



REGISTRATION CHECKLIST

Current School Year Next School Year



STUDENT NAME:	ENTERING GRADE:	DATE:

Required Documents

Photo ID

Driver's License, State ID, Passport or Visa of the parent/guardian enrolling student.

Residency

Two current proofs of residency with the name and address from the following list.
Please circle the two provided.

- Mortgage Statement
- Property Tax Statement/Assessment
- Cable/Satellite Bill
- Warranty Deed/ Closing Statement
- City Water/Sewage Bill
- Gas/Electric Bill
- Formal Signed Lease/Rental Agreement
- Homeowners Insurance Policy
- Telephone Bill

NOTE: A current bill covers a service period ending **within 30 days** of the date of registration.

Birth Certificate

Official Birth Certificate (with raised seal, **cannot** be a copy)

Immunizations

Immunization Record

Kindergarten Only

Health Appraisal **or** will provide by date: ____ / ____ / ____

Y5/K Waiver (if necessary)

Vision Screening Record

High School Only

Unofficial Transcript

OFFICE USE ONLY

Arno Bennie Lindemann APMS APHS APCS

School of Choice

<ul style="list-style-type: none"> • Online Enrollment Form • Request for Educational Records • Special Programs (if applicable) • Concussion Awareness Acknowledgment Form • Kindergarten Forms • 	Immunizations Complete	YES	NO
	Home Language Survey other than English	YES	NO
	Birth Certificate	YES	NO
	Proof of Residency (2)	YES	NO
	Parent/Guardian Driver License	YES	NO
	Transcript (HS Only)	YES	NO
	Notes:		

Registered By:	Enrolled in System By:
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Allen Park Public Schools
 9601 Vine Ave.
 Allen Park, MI. 48101
 (313) 827-2100



STUDENT ENROLLMENT FORM

OFFICE USE ONLY		<input type="checkbox"/> School of Choice		
		Arno <input type="checkbox"/>	Bennie <input type="checkbox"/>	Lindemann <input type="checkbox"/>
		Middle School <input type="checkbox"/>	High School <input type="checkbox"/>	Community School <input type="checkbox"/>
<input type="checkbox"/> New to District	<input type="checkbox"/> Returning to District	Registration Date:		Start Date:
<input type="checkbox"/> Residency Verified	Entering Grade:	Student #:		YOG:

IMPORTANT: Original Birth Certificate, Proof of Immunization and Proof of Residency must be provided.

Last Name	First Name	Middle Name	Gender M F	Grade
Address	City	Zip	Home Phone	
Birthdate	Birth Place	If not born in U.S. – Date entered United States		

Health Alert: (Please note any information we must know concerning your child's health, i.e. diabetes, asthma, etc.) _____

RACE AND ETHNICITY:

Part A:
Is the student Hispanic/ Latino? Yes No
 This question is about ethnicity, not race.

Part B:
What is the student's race?

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America.)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa.)

White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.)

NOTE: Both parts A and B **MUST** be completed. We encourage you to select an answer for **both** parts. If either part (A or B) is not answered, the U.S. Department of Education **requires** the school district to supply an answer on your behalf.

PRIMARY AND HOME LANGUAGE SURVEY:

Is your child's **primary** language a language other than English?
 Yes No
If yes, what is the language? _____
Note: "Primary language" means the dominant language used by a person for communication.

Is the primary language used in your child's **home** a language other than English?
 Yes No
If yes, what is the language? _____

If you answered yes to one of the above two questions, please answer below.
 Is this the first time your child has enrolled in a school in the United States?
 Yes No
 If NO, when did your child first enroll in a school in the United States?
 Month _____ Day _____ Year _____

Important: If a language other than English is indicated for any of the above questions, the school district will test your child's English language proficiency to determine eligibility for initial and continuing placement in an English language development program. You will be notified about the results of this testing.

SPECIAL EDUCATION INFORMATION:

Has student ever received special education services that require an Individual Education Plan (IEP) or a 504 plan?
 Yes No

If yes, describe and provide a copy of current IEP:

CURRENT LIVING SITUATION:

Own/ rent / lease: house / apartment / trailer, etc.

