



Enrollment Checklist

Parents/Guardians enrolling their child in Grand Haven Area Public Schools are required to provide certain documentation to complete the enrollment process. To ensure your child is enrolled in a timely manner, please make sure you bring the following documentation with you when you register.

Student Name: _____ Grade: _____

REQUIRED DOCUMENTATION for all grade levels:

___ Enrollment Form *(completed)*

___ Student Residency Questionnaire *(completed)*

___ Transportation Form *(completed)*

___ Request for School Records *(completed)*

___ Proof of Residency

Acceptable documents to establish residency include any official document showing your current address, ie: a mortgage, lease, or rental agreement; current property tax statement; utility bills or credit card statement dated within the last 60 days; federal income tax statement, etc.

___ Driver's License or State ID with current address

___ Schools of Choice Approval _____ In-District _____ Out-of-District *(if not residing in district boundaries)*

___ Birth Certificate/Proof of Age

Acceptable documents include the child's birth certificate or passport. (Document will be copied and original returned to you at time of enrollment)

___ Immunization Record or Health Department Waiver

State law requires that your child's immunizations must be up-to-date or your child cannot enter school. Please make sure the exact month-day-year of each immunization are listed.

___ Concussion Form *(completed)*

___ Volunteer Assessment Form *(completed, if interested in volunteering in school)*

___ Copy of Most Recent Special Education IEP *(if applicable)*

___ Court Documentation in the Event of Custody Issues *(if applicable)*

Additional Requirements for KINDERGARTEN (YOUNG 5's) LEVEL:

___ Kindergarten Enrollment Age Verification

Michigan Law states, children enrolling in Kindergarten must be 5 on or before September 1 of the school year of enrollment. An exception provides that if your child will be 5 years of age not later than December 1 of that school year, the district may enroll the child, as long as the parent informs the district in writing that he or she intends to enroll. There is an area on the enrollment form for you to acknowledge your intentions.

___ Proof of Vision & Hearing Screening

State law requires that your child's vision and hearing must be checked within the last two years. Form must be filled out by your child's doctor or the local health department.

MIDDLE SCHOOL or SENIOR HIGH SCHOOL grades:

___ Transcript, or most recent report card, from previous school

If you would like to inquire about free/reduced meal benefits, please call our Food Service Department at 850-6080 or visit the website at www.ghaps.org/foodservice.



Grand Haven Area Public Schools

Student Enrollment Form

Student ID#	_____
Date Received	_____
Anticipated Start Date	_____

English: Do you need documents translated into another language? Yes or No Which language? _____

Spanish: ¿Es usted un padre que necesita traducción de documentos? Sí o No

Vietnamese: Bạn có phải là cha mẹ người sẽ cần dịch tài liệu? Có hay không

Child's Legal Name _____ **Grade** _____ **Gender** _____
(as shown on birth certificate) Last First Middle

Nickname/Goes by name? _____ **Date of Birth** _____ **City/State of Birth** _____

Is child a twin/triplet/etc? _____ **Main Phone** (_____) _____ **Resident County** _____
Unlisted Yes or No?

Address _____ **City** _____ **Zip** _____

Resident of GHAPS District? Yes / No – If No, Which District? _____

Previous School/District Name, Address, and Phone: _____

Has your student been expelled or suspended from a school inside/outside the State of Michigan? Yes No

Is either parent currently actively serving in the military? No/Yes If Yes, which branch? _____

<i>The US Department of Education requires that parents answer both Parts A and B. Please select an answer for both. If either part A or B is not answered, the Department of Education requires the school district to supply an answer on your behalf.</i>	
<p>Part A – Ethnicity: Is this student Hispanic/Latino? (Choose only one)</p> <p><input type="checkbox"/> No, not Hispanic/Latino</p> <p><input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race.)</p>	<p>Part B – Race: The question to the left is about ethnicity, not race. No matter what you selected, please continue to answer the following by marking one or more boxes to include what you consider your student's race to be. (Required to meet state reporting guidelines.)</p> <p><input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian American <input type="checkbox"/> White</p> <p><input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black/African American</p>

Parents/Step-parents/Guardians Residing in the Home:			
Name		Name	
Relationship		Relationship	
Employer		Employer	
Work Phone		Work Phone	
Main Phone	Type:	Main Phone	Type:
Email		Email	
Is there a custody concern or current court order concerning this child? <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes, please provide documentation.			
Parents/Step-parents/Guardians Living Elsewhere: (circle one) Joint Custody / Non-Custodial			
Name		Name	
Relationship		Relationship	
Complete address			
Employer		Employer	
Work Phone		Work Phone	
Main Phone	Type:	Main Phone	Type:
E-mail		E-mail	

May we contact non-custodial family members in case of an emergency? Yes/No **May non-custodial family members have access to child's educational record?** Yes/No
 If you answered "No" to either of these questions, please provide legal documentation specific to this matter.

