REGISTRATION CHECK LIST FOR GRADES K-5

Students can only be registered by a parent or legal guardian.

Student’s Name ___________________________ Grade __________

The following information will be required at the time of registration. A copy will be made for the student’s file.

_____ Proof of Birth - You can order online www.vitalcheck.com or call State of MI (517) 335-8656

_____ Parent’s Picture ID

_____ Proof of Immunization from health care provider

Residency

<table>
<thead>
<tr>
<th>Proof of Residency: 3 items from list</th>
<th>Where is student living? Check one below:</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ Driver License/State ID</td>
<td>_____ with parent/guardian in house or apartment</td>
</tr>
<tr>
<td>_____ Utility Bill/Tax Bill</td>
<td>_____ with more than one family living in home</td>
</tr>
<tr>
<td>_____ Mortgage statement or Lease Agreement</td>
<td>_____ with family/friends other than parent/guardian</td>
</tr>
<tr>
<td>_____ Court Docs, Bank Statement, Medical Bills</td>
<td>_____ in foster placement</td>
</tr>
<tr>
<td>_____ Section 8 Documentation</td>
<td>_____ in a shelter</td>
</tr>
<tr>
<td>(no other proof necessary)</td>
<td>_____ temporarily in motel, car, or campground</td>
</tr>
<tr>
<td>_____ Other:</td>
<td>_____ Other:</td>
</tr>
</tbody>
</table>

_____ Request for Records and Affirmation of Prior Discipline Form

_____ SCHOOL OF CHOICE ONLY - Discipline Report (previous 12 months) from prior school

_____ Legal Documents, if applicable (i.e. Foster or Guardianship)

_____ Student Enrollment Form

_____ Immunization Consent Form

_____ Household Information Survey

_____ Transportation Request Form

_____ Concussion Information Form

_____ Indian Education Survey, if applicable

_____ District Handbook Parent Consent

MEDICAL ALERT

Please list special medical conditions:__________________________________________________________

Are there any medications to be administered at school? ______ Yes ______ No

If yes, a medication control form must be completed and submitted with medication.

ADDITIONAL INFORMATION

Does student receive Special Education, Speech, have an IEP or 504 Plan? ______ Yes ______ No

If marked yes,  

______ Complete Special Education Request Form.

Has student ever attended Eastpointe Community Schools? ______ Yes ______ No

If yes, which building or program?__________________________________________________________

Office use:
Registered by: ____________ Date: ____________
Resident: ____________ SOC: ____________
# Request for Educational Records and Affirmation of Prior Discipline

**Student Name:**

**Previous School Information:** (Please Print)

School Name:

School Address:

- Street Number
- City
- State
- Zip Code

Phone Number: __________________ Fax Number: __________________

**Please send educational records and state UIC number to:**

- Crescentwood Elementary, K-2
  - 14500 Crescentwood, Eastpointe, MI 48021
  - Phone: (586) 533-3200
  - Fax: (586) 533-3209

- Forest Park Elementary, K-2
  - 18361 Forest, Eastpointe, MI 48021
  - Phone: (586) 533-3300
  - Fax: (586) 533-3309

- Bellview Elementary, 3-5
  - 15800 Bell, Eastpointe, MI 48021
  - Phone: (586) 533-3100
  - Fax: (586) 533-3109

- Pleasantview Elementary, 3-5
  - 16501 Toepfer, Eastpointe, MI 48021
  - Phone: (586) 533-3400
  - Fax: (586) 533-3409

The parent/guardian affirms that this student has **NOT** or **HAS BEEN** suspended or expelled from **ANY** school. If student **HAS BEEN**, include the school name, date of suspension or expulsion and a brief description of the incident.

Parent/Guardian Signature: __________________ Date: ______________

Please print: Parent/Guardian Name: __________________

Address __________________ City __________________ Zip Code __________________

---

**Previous School District:** Please check one of the statements below, sign and return this form to the school indicated above.

- According to our records, we can verify that the information provided above by the parent/guardian is **correct**.
- According to our records, the information provided above by the parent/guardian is **not correct**.

