

BOIS BLANC PINES SCHOOL

ENROLLMENT 2021-2022

Welcome to Bois Blanc Pines School!

Below you will find a list of things needed for student enrollment. **Please bring** the following when enrolling your child.

Kindergarten –8th Grade

1. Original Birth Certificate (Hospital Certificates are not acceptable.)
2. **Proof of Residency** (Driver's License, utility bill, or a rental agreement. No Advertisement mailings)
3. Student's Social Security Card
4. Immunization Records (Up to date)
5. **Kindergarten & 1st Grade Students** - Certificate of Hearing and Vision Testing
(A statement, signed by a licensed eye care practitioner or medical/osteopathic physician indicating that a child's eyes have been examined at least once after age three and **before initial school entry.**)
6. Most recent School Report Card
7. If there are **custody issues**, we will need a copy of student's custody agreement.

If there is any other information that the school needs to be aware of please let us know at the time of enrollment. Please see list below of forms included in this packet.

Forms that must be filled out for enrollment:

Request for School Records (If student is transferring from another school)

Registration Form*

Concussion Form

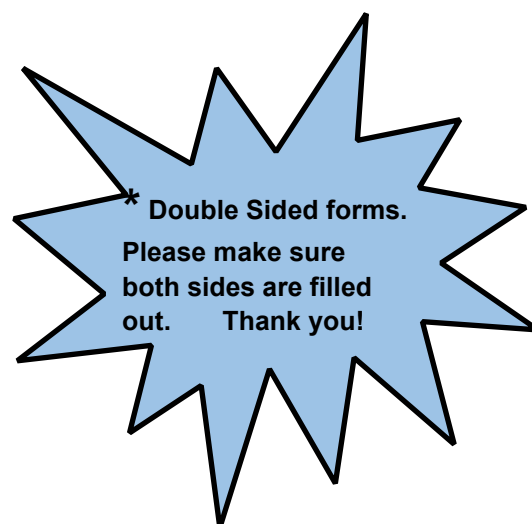
Technology / Virtual Courses Parental Consent Form*

Immunization Consent for Disclosure

Forms that are only filled out if needed.

Placement Identification - If student receives special education or 504 services

Title VII Form - If student is Native American





OFFICIAL REQUEST FOR SCHOOL RECORDS

To: _____

Date: _____
Phone #: _____
Fax#: _____

Regarding:

___ Student's Name: _____ Grade: ___ Birthdate: _____

___ Student's Name: _____ Grade: ___ Birthdate: _____

___ Student's Name: _____ Grade: ___ Birthdate: _____

If a student is receiving Special Education Services or on a 504 Plan, please put a check mark by their name.

Parent Signature: _____ **Date** _____

Please send to the address below, the permanent (CA60) cumulative records for the above named student(s). Also, include all supplemental materials such as special education, speech, psychological, social work, health and other pertinent information. If requested information is on file with an agency other than the local school, the name and address of the agency would be appreciated.

**Bois Blanc Pines School
PO Box 876
Pointe Aux Pins, MI 49775**

This information is to be used for educational planning and placement purposes only.

Thank you,

Angie McArthur
Superintendent

Please fax the forms that are checked below to 231-634-7225. Thank you!

____ Immunization Records
____ Latest IEP/MET/504



Student Registration

Bois Blanc Pines School 2021-2022

Student Information			
Student Full Legal Name			
Student Home Phone			
Gender			
Grade			
Social Security Number			
Date of Birth			
City & State of Birth			
Resident County			
*Race (See Note Below)			
Is this student Hispanic/Latino?			
Are there custody issues? Y / N			
Address Information			
Mailing Address			
Mailing City, State, Zip			
Physical Address (if different)			
Physical City, State, Zip (if different)			
Parent Information			
Father's Name (Stepparent Y/N)			Educational Status
Home Phone/Cell Phone			
Work Phone			Occupation
Email Address			
Address (if different)			Marital Status
City, State, Zip (if different)			
Mother's Name (Stepparent Y/N)			Educational Status
Home Phone/Cell Phone			
Work Phone			Occupation
Email Address			
Address (if different)			Marital Status
City, State, Zip (if different)			
Emergency Contacts			
When a parent cannot be reached, we will contact emergency person(s) listed when a child is sick or needs to be picked up.			
Contact 1 Name:		Contact 4 Name:	
Phone Type:	Phone #:	Phone Type:	Phone #:
Phone Type:	Phone #:	Phone Type:	Phone #:
Contact 2 Name		Contact 5 Name:	

Phone Type:	Phone #:	Phone Type:	Phone #:
Phone Type:	Phone #:	Phone Type:	Phone #:
Contact 3 Name		Contact 6 Name:	
Phone Type:	Phone #:	Phone Type:	Phone #:
Phone Type:	Phone #:	Phone Type:	Phone #:

***African American; American Indian/Alaskan Native; Asian; Native Hawaiian/ Pacific Islander; White**

-Continued on Next Page-	Initials of Recorder _____
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Educational Information	Current Records	Please list any concerns for your child below
Has student been receiving Special Education Services?		
Has student been receiving 504 Services?		
Medical Information		
Doctor's Name		
Doctor's Phone Number		
Medications/Health Issues <i>(Please List)</i>		
Homeless		
Student Currently Lives with?		
Relationship to Student.		
Is student Homeless?		

