - 2027

District: _____ School: _____

Part A: STUDENT INFORMATION - Complete for each student Pre-K through 12th Grade

Student's Last Name	Student's First Name	Grade Level	School	Identify H if Homeless M if Migrant R if Runaway F if Foster

Part B: BENEFITS RECEIVED (if applicable)

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name: _____ Case Number: ____ ____ ____ ____ ____ ____ ____ ____ ____

Part C: HOUSEHOLD SIZE	Part D: ANNUAL HOUSEHOLD INCOME - Select the appropriate range of combined annual income for all people in the household (Include all income before taxes)		
❑ 1 →	❑ At or below $20,748	❑ Between $20,749 and $29,526	❑ At or above $29,527
❑ 2 →	❑ At or below $28,132	❑ Between $28,133 and $40,034	❑ At or above $40,035
❑ 3 →	❑ At or below $35,516	❑ Between $35,517 and $50,542	❑ At or above $50,543
❑ 4 →	❑ At or below $42,900	❑ Between $42,901 and $61,050	❑ At or above $61,051
❑ 5 →	❑ At or below $50,284	❑ Between $50,285 and $71,558	❑ At or above $71,559
❑ 6 →	❑ At or below $57,668	❑ Between $57,669 and $82,066	❑ At or above $82,067
❑ 7 →	❑ At or below $65,052	❑ Between $65,053 and $92,574	❑ At or above $92,575
❑ 8 →	❑ At or below $72,436	❑ Between $72,437 and $103,082	❑ At or above $103,083

*** Special Instructions for households with more than 8 people: DO NOT check the boxes above. Instead, fill in items below:**

Household size (# people): _____ Total annual income: _____

Part E: CERTIFICATION - The head of household or adult designee who completed this form must complete this certification section

I certify (promise) that all information on this form is true and that all income is reported to the best of my knowledge. I understand that this form may impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

_____ _____ _____

(Signature) (Printed Name) (Date)

_____

(Address) (City) (Zip)

_____

(Email Address) (Home Phone) (Work Phone)

Do NOT fill out this section. This is for school use only.

Status: F _____ R_ _____ N _____ Determining Official's Signature: _____ Date: _____

INSTRUCTIONS FOR COMPLETING THE EDUCATION BENEFITS FORM

This form is used to determine eligibility for state benefits for which your child(ren)'s school may qualify. Please complete, sign, and return this form to your child's school.

If any member of your household receives benefits from the Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, please follow these instructions:

Part A: Student Information – For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received – If any household member, including adults, receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR), provide the name and case number. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Part C: Household Size - Check the box for the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Annual Household Income – Skip this part

Part E: Certification - Sign the form. Print your name and date.

If your household does not receive benefits from the Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, please follow these instructions:

Part A: Student Information - For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received – Skip this part

Part C: Household Size – Check the box for the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Annual Household Income – Moving across the same row as the household size check box, check the box that shows the range of annual income for all people in your household. Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

Part E: Certification - Sign the form. Print your name, date, and contact information.

Consolidated Community Schools

Special Education or 504 Placement Information at Enrollment

If the student named below received special education or 504 services at their former school, please indicate below by including name and contact information for the last school he/she attended. This will expedite acquiring records and promptly initiating services. Please attach latest IEP or 504 plan if possible. Thank you!

Please **circle** type of services receiving: **Special Education** *or* **504**

Student Name _____ Grade _____

Birth Date_____

Disability: The student is eligible as: _____

Programs/Services received at prior school:_____

FORMER SCHOOL INFORMATION

Name of Last School Attended_____

Address of Last School Attended_____

Phone of Last School Attended _____

Parent Signature _____

Thank you,
Bill Henry, CCSS Director

Board of Education
President: Heather Luoto, Engadine
Kyle Rairigh, Pickford
Thomas Suggitt, Brimley
Bob Lohff, Cedarville
Robert Vaught, DATA and DeTour
Thomas McKee, Rudyard
Shawn Tebo, Newberry
Rachel Bommarito, Three Lakes
Vince Gross, Whitefish
Bill Henry, CCSS

OFFICIAL REQUEST FOR SCHOOL RECORDS

School Name:_____

Address:_____

City, State, Zip_____

Email:_____

Phone#:_____ **Fax#:**_____

Date of Request:_____

Student'sName:_____ **Grade:**____ **Birthdate:**_____

Is this student receiving Special Education Services or on a 504 Placement? _____

Parent Signature:_____ **Date**_____

Please send to the address below, the permanent (CA6O) cumulative records for the above named student(s). Also, include all supplemental materials such as special education, speech, psychological, social work, health and other pertinent information. If requested information is on file with an agency other than the local school, the name and address of the agency would be appreciated.

