



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 your child has had the following immunizations:

_____ 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.



Vaccines Required for School Entry in Michigan

Whenever children are in group settings there is a chance for disease to spread. Children must follow vaccine laws in order to attend school. These laws are the minimum standard for preventing disease outbreaks in group settings. The best way to protect children from serious diseases is to follow the recommended vaccination schedule at cdc.gov/vaccines. When following the recommended schedule children are fully protected and any school vaccination requirements are met.

	All Kindergarteners and 4-6 year old transfer students	All 7th Graders and 7-18 year old transfer students
Diphtheria, Tetanus, Pertussis (DTP, DTaP, Tdap)	4 doses DTP or DTaP 1 dose must be at or after 4 years of age	4 doses diphtheria and tetanus or 3 doses if 1 st dose given on or after 1 year of age 1 dose Tdap at 11 years of age or older upon entry into 7 th grade or higher
Polio	4 doses or 3 doses if dose 3 was given on at or after 4 years of age	4 doses or 3 doses if dose 3 was given on at or after 4 years of age
Measles, Mumps, Rubella (MMR)*	2 doses at or after 12 months of age	2 doses at or after 12 months of age
Hepatitis B*	3 doses	3 doses
Meningococcal Conjugate (MenACWY)	None	1 dose at 11 years of age or older upon entry into 7 th grade or higher
Varicella (Chickenpox)*	2 doses at or after 12 months of age or Current lab immunity or History of varicella disease	2 doses at or after 12 months of age or Current lab immunity or History of varicella disease

*If the child has not received these vaccines, documented immunity is required. All doses of vaccines must be valid (correct spacing and age) for school entry purposes. These rules apply to children who are the above ages upon entry into school. During disease outbreaks, immunizing unvaccinated children may be required from school. Parents and guardians choosing to decline vaccines must obtain a certified non-medical waiver from a local health department. Read more about waivers at Michigan.gov/immunize. The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, gender information, sex, sexual orientation, gender identity or expression, political beliefs, or disability. Rev 5/2021



if



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:

Discipline Records

Medical/Health Information

Teacher Reports (grades, attendance, achievement, test records, etc.)

Special Education, IEP, etc

Psychologist and/or Social Worker Reports

Current school program/recommendations

PLEASE SEND RECORDS TO:

LAKEWOOD ELEMENTARY

Grades 1st - 4th

Student Records Department

812 Washington Blvd.

Lake Odessa, MI 48849

Phone (616) 374-8842

Fax (616) 374-1499

LAKEWOOD EARLY CHILDHOOD CENTER

Grades Preschool - Kindergarten

Student Records Department

223 W. Broadway

Woodland, MI 48897

Phone (269) 367-4935

Fax (269) 367-4771

LAKEWOOD HIGH SCHOOL

Grades 9th - 12th

Student Records Department

7223 Velte Road

Lake Odessa, MI 48849

Phone (616) 374-8868

Fax (616) 374-1477

LAKEWOOD 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 Special 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the Permission to Place form attached to enrollment packet.

Ethnicity

Is this student Hispanic/Latino? (Choose only one)

☐ No, not Hispanic/Latino

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

Race

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.

☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander ☐ White
☐ Asian American ☐ Black/African American

Michigan's Bilingual Education Law Information: 380.1152-380.157 School Code '95	Is your child's native tongue a language other than English?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is it?
	Is the primary language used in your child's home or environment a language other than English?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is it?

Family Information: (check the best answer)	Own or Rent <input type="checkbox"/>	Living w/ another family <input type="checkbox"/>	Shelter <input type="checkbox"/>	Hotel/Motel <input type="checkbox"/>	Unknown <input type="checkbox"/>	Other Location <input type="checkbox"/>	Temporary Location <input type="checkbox"/>
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Student resides with: _____

Name Relationship

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



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: _____

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 llegó 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?