If yes please circle a choice from each box below.

Living Arrangements	Housing Status
Shelters Transitional Housing	Living with Family
Double-Up Hotel/Motel	Separated from Family
Unsheltered.	Unaccompanied Youth
	Youth Denied Housing by Legal Parent.
	Abandoned
	Released from Penal Institution

Must Be Completed and Signed by Parent/Legal Guardian Please mark "Y" for Yes or "N" for No

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

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:

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.

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.

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
- Can't recall events prior to or after a hit
- Answers questions slowly
- Is confused about assignment or position
- Is unsure of game, score, or opponent
- Loses consciousness (even briefly)
- Forgets an instruction
- Moves clumsily
- 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
- Repeated vomiting or nausea
- Becomes increasingly confused, restless or agitated
- Is drowsy or cannot be awakened
- Slurred speech
- Has unusual behavior
- A headache that gets worse
- Convulsions or seizures
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)
- Weakness, numbness, or decreased coordination
- Cannot recognize people/places

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

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 **Bois Blanc Pines School**.

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian Signature

Date

Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

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

STUDENT TECHNOLOGY ACCEPTABLE USE AND SAFETY AGREEMENT

To access and use District Technology Resources (see definition in Bylaw 0100), including a school assigned e-mail account and/or the Internet at school, students under the age of eighteen (18) must obtain parent permission and sign and return this form. Students eighteen (18) and over may sign their own forms.

Use of District Technology Resources is a privilege, not a right. The Board of Education's Technology Resources, including its computer network, Internet connection and online educational services/apps, are provided for educational purposes only. Unauthorized and inappropriate use will result in loss of this privilege and/or other disciplinary action.

The Board has implemented technology protection measures that protect against (e.g., block/filter) Internet access to visual displays/depictions/materials that are obscene, constitute child pornography, or are harmful to minors. The Board also monitors online activity of students in an effort to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. Nevertheless, parents/guardians are advised that determined users may be able to gain access to information, communication, and/or services on the Internet that the Board has not authorized for educational purposes and/ or that they and/or their parents/guardians may find inappropriate, offensive, objectionable or controversial. Students using District Technology Resources are personally responsible and liable, both civilly and criminally, for unauthorized or inappropriate use of the Resources.

The Board has the right, at any time, to access, monitor, review and inspect any directories, files and/or messages residing on or sent using District Technology Resources. Messages relating to or in support of illegal activities will be reported to the appropriate authorities. Individual users have no expectation of privacy related to their use of District Technology Resources.

Please complete the following information:

Student User's Full Name (please print): _____

School: _____ Grade: _____

Parent/Guardian's Name: _____

Parent/Guardian

As the parent/guardian of this student, I have read the Student Technology Acceptable Use and Safety Policy and Guidelines, and have discussed them with my child. I understand that student access to the Internet is designed for educational purposes and that the Board has taken available precautions to restrict and/or control student access to material on the Internet that is obscene, objectionable, inappropriate and/or harmful to minors. However, I recognize that it is impossible for the Board to restrict access to all objectionable and/or controversial materials that may be found on the Internet. I will not hold the Board (or any of its employees, administrators, or officers) responsible for materials my child may acquire or come in contact with while on the Internet. Additionally, I accept responsibility for communicating to my child guidance concerning his/her acceptable use of the Internet - i.e., setting and conveying standards for my daughter/son to follow when selecting, sharing, and exploring information and resources on the Internet. I further understand that individuals and families may be liable for violations.

To the extent that proprietary rights in the design of a web page, site, service or app hosted on Board-owned or District-affiliated servers would vest in my child upon creation, I agree to assign those rights to the Board.

Please check each that applies:

I give permission for the Board to issue an e-mail account to my child.

I give permission for my child's image (photograph) to be published online, provided only his/her first name is used.

I give permission for the Board to transmit "live" images of my child (as part of a group) over the Internet via a web cam.

I authorize and license the Board to post my child's class work on the Internet without infringing upon any copyright my child may own with respect to such class work. I understand only my child's first name will accompany such class work.

Parent/Guardian's Signature: _____ Date: _____

Student

I have read and agree to abide by the Student Technology Acceptable Use and Safety Policy and Guidelines. I understand that any violation of the terms and conditions set forth in the Policy and Guidelines is inappropriate and may constitute a criminal offense and/or may result in disciplinary action. As a user of District Technology Resources, I agree to communicate over the Internet and through the Technology Resources in an appropriate manner, honoring all relevant laws, restrictions and guidelines.