If the student has been involved in any offense involving weapons, alcohol, drugs, or willful infliction of injury to persons or an act of violence against persons and/or property committed on school premises, at a school-sponsored activity, or on public or private conveyance providing transportation to or from school or a school-sponsored activity, please forward appropriate disciplinary documentation.

Signature of Sending School District Administrator and Title __________________ Date __________________

*Revised 7.1.17*
**NEW STUDENT ENROLLMENT FORM**

**Student's full legal name (as shown on Birth Certificate):**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Gender</th>
<th>Grade Entering</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Male □ Female</td>
<td></td>
</tr>
</tbody>
</table>

**Home Street Address**

<table>
<thead>
<tr>
<th>City and Zip</th>
<th>Primary Phone</th>
</tr>
</thead>
</table>

**Birth Date**

<table>
<thead>
<tr>
<th>Birth City/State</th>
<th>Student Order of Birth (if multiple)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Please check: □ 01 □ 02 □ 03 □ 04</td>
</tr>
</tbody>
</table>

**Ethnicity**

- Is the student Hispanic/Latino? □ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- □ No, not Hispanic or Latino

**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 to indicate what you consider your student's race to be.
- □ American Indian/Alaskan Native
- □ Asian American
- □ Black or African American
- □ Native Hawaiian/Other Pacific Islander
- □ Hispanic or Latino
- □ Multi-Racial (if multi, please check all appropriate boxes above)

**Country of Birth (optional):**

<table>
<thead>
<tr>
<th>□ USA □ Other</th>
<th>First Attended School in USA (Month &amp; Year)</th>
</tr>
</thead>
</table>

**Is your child's native tongue a language other than English?**

- □ Yes
- □ No

**If yes, name of Language:**

**Previous School Information**

- Attended School in this District Before? (Include Pre-K) □ No □ Yes
- □ No □ Yes

**Previous School**

<table>
<thead>
<tr>
<th>Previous School</th>
<th>Previous School Address</th>
<th>Previous School City, State &amp; Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ Public School □ Church/Private</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Home School</td>
</tr>
</tbody>
</table>

**Did Your Child Receive Special Services at Former School?**

- □ Special Education
- □ 504
- □ Speech/Language
- □ Title 1
- □ Social Work
- □ Other Service

**Please Describe Other Service**

**Parent/Guardian IN THE HOME**

**Primary Parent/Guardian Name**

<table>
<thead>
<tr>
<th>Employer</th>
<th>Emergency Contact Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ 01 □ 02 □ 03 □ 04</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
</table>

**Relationship:** □ Mother □ Father □ Stepmother □ Stepfather

- □ Guardian □ Grandparent □ Foster □ Other

**Email Address**

<table>
<thead>
<tr>
<th>□ Add to auto email</th>
</tr>
</thead>
</table>

**Secondary Parent/Guardian Name**

<table>
<thead>
<tr>
<th>Employer</th>
<th>Emergency Contact Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ 01 □ 02 □ 03 □ 04</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
</table>

**Relationship:** □ Mother □ Father □ Stepmother □ Stepfather

- □ Guardian □ Grandparent □ Foster □ Other

**Email Address**

| □ Add to auto email |
### Student Enrollment Form (page 2 of 2)

**Student Name:**

<table>
<thead>
<tr>
<th>Name of Parent Living Elsewhere</th>
<th>Have custody papers been provided? □ No □ Yes</th>
<th>Emergency Contact Priority □ 01 □ 02 □ 03 □ 04</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Should this person receive mailings? □ No □ Yes</td>
<td>Emergency Contact Priority □ 01 □ 02 □ 03 □ 04</td>
</tr>
<tr>
<td><strong>Home Phone</strong></td>
<td><strong>Cell Phone</strong></td>
<td><strong>Work Phone</strong></td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td><strong>Email Address</strong></td>
<td><strong>Add to auto email</strong></td>
</tr>
</tbody>
</table>

**Emergency Contacts:** Please list local contact to be called in case of illness/emergency when parent cannot be reached.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Emergency Contact Priority □ 01 □ 02 □ 03 □ 04</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Emergency Contact Priority □ 01 □ 02 □ 03 □ 04</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Emergency Contact Priority □ 01 □ 02 □ 03 □ 04</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Emergency Contact Priority □ 01 □ 02 □ 03 □ 04</td>
</tr>
</tbody>
</table>

**List Other Children Who Reside in the Home**

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Grade/School</th>
<th>Relationship to Student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Health Information:**

- OFFICE USE: □ Food Services (copy & send) □ Transportation

- **NOTE:** If your child is required to take medication during the school day (inhaler, epi-pen, insulin, etc.) you must complete a Medication Form or no medications will be given.