This information is to be used for educational planning and placement purposes only.
Thank you, Michelle VanSloten, CCSS Data Manager ccss@eupschools.org

Consolidated Community School Services
Records: Michelle VanSloten
4900 W Davis Ct
Kincheloe, MI 49788

FORM TO BE SENT BY SCHOOL OFFICIAL

CCSS 906-495-7305 ccss@eupschools.org

Emergency Medical Authorization Form

Consolidated Community School Services
4900 West Davis Court
Kincheloe, Michigan 49788
Tel: (906) 495-5343 Fax: (906) 495-5710
Email: mvanslot@eupschools.org

When my child (*or self if student is 18 years of age or older*) is at school or involved in a school activity, and I am unavailable/unable to provide consent for medical treatment, I authorize school staff to provide consent for the delivery of emergency medical care. Such care may include transportation, diagnosis and treatment.

Student Name: _____ DOB:_____

Parent or Guardian Name(s):_____

Parent or Guardian Phone(s):
Cell _____ Home _____ Work _____
Cell _____ Home _____ Work _____

Alternative Emergency Contact:
Name: _____ Number: _____

Allergies:_____
Medications:_____
Health Conditions:
_____

Signature of Parent/Guardian/Adult Student:_____
Date:_____

***Permission valid for current school year or until revoked in writing.**

Kinross and Newberry Alternative School
Exam, Attendance & Cell Phone Policies

In order to improve students' learning outcomes, which are often negatively impacted by cheating, poor attendance, and cell phone use during class times, CCSS alternative programs are instituting the following policies.

Please read the information carefully and sign the form to indicate that you understand and will follow the policies.

Course Exams
Students will have only ONE attempt to pass exams given at the end of each course. Exams must be passed with a minimum grade of 60% in order to earn course credit.

Unexcused Absences
If a student accumulates more than 50 hours (equivalent to ten school days) of unexcused absences per quarter, any courses that are incomplete at the end of that quarter will be reset and will have to be restarted. Excused absences will not count toward the 50 hour quarterly limit, so please be sure to provide the school with documentation for appointments.

Cell Phones and other devices such as smart watches, tablets and any device capable of connecting to the internet:

Students are encouraged to leave cell phones and other smart devices at home. However, if a student brings a device such as a cell phone to school, he/she will need to place the phone/device in a classroom storage unit. Students will be allowed to use cell phones during lunch but will have to return phones to the storage unit when lunch period ends. If a student brings a cell phone/device to school and refuses to place it in the storage unit, he/she will be sent home for the remainder of the day. If a student or parent/guardian is uncomfortable with a phone/device being placed in the classroom storage unit, the phone/device should be left at home. In emergency situations, students and parents/guardians can communicate at any time via the landlines: Kincheloe 906-495-7305 or Newberry 906-293-3207.

Student Signature:_____

Parent/Guardian Signature:_____

Date:_____

(updated 8/12/26)

STUDENT TECHNOLOGY ACCEPTABLE USE AND SAFETY AGREEMENT

To access and use District Technology Resources (see definition in Bylaw 0100), including a school assigned e-mail account and/or the Internet at school, students under the age of eighteen (18) must obtain parent permission and sign and return this form. Students eighteen (18) and over may sign their own forms.

Use of District Technology Resources is a privilege, not a right. The Board of Education's Technology Resources, including its computer network, Internet connection and online educational services/apps, are provided for educational purposes only. Unauthorized and inappropriate use will result in loss of this privilege and/or other disciplinary action.

The Board has implemented technology protection measures that protect against (e.g., block/filter) Internet access to visual displays/depictions/materials that are obscene, constitute child pornography, or are harmful to minors. The Board also monitors online activity of students in an effort to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. Nevertheless, parents/guardians are advised that determined users may be able to gain access to information, communication, and/or services on the Internet that the Board has not authorized for educational purposes and/or that they and/or their parents/guardians may find inappropriate, offensive, objectionable or controversial. Students using District Technology Resources are personally responsible and liable, both civilly and criminally, for unauthorized or inappropriate use of the Resources.

The Board has the right, at any time, to access, monitor, review and inspect any directories, files and/or messages residing on or sent using District Technology Resources. Messages relating to or in support of illegal activities will be reported to the appropriate authorities. Individual users have no expectation of privacy related to their use of District Technology Resources.