Student's Signature: _____ Date: _____

Teachers and building principals are responsible for determining what is unauthorized or inappropriate use. The principal may deny, revoke or suspend access to and use of the Technology Resources to individuals who violate the Board's Student Technology Acceptable Use and Safety Policy and related Guidelines, and take such other disciplinary action as is appropriate pursuant to the Student Code of Conduct.

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Parental Consent for Virtual Courses

Dear Parents:

For all students Kindergarten – 8th grade, Bois Blanc Pines School will need to have on file proof of parental consent for all students taking virtual courses now or in the future. Please fill out the area below.

Parent Consent:

I give permission for my child, _____ to take virtual courses during his/her enrollment at Bois Blanc Pines School.

Parent Signature

Date



Bois Blanc Pines School

Consent for Disclosure of Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the students name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information from your child’s education records is disclosed to the health department. If your child is 18 or over, he or she is an “eligible student” and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize _____ Bois Blanc Pines School _____ to release my child’s immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

I do not authorize _____ Bois Blanc Pines School _____ to release my child’s immunization record to the Michigan Department of Health and Human Services and Local Health Department.

Student Name _____ Date of Birth ____ / ____ / ____

Signature of Parent /Guardian _____ Date ____ / ____ / ____

Printed Parent/Guardian Name _____

Bois Blanc Pines School

Special Education or 504 Placement Information at Enrollment

If the student named below received special education or 504 services at their former school, please indicate below by including name and contact information for the last school he/she attended. This will expedite acquiring records and promptly initiating services. Please attach latest IEP or 504 plan if possible. Thank you!

Please circle type of services receiving. Special Education or 504

Student Name _____ **Grade** _____

Birth Date _____ **Student Enrollment Date** _____ **Disability:**

The student is eligible as: _____

Programs/Services received at prior school:

Services Amount of Time/Frequency:

Former School Information

Name of Last School Attended

Address of Last School Attended

Phone of Last School Attended _____

*** Parent Signature** _____ **Date** _____

Thank you,

Angie McArthur
Superintendent

**U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202
TITLE VII STUDENT ELIGIBILITY CERTIFICATION**

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

NAME OF CHILD _____ Date of Birth _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

<input type="checkbox"/> Federally Recognized, Including Alaska Native	<input type="checkbox"/> State Recognized	<input type="checkbox"/> Terminated	<input type="checkbox"/> Organized Indian Group Meeting #5 of the Definition Above
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Name of individual with tribal membership: _____

Individual named is (check one): Child Child's Parent Child's Grandparent

Proof of membership, as defined by tribe, band, or group is:

Membership or enrollment number (if readily available) _____ OR

Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ DATE _____

Mailing Address _____ Telephone _____

PAPERWORK BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3E200, Washington, D.C. 20202-6335.

PERMISSION FORM FOR PRESCRIBED MEDICATION

Bois Blanc Pines School
100 Sioux Avenue
P. O. Box 876
Pointe aux Pins, MI 49775
Telephone/Fax: 231-634-7225

Date form received by school: _____

Student: _____ Date of Birth or Age: _____
Grade: _____ Teacher: _____

To be completed by the physician(s) or authorized prescriber:

Name of medication: _____

Reason for medication: (OPTIONAL) _____

Form of medication/treatment:

- Tablet/Capsule
- Liquid
- Inhaler
- Injection
- Nebulizer
- Other

(explain) _____

Instructions (Schedule and dose to be given at school): _____

Restrictions and/or important side effects:

- None anticipated
- Yes. Please

describe: _____

Special Storage requirements:

- None
- Refrigerate
- Other. Explain: _____

This student is both capable and responsible for self-administering this medication:

- No
- Yes-Supervised
- Yes-Unsupervised

Please indicate if you have provided additional information:

- On the back of this form
- As an attachment

Physician's Name: _____

Address: _____

Telephone Number: _____

Date: _____ Signature: _____

To be completed by parent/guardian

- I request that (name of child) _____ receive the above medication at school.
- I request that (name of child) _____ be allowed to self-administer the above medication at school.

Date: _____

Signature: _____ Relationship: _____

PARENT PICK-UP RELEASE FORM

To better ensure the safety of your child, we are asking that all parent/guardians complete this Pick-up Release Form. We realize that there may be times when someone other than yourself may have to pick up your child at school and you were unable to send a note or call the school to notify us. Please complete this form at the bottom of this page and return it to your teacher. If we do not know the person coming to pick up your child we will ask for identification. If the person is not on the list, we will not release your child to that person. ***We still ask that, if possible, you write a note or call the school, if someone other than yourself will be picking up your child.***

If this form is not returned, we will not release your child to anyone other than the parent/guardian. If you have any questions, please call the school.

Please list all people, including yourself, who are allowed to pick up your child.

	NAME	RELATIONSHIP TO CHILD
Ex.	Mary Smith	Neighbor
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
Print Student's Name:		
Teacher: Sherry Corbett		
Date:		
Parent/Guardian Signature:		