



Welcome to Lakewood! Enclosed are the registration forms to be completed for your student(s). Below is a list to assist you in the registration process. Please return all enrollment materials to the building your student will be attending.

STUDENT REGISTRATION CHECKLIST

_____ Fill out all enrollment forms

- Student Registration Form
- Record's Request Form
- Home Language Survey
- Concussion Form
- Permission to Place – *Only required if student receives special education services.*

_____ Obtain Certified Birth Certificate Copy

State law requires that a certified birth certificate copy (with raised seal) be presented as proof of age for your student. Certified birth certificates were available from the county clerk in the county in which your child was born. **Law requires that a state or county certified original be presented at registration. No copies will be accepted. As the law states, we cannot accept birth certificate copied and transferred from another school.** If you need assistance obtaining your student's birth certificate, please contact the school's secretary. Phone numbers can be found in this packet on the request for records form.

_____ Updated Immunization Record

By law, all waivers must be obtained directly from your county health department.

Check to see if your child has had the following immunizations:

- ___ 4 doses of DTP vaccine, **one dose must be after the 4th birthday**
- ___ 3 doses of POLIO vaccine, **one dose must be after the 4th birthday**
- ___ 2 doses of MMR vaccine, **one dose must be after the 1st birthday**
- ___ 2 doses of HEPATITIS B vaccine
- ___ 1 dose of CHICKEN POX vaccine, **must be after the 1st birthday** or statement by a parent of when the illness occurred

_____ Proof of residency

___ own or rent – Documents required - driver's license with current address and/or utility bill

___ living with another family – Documents required - driver's license with a letter from owner of house in which you are living. Appointment required with McKinney-Vento Director, Keith Carpenter, (616) 374-8842.

___ other – Court documents may be accepted.

Enrollment Form Questions for Identification of English Learners, Immigrant Students, and Migratory Students:

Home Language Survey Questions

Is your child's native (first) tongue a language other than English?

Yes

No

What is the other language? _____

¿Es el idioma nativo (primer idioma) de su hijo/hija otro aparte del inglés?

Si

No

¿Cuál es ese idioma? _____

Is the primary language used in your child's home or environment a language other than English

Yes

No

What is the other language? _____

¿Es el idioma principal usado en la casa o "barrio" de su hijo/hija un idioma diferente al inglés?

Si

No

¿Cuál es ese idioma? _____

Immigrant Student Identification

Where was your child/student born? State _____ Country _____

If your child/student was born outside of the U.S., then when did the child/student enter the country?

¿Dónde nació su hijo/hija/estudiante? Estado _____ País _____

¿Si, su hijo/hija/estudiante nació en un país diferente a Estados Unidos, cuando fue que su hijo/hija/estudiante llevo a Estados Unidos? _____

Migratory Student Identification

Have you or a family member worked in agriculture, poultry, dairy, and/or packing house in the last 3 years or 36 months?

Yes

No

If yes, where did you work? _____ Date: _____

¿A usted o alguien en su familia trabajado en agricultura, una lechería, o con animales como pollos o cerdos en los últimos 3 años?

Si, su respuesta es sí. Cuando _____ y Donde _____



REQUEST FOR RECORDS

Name of Previous School _____

Address _____

City, State, Zip _____

Telephone Number _____ Fax Number _____

Parent/Guardian Signature _____

Student's Name _____	Grade _____	Birth Date _____
Student's Name _____	Grade _____	Birth Date _____
Student's Name _____	Grade _____	Birth Date _____
Student's Name _____	Grade _____	Birth Date _____

This is to certify that the parent/guardian of the above named students request release of **ALL** of the following information to the school indicated below:

- | | |
|---|--|
| <ul style="list-style-type: none"> Discipline Records Medical/Health Information Teacher Reports (grades, attendance, achievement, test records, etc.) | <ul style="list-style-type: none"> Special Education, IEP, etc Psychologist and/or Social Worker Reports Current school program/recommendations |
|---|--|

PLEASE SEND RECORDS TO:

LAKWOOD ELEMENTARY
 Grades 1st - 4th
 Student Records Department
 812 Washington Blvd.
 Lake Odessa, MI 48849
 Phone (616) 374-8842
 Fax (616) 374-1499

LAKWOOD EARLY CHILDHOOD CENTER
 Grades Preschool - Kindergarten
 Student Records Department
 223 W. Broadway
 Woodland, MI 48897
 Phone (269) 367-4935
 Fax (269) 367-4771

LAKWOOD HIGH SCHOOL
 Grades 9th - 12th
 Student Records Department
 7223 Velte Road
 Lake Odessa, MI 48849
 Phone (616) 374-8868
 Fax (616) 374-1477

LAKWOOD MIDDLE SCHOOL
 Grades 5th - 8th
 Student Records Department
 8699 Brown Road
 Woodland, MI 48897
 Phone (616) 374-2400
 Fax (616) 374-2424

According to the Final Regulation-Family Educational Rights and Privacy Act (Final Rule on Education Record, Federal Register, June 18, 1976, Vol. 41, No. 118, 24673), it is **no longer necessary to obtain written consent to release records between schools**. It states that school officials, including parents within the educational institution and officials of other school systems in which the student may intend to enroll, may receive a students' record without written consent for such release.