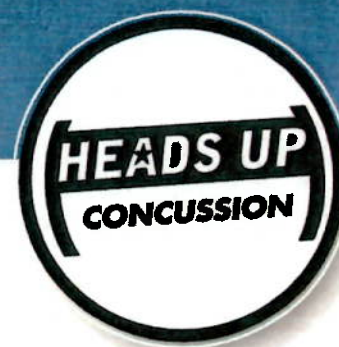
- Yes
- No

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 _____

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

Michigan Department
of Community Health



Rick Snyder, Governor
James K. Haveman, Director

► **"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

JOIN THE CONVERSATION ➞ www.facebook.com/CDCHeadsUp

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).



School ID # _____

Transportation Information

Students Full Name:

First _____ Middle _____ Last _____

Address _____ City/Zip: _____

Student Date of Birth: Month _____ Day _____ Year _____

Male or Female: _____

Family Information:

Relationship: (ie... Mother/Father) _____

Name _____ Phone # _____ Work # _____

Relationship: (ie... Mother/Father) _____

Name _____ Phone # _____ Work # _____

Other than parents: Emergency Contact:

Name _____ Relationship: _____

Phone # _____

Will this student ride the bus to school from: Home Childcare Neither Other

Will this student ride the bus from school to: Home Childcare Neither Other

If applicable:

Childcare Provider's Name: _____

Phone: _____

Address: _____ City/Zip: _____

Student's Name: _____

Student Resides With: Mother / Father / Both / Other _____

Is this student a ward of the Court? YES / NO (please circle), if yes please list: County: _____

Case Worker's Name & Number: _____

I hereby grant Lakewood Public Schools permission to photograph/video my child as they deem necessary for school use and/or public media release. YES / NO (circle one)

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow their instructions. If it is impossible to contact this physician, the school may make whatever arrangement deemed necessary.

Allergies: _____

Do any of the above allergies require use of an Epi-Pen if exposed to or ingested? YES / NO (circle one), if yes please see the office.

Other Conditions: _____

Medications: _____ Primary Care Physician: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature of Parent/Guardian: _____ **Date:** _____

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

Acknowledgement of Handbook

Student _____ Grade _____ Teacher _____

Acknowledgement of Handbook

I have received the handbook and acknowledge that I am aware of the following policies and procedures as outlined in the hand book.

Volunteer Driver Assurance

According to district policy 8600, when parents or adult volunteers assist in the transportation of pupils, whether school-owned or private vehicles, the school district must reassure itself and the parents of the students involved that the drivers are over 21 years old, have a valid driver' license, are covered by insurance, have a good driving record, and will require that all occupants in the vehicle wear seat belts in accordance with Michigan law.

Your signature on page 24 verifies that you meet the following criteria as outlined in the policy.

- ◆ I am over the age of 21.
- ◆ I have a valid Michigan's driver's license
- ◆ I have no known medical condition which could cause me to have seizures or blackouts while driving.
- ◆ I have coverage by an insurance policy that is in force and has not expired.
- ◆ I have a driving record that is free of major moving violations.
- ◆ I will make certain that all student occupants in the vehicle wear seat belts in accordance with Michigan law.
- ◆ All safety features (brakes, horn, lights, and tires) on my vehicle are in good working order.

I understand that according to Michigan No-Fault law, my personal insurance would be the first to cover myself and the students that I am transporting. **Only if and when the limits of my personal insurance are exhausted would the school district's insurance provide coverage beyond my own.** My signature on this form indicates knowledge and acceptance of this fact.

If any of the situations above should change, I will notify the school before transporting students.

Computer/Internet/Technology Use Agreement

We have read the rules regarding Computer/Internet/Technology use in the handbook. The student signature indicates that the student agrees to abide by the rules established. The parent signature indicates an understanding that students will face disciplinary action for violating the rules and parents are responsible for any damage caused to devices due to inappropriate use and/or destruction.

Students are not allowed to use the computers until they agree to the rules. If there is a problem with those rules, please discuss them with the building principal.

Early Dismissal

Occasionally, it becomes necessary to close school early due to inclement weather or other unforeseen circumstances. In the event that this happens, the announcement will be posted on our web page as well as announced on WBCH and WION radio stations.

