

**EASTPOINTE COMMUNITY SCHOOLS**  
**Administrative Center ♣ 24685 Kelly Road ♣ Eastpointe, MI 48021 ♣ (586) 533-3000**

Crescentwood, Gr. K-2  
 14500 Crescentwood  
 Eastpointe, MI 48021  
 (586) 533-3200  
 (586) 533-3209 fax

Forest Park, Gr. K-2  
 18361 Forest  
 Eastpointe, MI 48021  
 (586) 533-3300  
 (586) 533-3309 fax

Bellview, Gr. 3-5  
 15800 Bell  
 Eastpointe, MI 48021  
 (586) 533-3100  
 (586) 533-3109 fax

Pleasantview, Gr. 3-5  
 16501 Toepfer  
 Eastpointe, MI 48021  
 (586) 533-3400  
 (586) 533-3409 fax

**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](http://www.vitalcheck.com) or call State of MI (517) 335-8656
- \_\_\_\_\_ Parent's Picture ID
- \_\_\_\_\_ Proof of Immunization from health care provider
- \_\_\_\_\_ **KINDERGARTEN ONLY** – Hearing & Vision Screening
- \_\_\_\_\_ **KINDERGARTEN ONLY** – Dental Assessment (OPTIONAL for 24-25)
- \_\_\_\_\_ Residency

|   |   |
|---|---|
| _____ Driver License/State ID<br>_____ Utility Bill/Tax Bill<br>_____ Mortgage statement or Lease Agreement<br>_____ Court Docs, Bank Statement, Medical Bills<br>_____ Section 8 Documentation<br>(no other proof necessary)<br>_____ Other: _____ | _____ with parent/guardian in house or apartment<br>_____ with more than one family living in home<br>_____ with family/friends other than parent/guardian<br>_____ in foster placement<br>_____ in a shelter<br>_____ temporarily in motel, car, or campsite<br>_____ Other: _____ |
|---|---|

- \_\_\_\_\_ Request for Records and Affirmation of Prior Discipline Form
- \_\_\_\_\_ **SCHOOL OF CHOICE ONLY** - Discipline Report (previous 24 months) from prior school
- \_\_\_\_\_ Legal Documents, if applicable (i.e. Foster or Guardianship)
- \_\_\_\_\_ Student Enrollment Form
- \_\_\_\_\_ Immunization Consent Form
- \_\_\_\_\_ Transportation Request Form
- \_\_\_\_\_ Concussion Information Form
- \_\_\_\_\_ District Handbook Parent Consent
- \_\_\_\_\_ Virtual Learning Consent/ Technology Agreement

**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: _____  |



STUDENT NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

GRADE \_\_\_\_\_

**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 a 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 \_\_\_\_\_



**NEW STUDENT ENROLLMENT FORM**

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

|   |  |              |   |                |
|---|--|--------------|---|----------------|
| Last  | First  | Middle       | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female   | Grade Entering |
| Home Street Address   |  | City and Zip | Primary Phone   |                |
| Birth Date  | Birth City/State   |              | Student Order of Birth (if multiple)<br>Please check: <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 |                |
| <b>Ethnicity</b><br>Is the student Hispanic/Latino?<br><input type="checkbox"/> No, not Hispanic or Latino<br><input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) | <b>Race</b><br>The question to the left is about ethnicity, not race. No matter what you selected, please continue to answer the following by marking <u>one or more boxes</u> to indicate what you consider your student's race to be.<br><input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian American<br><input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander<br><input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Multi-Racial (if multi, please check all appropriate boxes above) |              |   |                |

Fill in Section Below for ALL students – If any boxes are marked yes, the student will be assessed to determine eligibility to receive English as a Second Language (ESL) services. (Scan and email form to [Patrick.Taylor@eastpointeschools.org](mailto:Patrick.Taylor@eastpointeschools.org))

|   |   |
|---|---|
| Country of Birth (optional)<br><input type="checkbox"/> USA <input type="checkbox"/> Other _____  | First Attended School in USA<br>(Month & Year) _____  |
| Is your child's native tongue a language other than English?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, name of Language: _____ | 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<br>If yes, name of Language: _____ |

**Previous School Information**

|   |  |
|---|--|
| Attended School in <u>this</u> District Before? (Include Pre-K)<br><input type="checkbox"/> No <input type="checkbox"/> Yes | If yes, School Attended (Include Year and Grade) |
| Previous School   | Previous District                                |
| Previous School Address   | Previous School City, State & Zip                |
| <input type="checkbox"/> Public School <input type="checkbox"/> Church/Private<br><input type="checkbox"/> Home School      |  |

|   |  |  |
|---|--|--|
| Did Your Child Receive Special Services at Former School? | <input type="checkbox"/> No <input type="checkbox"/> Yes | If yes, check all that apply and provide copy of current IEP |
| <input type="checkbox"/> Special Education                | <input type="checkbox"/> 504                             | <input type="checkbox"/> Speech/Language                     |
| <input type="checkbox"/> Title 1                          | <input type="checkbox"/> Social Work                     | <input type="checkbox"/> Other Service                       |

