



WARREN WOODS PUBLIC SCHOOLS - ENROLLMENT FORM

STUDENT INFORMATION:

Name:

Grade:

Gender:

Date of Birth:

State of Birth:

City/Place of Birth: Detroit

Country of Birth:

Home phone:

Cell number:

Email:

Student resides with:

Is a custody agreement in place for this Student?

What county do you live in?

Would you like to apply for Free and Reduced

Price Lunch?

What is the student's district of residence?

Address Section

Address:

City, State, Zip Code:

State:

Zip Code:

Special Education Services

Does the student have an IEP (Individualized Education Plan)?

Does the student have a 504 Education Plan?

Has the student received evaluations (testing) from another school district or agency?

Please explain:

Previous School Information

Name of School Last Attended:

Previous School Address:

City:

Phone Number:

District Last Attended:

State:

Fax Number:

Has this student previously attended school in this district?

Is the student currently expelled/suspended from any school?

Please explain:

Ethnicity and Race Information

Is the student Hispanic or Latino? YES NO

American Indian or Alaska Native: YES NO

Asian: YES NO

Black or African American: YES NO

Native Hawaiian or other Pacific Islander: YES NO

White: YES NO

Parent/Guardian's Signature:

Today's Date:

Contact Information

Primary Contact Information

Name:

Relationship to Student:

Does this contact have full or partial custody of this student?

Is this contact an emergency contact?

Emergency Contact Priority:

Does this contact have permission to pick up this student?

Should this contact receive mailings?

Employer:

Primary Phone:

Phone type:

Additional alternate phone number:

Phone type:

Email:

Does this contact live with the student?

Address: ,

City, State, Zip Code: ,

Secondary Contact Information

Name:

Relationship to Student:

Does this contact have full or partial custody of this student?

Is this contact an emergency contact?

Emergency Contact Priority:

Does this contact have permission to pick up this student?

Should this contact receive mailings?

Employer:

Primary Phone:

Phone type:

Alternate Phone:

Phone type:

Email:

Does this contact live with the student?

Address: ,

City, State, Zip Code: ,

Contact 3 Information

Name:

Relationship to Student:

Does this contact have full or partial custody of this student?

Is this contact an emergency contact?

Emergency Contact Priority:

Does this contact have permission to pick up the student?

Should this contact receive mailings?

Employer:

Primary Phone:

Phone type:

Email:

Does this contact live with the student?

Address: ,

City, State, Zip Code: ,

Contact 4 Information

Name:

Relationship to Student:

Does this contact have full or partial custody of this student?

Is this contact an emergency contact?

Emergency Contact Priority:

Does this contact have permission to pick up the student?

Should this contact receive mailings?

Employer:

Primary Phone:

Phone type:

Email:

Does this contact live with the student?

Address:

City, State, Zip Code:

Contact 5 Information

Name:

Relationship to Student:

Does this contact have full or partial custody of this student?

Is this contact an emergency contact?

Emergency Contact Priority:

Does this contact have permission to pick up the student?

Should this contact receive mailings?

Employer:

Primary Phone:

Phone type:

Email:

Does this contact live with the student?

Address:

City, State, Zip Code:

Parent/Guardian's Signature:

Today's Date:

Student Health Form

Medical Information

Does student need medication during school?

Names and schedule for medications:

Explain any emergency alerts, allergies, or problems:

Alert expires:

Physical limitations (explain):

In Case of an Emergency...

Initial below to consent to any treatment and/or hospital care for the student for any emergency that arises during regular school hours or school activities. This consent extends to the hospital and its affiliated physicians, nurses, employees, and administrative officers.

Parent/Guardian's Signature:

Today's Date:

McKinney Vento Act

Is your current address a temporary living arrangement? YES NO

Is this temporary living arrangement due to loss of housing or economic hardship?

What is the student's current living arrangement?

Parent/Guardian's Signature:

Today's Date:

Name:

Gender:

Date of Birth:

Grade:

Home phone:

Student resides with:

Email:

Cell number:

Home Language Survey

Student's Name:

Grade:

Home phone:

Student resides with:

Email:

Cell number:

What language is used most at home?

What language is used most by the student?

What year did your child first enter the United States?

When did your child first enter schools in the United States?

State of Birth:

City/Place of Birth:

Parent/Guardian's Signature:

Today's Date:

Affirmation of Prior Discipline Record

Student Name:

This information is being collected pursuant to MCL §380.1310 and MCL §380.1311. A willful false statement on this affirmation will result in a report to the appropriate authorities and can result in the above listed child being dropped from school district enrollment.

Has the student been suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity?
YES NO

If the answer is yes, please explain: Please explain the circumstance and give a detailed description of the incident giving rise to the suspension or expulsion. Please include the dates of suspension or expulsion and the name of the school.

Name of School Last Attended:

Parent/Guardian's Signature:

Today's Date:

Agreements

Name:

Grade:

Permission to Publish: Sometimes photographs, video footage, or other images of students are taken during school activities by the district or under its direction. The images may then be presented in various school-sponsored media, including photographs, video productions, newspapers, television programs, brochures, handbooks, programs, on the district Website, and in the live internet broadcast of the district's graduation ceremony. Do you give consent to use your student's photo/image in this way?