I would be interested in being part of the school community by:

- ____volunteering in the classroom
- ____helping with classroom parties
- ____being an active member of the parents group
- ____reading to a class of students

My and my student's signature below verifies the following:

- Acknowledgement of Handbook
- Volunteer Driver Assurance
- Computer/Internet/Technology Use Agreement
- Permission to participate in intra district field trips and local points of interest (i.e. high school play, community library, park, etc.)

Name of Student

Print Parent's Name

Parent Phone Number

Parent Signature

Parent Email Address

EDUCATION BENEFITS FORM SY 2024 - 2025

District: _____ School: _____

Part A: STUDENT INFORMATION - Complete for each student Pre-K through 12th Grade

Student's Last Name	Student's First Name	Grade Level	School	Identify H if Homeless M if Migrant R if Runaway F if Foster

Part B: BENEFITS RECEIVED (if applicable)

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDP/IR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name: _____ Case Number: _____

Part C: HOUSEHOLD SIZE	Part D: ANNUAL HOUSEHOLD INCOME - Select the appropriate range of combined annual income for all people in the household (Include all income before taxes)		
<input type="checkbox"/> 1 →	<input type="checkbox"/> At or below \$19,578	<input type="checkbox"/> Between \$19,579 and \$27,861	<input type="checkbox"/> At or above \$27,862
<input type="checkbox"/> 2 →	<input type="checkbox"/> At or below \$26,572	<input type="checkbox"/> Between \$26,573 and \$37,814	<input type="checkbox"/> At or above \$37,815
<input type="checkbox"/> 3 →	<input type="checkbox"/> At or below \$33,566	<input type="checkbox"/> Between \$33,567 and \$47,767	<input type="checkbox"/> At or above \$47,768
<input type="checkbox"/> 4 →	<input type="checkbox"/> At or below \$40,560	<input type="checkbox"/> Between \$40,561 and \$57,720	<input type="checkbox"/> At or above \$57,721
<input type="checkbox"/> 5 →	<input type="checkbox"/> At or below \$47,554	<input type="checkbox"/> Between \$47,555 and \$67,673	<input type="checkbox"/> At or above \$67,674
<input type="checkbox"/> 6 →	<input type="checkbox"/> At or below \$54,548	<input type="checkbox"/> Between \$54,549 and \$77,626	<input type="checkbox"/> At or above \$77,627
<input type="checkbox"/> 7 →	<input type="checkbox"/> At or below \$61,542	<input type="checkbox"/> Between \$61,543 and \$87,579	<input type="checkbox"/> At or above \$87,580
<input type="checkbox"/> 8 →	<input type="checkbox"/> At or below \$68,536	<input type="checkbox"/> Between \$68,537 and \$97,532	<input type="checkbox"/> At or above \$97,533

*** Special Instructions for households with more than 8 people: DO NOT check the boxes above. Instead, fill in items below:**

Household size (# people): _____ Total annual income: _____

Part E: CERTIFICATION - The head of household or adult designee who completed this form must complete this certification section

I certify (promise) that all information on this form is true and that all income is reported to the best of my knowledge. I understand that this form may impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

(Signature) _____ (Printed Name) _____ (Date) _____

(Address) _____ (City) _____ (Zip) _____

(Email Address) _____ (Home Phone) _____ (Work Phone) _____

Do NOT fill out this section. This is for school use only.

Status: F _____ R _____ N _____ Determining Official's Signature: _____ Date: _____

Sharing Information with Other Programs

Dear Parent/Guardian:

Based on the information you gave on your Education Benefits Form; your child may qualify for other programs. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free (or reduced-price meals, if applicable).

Yes! I **DO** want school officials to share information from my Education Benefits Form with:

- ☐ Pay to Participate (Athletics and Clubs).
- ☐ Programs that provide food support.
- ☐ Programs that provide school supplies or assist with school testing fees.

