

# WELCOME TO SOUTH LAKE SCHOOLS

Today's Date: \_\_\_\_\_  
 Student Name: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_

1<sup>st</sup> Choice of School: \_\_\_\_\_ 2<sup>nd</sup> Choice of School (*elementary only*) \_\_\_\_\_ Grade: \_\_\_\_\_

**Schools of Choice students are placed where we have openings. Building placement will not be finalized until the end of August.**

*If applying for Macomb County Schools of Choice, a separate Schools of Choice application packet must be completed and approved first. (Schools of Choice applications are only accepted for certain grades during certain times of the year.) Schools of Choice students are placed where we have openings. Please call 586-435-1600 for details.*

Applying for School of Choice \_\_\_\_\_ If yes, district in which your student resides \_\_\_\_\_

**State law requires certain records to be completed and on file prior to a child attending school. We are required to exclude students from school until all of these required records are on file.**

**STUDENT DOCUMENTS NEEDED:**

- ORIGINAL** Birth Certificate: Original must be submitted within 30 days of enrollment. \_\_\_\_\_
- Immunization (Shot) Record: Immunization records are needed before student can start school. **(For McKinney-Vento students, building secretary should check MCIR site.)** \_\_\_\_\_
- Vision & Hearing Test Record KDG. ONLY If needed, call Macomb County Health Dept. at 586-412-5945 to schedule an appointment. \_\_\_\_\_
- High School Transcript If enrolling in grades 10-12 \_\_\_\_\_

**ENROLLMENT FORMS: (PROVIDED/ATTACHED)**

- Emergency Card Please complete both sheets Signature required \_\_\_\_\_
- Home Language Survey Please complete the attached form \_\_\_\_\_
- Concussion Informational Sheet Please see information and sign form \_\_\_\_\_
- Release of Records Form (*n/a for Kdg.*) Please complete the attached form \_\_\_\_\_
- Special Education Release Form Needed if student is a Special Education Student with an IEP on file \_\_\_\_\_

**Driver's License with current address and picture ID or State of Michigan ID needed for identification purposes only.**

**PROOF OF RESIDENCY- FOUR PIECES OF RESIDENCY PROOF ARE REQUIRED IN ADDITION TO ID**

- Current Closing Mortgage Statement or current tax bill with resident name \_\_\_\_\_  
**or** Current Monthly Lease Statement with dates of lease and signatures \_\_\_\_\_
- Car registration, car ins., bank statement, personal check, paycheck stub, etc. \_\_\_\_\_
- Two (2) Current Utility Bills to include gas, water, electric, cable, etc. (1)\_\_\_\_(2)\_\_\_\_
- Affidavit - This is a form for people sharing living quarters. \_\_\_\_\_  
**This form is for residents only. A home visit is required.**
- Other \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE (PARENT/GUARDIAN)

\_\_\_\_\_  
 SIGNATURE APPROVAL (STAFF) REVISED 05/24/17

# South Lake Schools – Enrollment & Emergency Data Sheet

Student's Full Name (Last, First, MI): \_\_\_\_\_ Grade \_\_\_\_\_

Student's Address, City, Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_ Sex: (Male/Female) \_\_\_\_\_

Student resides with:     Mother/Father         Mother Only         Father Only         Mother/Step-Father  
 Adult other than parent: \_\_\_\_\_

Parent/Guardian serves in the military: \_\_\_\_\_

Student is a Foster Child: \_\_\_\_\_

If School of Choice:    Previous District: \_\_\_\_\_ Previous School: \_\_\_\_\_

Second Mailing Required <input type="checkbox"/>	Parent/Guardian #1 Relation    (mother)	Parent/Guardian #2 Relation    (father)
Full Name:		
Birth Place (state)		
Education Level:		
Address/Apt. City, St. Zip:		
Telephone No.		
Cell and/or Pager Phone		
Email Address		
Employer Name		
Work Telephone/Extension		
Marital Status of Parents/Guardian	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Partners <input type="checkbox"/> Deceased	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Partners <input type="checkbox"/> Deceased

Please indicate any custody arrangements or other special or unusual considerations of which the school should be aware: \_\_\_\_\_

Ethnicity - ✓ all that apply	Primary	Secondary		Other Siblings (Name)	Date of Birth	Grade
American Indian						
Asian American						
Black						
Hispanic						
White						
Hawaiian or Pacific Islander						

EMERGENCY RELEASE CONTACTS		
1. Name & Relationship:	Address & City:	Phone:
2. Name & Relationship:	Address & City:	Phone:
3. Name & Relationship:	Address & City:	Phone:

In case of serious illness or injury, the school will contact parent/guardian. If the school is unable to reach the parent/guardian, the school will take the child to the nearest hospital. Ambulance costs will be the responsibility of the parent. I hereby give permission to South Lake Schools to secure emergency medical and/or emergency surgical treatment for the minor child named on this sheet. Non-emergency medical treatment or elective surgery is not included in this authorization.

