



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 www.michigan.gov/dhhs. When following the recommended schedule children are fully protected and any school vaccination requirements are met.

	All Kindergarten 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* 2 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	
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 th 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, documented immunity is accepted. All doses of immunization must be given according to the current schedule. These requirements are for children who are entering school for the first time. If a child is transferring from another school, the school health department will verify the child's immunization record. If the child is transferring from another school, the school health department will verify the child's immunization record. If the child is transferring from another school, the school health department will verify the child's immunization record. If the child is transferring from another school, the school health department will verify the child's immunization record.





**Lakewood
Public Schools**

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
email: penningtonj@lakewoodps.org

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"/> Spec. Ed	<input type="checkbox"/> 504
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:

student have an IEP or 504 Plan at previous school ☐ Yes ☐ 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

School most recently attended:		City & State		Last Grade Completed:	
--------------------------------	--	--------------	--	-----------------------	--

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
Parent/Guardian - A:	Birth date:
Address:	
City:	State:
Home Phone:	Work Phone:
Cell Phone:	E-Mail Address:
Employer & Occupation:	

Parent/Guardian - B:	Birth date:
Address:	
City:	State:
Home Phone:	Work Phone:
Cell Phone:	E-Mail Address:
Employer & Occupation:	

Step-parent - A, 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-parent - B, 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 Emergency Contact Information 2025-2026

Student Name: _____

Please list three (3) people who will assume temporary care of your child if **you cannot be reached** (note: these contacts will be called in the order you list them). **PLEASE ADD PARENT NAME TO THIS LIST.**

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

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 (please circle)

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 his instructions. If it is impossible to contact this physician, the school may make whatever arrangements 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.

Does your student have Asthma: YES / NO (circle one) Will your student have an inhaler at school: YES / NO (circle one), if yes please see the office.

Other Conditions: _____

Medications: _____

Primary Care Physician: _____ Phone #: _____

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

Signature of Parent / Guardian: _____ Date: _____

Office Use Only

Date Entered: _____

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

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 _____

August 2025



RE: Student Safety "Drop Off Locations"

To: Parents and Guardians of Lakewood Elementary Students

It is preferred that each of our students have the same end of the day routine.

(ie. They get on the bus everyday) If your family is requesting to have multiple end of the day routines, please fill in below. (Possible reasons for choosing this option- custody, employment responsibilities, etc.)

Student: _____

Teacher: _____

Monday : ☐ My child will be walking home/sitter after school
☐ I will pick my child up after school
☐ My child will ride _____'s bus (Animal Name: _____)
to this address: _____

Tuesday: ☐ My child will be walking home/sitter after school
☐ I will pick my child up after school
☐ My child will ride _____'s bus (Animal Name: _____)
to this address: _____

Wed: ☐ My child will be walking home/sitter after school
☐ I will pick my child up after school
☐ My child will ride _____'s bus (Animal Name: _____)
to this address: _____

Thurs: ☐ My child will be walking home/sitter after school
☐ I will pick my child up after school
☐ My child will ride _____'s bus (Animal Name: _____)
to this address: _____

Friday : ☐ My child will be walking home/sitter after school
☐ I will pick my child up after school
☐ My child will ride _____'s bus (Animal Name: _____)
to this address: _____

Parent Signature

Date

LAKEWOOD PUBLIC
SCHOOLS
223 West Broadway
Woodland, Michigan
48897 616.374.8043
www.lakewoodps.org

LAKEWOOD ELEMENTARY
812 Washington Blvd
Lake Odessa, MI 48849

KEITH CARPENTER, PRINCIPAL
Phone 616.374.8842
Fax 616.374.1499





Michigan Department of Education
Office of School Support Services

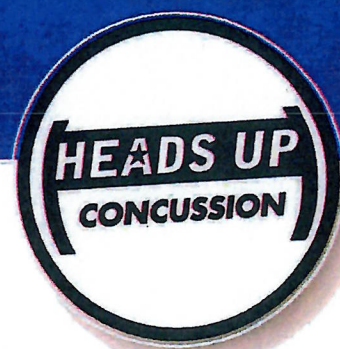
MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

The information on this form should be updated as necessary to reflect the current needs of the participant. See back side for instructions.