Please complete the following information:

Student User's Full Name (please print): _____

School: Consolidated Community School Services Grade: _____

Parent/Guardian's Name: _____

Parent/Guardian

As the parent/guardian of this student, I have read the Student Technology Acceptable Use and Safety Policy and Guidelines, and have discussed them with my child. I understand that student access to the Internet is designed for educational purposes and that the Board has taken available precautions to restrict and/or control student access to material on the Internet that is obscene, objectionable, inappropriate and/or harmful to minors. However, I recognize that it is impossible for the Board to restrict access to all objectionable and/or controversial materials that may be found on the Internet. I will not hold the Board (or any of its employees, administrators or officers) responsible for materials my child may acquire or come in contact with while on the Internet. Additionally, I accept responsibility for communicating to my child guidance concerning his/her acceptable use of the Internet - i.e., setting and conveying standards for my daughter/son to follow when selecting, sharing and exploring information and resources on the Internet. I further understand that individuals and families may be liable for violations.

To the extent that proprietary rights in the design of a web page, site, service or app hosted on Board-owned or District-affiliated servers would vest in my child upon creation, I agree to assign those rights to the Board.

Please check each that applies:

____ I give permission for the Board to issue an e-mail account to my child.

____ I give permission for my child's image (photograph) to be published online, provided only his/her first name is used.

____ I give permission for the Board to transmit "live" images of my child (as part of a group) over the Internet via a web cam.

____ I authorize and license the Board to post my child's class work on the Internet without infringing upon any copyright my child may own with respect to such class work. I understand only my child's first name will accompany such class work.

Parent/Guardian's Signature: _____ Date: _____

Student

I have read and agree to abide by the Student Technology Acceptable Use and Safety Policy and Guidelines. I understand that any violation of the terms and conditions set forth in the Policy and Guidelines is inappropriate and may constitute a criminal offense and/or may result in disciplinary action. As a user of District Technology Resources, I agree to communicate over the Internet and through the Technology Resources in an appropriate manner, honoring all relevant laws, restrictions and guidelines.

Student's Signature: _____ Date: _____

Teachers and building principals are responsible for determining what is unauthorized or inappropriate use. The principal may deny, revoke or suspend access to and use of the Technology Resources to individuals who violate the Board's Student Technology Acceptable Use and Safety Policy and related Guidelines, and take such other disciplinary action as is appropriate pursuant to the Student Code of Conduct.

1/18

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Parental Consent for Virtual Courses

Dear Parents:

For all students Kindergarten – 12th grade, Engadine Schools will need to have on file proof of parental consent for all students taking virtual courses now or in the future. Please fill out the area below.

Parent Consent:
I give permission for my child, _____ to take virtual coursed during his/her enrollment at Engadine Consolidated Schools.

_____ _____
Parent Signature Date

Consolidated Community School Services
4900 West Davis Court
Kincheloe, MI 49788
Tel: 906-495-7305 Fax: 906-495-5710

CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE

STUDENT NAME:_____(print full name)

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the student named above.

I also grant Consolidated Community School Services the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release Consolidated Community School Services and its employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian:_____
(if the Student is under 18)

Date:_____ Address of Parent/Guardian:_____

OR

Signature of Student: _____
(if the Student is over 18)

Date:_____Address of Student:_____

Concussion
INFORMATION SHEET

CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - Work with their coach to teach ways to lower the chances of getting a concussion.
  - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - Ensure that they follow their coach's rules for safety and the rules of the sport.
  - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

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

Symptoms Reported by Children and Teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*

CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

Children and teens who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to cdc.gov/HEADSUP

CDC HEADS UP

Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

○ I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete's Name Printed:_____ Date:_____

Athlete's Signature:_____

○ I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian's Name Printed:_____ Date:_____

Parent or Legal Guardian's Signature:_____

Revised January 2019

CONSOLIDATED COMMUNITY SCHOOL SERVICES
4900 W. Davis Court
Kincheloe, MI 49788
Ph 906-495-7305
Fax 906-495-5710

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Request for Records

School Name:_____

Address:_____

City, State, Zip:_____

Phone:_____ Fax:_____ E-mail:_____

Date of Request:_____

In accordance with the final regulations, Family Education Rights and Privacy Act (Buckley Amendment), it is no longer necessary to obtain written consent to release records between schools, including teachers withing the educational institution. In addition, officials of other schools in the system in which the student may intend to enroll may receive a student's record without a written consent for such release.