**Medical Alerts/Health Conditions:**

- □ Asthma
- □ Diabetes
- □ Vision Problem
- □ Hearing Problem
- □ Heart Condition

**Medications Taken (Please list):**

**GRADERS 9-12 ONLY:** My child may possess and self-administer Tylenol/Midol/Advil according to school policy. The medication must be in its original container. ECS will not be responsible for any misuse, abuse or injury arising from self-administration of medication.

**List all Non-Food Allergies and Directions/Procedures for Allergic Reaction:**

**Physical Limitations:**

- My child may participate in □ Yes □ No

**Food Allergies:**

- **Food to Omit:**
- **Foods to Substitute:**

- **Food to Omit:**
- **Foods to Substitute:**

**Directions/Procedures for Allergic Reaction:**

- □ EPI-Pen

**Physician Name**

**Physician Phone**

**Preferred Hospital**

---

The undersigned hereby acknowledges that the information provided on this form is true and accurate. The undersigned understands that it is his/her responsibility to inform the appropriate school office if and when any of the information on this form changes.

I, the undersigned, authorize the physician and/or hospital listed on this document to treat my child in the event of serious illness or accident when I or the other person listed on this form cannot be reached. Any obligation for medical expenses resulting from treatment in such a case is my responsibility. Permission to transport my child in case of emergency is also given.

**Parent/Guardian Signature:**

**Date:**
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 _____________________________ Eastpointe Community 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: ___________________________
Household Information Report

Eastpointe Community Schools
15501 Courens
Eastpointe, MI 48021

To determine eligibility for various additional state and federal program benefits that your school may qualify for, please complete, sign and return this report to the Food Service Department or your School Office.

These sections must be completed by the head of household or designee.

PART A. SIZE OF FAMILY - Enter the total number of individuals living in your household, including all adults and children →

PART B. CURRENT BENEFITS - Complete below if applicable
If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, 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. STUDENT INFORMATION – Complete for each student Pre-K through 12th Grade

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Birth Date XX-XX-XXXX</th>
<th>School</th>
<th>Identify</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>H if Homeless</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>M if Migrant</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>R if Runaway</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>F if Foster</td>
</tr>
</tbody>
</table>

If you need additional lines, attach a second sheet to this report or attach a copy of this report clearly marked as a Page 2.

PART D. TOTAL MONTHLY HOUSEHOLD INCOME – Report income for all members of household excluding Foster Children. If you have reported a case number above, you do not need to fill in this section. Simply sign and date form.

<table>
<thead>
<tr>
<th>Type of Income</th>
<th>Income</th>
<th>Circle if None</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gross Monthly Earnings: Wages, Salary, Commissions</td>
<td>$</td>
<td>None</td>
</tr>
<tr>
<td>2. Monthly Welfare Payments, Child Support, Alimony</td>
<td>$</td>
<td>None</td>
</tr>
<tr>
<td>3. Monthly Payments from Pensions, Retirement, Social Security</td>
<td>$</td>
<td>None</td>
</tr>
<tr>
<td>4. Monthly Dividends or Interest on Savings</td>
<td>$</td>
<td>None</td>
</tr>
<tr>
<td>5. Monthly Worker’s Compensation, Unemployment, Strike Benefits</td>
<td>$</td>
<td>None</td>
</tr>
<tr>
<td>6. Other Monthly Income (SSI, VA, Disability, Farm, other)</td>
<td>$</td>
<td>None</td>
</tr>
</tbody>
</table>

Total Monthly Household Income (Add lines 1-6) $

PART E. SIGNATURE - I certify (promise) that all information on this report is true and that all income is reported. I understand that the school will get federal/state funds based on the information I give. I understand that school officials may verify (check) the information.