Please Describe Other Service

**Parent/Guardian IN THE HOME**

|  |               |   |
|--|---------------|---|
| Primary Parent/Guardian Name   | Employer      | Emergency Contact Priority<br><input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 |
| Home Phone   | Cell Phone    | Work Phone  |
| Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather<br><input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster <input type="checkbox"/> Other _____ | Email Address | <input type="checkbox"/> Add to auto email  |
| Secondary Parent/Guardian Name   | Employer      | Emergency Contact Priority<br><input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 |
| Home Phone   | Cell Phone    | Work Phone  |
| Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather<br><input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster <input type="checkbox"/> Other _____ | Email Address | <input type="checkbox"/> Add to auto email  |

**STUDENT ENROLLMENT FORM (page 2 of 2)**

Student Name: \_\_\_\_\_

|                                 |  |   |
|---------------------------------|--|---|
| Name of Parent Living Elsewhere | Have custody papers been provided? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Should this person receive mailings? <input type="checkbox"/> No <input type="checkbox"/> Yes | Emergency Contact Priority<br><input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 |
| Home Phone                      | Cell Phone   | Work Phone  |
| Address                         | Email Address  | <input type="checkbox"/> Add to auto email  |

**EMERGENCY CONTACTS: Please list LOCAL contact to be called in case of illness/emergency when parent cannot be reached.**

|            |              |   |
|------------|--------------|---|
| Name       | Relationship | Emergency Contact Priority<br><input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 |
| Home Phone | Cell Phone   | Work Phone  |
| Name       | Relationship | Emergency Contact Priority<br><input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 |
| Home Phone | Cell Phone   | Work Phone  |
| Name       | Relationship | Emergency Contact Priority<br><input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 |
| Home Phone | Cell Phone   | Work Phone  |

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

|      |            |              |                         |
|------|------------|--------------|-------------------------|
| Name | Birth Date | Grade/School | Relationship to Student |
| Name | Birth Date | Grade/School | Relationship to Student |
| Name | Birth Date | Grade/School | Relationship to Student |

**HEALTH INFORMATION:**

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.

**OFFICE USE:**  Food Services  
(copy & send)  Transportation

**Medical Alerts/Health Conditions:**
 Asthma     Diabetes     Vision Problem     Hearing Problem     Heart Condition

**Medications Taken (Please list):**
 **GRADES 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:  EPI-Pen
**Physical Limitations:**

 My child may participate in  Yes  
Physical Education Class:  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 persons 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: _____ |
|----------------------------------|-------------|



# EASTPOINTE COMMUNITY 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 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: \_\_\_\_\_



**Eastpointe Community Schools**  
**Pupil Transportation Department**  
 17116 Ten Mile Road  
 Eastpointe, Michigan 48021  
 Phone (586) 533-3971



**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 ¾ 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.

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Today's Date: \_\_\_\_\_

Student ID Number: \_\_\_\_\_  
 (Issued by School Office)

Circle School Attending for 2024-2025 School Year:

- EMS    8<sup>th</sup> 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.**

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**Parent/Guardian Signature**

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**Date**

# 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



## 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

---

STUDENT-ATHLETE NAME SIGNED

---

DATE

---

PARENT OR GUARDIAN NAME PRINTED

---

PARENT OR GUARDIAN NAME SIGNED

---

DATE

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



**HEADS UP**

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



# EASTPOINTE COMMUNITY SCHOOLS

## **DISTRICT HANDBOOK**

### For Students and Parents/Guardians 2024-25 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.

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Print Parent/Guardian Name

---

Parent/Guardian Signature

---

Date

---

Print Student Name

---

Student Signature

---

Date



# EASTPOINTE COMMUNITY SCHOOLS

## Virtual Learning Consent

Virtual learning is a method of receiving academic instruction in courses in which the pupil is registered and the courses are taken through a digital learning environment. Virtual learning may be offered at a supervised school facility during the day as a scheduled class period or through self-scheduled learning where pupils have some control over the time, location, and pace of their education. Virtual learning includes, but is not limited to, online learning and computer-based learning, where the delivery of instruction may incorporate a combination of software, technology, and the Internet.

By signing below, I am giving permission for \_\_\_\_\_ to participate in all virtual learning options that Eastpointe Community Schools deem appropriate for the academic success, safety, etc. for my student. We understand and agree that all courses offered can and may be offered virtually at any time while enrolled at Eastpointe Community Schools.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Technology Consent

I understand that the district/school Code of Conduct will be followed while present on campus. Please visit the school's website for information regarding the Code of Conduct.

**In the event that I do not have a computer or access to online services, the district will provide me a computer and/or broadband internet.**

I understand and agree to abide by the Technology Use Agreement I signed at the time of enrollment.

### Device Access - Please check one:

- I do not need a computer.
- I need a computer.

### Internet Access - Please check one:

- My house has access to internet services and I do not need a district provided WiFi device.
- My house does not have access to internet services and I need a district provided WiFi device.

This form must be signed to enroll in the Virtual Academy.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_