REQUEST FOR RECORDS SENT ON ____/____/20____ BY _____, Building Registrar



Student Registration Form

School Use Only:

Student #:	
UIC #:	
<input type="checkbox"/> MICR	<input type="checkbox"/> Honeywell
<input type="checkbox"/> Notified Specials Teachers	
Homeroom:	

Student Information: Please print

Last:	First:	Middle:
Address (no PO Boxes):		
City:	State: Michigan	Zip:
County of Residence: <input type="checkbox"/> Barry <input type="checkbox"/> Eaton <input type="checkbox"/> Ionia <input type="checkbox"/> Kent		Township of Residence:
Mailing Address (if different):		
Home Phone:		Birth City:
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth date: / /
		Grade Entering:

SPECIAL NEEDS of new student enrolling if any:
(circle all that apply) Vision Hearing Speech Allergies Special Education Medications

Medical Conditions:

Did student have an IEP at previous school? Yes No *If yes, complete the Permission to Place form attached to enrollment packet.*

<p>Ethnicity</p> <p>Is this student Hispanic/Latino? (Choose only one)</p> <p><input type="checkbox"/> No, not Hispanic/Latino</p> <p><input type="checkbox"/> Yes, Hispanic/Latino-(A person of Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture or origin, regardless of race.)</p>	<p>Race</p> <p>The question to the left is about ethnicity, not race. No matter what you selected, please continue to answer the following by marking one or more boxes indicated what you consider your student's race to be.</p> <p><input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White</p> <p><input type="checkbox"/> Asian American <input type="checkbox"/> Black/African American</p>
<p>Michigan's Bilingual Education Law Information: 380.1152-380.157 School Code '95</p>	<p>Is your child's native tongue a language other than English? <input type="checkbox"/> Yes No <input type="checkbox"/> <i>If yes, what is it?</i></p> <p>Is the primary language used in your child's home or environment a language other than English? <input type="checkbox"/> Yes No <input type="checkbox"/> <i>If yes, what is it?</i></p>

Family Information: (check the best answer)

Own or Rent	Living w/ another family	Shelter	Hotel/Motel	Unknown	Other Location	Temporary Location
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student resides with: _____

Name	Relationship
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Father's Name: _____ **Birth date:** _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____

Employer & Occupation: _____

Mother's Name: _____ **Birth date:** _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____

Employer & Occupation: _____

Step-mother, Court Appointed Guardian or Case Worker Information if applicable:

Name: _____ Birth date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____

Employer & Occupation: _____

Step-father, Court Appointed Guardian or Case Worker Information if applicable:

Name: _____ Birth date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____

Employer & Occupation: _____

Emergency Information: (Family member/friend to contact after your home/work has been tried.)

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Please list all children in the family even if they are not in school.

Name: _____ Grade: _____ Birth date: _____

Name: _____ Grade: _____ Birth date: _____

Name: _____ Grade: _____ Birth date: _____

Name: _____ Grade: _____ Birth date: _____

Name: _____ Grade: _____ Birth date: _____

Name: _____ Grade: _____ Birth date: _____

Transportation Information

Will this student ride the bus to school from _____ Home _____ Childcare _____ Neither _____ (please circle one)

Will this student ride the bus from school to _____ Home _____ Childcare _____ Neither _____ (please circle one)

If applicable:

Childcare Provider's Name: _____ Phone: _____

Address (NO PO Boxes): _____ City/Zip: _____

Parent/Guardian Signature: _____ Date: _____

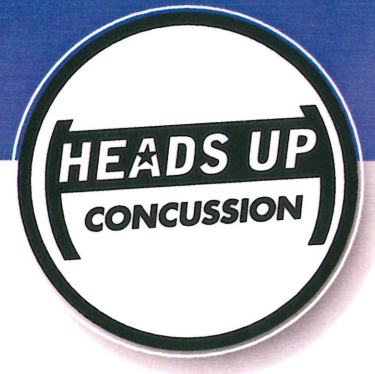
FOR SCHOOL USE ONLY:

School assigned to: LHS LMS LES LECC

Sent to School & Transportation: ____ / ____ / ____

Parent anticipating call with information for schooling and transportation information? Yes No Transportation Yes No School

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



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 or 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.

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.

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



▶ **"IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON"**

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
- 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)

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 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.
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 days, 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. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

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TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).



LAKEWOOD PUBLIC SCHOOLS

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 LAKEWOOD PUBLIC SCHOOLS 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.

Student’s Name: _____ Date of Birth: __/__/__

Signature of Parent/Guardian
or Eligible Student: _____ Date: __/__/__

Printed Parent/Guardian Name: _____

PERMISSION TO PLACE

IF YOUR STUDENT RECEIVED SPECIAL EDUCATION SERVICES PLEASE COMPLETE THE BOX BELOW

Student Name _____	Birthdate _____	Grade _____
Parent Guardian Name _____	Phone # _____	
Previous School District _____		

FOR OFFICE USE ONLY

First day of attendance: _____ Date of Parent Consultation: _____

Student Transferred from: Inside County Out of County Out of State

Use the Current IEP from the previous school district: Y N

Current IEP date: _____ Date of Initial/Reeval IEP: _____

Primary Disability: _____

Program/Service	Amount of time & frequency	Actual hours	Teacher

Other options or factors considered?

Why did you not select those services?

Building Administrator Signature

Date