



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 [dhs.mi.gov/vaccines](http://dhs.mi.gov/vaccines). When following the recommended schedule children are fully protected and any school vaccination requirements are met.

	All Kindergarten and 4-5 year old transfer students	All 7th Graders and 7-13 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 2 <sup>nd</sup> dose given on or after 1 year of age 1 dose Tdap at 11 years of age or older upon entry into 7 <sup>th</sup> grade or higher
Polio	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	
Hepatitis B*	3 doses	
Meningococcal Conjugate (MenACWY)	None	1 dose at 11 years of age or older upon entry into 7 <sup>th</sup> grade or higher
Varicella (Chickenpox)*	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, documentation of immunity is required. All doses of vaccines must be used correct spacing and age for school entry purposes. There are state health department approved non-medical waiver forms available from a local health department. Read more about waivers at [dhs.mi.gov/vaccines](http://dhs.mi.gov/vaccines). 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, genetic information, sex, sexual orientation, gender identity, or otherwise, public policy, or state law. Rev. 3/2015.



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Lakewood  
Public Schools

## Student Registration Form

School Use Only:

Student #: \_\_\_\_\_  
 UIC #: \_\_\_\_\_  
 MICR       Honeywell  
 Notified Specials Teachers  
 Homeroom: \_\_\_\_\_

**Student Information: Please print**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Address (no PO Boxes): \_\_\_\_\_  
 City: \_\_\_\_\_ State: Michigan Zip: \_\_\_\_\_  
 County of Residence:  Barry  Eaton  Ionia  Kent Township of Residence: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Birth City: \_\_\_\_\_  
 Male  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><b>Ethnicity</b>          Is this student Hispanic/Latino? (Choose only one)  <input type="checkbox"/> No, not Hispanic/Latino  <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><b>Race</b>          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.  <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White  <input type="checkbox"/> Asian American <input type="checkbox"/> Black/African American</p>
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<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 <input type="checkbox"/> No <i>If yes, what is it?</i>          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 <i>If yes, what is it?</i></p>
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**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

**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





## LAKESWOOD 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.

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*I authorize LAKESWOOD 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: \_\_\_\_\_

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# 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 \_\_\_\_\_

## 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.

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STUDENT-ATHLETE NAME PRINTED

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STUDENT-ATHLETE NAME SIGNED

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DATE

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PARENT OR GUARDIAN NAME PRINTED

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PARENT OR GUARDIAN NAME SIGNED

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DATE

JOIN THE CONVERSATION  [www.facebook.com/CDCHeadsUp](http://www.facebook.com/CDCHeadsUp)

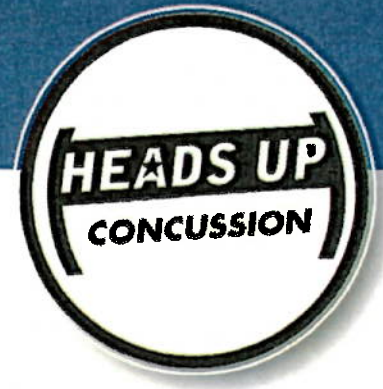
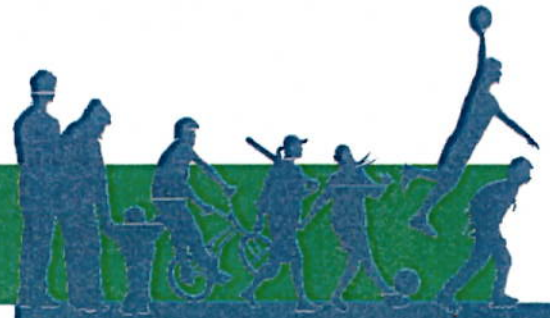


**HEADS UP**

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](http://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).

# 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



School ID # _____
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## 2024/2025 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: \_\_\_\_\_



# Getting to Know Your Child – Parent Input Form

My Child's Name \_\_\_\_\_  
First
Middle
Last

Name to be used on child's nametags 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      Stepmother      Grandmother      Aunt Father      Stepfather      Grandfather      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 work? (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 interests 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

Check any that apply

My child is able to:  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 sentences or paragraphs to tell us more about your child. Include any of the following, or anything else you feel would help us get to know your child better:

- Feelings about reading, math or other subjects
- Habits/ Routines
- Your child's social skills and 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 the family, etc.)
- Questions you may have
- Concerns or worries that you may have concerning your child's education