Temporarily sharing a house with another person due to loss of housing or economic hardship

In a motel, hotel, or campground due to a lack of alternative accommodation's

In an emergency or transitional shelter or hospital

Awaiting foster care placement

In a living arrangement not described above that is not fixed, regular, and adequate

Unaccompanied youth and/or runaway

None of the above

PRIOR SCHOOL INFORMATION:			
Name of School Student Last Attended	Phone Number	Fax Number	School District
Address	City	State and Zip Code	
Has Student Been Suspended or Expelled from Another School? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain		
If Yes please indicate date:			

PARENT / GUARDIAN INFORMATION:		
Mother/Guardian Last Name	First Name	Relationship to Student Live with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (if different from student)	City	Zip
<input type="checkbox"/> Home <input type="checkbox"/> Cell Phone		Work Phone
Email Address		
Father/Guardian Last Name	First Name	Relationship to Student Live with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (if different from student)	City	Zip
<input type="checkbox"/> Home <input type="checkbox"/> Cell Phone		Work Phone
Email Address		

SIBLINGS (brothers or sisters) presently in school:		
Name	Birthdate	School Presently Attending

EMERGENCY CONTACTS: (other than parents)				
Name	Relationship	Phone	Home	Cell
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Information on this form documents our efforts to ensure that a student is eligible to attend school in Allen Park Public Schools District. By signing the form, parents/guardians attest to the truthfulness and accuracy of their statements and the documentation provided.

Allen Park Public Schools reserves the right to exclude a student if information provided by parents/guardians is found to be false. The District may also charge the highest tuition rate allowable under Michigan State law for the student of time the student was educated in the District..

UNDERSTANDING OF DISTRICT POLICIES: Students of Allen Park Public Schools are expected to follow the Code of Conduct, including dress code expectations. These documents are available for your review on the Allen Park Public Schools website at www.apps.k12.mi.us. I have reviewed and agree to follow these guidelines, designed to maintain a learning environment of respect, responsibility, and safety.

The undersigned hereby acknowledges that the information provided on this form is true and accurate. The undersigned understands that it is his/her responsibility to inform the appropriate school office if and when any of the information set in this form changes.

Parent or Guardian Signature

Date



ALLEN PARK PUBLIC SCHOOLS
9601 VINE AVE.
ALLEN PARK, MI. 48101
(313) 827-2100

REQUEST FOR EDUCATIONAL RECORDS

PARENT/GUARDIAN: Please complete the student information below so that we may request educational records for your child from their previous school district. A separate form must be completed for each student being registered.

Student Name: _____ **Birthdate:** _____ **Current Grade:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Previous School Name: _____

Address: _____ **City:** _____ **Zip Code:** _____

Phone #: _____

Signature of Parent/Guardian or Student (if 18 years or older) Relationship to student Date

SCHOOL OFFICIAL: Please forward the above student's CA-60 including grades/transcript, attendance history, discipline/behavior information, health and immunization record, and special education records to the address below:

Please list the student's state UIC Code if transferring from a Michigan public school: _____

<input type="checkbox"/>	Arno Elementary 7500 Fox Allen Park, MI. 48101 (313) 8271050	<input type="checkbox"/>	Bennie Elementary 17401 Champaign Allen Park, MI. 48101 (313) 827-1300	<input type="checkbox"/>	Lindemann Elementary 9201 Carter Allen Park, MI. 48101 (313) 827-1150
<input type="checkbox"/>	Allen Park Middle School 8401 Vine Allen Park, MI. 48101 (313) 827-2200	<input type="checkbox"/>	Allen Park High School 18401 Champaign Allen Park, MI. 48101 (313) 827-1236		

SCHOOL TRANSFER WEAPONS FREE SCHOOL ZONE STATEMENT

The following student has enrolled at Allen Park School District. In order to comply with Public Act 328, please verify that the above named student has not been suspended or expelled from school for a weapons, arson or criminal sexual conduct violation subsequent to January 1, 1995. If the above named student has been suspended or expelled for one of the above named violations, **please attach an explanation as to the current status of the student in accordance with Michigan Public Act 328.** Students expelled under this policy are expelled from all Michigan School Districts unless placed in an appropriate alternative education program.

Expelled Suspended Violation/Infraction: _____

School Official Signature: _____ Title: _____



ALLEN PARK PUBLIC SCHOOLS
9601 VINE
ALLEN PARK, MI. 48101
(313) 827-2180 – Fax (313) 827-2171

Mr. Michael Darga
Superintendent

Matthew Sokol, Ph.D.
Director

SPECIAL PROGRAMS

 Student Name

 Date of Birth

 Address

I, _____, authorize _____ to disclose information in my record to:

 Name of Facility/Doctor

 Address

 City/State

 Phone

Allen Park Public Schools
Special Services Department
 9601 Vine
 Allen Park, MI. 48101

