



WHITMORE LAKE PUBLIC SCHOOLS Registration/Emergency Form

Please print in
BLACK ink

Today's Date _____

Student Number _____

Grade _____

STUDENT INFORMATION

A copy of your student's birth certificate is required for our files.

Legal Last Name _____ First _____ Middle _____ Birth Date _____
Gender: ☐ Male ☐ Female ☐ check if twin, triplet, etc. County of Residence: _____

Student's Address:

Residence: _____ () _____ ☐ unlisted
Number and Street City ZIP Home Phone

Mailing Address: _____
(If different than residence) Number and Street (or P.O. Box) City ZIP

Parent E-Mail address: _____

Race & Ethnicity: Both Part A and B of the question must be answered.

A. Is this student Hispanic/Latino? (check only one)

☐ No, not Hispanic/Latino

☐ Yes, Hispanic/Latino (person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to **answer the following** by checking one or more below to indicate what you consider your student's race to be.

B. What is the student's race? (check one or more)

☐ American Indian or Alaska Native (person of origins of the original peoples of North & South America, including Central America)

☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

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.

PARENT/GUARDIAN INFORMATION

Student resides with: Father & Mother ☐ Father(s) ☐ Mother(s) ☐ Grandparent(s) ☐ Other (please specify) _____
() ()

Relationship to Student Last Name First Home Phone Cell Phone
Number and Street City ZIP

Employer: _____ Occupation: _____ Work Phone () _____

Relationship to Student Last Name First Home Phone Cell Phone
Number and Street City ZIP

Employer: _____ Occupation: _____ Work Phone () _____

If parents are divorced, please describe custody: must provide court documentation for our records. ☐ Joint ☐ Father ☐ Mother
Parent Living Elsewhere:

Relationship to Student Last Name First Home Phone Cell Phone
Number and Street City ZIP Work Phone

EMERGENCY INFORMATION

In case of emergency OR if student needs to leave school, please contact the following people:
List in order the person to be called 1st, 2nd, etc.: (include parents if you wish to be contacted)

#	Name	Relationship	Home Phone	Work Phone	Other Number
#1			()	()	()
#2			()	()	()
#3			()	()	()
#4			()	()	()

HOME LANGUAGE SURVEY

Is English the first language that the student learned to speak? ☐ Yes ☐ No

Is English spoken regularly (most of the time) in the home? ☐ Yes ☐ No

If the response to either or both of the above questions is NO, please answer the following questions:

How many years has the student gone to school in the United States? _____

Please assess the student's English language proficiency (in your opinion). Check all that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Speaks no English | <input type="checkbox"/> Speaks limited English | <input type="checkbox"/> Speaks English well |
| <input type="checkbox"/> Writes no English | <input type="checkbox"/> Writes limited English | <input type="checkbox"/> Writes English well |
| <input type="checkbox"/> Reads no English | <input type="checkbox"/> Reads limited English | <input type="checkbox"/> Reads English well |

EDUCATIONAL INFORMATION

Has your student ever attended Whitmore Lake Schools before? ☐ Yes ☐ No

Please list the school district in which you reside, if other than Whitmore Lake: _____

Name of Last School: _____ District: _____

Has an IEP or Sec. 504 Plan been in effect for the student? ☐ Yes ☐ No

(If YES, please provide a copy of the most recent.)

Has your child ever been suspended or expelled by a Principal, Superintendent, Hearing Officer, or Board of Education for a semester or more?

☐ Yes ☐ No If yes: Reason _____

MEDICAL INFORMATION

Please Note: Whitmore Lake Schools require a copy of your student's immunization record in their file.