We would appreciate information on the following student:

Student Name:_____
Last First MI

Birthdate: _____ **Date when student last attended**:_____

Please send via U.S. Postal Service:

- ☐ Cumulative Record (CA60)
- ☐ Special Education/Services File
- ☐ Complete Transcript
- ☐ Educational Development Plan

Please send via fax/email as enrollment is **pending**:

- ☐ Transcript
- ☐ Most recent IEP or 504 Plan

Thank you,
Michelle VS
Michelle C. VanSloten, Data Manager
mvanslot@eupschools.org

"COMMUNITY EDUCATION"
Serving Community Members of All Ages

The following are for the student to keep and read:

1. SEXUAL HARASSMENT AND SEXUAL ASSUALT INFORMATION GUIDE

2. KINROSS AND NEWBERRY ALTERNATIVE ED CALENDAR

3. DAILY HOURLY SCHEDULE

CCSS Kinross and Newberry Alternative Ed.
2026/2027 Calendar
(updated 8/05/2026)

SEPT 8:	First Day of School
OCT 12:	NO SCHOOL/Teacher Professional Development w/Engadine
OCT 16:	NO SCHOOL (TAS has PD)
OCT 30:	NO SCHOOL / End of Quarter 1
NOV 12:	NO SCHOOL /(TAS has PD)
NOV 13:	NO SCHOOL
NOV 25-27:	NO SCHOOL /Thanksgiving
DEC 18-JAN 3:	NO SCHOOL /Christmas Break
JAN 4:	Return to school
JAN 22:	NO SCHOOL/End of Semester
FEB 12:	NO SCHOOL (TAS has PD)
FEB 15:	NO SCHOOL /Teacher Professional Development w/Engadine
MAR 1:	NO SCHOOL / Teacher Professional Development w/Engadine
MAR 25:	NO SCHOOL / End of Quarter 3
MAR 25-APRIL 4:	NO SCHOOL /Spring Break
APR 5:	Return to school
APR 15-16:	NO SCHOOL
APR 26:	NO SCHOOL (RAS has PD)
MAY 31:	NO SCHOOL /Memorial Day
JUNE 3:	Last day of School Year/End of Semester

Kinross Alternative School
4900 W. Davis Court
Kincheloe, MI 49788
Tanya Pages, Alt Ed. Coordinator
CCSS Central Office, 906-495-7305

Newberry Alternative School
200 E. John St.
Newberry, MI 49868
906-293-3207 Kurt Perron, Instructor
Newberry CCSS Office, 906-293-3282

POST-GRADUATION OPPORTUNITIES INFORMATION PACKETS Per State of Michigan Legislature, the following web address will send you to the Post-Graduate Opportunities Information Packet: pathfinder.mitalent.org
25/26 STUDENT HANDBOOK can be found at our website: ccsseupschoolsorg.finalsite.com

SEXUAL HARASSMENT AND SEXUAL ASSAULT INFORMATION GUIDE

What is Sexual Harassment?

Sexual harassment is unwanted sexual remarks or behaviors. It can be verbal, physical, or visual. Here are a few examples of sexual harassment.

Verbal:

- Making sexual jokes, comments, or spreading rumors targeted at someone (in person or online)
- Making sexual jokes or comments about students' bodies or how they look or act
- Making jokes or comments about students' masculinity or femininity and/or who they are attracted to or love



Physical:

- Pulling at or touching someone's clothing in a sexual manner (like pulling down someone's pants or snapping a bra strap)
- Touching, pinching, or grabbing someone in a sexual way
- Brushing up against someone's body on purpose



Visual:

- Posting or sharing sexual comments, pictures, or videos
- Pressuring someone to take or send sexual pictures or videos ("nudes")



Sexual harassment can make someone feel many emotions



You may feel scared, uncomfortable, upset, embarrassed or angry.

When it comes to sexual harassment, what matters is how the action makes a person think or feel--not the intention of the person who did it.



Sexual harassment can happen anywhere or to anyone. It can take place in person or online. But no matter where sexual harassment happens, it is never OK. It is wrong and it is against the law.

What is Sexual Assault?

Sexual assault is any sexual act that one person chooses to do to another person without consent (permission) through physical force, threats, or pressure (verbal or emotional).

Here are a few examples of sexual assault:

- Touching someone's genitals, breast, or butt without their permission (consent)
- Unwanted behavior or touch over or under clothes
- Unwanted kissing
- Physically forcing someone to perform a sexual act
- Threatening or pressuring a person to do any sexual act
- Unwanted vaginal, oral, or anal penetration with a body part or object (also known as rape)

Sexually assaulting another person is wrong and it is against the law. In Michigan statute, this is called "Criminal Sexual Conduct."

About Consent

- Consent means that each person agrees or gives permission.
- Anyone can change their mind at any time.
- Consent means each person understands what is going on and agrees to all of it.
- Someone needs to get consent every single time.
- Just because someone said "yes" before, does not mean "yes" now.
- It is not OK to use threats, emotional pressure, or the fact that another person is drunk or high to get what you want.