1. School/Agency Name:	2. Site Name:	3. Site Telephone:					
4. Name of Participant/Student:		5. Participant Age:					
6. Name of Parent/Guardian:		7. Parent/Guardian Telephone:					
8. Check One: <input type="checkbox"/> Participant has a disability or a medical condition and <i>requires</i> a special meal or accommodation (Refer to instructions on reverse side of this form). Schools and agencies participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment. One of the following licensed medical professionals must sign this form: licensed physician (MD or DO), physician's assistant (PA), or nurse practitioner (NP). <input type="checkbox"/> Participant does not have a disability, but is requesting a special meal or accommodation due to religious, cultural, economic, or other preferences. Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests, but are not required to do so. A school administrator or parent/guardian may sign this form. <input type="checkbox"/> Participant <i>does not have a disability</i> , but is requesting a special accommodation for a fluid milk substitute that meets the USDA nutrient standards for non-dairy beverages offered as milk substitutes. Granting the request of a non-dairy milk substitute is at the discretion of the facility. A licensed physician (MD or DO), physician's assistant (PA), registered dietitian nutritionist (RDN), nurse practitioner (NP), nurse, school administrator, or parent/guardian may sign this form.							
9. Disability or medical condition requiring a special meal or accommodation:							
10. If participant has a disability, provide a brief description of participant's major life activity affected by the disability:							
11. Diet prescription and/or accommodation: <i>(please describe in detail to ensure proper implementation- use extra pages as needed; see instructions on reverse side)</i>							
12. Specific foods to be omitted and substitutions: <i>(please list specific foods to be omitted and suggested substitutions; you may attach a sheet with additional information as needed; see reverse side)</i> <table border="0" style="width: 100%;"><tr><td style="width: 50%; text-align: center;">A. Food(s) To Be Omitted:</td><td style="width: 50%; text-align: center;">B. Suggested Substitution(s)</td></tr><tr><td style="height: 40px; vertical-align: bottom;"><hr/></td><td style="height: 40px; vertical-align: bottom;"><hr/></td></tr></table>				A. Food(s) To Be Omitted:	B. Suggested Substitution(s)	<hr/>	<hr/>
A. Food(s) To Be Omitted:	B. Suggested Substitution(s)						
<hr/>	<hr/>						
13. Indicate Texture: <input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed							
14. Adaptive Equipment Needed (if applicable):							
15. Signature of Parent/Guardian:	16. Printed Name:	17. Telephone:	18. Date				
19. Signature of Medical Authority (if applicable):	20. Printed Name: (include credentials and license/ registration number)	21. Telephone	22. Date				

This institution is an equal opportunity provider.

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).

Student Name _____

BACKPACK TAG INFORMATION

Please fill out the attached 2-sided tag and write *clearly* that has permission to pick up your student for the 2025/2026 school year.

NAME EVERYONE THAT
CAN PICK UP YOUR
STUDENT INCLUDING Parents/Guardian



STUDENT NAME

Grade your student will be in
for the 2025/2026 school year

_____ 1st Grade

_____ 2nd Grade

_____ 3rd Grade

_____ 4th Grade



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: _____

PLEASE REMOVE THIS PAGE, COMPLETE THE FORM AND RETURN TO SCHOOL

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's 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.

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

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

- Acknowledgement of Handbook
- Release of Information
 ☐ Yes ☐ No
- 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

Student Signature

Parent Phone Number

Parent Signature

Parent Email Address



Acceptable Use Policy | Student K-4

Student Name (print First/Last Name)

Grade

Building

I understand that I may be permitted to use school computers, electronic devices, and the internet at home to access learning resources for certain remote learning situations. To use the school's computers, electronic devices, or the internet, I understand that I must follow school rules for computer and internet use at all times.