Emergency Contacts, in case parents/guardians cannot be reached (including Daycare Provider, if applicable):		
Name	Relationship to Student	Daytime Phone

List other children in the family (use additional sheet as needed):				
Name	Birthdate	Gender	Grade	School (if applicable)

Special Education					
Has your child ever received Special Education services? <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes, please provide copy of <i>Current Services Provided w/IEP</i> .					
SE Primary Disability _____	Speech? Y or N	OT/PT? Y or N	Social Work? Y or N	Section 504? Y or N	Other?

Language Survey	
Is your child's native tongue a language other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, what language? _____
Is the <i>primary</i> language used in your child's home or environment a language other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, what language? _____
Is the student a refugee? _____ Has the student ever received Bilingual/ELL services? _____ Are you a migrant agricultural worker/fisher? _____	

<p>Medically Diagnosed/Physician Treated Conditions? (include only those conditions that are under a doctor's care): _____</p> <p>_____</p> <p>Will medication be required at school? Yes / No If yes, please complete a medical form. Medication will not be administered without a completed form.</p> <p>In the event of a serious accident or illness, I authorize the school district to transport, or call for an ambulance, my child to a hospital for emergency care. The hospital, their agents, or a licensed physician may administer such emergency medical treatment as they deem necessary. In addition, I authorize the school district to share medical information about my child with staff members that are in contact with him/her.</p> <p>Signature (Legal parent/guardian) _____ Date _____</p>
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Grand Haven Area Public Schools is working towards sending school correspondence electronically. **If you do not wish to receive correspondence in this manner, please initial here** _____ *If you do wish to receive electronic correspondence, please make sure you provided a valid email address on the first page of this form.*

- Kindergarten/Young Fives:** By checking this box I am intending to enroll my child for the upcoming school year under Section 6(4)(I)(iii) of the State School Aid Act (MCL 388.1606), which acknowledges my child will turn 5 years old between September 2nd - December 1st of this current year.
- Photo Release:** By checking this box, I grant permission allowing GHAPS to publish my child's photo on all media including the district website.
- Student Email:** By checking this box, I grant permission allowing school district to assign my child a district email address for use with technology devices (where age appropriate).
- Preschool:** By checking the box, you are indicating that your child attended preschool during his/her pre-primary years.

Please Read and Sign:

Information on this form will be kept confidential and released only according to the Family Educational Rights and Privacy Act.

In order for a student to enroll in Grand Haven Area Public Schools, the parents or guardians must comply with the State of Michigan General School Laws, which require that students attend school in the district in which they live, with the exception of School of Choice approval. If it is found that a student's documents have been falsified to establish residency in the Grand Haven Area Public Schools district, that student will be immediately dismissed from school, in accordance with district policy.

In order to affirm this student's residency in the Grand Haven Area Public Schools district, I declare that this student physically resides at the address shown. I have presented documents to Grand Haven Area Public Schools confirming the parent/guardian's name and address is within the boundaries of the Grand Haven district. I declare that these documents are true and accurate. I am aware that deliberate falsification of information for school attendance purposes is unlawful and will result in the student's immediate dismissal from Grand Haven Area Public Schools.

Signature (Legal Parent/Guardian) _____ Relationship to Student _____ Date _____

OFFICE USE ONLY

- Verification of Birthdate Use for Kindy
- Non-resident student application recv'd? _____
- Immunization records recv'd
- Verification of residency
- Records Requested _____ Recv'd. _____



AUTHORIZATION FOR RELEASE OF RECORDS

Last School Attended: _____

Street Address: _____

City/State/Zip: _____

School Phone #: _____ School Fax #: _____

In accordance with the Family Educational Rights and Privacy Act of 1974 and Michigan State Law, I hereby authorize the release of all school records to Grand Haven Area Public Schools for the following student:

Name _____ Birthdate _____ Grade _____

The above named student has enrolled at Grand Haven Area Public Schools. Please forward the following information to the address listed below:

- Cumulative Folder (CA60) including all medical records, attendance, discipline and confidential information.
- Records including any psychological evaluations, social work evaluations, copies of IEP's and MET's and any other records applicable to special education placement.
- Student UIC #

Please fax the following urgent materials to the number listed below: _____

According to the Parents Rights and Privacy Act, Section 438, parents or guardians of a student may inspect the records transferred and request a hearing to challenge the contents therein.