If someone doesn't consent to sexual acts it is sexual assault.



What if This is Happening to Me?

It is not your fault. You are not alone.

- No one has the right to sexually harass or assault anyone else.
- You have the right to feel safe and respected.
- If you feel like you won't be harmed, tell them this is not okay and to stop.
- Consider telling a trusted adult if any of these behaviors happen to you. If the trusted adult is a teacher, coach, or school staff, they may have to tell someone else (like a principal, parents, etc.). If you're not sure if you are ready or want to tell a trusted adult at your school, you can talk to them without saying it happened to you ("I have a friend who...").
- If the first person isn't helpful, keep trying until you find someone who is.
- Speaking up is a brave thing to do. Don't be afraid to seek help from someone you trust.
- Resources listed on page 4 are available 24/7 to support you.

Scientific research tells us that people who experience traumatic events like sexual harrassment and sexual assault have many different responses in their brains, bodies, feelings, and behaviors. However YOU respond to trauma is OK and is normal.

What if This is Happening to Someone I Know?

Believe. Listen. Support.



- Believe them! If someone tells you that someone has sexually harassed or assaulted them, know that it is very hard to tell someone about this and that person trusts and respects you enough to share this information. Let them know that what happened is not their fault and you are there to support them.
- Listen without judgment. Give them space and time to tell you what they feel comfortable sharing.
- Ask how you can support them. What you would need might differ from what your friend needs, so always ask. Let your friend decide who else can know.

Resources

There is Help.

You can call or chat with any of the resources below 24/7. People who are trained are there to listen and support you no matter what. **You don't have to tell them your name.** They can connect you with people and organizations nearby who can help you with questions or needs.

Michigan's Sexual Assault Hotline (VOICES4)

Text: 866-238-1454 **Call:** 855-864-2374

Chat: https://mcedsv.org/sexual-violence-hotline-chat/

Michigan's Domestic/Dating Violence Hotline (VOICEDV)

Text: 877-861-0222 **Call**: 866-864-2338

Chat: https://mcedsv.org/hotline-domestic-violence/

Youth Resources Web Page

https://mcedsv.org/resources

School Title IX Coordinator

If someone sexually assaulted or sexually harassed you at school or at a school event, you can choose to talk to your School District's Title IX Coordinator. Part of their responsibilities is to prevent and respond to sexual assault, sexual harassment, and discrimination based on sex and gender. Note: If you report to a Title IX Coordinator, they are required by law to follow up and may conduct an investigation.

If you report a sexual assault or sexual harassment incident, the policies forbid someone from retaliating or doing something to get back at you. See page 5 for your school's Title IX information and other related policies.

This resource was developed in response to Public Act 57 of 2023 by the Michigan Department of Education in partnership with the Michigan Domestic and Sexual Violence Prevention and Treatment Board and the Michigan Coalition to End Domestic and Sexual Violence (MCEDSV).

Sexual Harassment and Sexual Assault Information Guide

Engadine Consolidated Schools

District Title IX Coordinator

Superintendent, Andrew J. Alvesteffer
W 13920 Melville St.
Engadine, MI 49827
906-477-6313 ext 2699
aalvesteffer-ecs@eupschools.org

District Policies Related to Sexual Harassment and Sexual Assault

Policy 0145 Discriminatory Harassment

Policy 1662 Anti-Harassment

Policy 2266 Non-discrimination on Basis of Sex in Education Programs or Activities

Policy 4362 Anti-Harassment

Policy 5517 Anti-Harassment

For the complete policies listed above, visit the District's Non-Discrimination/Title IX policies at: engadine.eupschools.org

From the main webpage, go to **District Information**, then **Administration**, then **District Policies**, then to the hyperlink **District Policies.** In the **Search Active Policies**, type in **Sexual Harassment** or **Sexual Assault** or **Title IX**. All district policies pertaining to Sexual Harassment and Sexual Assault will show up. Click the appropriate policy you are searching for.

Alternative School - Daily Schedule

Doors Open: 8:45 AM
Doors Close and School Begins: 9:00 AM

9:00 - 9:55	Class time (1st hour)
9:55 - 10:00	Break
10:00 - 10:55	Class time (2nd hour)
10:55 - 11:00	Break
11:00 - 12:00	Class time (3rd hour)
12:00 - 12:30	Lunch
12:30 - 1:45	Class time (4th hour)
1:45 - 1:50	Break
1:50 - 3:05	Class time (5th hour)
School Dismisses	**3:00 PM**