As a technology user I agree to the following:

1. I will only use the computers, electronic devices, and internet for school work.
2. I will only use the computers, electronic devices, and internet as directed by my teacher or other school employee.
3. I will not use the internet to try to look at websites that I know are for adults only or that I know I should not access.
4. If I accidentally access a website that I know I shouldn't look at, I will tell my parent/guardian or teacher right away.
5. If someone sends me something on the internet that I know is inappropriate, I will tell my parent/guardian or teacher right away.
6. I will not use the school's computers, electronic devices, or internet to bully or harm any other person.
7. If someone else uses the computers, electronic devices, or internet to bully or harm me, I will tell my parent/guardian or teacher right away.
8. I will not damage the school's computers, electronic devices, or cause problems with the computers, electronic devices, or internet on purpose.
9. I will give the school's computers and other electronic devices back to the school at the school's request.
10. I will not use the school's computers, electronic devices, or internet to cheat on my schoolwork.
11. I will not copy anything that I see on the school's computers or internet and pretend that it is my own work.
12. I will keep my password a secret from everyone except my parent/guardian, teacher, or another school employee.
13. I understand that the school can see everything that I do on the school's computers, electronic devices, and internet.
14. I understand that the school has filters on its computers, electronic devices, and internet, which means I might not be able to see some information. I will not try to interfere with those filters.
15. I will follow all of these rules. I will also follow any directions that my teacher or other school employee gives me about my use of the school's computers, electronic devices, or the Internet.

Student's Signature

Date

DEVICE FEE INFORMATION:

Along with the Acceptable Use Policy, Lakewood Public Schools requires all students grades 5 - 12, and/or their parents, to sign the Device Agreement Form. **Insurance is not offered for grades PRE - 4 as devices are not taken home.** The Device Agreement Form is a record of whether or not the student participates in the voluntary Device Insurance Program. The device maintenance/repair fee structure is as follows:

	DECLINE INSURANCE PROGRAM	FULL PRICE LUNCH	REDUCED LUNCH	FREE LUNCH
Cost for Insurance	\$0	\$20	\$10	\$0
1 st Incident	Parent pays full cost of repair or replacement	Covered by District*	Covered by District*	Covered by District*
2 nd Incident	Parent pays full cost of repair or replacement	50% of Repair Cost**	50% of Repair Cost**	25% of Repair Cost**
3 rd Incident	Parent pays full cost of repair or replacement & Restrictions will be placed on device	100% of Repair Cost** & Restrictions will be placed on device	50% of Repair Cost** & Restrictions will be placed on device	25% of Repair Cost** & Restrictions will be placed on device

* All incident exclusions will be considered 2nd incidents.

**The average costs for repair and replacement are: Screen \$100, Device \$250 and Keyboard \$50.

Insurance DOES NOT cover the loss or damage of a charger or protective case. The loss or damage of a charger or protective case will result in a fee of \$25.

INCIDENT COVERAGE:

- Damage: Pays for damage to the device on school property or at another location.
- Accidental Damage: Pays for accidental damage caused by liquid spills, drops, falls, and collisions. An accident will be determined by the administration.
- Theft: Pays for loss or damage of device due to theft; providing the claim includes an official copy of the Police Report.
- Fire: Pays for loss or damage due to fire; providing the claim includes a copy of the official Fire Report from the investigating authority.
- Electrical Surge: Pays for damage of the device due to an electrical surge.
- Natural Disasters: Pays for loss caused by a natural disaster.

INCIDENT EXCLUSIONS:

- Vandalism: Intentional damage done to the device.

DISCLAIMERS:

- The Lakewood Public Schools reserves the right for final determination of damage claims or loss.
- The Lakewood Public Schools will not be responsible for any unauthorized financial obligation incurred through the use of the device.
- Bills for payment of claims will be sent from Technology Department, Lakewood Public Schools.

REVISED 6/7/2023

PROVIDING ONE DEVICE FOR EVERY ONE STUDENT

Lakewood Public Schools is pleased to provide an electronic device (iPad or Chromebook) to all students for their use for educational purposes. The Lakewood Public Schools' Acceptable Use Policy, which can be found on the Lakewood Public Schools website (www.lakewoodps.org), applies to student use of computers in school as well as out of school. Inappropriate use or neglect of devices, carrying cases, chargers, internet, and all installed software may result in restrictions placed upon the use or the loss of the student's privilege to use the device.

