

FREMONT PUBLIC SCHOOLS – ENROLLMENT/EMERGENCY INFORMATION/FIELD TRIP**PERMISSION/MEDIA RELEASE FORM****PLEASE COMPLETE IN BLUE OR BLACK INK**Student's Name _____ Birthdate _____ Teacher _____
(as listed on the birth certificate) (Last) (First) (Middle)

Name child is called _____ Grade _____ M _____ F _____ Home Phone _____

Home Address _____ City _____ Zip _____

County _____ Township **(Required)** _____

Parent's E-mail address _____ Ethnic Group _____

Child/s Birth City/State _____ Primary Language _____

FAMILY INFORMATION (Note: It is your responsibility to notify the school of any changes to the information contained in this form.)

Mother/Step-Mother/Guardian (circle one)

Father/Step-Father/Guardian (circle one)

Name _____

Place of Employment _____

Work Phone _____

Cell Phone _____

Marital Status (select one): _____

Child's Guardian _____ With whom does child live? _____

If divorced, is there joint custody? _____ If no, state restrictions regarding visitation (the office will need copies of court papers) _____

Non-Custodial Parent/Name & Address _____

What language(s) do parents speak at home? _____

Other children currently living in the home: (youngest first)

Name(s)Birthdate(s)AgeName(s)Birthdate(s)Age

SPECIAL SERVICES (Please Circle Any that Apply)

Title I

Special Education

Speech

Counseling Services

Other: _____
(Please Specify)

IN CASE OF ILLNESS(Do not include yourself or spouse)

In case of illness or injury and the school is unable to contact me, please call: (list two)

Name _____ Relationship to Child _____

Phone _____ Address _____

Name _____ Relationship to Child _____

Phone _____ Address _____

IN CASE OF EMERGENCY/ ACCIDENT

In case my child meets with a serious emergency/accident and the school is unable to contact me, the school has my permission to take the child to:

Physician's Name: _____ or Spectrum Health Gerber Memorial.

Insurance Name: _____ Policy/Group #: _____

MEDICAL INFORMATION - Please check all the following that apply:

Wears glasses _____ Wears contact lenses _____ Wears hearing aids _____, Has allergies _____

Has reaction to bee stings _____ Has asthma _____ Has had chicken pox _____ or Varicella shot _____

Does your child take any medication regularly? _____ If yes, what medication? _____

Reason for medication: _____

Will any medication need to be given at school? YES () NO ()

Explain anything additional we should know about your child (i.e. special programs, behavior or physical concerns

If any prescription medication needs to be administered at school (including inhaler's and epi-pen's) a permission slip from the office MUST be signed by a parent AND doctor PRIOR to medication being administered.

If over the counter medication is to be administered at school a parent MUST complete the form in the office prior to medication being administered. Students are NOT ALLOWED to carry ANY medication on them OR kept in their desk.

Is this student currently under expulsion or suspension from another school? YES () NO ()

FIELD TRIP INFORMATION

I hereby grant permission for the child named above to participate in and attend any school sponsored field trip for the _____ school year. I understand that my child will be accompanied by and under the direct supervision of school personnel. For field trips requiring transportation, a brief consent form will also need to be completed, acknowledging your awareness of that field trip.

I agree to release the Fremont Public School District, its board of education, its individual members, agents, employees, representatives and trip supervisor(s) from any and all claims I or the student may have for any losses, damages, or injuries arising out of the student's participation in the trip(s) or the rendering of emergency medical procedures or treatment, if any. If emergency medical procedures or treatments are required during the trip, I authorize and consent to: (1) the trip supervisor(s) taking, obtaining or consenting to the procedures or treatment in his/her discretion; and (2) treatment of the student by physicians, medical personnel and hospitals.

MEDIA RELEASE INFORMATION

If your child is photographed as part of a school related activity, we would like your permission to use the photo material the school district develops for your school and community communications. (Example: School Matters, Yearbook, Pathfinder publications, newspaper, etc.) YES () NO ()

PARENT / GUARDIAN SIGNATURE _____ DATE _____

Student Background:

Names of other schools or programs this child attended:

When attended	Name of Program	Address
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When attended	Name of Program	Address
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Has your child been tested before or had any special services (like speech-language, physical or occupational therapy, developmental preschool, special education services?)

Yes _____ No _____ If yes, please describe: _____

Do you have any concerns about how he/she behaves? Yes _____ No _____ A little _____

Comments: _____

Do you have any concerns about how your child uses his/her hands and fingers to do things?