Parent/Guardian's Signature:

Today's Date:

Acknowledgements

Student's Name:

Grade:

Enter your initials to confirm you have read and agreed to our Concussion Awareness policy:

Enter your initials to confirm you have read and agreed to our Media Release policy:

Enter your initials to confirm you have read and agreed to our Acceptable Use policy:

Parent/Guardian's Signature:

Today's Date:

UNDERSTANDING CONCUSSION

Some Common Symptoms

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

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

IF YOU SUSPECT A CONCUSSION:

- SEEK MEDICAL ATTENTION RIGHT AWAY** – A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don't hide it, report it. Ignoring symptoms and trying to "tough it out" often makes it worse.
- KEEP YOUR STUDENT OUT OF PLAY** – Concussions take time to heal. Don't let the student return to play the day of injury and until a health care professional says it's okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
- TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION** – Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can't recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- 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/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on a computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to www.cdc.gov/concussion.

Parents and Students Must Sign and Return the Educational Material Acknowledgement Form

CONCUSSION AWARENESS

EDUCATIONAL MATERIAL ACKNOWLEDGMENT

(PARENTS AND STUDENTS MUST SIGN AND RETURN THIS FORM)

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by **WARREN WOODS TOWER HIGH SCHOOL**.

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian Name Signature

Date

Date

Return this signed form to Warren Woods Tower front office. Form will be kept on file for the duration of participation or age 18.

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



WARREN WOODS PUBLIC SCHOOLS

MEDIA RELEASE FORM

NOTICE TO PARENT/GUARDIAN:

The news media and others may obtain student directory information (such as student's name, photograph, etc.) without parental consent in accordance with applicable law. However, the District occasionally will get requests from local media to interview students involved in positive instructional and extra-curricular programs of the District, such as classroom activities, concerts, musical programs and athletic contests. In addition, the District will occasionally videotape classroom instruction and other activities at the District for educational purposes, such as improving instructional techniques of teachers and/or training staff, and for informational, noncommercial purposes, such as informing students, parents and the public generally about the District programs and services.

By completing the form below, you will give the District, including its cable access TV education station and publications, its website as well as the news media, permission to interview and video tape your child in connection with activities involving Warren Woods Public Schools for as long as your child is a student in the District. The completed form will be kept in the school office.

RELEASE:

The person named below consents and gives Warren Woods Public Schools permission to allow the news media and/or the District to photograph, video and/or audio tape his or her child in connection with news events and activities involving the District. Such permission includes the reproduction and recording of my child's voice. I consent to the use of his/her name and/or the recording and reproduction of him/her in connection with the production, exhibition, distribution and promotion or other use of any photographs, photo plays, audio plays or otherwise. I agree that his/her participation is voluntary and without consideration or compensation. If, at any time, I do not want my child to participate in media interviews, or District videotaping for educational/informational/noncommercial purposes, I will notify the building principal in writing.

PLEASE PRINT INFORMATION

(CHECK ONE:)

I agree to the above release language as parent or legal guardian

I do not agree to the above release language as parent or legal guardian

(Student's Name)

Parent/Guardian's Name: (Please Print) _____

Parent/Guardian Signature: _____

Relationship to Student: _____ Date: _____



WARREN WOODS PUBLIC SCHOOLS

ACCEPTABLE USE AGREEMENT FOR COMPUTERS AND OTHER TECHNOLOGY

Computers and other technology are to be used in a responsible, efficient, ethical and legal manner. Technology includes, but is not limited to, computers, disk drives, printers, scanners, networks, software, video and audio recorders, cameras, photocopiers, telephones and other related electronic resources. Networks include, but are not limited to, all voice and data systems. Users include anyone who is accessing or using district technology.

District technology can be used to access the internet, a global information and communication network that provides significant educational opportunities to our students. The Board has adopted policies for Student Network and Internet Acceptable Use and Safety, and Staff Network and Internet Acceptable Use and Safety.

By signing this form, I agree to the following terms for use of district technology, including the Internet:

1. I understand that the use of district technology is privilege and not a right. My use of technology may be monitored by district staff, and is not to be considered confidential or private. Warren Woods reserves the right to access, review, or delete any information on the district network.
2. My use of district technology is for educational purposes only, as determined by the district's mission statement and curriculum.
3. I will not use the school district network for commercial use, for inappropriate or illegal purposes of any kind, nor for activities that could be dangerous to myself or to others. Warren Woods will not be held responsible if I participate in such activities.
4. I will not use the school district network to send or receive threatening, obscene, or harassing materials. Warren Woods will not be held responsible if I participate in such activities.
5. I will not interfere with, disrupt, or cause damage to district technology equipment, networks, and services.
6. I will respect copyright laws and fair use practices.
7. I will not use multi-user talk sites (chat rooms), games, or blogs, except those designated as permissible.
8. I am responsible for any misuse that results from sharing my password. Therefore, I will not share my password.

I understand that if I do not follow the above guidelines, I may face disciplinary action, loss of technology privileges and network access, and/or legal action. Penalties will be determined by the School District.

Please read carefully and then PRINT your name on the line below:

(Student's Name)

_____, as parent/guardian of a Warren Woods student, grant my child access to district technology, including the Internet, and agree to enforce the guidelines stated above.

Parent/Guardian Signature: _____

Relationship to Student: _____ Date: _____

_____, as a Warren Woods student, have read the guidelines stated above and agree to follow them.

Student Signature: _____