Devices are individually assigned to students and it is the student's responsibility to care for the device. All devices must be returned to Lakewood Public Schools at the conclusion of each school year, or when a student withdraws from Lakewood Public Schools.

INTERNET & SOFTWARE GUIDELINES:

- Without an LPS Acceptable Use Policy Agreement (AUP) signed annually, a device will not be issued to a student.
- The LPS Acceptable Use Policy must be followed at all times.
- Students should have no expectation of privacy as related to devices and can expect staff and administrators to conduct random spot checks of their internet history, logs, and other records of usage.
- Inappropriate web activity (including, but not limited to, the viewing of inappropriate sites, installing a VPN, posting inappropriate messages, attempting to bypass the filter, or sending inappropriate email) may result in the loss of the privilege to use a district provided device and network.
- If a student "accidentally" accesses an inappropriate website, he/she should close the site, note the date & time of the incident and report it to a staff member or administrator as soon as possible.

CHARGING GUIDELINES:

- Students who have taken their device home overnight are to enter school each day with a fully charged device. Though chargers will be available in classrooms, there is no guarantee of availability for all students and devices.
- Align the power cord carefully when connecting it to or removing it from the device.
- If the battery is not charging, remove the power cord and carefully reconnect it to the computer.

GENERAL RULES & GUIDELINES:

- Students are responsible for their device, charger, and protective case at all times. Devices should never be left unattended.
- Should a student's device get lost/stolen, the student must report the loss to the building administrator and/or technology staff immediately. In the event of theft, parents are required to file a police report, and share the report with the building administrator.
- Students are not permitted to use their devices on buses.
- If a student is unable to carry and supervise his/her device, (i.e., PE Class) it is to be locked in the student's assigned locker or a location designated by administration.
- Students are not authorized to use other students' devices.
- Students must keep their passwords confidential.
- Students are only allowed to copy pictures, music, or video to the server if given permission to do so by a teacher or administrator. Such files must be related to a school project or assignment.
- Students may use headphones during class if permission is obtained from the teacher.
- Student use of devices during non-instructional time during the school day (i.e., Lunch) is restricted to instructional use.
- Obscene language and/or inappropriate materials, including screensavers, backdrops, and/or pictures are strictly prohibited. Inappropriate use of the device camera is also strictly prohibited.
- Illegal use of copyrighted materials is prohibited.
- Food and drink should not be used near the device. The spilling of drinks onto the computer is one of the major sources of device damage.
- Devices should be used on a flat, stable surface.
- Students should report any technical issues affecting the performance of the device to technical staff.

I have read this Agreement and consent that as a condition of my child's use of the technology resources, I release the school and its board members, agents, and employees, including its internet service provider, from all liability related to my child's use or inability to use the technology resources. I also indemnify the school and its board members, agents, and employees, including its internet service provider, for any fees, expenses, or damages incurred as a result of my child's use, or misuse, of the school's technology resources.

I have explained the rules listed above to my child.

I authorize the school to consent to the sharing of information about my child to website operators as necessary to enable my child to participate in any program, course, or assignment requiring such consent under the Children Online Privacy Protection Act.

I understand that data my child sends or receives over the technology resources is not private. I consent to having the school monitor and inspect my child's use of the technology resources, including any electronic communications that my child sends or receives through the technology resources.

I agree that I will not copy, record, or share, or allow my child to copy, record, or share any information sent to my child via the school's technology resources that includes personally identifiable information about any other child including, without limitation, videos, audio, or documents that identify another student by name, voice, or likeness.

I agree that my child will return all technology resources to the school in good working order immediately upon request and that I am responsible for any damage to the technology resources beyond normal wear and tear.

I understand and agree that my child will not be able to use the school's technology resources until this agreement has been signed by both student and parent/guardian.

I have read this agreement and consent to its terms.

Parent/Guardian Name (print First/Last Name)

Parent/Guardian Signature

Date