Specific information to be released:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> [X] Psychiatric Evaluation | <input checked="" type="checkbox"/> [X] Two-Way Telephone Conversation | <input checked="" type="checkbox"/> [X] I.E.P.T. |
| <input checked="" type="checkbox"/> [X] Psychological Evaluation | <input checked="" type="checkbox"/> [X] Progress Notes | <input checked="" type="checkbox"/> [X] M.E.T. |
| <input checked="" type="checkbox"/> [X] Educational Evaluation | <input type="checkbox"/> [] Results of Laboratory Studies | <input checked="" type="checkbox"/> [X] Achievement Test Results |
| <input checked="" type="checkbox"/> [X] Psychosocial Assessment | <input type="checkbox"/> [] Medical Evaluation form filled out | <input checked="" type="checkbox"/> [X] Academic Records |
| <input type="checkbox"/> [] Personal Health History | <input checked="" type="checkbox"/> [X] Treatment planning & review | <input checked="" type="checkbox"/> [X] Other |

Purpose or need for disclosure: _____

This consent authorizes the release of protected health information contained in my records, including alcohol and substance abuse records, protected under the Regulations in 42 CFR, Part 2, and Regulations in 45 CFR (HIPAA) if any; psychological services records, if any; social services records, if any; HIV, ARC, AIDS records, if any.

This consent is subject to revocation at any time, except in those circumstances in which WBSD has acted upon the signed authorization. The consent will continue if un-revoked until the purpose for which the consent was given shall have been accomplished. However, any consent given under Subpart C, Federal Register, Volume 52-Number 110, July 9, 1987, shall have a duration no longer than that reasonably necessary to effectuate the purpose for which it was given.

Without expressed revocation, this consent expires within ninety (90) days or upon completion of this release for the following specified reasons:

 Parent/Guardian Signature

 Date

 Witness Signature

 Date

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"
Lost Consciousness

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 – DON'T HIDE IT, REPORT IT.** Playing or practicing with concussion symptoms is dangerous and can lead to a longer recovery. 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. 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 must be kept out of athletic activity the day of the injury. The student shall only return to activity (practice, scrimmage or competition) with written unconditional permission from an MD, DO, Physician's Assistant or Nurse Practitioner. 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.

This portion below may be substituted for the signatures on the MHSAA Physical 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 Allen Park Public Schools.

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian Name Signature

Date

Date

Return this signed form to the Allen Park Public School District. The school should keep this document on file for five years following the student's high school graduation.

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



ALLEN PARK PUBLIC SCHOOLS

an uncompromising commitment to excellence

Riley Education Center
9601 Vine, Allen Park, MI 48101
ph (313) 827-2121 • fx (313) 827-2171
tafelski@appublicschools.com

Dr. John J. Tafelski
Director of Curriculum

STATE BOARD OF EDUCATION APPROVED HOME LANGUAGE SURVEY

Allen Park Public Schools is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1151 – 380.1158 of the School Code of 1976, Michigan’s Bilingual Education Law. Please provide the following information:

Name of Student _____ Grade _____

School Building _____

1. Is your child’s native tongue a language other than English?
 Yes What is that language? _____
 No
2. Is the primary¹ language used in your child’s home or environment a language other than English?
 Yes What is that language? _____
 No

If a language other than English is indicated for any of the above questions, the school district will test your child’s English language proficiency to determine eligibility for initial and continuing placement in an English language development program. You will be notified about the results of this testing.

Signature of Parent or Guardian

Printed Name of Parent or Guardian

¹“Primary language” means “dominant language used by a person for communication.”

ENCUESTA SOBRE EL IDIOMA DEL HOGAR

La escuela Allen Park Public Schools necesita información acerca de los idiomas que sus estudiantes hablan o entienden; y acerca de los lenguajes en que han nacido aunque aparentemente no los hablen o entiendan. Esta información sobre su hijo(a) será usada por el distrito escolar para determinar el número de estudiantes que pueden calificar para recibir educación bilingüe de acuerdo a las Secciones 380.1 151 – 380.1158 del Código Escolar de 1976, Ley sobre Educación Bilingüe de Michigan. Por favor responda a las preguntas que abajo se hacen. Muchas gracias por su cooperación.

Nombre del estudiante _____ Grado _____

Nombre de su escuela _____

1. Es el idioma nativo" de su hijo(a) otro aparte del inglés?

Sí ¿Cuál es ese idioma? _____

No

2. ¿Es el idioma principal usado en la casa o "barrio" de su hijo(a) es un idioma diferente al inglés?

Si ¿Cuál es ese idioma? _____

No

Si se indica un idioma diferente al inglés para cualquiera de las preguntas anteriores, el distrito escolar evaluará el dominio del idioma inglés de su hijo para determinar su elegibilidad para la colocación inicial y continua en un programa de desarrollo del idioma inglés. Se le notificará sobre los resultados de esta prueba.

Firma del Padre o Guardián _____ Fecha _____

Nombre impreso del Padre o Guardián _____

"Idioma nativo significa El idioma en que el/la niño(a) primero comenzó a entenderse con sus padres." o "Idioma principal" significa "el idioma dominante usado por una persona para comunicarse."