Emergency release contact information is necessary if we are to release your child from school for any purpose. The principal/designee is authorized to contact and/or release your child to those people and only those people whose names appear under the "Emergency Release Contacts" on the first page of this form. **THEY MUST HAVE ID.** Please contact the principal with the name(s) of the person(s) to whom your child may **NOT** be released.

Parent's Signature: \_\_\_\_\_

**CONFIDENTIAL MEDICAL INFORMATION:**

Has your child had any of the conditions listed below?

- ADD/ADHD                       Hearing Difficulties                       Sore Throats/Tonsillitis/Earache (frequent)
- Asthma                               Menstrual problems                       Wears contact lenses/glasses
- Diabetes                               Heart Irregularities                       Hypoglycemia
- Hepatitis                               Convulsive disorder/epilepsy    Congenital Disorder (What?) \_\_\_\_\_
- Date of last Tetanus shot? \_\_\_\_\_
- Other \_\_\_\_\_
- Allergies: \_\_\_\_\_

In the last year, has your child been hospitalized?    yes    no   If so state reason: \_\_\_\_\_

Does your child regularly need to take medication?         YES    NO

If any medication is taken during school hours, a "Permission to Administer Medication" form must be on file in the office.

<b>Please list medications:</b>

Are there any doctor recommended limits or restrictions for school activities?         YES    NO

If yes, a statement from the doctor must be presented to the office. Please list: \_\_\_\_\_

**COUNSELING INFORMATION**

What was your child's previous pre-school/school attended? \_\_\_\_\_

Has your child ever attended a school in South Lake Schools?    YES    NO

If yes, what was the last grade they attended and what building? \_\_\_\_\_

What kind of grades does your child typically earn?         A    B    C    D

How would you rate your child's behavior at school?         Excellent    Fair    Good    Poor

Has your child ever repeated a grade? If yes, what grade         YES    NO        \_\_\_\_\_

Please list subjects that were below grade level: \_\_\_\_\_

Please list subjects above grade level: \_\_\_\_\_

Please check all that apply. At the previous school, did your child receive special help from any of the following:

- Special Education     Counselor                       Speech Therapist     Title I Tutor     Resource Center
- Social Worker         Gifted Program                 Health Problem     Other \_\_\_\_\_

Are there any concerns regarding your child that the counselor should be made aware of? If so, please describe: \_\_\_\_\_

**FOR SCHOOL USE ONLY  
STUDENT CHECK LIST**

Enrollment Date: \_\_\_\_\_                      Start Date: \_\_\_\_\_

Building: \_\_\_\_\_                                      Teacher: \_\_\_\_\_

School Year : \_\_\_\_\_                                      Grade: \_\_\_\_\_

- Student Folder
- Driver's License
- Mtg.Statement/Lease
- Current Utility Bill
- Other
- Affidavit on File
- Proof of Guardianship
- Items Due List
- Network/Carol
- BK \_\_Card \_\_Bus Letter \_\_
- Original Birth Certificate
- Immunization (Shot record)
- Home Language Survey
- Vision/Hearing – Kdg. only
- Bilingual Letter
- Release of Records Form
- Sent for records \_\_ Rec'd \_\_
- Concussion
- Media Release
- Assign. Letter
- Emergency Card
- 1<sup>st</sup> Day Pk.
- UIC Req \_\_UIC \_\_ MStep\_\_
- Power School
- MCIR  needs update
- Health Folder
- Lunch Acct\_\_ Env\_\_
-

# SOUTH LAKE SCHOOLS

## Home Language Survey

South Lake 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 the Office of Equal Opportunity rules. Would you please help by providing the following information.

Thank you very much for your cooperation.

Name of Student: \_\_\_\_\_ Age \_\_\_\_\_

School Building: \_\_\_\_\_

1. Is your child's native language English?

Yes \_\_\_\_\_

No \_\_\_\_\_ What is that language? \_\_\_\_\_

2. Is the primary language used in your child's home or environment English?

Yes \_\_\_\_\_

No \_\_\_\_\_ What is that language? \_\_\_\_\_

3. The city your child was born in \_\_\_\_\_

4. The country your child was born in \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

**SOUTH LAKE SCHOOLS**  
**23101 Stadium Blvd.**  
**St. Clair Shores, MI 48080**  
**586-435-1600**

1<sup>st</sup> request \_\_\_\_\_ Faxed/Mailed  
2<sup>nd</sup> request \_\_\_\_\_ Faxed/Mailed  
3<sup>rd</sup> request \_\_\_\_\_ Faxed/Mailed  
4<sup>th</sup> request \_\_\_\_\_ Faxed/Mailed

**Authorization for Release of Student Records**

This authorizes a one-time only release to the above organizations and/or individuals.