Yes _____ No _____ A little _____

Comments: _____

Do you have any concerns about how he/she is learning preschool and school skills or the way your child is learning, developing or behaving? Yes _____ No _____ A little _____

Comments: _____

If you have concerns about your child, why do you think he/she may be having difficulties? _____

How are you doing as a parent or otherwise at this time? _____

How often are you able to read to your child: Never Monthly Weekly Several Times a Week Daily

How much TV does your child watch per day: 30 minutes 1 hour 1 ½ hours 2 hours More than 2 hours

Is there anything else you would like us to know about your child? _____

The Family Educational Rights and Privacy Act (FERPA) of 1974, a Federal law, requires school districts to inform parents whenever information on their child is being released by the school district unless that information can be defined as "Directory Information". Directory Information may be published by the school district in school yearbooks, school information sheets, school newspapers, school bulletins, school athletic programs or other material released to public sources. Fremont Public Schools has identified the following student information as "Directory information": Student's name, Student's photographic, computer, or video images, Student's participation in school-related activities and sports or major field of study, student grade placement, student's honors and awards received and other information commonly found in elementary yearbooks or other school related publications.

This information can, as a general rule, be released by the school district without prior written consent from the parent or guardian. The purpose of this notice is to inform parents/guardians about what student information is considered "Directory Information", and to provide the parent/guardian the opportunity to object to the release of that information. If a parent/guardian objects to the inclusion of specific information, Fremont Public Schools will honor the objection and will not release the information without written consent of the parent/guardian. If you do not want Fremont Public Schools to disclose "Directory Information" about your child without your prior written consent, you must notify the Pathfinder Office in writing within 2 weeks of your child's initial enrollment. The Pathfinder office will then notify the Fremont Administrative office. If you have any questions, please refer them to Mrs. Nancy Sparks, Pathfinder Principal or Fremont Public Schools Administrative Office.

Your Signature _____

Date: _____

RESIDENCY VERIFICATION STATEMENT

Student Name: _____

Address: _____

According to State Attorney General Opinion No. 5925, school districts have the right to ask new enrollees to prove residency. By signing this affidavit you are affirming that the address given on the student enrollment information is the legal residence of the parent/guardian enrolling the student and is the residence of the student.

Verification of residency may be made with any two of the following:

(School personnel with initial which is used for verification)

_____ Driver's license or voter registration (counts as one)
_____ Purchase agreement (if it denotes residency)
_____ Lease agreement
_____ Utility Bills
_____ Moving Bills
_____ Other: _____

*Failure to meet the residency requirement will result in the student not being able to attend school until such verification is received in the school office.

Rather, should the school district at any time learn that this is not the actual residence and that the parent and student live outside the boundaries of the Fremont Public School District, the student will immediately be dropped from the attendance roster. Also, should the district determine that there was an attempt on the part of the parent or student to defraud the school district of entitled tuition, restitution will be sought. In doing so, the district may file charges with the appropriate authorities for prosecution and to recover the lost tuition and resultant legal fees.

By signing below you indicate that you have read and understand this document.

STATE BOARD OF EDUCATION APPROVED HOME LANGUAGE SURVEY*

The Fremont Public School District 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 380.1152-380.1157 of the School Code of 1995, Michigan's Bilingual Education Law. Would you please help by providing the following information?
Thank you very much for your cooperation.

Student's Grade: _____ Age: _____

School Building: _____

1. Is your child's native tongue a language other than English? YES () NO ()

What is that Language? _____

2. Is the primary language¹ used in your child's home/environment a language other than English? YES () NO ()

What is that language? _____

Signature of Parent/Guardian: _____

Signature of person with whom residing (only if applicable): _____

Date: _____ Signature of Staff Person enrolling student: _____

¹"Primary language" means the dominant language used by a person for communication

*Translation of this survey form in Spanish, Arabic, French, Italian and Ojibwa is available at the Office of Field Services at 517-373-6066

Parent & Athlete Concussion Information Sheet

State Law requires all students participating in physical education class have this document signed and maintained in their school records. If this document is not signed and returned the child cannot participate in physical education.

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 bump, blow, or jolt to the head or body that causes the head and brain to move quickly 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 after a bump, blow, or jolt to the head body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

Symptoms Reported by Athlete:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

Signs Observed by Coaching Staff:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of 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 hit or fall
- Can’t recall events after hit or fall

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.

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

What should you do if you think your athlete has a concussion?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge 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.
2. 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, and 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.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for day, or even weeks. A more serious concussion can last for months or longer.

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. This can even be fatal.

Student-Athlete Name (Printed): _____ (Signed) _____

Date: _____

Parent/Guardian Name (Printed): _____ (Signed) _____

Date: _____