_________________________  ___________________________  ___________________________
(Signature)  (Printed Name)  (Date)

_________________________  ___________________________  ___________________________
(Address)  (City)  (Zip)

_________________________  ___________________________  ___________________________
(Home Phone)  (Work Phone)  (Email Address)

By providing your email address you may be contacted via email by the district.
INSTRUCTIONS FOR COMPLETING THE
HOUSEHOLD INFORMATION REPORT

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (FAP), FAMILY INDEPENDENCE PROGRAM (FIP), OR FDPIR PLEASE FOLLOW THESE INSTRUCTIONS:

Part A: Enter the total number of individuals living in your household, including all children in the box provided.
Part B: List the case number for any household member (including adults) receiving FAP, FIP, or FDPIR benefits.
Part C: List the First and Last name, Birth Date, School that the child is attending, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.
Part D: Skip this part
Part E: Sign the form. Print your name and Date.

IF YOUR HOUSEHOLD DOES NOT RECEIVE BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (FAP), FAMILY INDEPENDENCE PROGRAM (FIP), OR FDPIR PLEASE FOLLOW THESE INSTRUCTIONS:

Part A: List the total number of individuals living in your household, including all children.
Part B: Skip this part.
Part C: List the First and Last name, Birth Date, School that the child is attending, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.
Part D: Enter all gross income for each type of income that applies. If you have no income for any 1 or more of the categories, Circle NONE if no income. Add lines 1-6 and enter the Total Monthly Household Income.
Part E: Sign the form. Print your name and Date.
Eastpointe Community Schools
Pupil Transportation Department
17116 Ten Mile Road
Eastpointe, Michigan 48021
Phone (586) 533-3971
Nicholas.denoia@eastpointeschools.org

TRANSPORTATION REQUEST FORM

The Eastpointe Community Board of Education determines transportation services to eligible Eastpointe students attending the school serviced by their attendance boundary. Bus Transportation is not a state law. Bus Transportation is a Privilege.

Middle School (grades 6-8): more than one mile
Upper Elementary (grades 3-5): more than ¼ of a mile from designated school
Lower Elementary (grades K-2): more than a ½ mile from designated school
Eastpointe Early Learning Center (ECSE)

Please complete form, front and back, and return to your school office. Student athletes will also need to complete this form.

If your child’s transportation requirements change during the year, please notify your school by submitting an updated form.

PLEASE NOTE: It takes 2-3 business days to process route information.

Today’s Date: ____________

Student ID Number: ____________________
(Issued by School Office)

Circle School Attending for 2023-2021 School Year:

EMS  8th Grade Academy  Bellview  Pleasantview  Forest Park  Crescentwood  ELC

PLEASE PRINT:

Students Last Name: ____________________ Students First Name: ____________________

Grade: _______  Student Birth Date: _____________  Gender: _____Male  _____Female

Home Address: __________________________________ City/Zip Code: ______________________

Cell Phone: ____________________  Home Phone: ____________________

Emergency Contact Name: ____________________  Phone: ____________________

Parent/Guardian Name: ____________________  Please print first and last name

**Parent/Guardian Signature: ____________________  Date: ____________

**I have read and understand the EXPECTATIONS on the back of this form and WILL review them with my student.

**Parent/Guardian Acknowledgment of Expectations Please Initial
Please review the following conditions:

☐ While waiting for the bus, your Student is responsible for:
  - Getting on and off the bus at her/his assigned bus stop
  - Staying off of lawns, porches, driveways, fences, etc. around neighboring homes
  - No yelling, screaming or talking loudly that will disturb or offend neighboring homes
  - No littering
  - No fighting
  - No unacceptable language
  - Boarding the bus in a respectful manner
  - Not approaching the bus until the bus has come to a complete stop and the bus door is opened
  - ECS - Zero Tolerance Policy applies while waiting for the bus
  - School/Transportation conduct codes are in place while waiting for the bus