Does your child have? (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Physical Activity Restrictions | <input type="checkbox"/> Hearing Problem | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Cardiac | <input type="checkbox"/> Special Blood Condition | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Asthma | <input type="checkbox"/> Vision Problems [<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts] |

If you have checked any of the above boxes, please explain: _____

☐ Allergies (list, including drug allergy) _____

☐ Does your child have any injury or condition not listed above? If yes, please describe: _____

☐ Special Needs: _____

☐ Long Term Meds (please list): _____

Preferred Hospital _____ Physician's Name/Clinic _____ Physician's Phone Number _____ Insurance Carrier _____

In case the above child becomes seriously ill or injured at school and I cannot be reached, I grant permission for my child to be transported to an emergency facility. I hereby authorize medical care and agree to pay all expenses incurred by the handling of this emergency care. I further acknowledge by my signature that I am aware that the information on the card may be shared with those persons identified by the school district who require the information to care for the health, safety, and/or education of my child.

Parent/Guardian Signature Date

SIBLING INFORMATION

Other children who reside in the home:

Name _____ Birth date _____ Grade _____



Whitmore Lake Elementary School Proof of Residency Procedures

Before any student can be registered into the Whitmore Lake Elementary School, the student's parent, legal guardian, or relative must prove legal residence in the Whitmore Lake School District. Families whose primary residence is outside of the Whitmore Lake School District are not eligible to attend Whitmore Lake Elementary School, unless accepted for enrollment in the Whitmore Lake Schools under Schools of Choice.

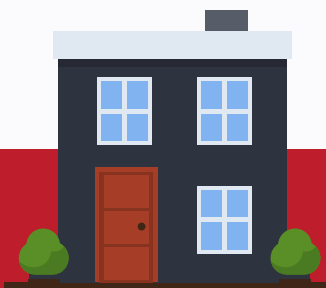
All Applicants must submit at least one document from each of the following columns:

Column A	Column B	Column C
Verified Purchase Agreement	Valid driver's license with current address	A utility bill or work order dated within the past 60 days, including: Current vehicle registration
Copy of Deed or record of most recent mortgage payment	Valid Michigan photo identification	Gas bill
Copy of Lease (including BHA and HUD leases) AND record of most recent rent payment	Other current photo identification with address (work badge, etc.)	Oil bill
Rental receipt		Electric bill
Letter from landlord/or rental agreement		Home telephone bill
Section 8 agreement		Cable bill
		Checkbook reflecting current address
		Dated within the past year: W-2 form
		Excise (vehicle) tax bill
		Property tax bill
		Dated within the past 60 days: Letter from approved government agency
		Payroll stub
		Bank or credit card statement

*Legal guardianship requires additional documentation from a court or agency.

This residency procedure does not apply to homeless students or students accepted under the School of Choice procedures.

For more information regarding the Whitmore Lake Elementary School residency procedures, please call the school office at 734-449-2051.





Whitmore Lake Public Schools Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act. It is required by federal law that this form be sent to every student to help determine residency.

Student(s): _____

Address: _____
Number Street City Zip

Please read the selections carefully and indicate which situation the student/family currently resides.

- _____ Own or rent house/apartment/trailer
- _____ Long-term, stable and cooperative living arrangement with friends or family
- _____ Emergency shelter or transitional housing^
- _____ Motel or Hotel^
- _____ Campground^
- _____ Public or private place not designed to be used as regular sleeping accommodations for humans^
- cars, parks, public spaces, abandoned buildings, bus/train stations, etc.
- _____ Substandard Housing^
- no electricity, heat or running water
- _____ **Temporary shared housing** with friends/family due to loss of housing, economic hard ship, or similar reasons*^
 - _____ unemployment _____ family conflict _____ kicked out
 - _____ inadequate income _____ unsafe conditions _____ other _____
 - _____ eviction _____ fire/natural disaster

***If you selected "temporary shared housing" above, please answer the following questions to help determine eligibility.**

- Is this living situation meant to be long term or temporary? _____
- How long have you lived there? _____
- Do you consider yourself a guest in the home? _____ Yes _____ No
- Are you paying rent? _____ Yes _____ No
- Are you looking for another place to live? _____ Yes _____ No
- Can the student/family be asked to leave at any time with no legal recourse? _____ Yes _____ No
- Did the student/family move into this home as an urgent measure to avoid living on the street or another precarious situation? _____ Yes _____ No
- How many people live in the home? _____ How many bedrooms are there? _____
- Where does the student sleep? _____

Signature of Parent/Guardian or Unaccompanied Youth

Date

^Living in these situations may qualify you for additional services including immediate enrollment, transportation, school supplies, educational advocacy, and community referrals.