Signature of Parent/Guardian _____

Date _____

School personnel to fill out the following information:

PLEASE FORWARD RECORDS TO:



Grand Haven Area Public Schools

Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento (homeless) Act 42 U.S.C. 11435. The answers to this confidential residency information help determine the services this student may be eligible to receive.

Name of Student _____

Birth date _____ Gender _____ Building _____ Grade _____

Name of Parent(s)/Legal Guardian(s) _____

Current Address _____

City _____ Zip _____ Phone _____

1. Is your current address a temporary living arrangement? Yes No

If Yes, how long have you been living in this situation? _____

2. Is this temporary living arrangement due to loss of housing, economic hardship, or other similar circumstances? Yes No

3. Are you a Refugee/Migrant? Yes No

If you answered NO to all the above questions, simply sign and date the bottom of the form.

If you answered YES to any, please complete the remainder of this form.

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Where is student presently living?

- In a motel/hotel.
- In a shelter or other transitional housing.
- In a car, park, campground, public space, abandoned building, or substandard housing.
- Moving from place to place.
- With more than one family in a house or apartment. Who residing with? _____
- With an adult that is not a parent or legal guardian. Who residing with? _____
- Alone, without an adult. Who residing with? _____
- In Foster Care.
- Other (please explain) _____

Signature of Parent/Legal Guardian/Person Enrolling Student

Date



TRANSPORTATION ENROLLMENT FORM

*Attention Parents: Please renew this form **each year** so that we have the most up to date information for students. If your student will **not** need transportation services, please complete the First and Last Name and circle No Transportation Necessary for the morning pick up and afternoon drop off. Return completed form prior to the last day of school.*

New Enrollee *Change of Address* *Change of Pickup/Drop off Location*

Student First Name: _____ Last Name: _____ MI: _____

School: _____ Grade: _____ Gender: _____

Home Address: _____ City: _____ Zip Code: _____

Home Phone Number: _____

Parent/Guardian Name: _____ Phone Number: W- _____ C- _____

Parent/Guardian Name: _____ Phone Number: W- _____ C- _____

In order to increase student safety and be more operationally efficient, Parents/Guardians are requested to identify one (1) pick up location and one (1) drop off location for the school year.

Morning pick up location (circle one): Home or No Transportation Necessary or Alternate Site

Alt Site Info: Address: _____ Contact Name: _____ Phone #: _____

Afternoon drop off location (circle one): Home or No Transportation Necessary or Alternate Site

Alt Site Info: Address: _____ Contact Name: _____ Phone #: _____

To help us assist students please indicate any behavior/health/allergy concerns and action to be taken:

Transportation Information:

- Parents/guardians will need to identify one pick-up location and one drop-off location for the entire school year. If the alternate site arrangements vary from day to day, it will become the parent's responsibility to provide transportation on those alternate days.
- There will be no bus passes provided for any reason i.e. a friend is riding home with your child. This reduces end of day confusion for all district staff.
- As a reminder, GHAPS buses do not travel down every road, cul-de-sac, dead-end streets, and private roads/drives, or into every subdivision.

Parent/Guardian Signature

Date

For transportation office use only:

Date received: _____ Received by: _____ Initiation date: _____

Return call made by: _____ Spoke with: _____ Date: _____

Return call made by: _____ Spoke with: _____ Date: _____

Transfinder *Sent to School(s)* *Copy to Driver(s)* *Notified Parent* *Printed Copy of Route*

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

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

UNDERSTANDING CONCUSSION

Some Common Symptoms

Headache
Pressure in the Head
Nausea/Vomiting
Dizziness

Balance Problems
Double Vision
Blurry Vision
Sensitive to Light

Sensitive to Noise
Sluggishness
Haziness
Fogginess
Grogginess

Poor Concentration
Memory Problems
Confusion
“Feeling Down”

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

WHAT IS A CONCUSSION?

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

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

IF YOU SUSPECT A CONCUSSION:

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

SIGNS OBSERVED BY PARENTS:

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

CONCUSSION DANGER SIGNS:

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

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

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

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

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

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

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



CONCUSSION AWARENESS

EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by Grand Haven Area Public Schools.

Student Name Printed

Parent or Guardian Name Printed

Student Signature

Parent or Guardian Name Signature

Date

Date

Return this signed form to school/district. It must be kept on file for the duration of participation or age 18.

Please review and keep the educational materials available for future reference.