If you check "Yes" to any or all the boxes above, please fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Printed Name: _____ Address: _____

Signature of Parent/Guardian: _____ Date: _____

For more information, you may call **_Traci Brewer _@_616 374-2415.**

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: [USDA Program Discrimination Complaint Form](#), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- | | |
|--|--|
| 1. mail: | 2. fax: (833) 256-1665 or (202) 690-7442; or |
| U.S. Department of Agriculture | |
| Office of the Assistant Secretary for Civil Rights | |
| 1400 Independence Avenue, SW | 3. email: program.intake@usda.gov |
| Washington, D.C. 20250-9410; or | |

This institution is an equal opportunity provider.

USDA Civil Rights Complaint Link:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>

Return this form to: **Any Lakewood Public Schools office or Traci Brewer@8699 E Brown Rd, Woodland, MI 48897**

Getting to Know Your Child - Parent Input Form

My Child's Name _____
First Middle Last

Name to be used on child's name tags at school _____

Address _____
Street City Zip Code

Phone # _____

Birth Date _____ Sex: M / F City of Birth: _____

Family Information

	<u>Mother</u>	<u>Father</u>
Name		
Country or State of Birth		
Language in Home		
Highest Educational Status		
Job Title & Name of Employer		
Marital Status		
Step Parent Name (if applicable)		
Guardian Name (if applicable)		
With whom does the child reside? (circle all that apply)	Mother Father	Stepmother Stepfather Grandmother Grandfather Aunt Uncle

Please list other children in the family

Name	Birth Date/Age	Name	Birth Date/Age

Please list names / ages of any other people living in your home:

Has your child experienced any parental loss due to death, divorce, incarceration, military service or absence? _____ If Yes, please explain: _____

Do you celebrate birthdays in your home? _____

Please share any other information regarding religious background and/or holidays celebrated (or not celebrated): _____

Do you have any pets at home? _____ If yes, please list: _____

Medical Information

Did your child have a premature birth? _____

Does your child have any of the following illnesses (check all that apply)?

_____ Asthma _____ Allergies (if yes, please list: _____)

_____ Headaches _____ Ear Infections _____ Accidents

Please describe any other medical/physical conditions that we should be aware of:

Does your child take any medication on a regular basis? _____

If yes, please list:

Is your child supposed to be wearing glasses? _____

For reading or board word? (circle)

If your child IS supposed to be wearing glasses, will they have them at school?

_____ If not, please explain: _____

Does your child have any hearing difficulties?

Personal Information

Has your child attended preschool, daycare, or any other group setting regularly?

If so, please explain:

My child's interest and/or hobbies include:

My child approaches learning: (check all that apply)

_____ With Excitement

_____ With Curiosity

_____ With Confidence

_____ With Anxiety

_____ With Reluctance

_____ Without Interest

Please list any fears your child may have (bugs, being alone, etc.) _____

What comforts your child when he/she is upset? _____

How would you describe your child? (shy, outgoing, stubborn, etc.) _____

Child Development

My child is able to: (check all that apply)

_____ Dress Self

_____ Zip Coat

_____ Wash & Dry Hands

_____ Care For Own Toileting Needs

_____ Separate Easily From Parent

_____ Needs Time To Separate

Fine Motor: _____ Draws _____ Scribbles _____ Uses Scissors _____ Has Used Paint

Which hand does your child prefer to use? _____ Left _____ Right

Sleeping habits: _____ Soundly _____ Fitful _____ Naps _____ Typical Bedtime _____

Something my child is very successful at (strengths): _____

Something my child has had trouble with (weaknesses): _____

Name/Relationship of person completing this survey: _____

On the back of this paper, please write a few statements or paragraphs to tell us more about your child. Include any of the following, or anything else you feel would help us to get to know your child better:

- Feelings about reading, math or other subjects
- Habits/Routines
- Your child's social skills & how they relate to other children
- Has your child experienced or witnessed any violence or abuse?
- Situations at home that may influence learning (loss of pet, divorce, death of a family member or friend, a deployment, new baby in family, etc.)
- Questions you may have
- Concerns or worries that you may have concerning your child's education