Whitmore Lake Public Schools AlertNow Messaging System

The contact information you provide below will be used to keep you informed throughout the school year. You can have up to two primary phone numbers and two primary emails that will be used for all communications (both emergency and non-emergency situations). Other contact information will be used only for emergency situations.

Important: The system can only accept direct-dial numbers -- no extension numbers may be used (i.e. 734-449-4464 ext. 1000, may **NOT** be used)

First and Last Name of Student(s):	
First and Last Name of Parent(s)/Guardian(s):	
Date Completed:	Grade: Pre-K

PRIMARY PHONE NUMBERS

Primary numbers will be used for **emergency AND non-emergency** calls (including snow days and non-emergency announcements)

Primary Phone	
Primary Phone	

SECONDARY PHONE NUMBERS

The following numbers, **plus** the two listed above, will be called in case of an **EMERGENCY**

Secondary Phone	
Secondary Phone	
Secondary Phone	

PRIMARY E-MAILS

Primary e-mail addresses will be used for **emergency AND non-emergency** emails (including snow days and non-emergency announcements)

Primary Email	
Primary Email	

SECONDARY E-MAILS

The following e-mail address, **plus** the two e-mail addresses listed above, will be sent a message in case of an **EMERGENCY**:

Secondary Email	
------------------------	--





Whitmore Lake Community Schools Registration for Transportation Services

In order that we may best plan for routing our school buses, please register your students for transportation services. We will develop our routes based on the information you provide.

Student Information (2018-19 school year)

- | | |
|-------------------------------------|------------|
| 1. Student Name (last, first) _____ | Grade ____ |
| 2. Student Name (last, first) _____ | Grade ____ |
| 3. Student Name (last, first) _____ | Grade ____ |
| 4. Student Name (last, first) _____ | Grade ____ |
| 5. Student Name (last, first) _____ | Grade ____ |
| 6. Student Name (last, first) _____ | Grade ____ |

Pickup Location

Street Address _____ City _____ Zip ____ Home Phone (____) _____

Drop-off Location (if different from pickup location)*

Street Address _____ City _____ Zip ____ Home Phone (____) _____

What will be your expected transportation needs for your children in grades K-12:

Student

1) 2) 3) 4) 5) 6)

- ____ Never-Not using bus transportation
- ____ Every morning and every afternoon (10 bus trips per week)
- ____ Most mornings and most afternoons (7-9 bus trips per week)
- ____ Occasionally (3-6 bus trips per week)
- ____ Mid-day transportation for my kindergarten student

***Whitmore Lake Transportation is designed for home to school and school to home. Stops must be the same location every morning and the same location every afternoon. If permanent changes are needed (a different day care for example) you must send a request to the Transportation Office. We will review your request and let you know if and when we can accommodate your needs. This process may take up to two weeks if a new stop is required. Students are not allowed to ride a bus other than their assigned bus. If a child needs to go to a friend's house we suggest you arrange another means of transportation.**





STUDENT SCHOOL BUS SAFETY RULES

These rules apply to any school transportation, both to and from school and on field trips.

1. The bus driver is in charge.
2. Students need to be at their designated bus stop 5 minutes before scheduled pickup time and ready to load the bus - not waiting in vehicles when the bus arrives (This is for **THEIR SAFETY**.)
3. Students are to wait on the sidewalks only.
4. Students are asked to respect the surrounding property; (entering others property is trespassing) such as mailboxes, grass, or landscaping at homes near bus stops
5. Students are to be alert for traffic when boarding or leaving the bus.
6. **They are to cross the road only from a position at least ten feet in front of the bus and only on the driver's hand signal.**
7. You must get on and off at your designated bus stop.
8. Students are not permitted to ride a different bus home other than their assigned bus.
9. Students will have an assigned seat as directed by the driver of their shuttle and/or regular buses.
10. Students need to be seated quickly upon entering the bus.
11. Students are expected to sit three (3) in a seat when needed.
12. Students are to remain in their seats at all times, unless directed by the driver to move.
13. Only bring items aboard the bus that you can hold in your lap.
14. Items not allowed in school are not allowed on the bus. This includes skateboards and roller blades.
15. Keep the bus aisles and emergency exits clear at all times.
16. For safety purposes windows may only be opened ½ way.
17. No foul or inappropriate language is allowed.
18. Yelling, loud voices or horseplay is not permitted on the bus.
19. Eating or drinking on the bus is not permitted.
20. Help keep the bus clean. Put all trash in the trash can.