I authorize the Former School District: \_\_\_\_\_

\_\_\_\_\_  
NAME OF SCHOOL STUDENT ATTENDED

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY AND STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
FAX NUMBER

To release:

- All records (including 504 Plan, discipline, psychological and special education testing information – IEP & MET)
- Transcript of student's record, including key to grading system
- Grades at time of release
- Standardized Test Data
- Health Records
- UIC Number (Michigan Schools only)

Student(s) or former student(s)

Grade

Birth Date

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

PLEASE SEND STUDENT RECORDS TO: (Please check appropriate school)

Avalon Elementary, 20000 Avalon, St. Clair Shores, MI 48080 (586)435-1000; FAX (586) 445-4358

Elmwood Elementary, 22700 California, St. Clair Shores, MI 48080 (586)435-1100; FAX (586) 445-4338

Koepsell Education Center, 21760 Raven, Eastpointe, MI 48021 (586)435-1500; FAX (586) 445-4322

South Lake Middle School, 21621 California, St. Clair Shores, MI 48080 (586)435-1300; FAX (586) 778-3151

South Lake High, 21900 E. Nine Mile Road, St. Clair Shores, MI 48080 (586)435-1400; FAX (586) 445-4243

Signed \_\_\_\_\_

PARENT/LEGAL GUARDIAN

DATE

**THIS FORM IS FOR  
SPECIAL EDUCATION STUDENTS ONLY**

**South Lake Schools Special Education Department**

23101 STADIUM BLVD  
ST. CLAIR SHORES, MI 48080  
Phone 586-435-1610 Fax 586-445-4326

Is your student a special education student receiving support services? \_\_\_\_\_

An IEP is needed to facilitate special education programs and services. Please bring your most recent copy of your child's IEP and MET.

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**CONSENT FOR STUDENT RECORDS RELEASE**

To: \_\_\_\_\_

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Date: \_\_\_\_\_

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You are authorized to release all confidential records such as, medical, education information, social work reports, psychological, psychiatric and special education information, on above-named student to:

South Lake Schools  
Special Services  
23101 Stadium Blvd.  
St. Clair Shores, MI 48080

Verbal Authorization only \_\_\_\_\_

Reason for request: \_\_\_\_\_

To aid in present and future education decisions

Other: Specify \_\_\_\_\_

**All information will be kept confidential.**

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_



STATEMENT  
OF  
VARICELLA DISEASE  
(CHICKENPOX)

Macomb County Immunization Regulations require all children admitted to any public, private, or parochial elementary or secondary school, day care center, camp, or any other organized care or educational facility operating in Macomb County to present a certificate indicating dates of all required immunizations.

Complete the portion below **only** if your child has had varicella (chicken pox) disease. **This must be signed and witnessed at your child's school/child care program.**

I certify my child: \_\_\_\_\_  
Last Name First Name MI  
\_\_\_\_\_  
Birth Date Grade Date of School Enrollment

Has had varicella disease \_\_\_\_\_  
(When did varicella occur: age or date?)

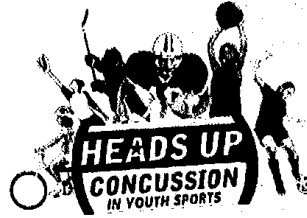
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or legal guardian)

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(School/Program Staff)

School District: \_\_\_\_\_

School/Child Care Program: \_\_\_\_\_

**PLACE IN CHILD'S PERMANENT RECORD FILE**



## Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

### WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

#### Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness ( <i>even briefly</i> )	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not "feeling right" or "feeling down"



## 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. An athlete 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 not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

It's better to miss one game than the whole season. For more information on concussions, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

### *Remember*

Concussions affect people differently. While most athletes 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.

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover 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 to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

# Parent/Athlete Concussion Information Sheet Acknowledgement

I have received and read the Parent/Athlete Concussion Information Sheet covering:

- What are the Signs and Symptoms of Concussion?
- Concussion Danger Signs
- Why Should an Athlete Report Their Symptoms?
- What Should You Do if You Think Your Athlete has a Concussion?

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Parent or Legal Guardian Printed

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Parent or Legal Guardian Signed

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Date

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Student's Name

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Grade

## ENROLLMENT SURVEY

How did you hear about South Lake Schools? Please check all that apply.

1. \_\_\_ Newspaper advertisement (name of paper: \_\_\_\_\_)
2. \_\_\_ Radio advertisement (name of station: \_\_\_\_\_)
3. \_\_\_ South Lake brochure (location received: \_\_\_\_\_)
4. \_\_\_ School bulletin (name of school: \_\_\_\_\_)
5. \_\_\_ South Lake Schools district newsletter
6. \_\_\_ South Lake web site
7. \_\_\_ South Lake Schools open house (location: \_\_\_\_\_)
8. \_\_\_ South Lake Schools kindergarten roundup
9. \_\_\_ Word of mouth (from whom: \_\_\_\_\_)
10. \_\_\_ An older sibling attends South Lake Schools
11. \_\_\_ Real estate agency or agent (name: \_\_\_\_\_)
12. \_\_\_ Other (source: \_\_\_\_\_)

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Name of Parent/Guardian

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Telephone Number

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Name of Child Enrolling

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Grade Level of Child

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School Assigned / Preferred School

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Date