☐ While on the bus your Student is responsible for:
  - Sitting in assigned seat, facing forward with no part of the body in the aisle or out of the window
  - No Food & No Beverages
  - No littering
  - No fighting
  - No unacceptable language
  - No yelling, screaming or talking loudly that can distract the driver
  - Carrying nothing other than school bags and musical instruments on the bus
  - Being courteous and respectful at all times to fellow students and Bus Driver
  - ECS - Zero Tolerance Policy applies while riding the bus
  - School/ Transportation conduct codes are in place while riding the bus

☐ As an ECS Parent with a student riding an ECS Bus your responsibilities are to:
  - Make sure all necessary paperwork is completed and received by your students' school
  - Know your students bus route information
  - Be responsible for your child's safety to and from the steps of the bus
  - Know the rules governing bus riders (as listed above)
  - Enforce expected classroom behavior of your student while waiting for and riding the bus
  - Discuss with your student the rules that are to be followed when waiting and riding the bus.
    - Bus disciplines will be handed out for the listed offenses and/or infractions above.
    - Bus Disciplines could result in suspensions from riding the bus anywhere from 1 Day to the remainder of the school year.
  - Riding the school bus is a privilege that can be taken away due to safety infractions and/or inappropriate behavior. School/ Transportation conduct codes are in place while riding and waiting for the bus

☐ Please be advised that your child may be videotaped and voice recorded when being transported.

__________________________  ________________________
Parent/Guardian Signature   Date
WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

SIGNs OBSERVED BY COACHING STAFF:

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

"IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON"
**CONCUSSION DANGER SIGNS**

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

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

**WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?**

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

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

**WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?**

If an athlete has a concussion, his/her brain needs time to heal. While an athlete’s brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

---

**STUDENT-ATHLETE NAME PRINTED**

**STUDENT-ATHLETE NAME SIGNED**

**DATE**

**PARENT OR GUARDIAN NAME PRINTED**

**PARENT OR GUARDIAN NAME SIGNED**

**DATE**

---

**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).
Dear Parent or Guardian:

The Indian Education Consortium (Lake Shore, Lakeview, South Lake, Eastpointe, Roseville, Fraser and Harper Woods School Districts) would like to invite you to enroll your eligible children in the Indian Education Program.

Below are some of the services that we offer:

✓ FREE reading and math tutoring by certified teachers for K-12 students

✓ FREE Indian craft and cultural Saturday workshops

✓ Academic assistance to all students

✓ Involvement of families in all special programs offered

If your child has a parent or grandparent that has Indian ancestry, please fill out the Indian Education Survey form and return it to the school office as soon as possible.

Thank you very much for your cooperation.

Indian Education Consortium Staff
Indian Education Survey

Please fill out the form below if your children have Indian ancestry, and return to your Principal:

Child's Name________________________________________________________

Child's Birth Date__________________________________________________

Parent's Name______________________________________________________

Address_____________________________________________________________

(Street) (City, State) (Zip Code)

Telephone___________________________________________________________

Email Address_______________________________________________________

Your Child's School__________________________________________________

Child's Grade_______________________________________________________

1. Which side of the family is the Indian ancestry on (the mothers' or fathers')?

_________________________________________________________________

2. Which grandparent has Indian ancestry (the grandmother or the grandfather)?

_________________________________________________________________

3. Please give us the full name of the grandparent that has Indian ancestry. Please include the maiden name, if this is the grandmother.

_________________________________________________________________

4. Please tell me the Indian tribe that your Indian ancestry stems from.

_________________________________________________________________

Thank you very much.
DISTRIBUTION HANDBOOK
For Students and Parents/Guardians
2020-2021 School Year

All district handbooks are available online at http://www.eastpointeschools.org. Requests for hard-copies of the handbooks may be placed at the main office of your child's school.

I have read the following District Handbook (check the appropriate handbook for your child):

☐ Elementary
☐ Eastpointe Middle School
☐ Eastpointe High School
☐ Eastpointe Virtual Academy

and I understand what is expected of my child. I have sought clarification of any and all items I did not fully understand and am clear about the contents of the handbook. I have also reviewed the District Handbook with my child and we understand the rules and regulations set forth by the Board of Education of Eastpointe Community Schools.

_________________________  _________________________  _________________
Print Parent/Guardian Name                     Parent/Guardian Signature                        Date

_________________________  _________________________  _________________
Print Student Name                                    Student Signature                                  Date