Consequences

Students violating bus rules will receive warnings, as indicated below from the driver/monitor if the behavior continues they will receive a slip with disciplinary action. Serious infractions may result in suspension or revocation of bus riding privileges. 1st violation: verbal warning, 2nd violation: written warning, 3rd and beyond: disciplinary action up to and including revocation of bus riding privileges

Parent Responsibilities

1. To insure that your child arrives at the correct stop 5 minutes before bus time.
2. To accept joint responsibility with school authorities for proper bus conduct of your child while riding the bus and at the bus stop.
3. To be sure that your child is properly dressed for the weather.
4. To make a reasonable effort to understand and cooperate with those responsible for pupil transportation.
5. To explain to your child that a bus may take a different route on occasion and not to be upset when this happens. They will arrive at their bus stop or school.
6. Kindergarten students must be met at the bus stop by someone, the parent or designee, or they will be returned to bus garage. Repeated incidents may result in loss of bus riding privileges.

(Detach on the line and save rules above for your future reference.)

STUDENT SCHOOL BUS SAFETY RULES

Please go over the above rules with your child. Sign the portion below to acknowledge that these rules are understood by you and your child and return to your child's school bus driver.

(Parent Signature)

(Date)

(Student Name)

(School)



Welcome to WLES

From: Whitmore Lake Food Service Program

Whitmore Lake participates in the **Meal Magic Program**. It is a prepaid debit account that gives you the convenience and accountability to monitor your child's account.

Some benefits include:

- Ability to view when and how your child is eating.
- Ability to make deposits.
- We can place notes on your child's account pertaining to food allergies.

Check out the website at LunchDeposit.com!

You can also apply for free and reduced breakfast/lunches at LunchApp.com.

Whitmore Lake Food Service Program is an active participant in the wellness program. We supply students with well-balanced and nutritious meals for breakfast and lunch. Each meal contains the following:

- Meat/Meat Alternative
- Fruit
- Whole Grains
- Dairy Products
- Vegetables

Examples of meals your child will be provided:

Breakfast

Choice of: Main Entree, cereal, cereal bar, yogurt or bagel with cream cheese.

Choice of: Fresh fruit, 100% fruit juice (apple, grape, or orange).

Choice of: Milk (white, chocolate, strawberry).

Lunch

Vegetable of the Day

Choice of: Main entree, pre-made specialty salads, sandwich.

Choice of: Fresh fruit, canned fruit, dried fruit.

Choice of: Milk (white, chocolate, strawberry).

**Make it a fun event, have a breakfast or lunch with your child.
Parents are always welcome!**

Feel free to contact me with any questions.

Diane Tomakowski
Food Service Director
(734) 449-4464 ext. 3029
diane.tomakowski@wlps.net





Whitmore Lake Public Schools Network and Internet Access Agreement for Students

Whitmore Lake Elementary School

This agreement is entered into this _____ day of _____, 20____ between

Whitmore Lake Public Schools and _____.
(Student's name)

The purpose of this agreement is to provide Network and Internet access, assist in the collaboration and exchange of information, facilitate personal growth in the use of technology, and enhance information gathering and communication skills.

In consideration for the privileges of using the District and/or Network resources, and in consideration for having access to the information contained in the Network, or by the Network, I hereby release the District, Network, and the operators and administration from any and all claims of any nature arising from my use, or inability to use the District and/or Network resources.

I agree to abide by such rules and regulations of system usage as may be further added from time-to-time by the District and/or Network. These rules will be available in hard copy from the Principal's office.

(Sign and return to your homeroom/advisory teacher for turn in to the District Technology Director.)

Student's Full Name (please print) Class of 20____

Signature of Student Date

As the student's parent or legal guardian, I agree to this agreement and will indemnify the District for any fees, expenses, or damages incurred as a result of my child's use or misuse of the Network or equipment.

Signature of Parent (Guardian) Date

FOR OFFICE USE ONLY:

User Login _____

Date Network Account Approved ____/____/20____ Revoked ____/____/20____





Whitmore Lake Public Schools

Network and Internet Access Agreement for Students

Agreement

This agreement is between the Student and Whitmore Lake Public Schools, hereinafter referred to as District. The purpose of this agreement is to provide network (including electronic mail and electronic bulletin board) and Internet access, hereinafter referred to as the Network, for educational purposes to the student. As such, this access will 1) assist in the collaboration and exchange of information, 2) facilitate personal growth in the use of technology, and 3) enhance information gathering and communication skills.

The intent of this contract is to ensure that students will comply with all network and Internet acceptable use policies approved by the District.

In exchange for the use of the Network, either at school or away from school, the Student understands and agrees to the following:

- A. The use of the Network is a privilege which may be revoked by the District at any time and for any reason. Appropriate reasons for revoking privileges include, but are not limited to, the altering of system software and the placing of unauthorized information, computer viruses or harmful programs on or through the computer system in either public or private files or messages. The District reserves the right to remove files, limit or deny access, and refer the student for other disciplinary actions.
- B. The District reserves all rights to any material stored in files which are generally accessible to others and will remove any material which the District, at its sole discretion, believes may be unlawful, obscene, pornographic, abusive, or otherwise objectionable. Students will not use their District-approved computer account/access to obtain, view, download, or otherwise gain access to such materials.
- C. All information services and features contained on District or Network resources are intended for the private use of its registered users and any use of these resources for commercial-for-profit or other unauthorized purposes (i.e. advertisements, political lobbying), in any form, is expressly forbidden.
- D. The District and/or Network resources are intended for the exclusive use by their registered user. The Student is responsible for the use of his/her account/password and/or access privilege. Any problems which arise from the use of a Student's account are the responsibility of the account holder. Use of an account by someone other than the registered account holder is forbidden and may be grounds for loss of access privileges.
- E. Any misuse of the account will result in suspension of the account privileges and/or other disciplinary action determined by the District. Misuse shall include, but not be limited to:
 - 1) Intentionally seeking information on, obtaining copies of, or modifying files, other data, or passwords belonging to other users.
 - 2) Misrepresenting other users on the Network.
 - 3) Disrupting the operation of the Network through abuse of the hardware or software.
 - 4) Malicious use of the Network through hate mail, harassment, profanity, vulgar statements, or discriminatory remarks.
 - 5) Interfering with others' use of the Network.
 - 6) Extensive use for non-curriculum related communication.
 - 7) Illegal installation of copyrighted software.
 - 8) Unauthorized downloading, copying, or use of licensed or copyrighted software.
 - 9) Allowing anyone to use an account other than the account holder.
- F. The use of District and/or Network resources are for the purpose of (in order of priority):
 - 1) Support of academic programs
 - 2) Telecommunications
 - 3) General information
 - 4) Recreational activities



Understanding Concussion

Some Common Symptoms

Headache	Double Vision	Fogginess	Not "Feeling Right"
Pressure in the	Blurry Vision	Grogginess	Feeling Irritable
Head	Sensitive to Light	Poor Concentration	Slow Reaction Time
Nausea/Vomiting	Sensitive to Noise	Memory Problems	Sleep Problems
Dizziness	Sluggishness	Confusion	
Balance Problems	Haziness	"Feeling Down"	

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 to 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.



Understanding Concussion Cont.

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
- Drowsy or cannot be awakened
- 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)

If You Suspect 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 rest 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.