REGISTRATION CHECK LIST FOR ECSE AND SLI STUDENTS
Students can only be registered by a parent or legal guardian.

Student's Name__________________________________________ Grade__30

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

Proof of Residency- 3 items from list

___ Driver License/State ID
___ Utility Bill/Tax Bill
___ Mortgage or Lease Agreement
___ Court Docs, Bank Statement, Medical Bills
___ Section 8 Documentation
___ (no other proof necessary)
___ Other:

Where is student living? Check one below:

___ with parent/guardian in house or apartment
___ with more than one family living in home
___ with family/friends other than parent/guardian
___ in foster placement
___ in a shelter
___ temporarily in motel, car, or campsite
___ Other:

SE Request for Records

___ Legal Documents, if applicable (i.e. Foster or Guardianship)
___ Student Enrollment Form
___ Immunization Consent Form
___ Household Information Survey
___ Transportation Request Form, if applicable
___ Concussion Information Form
___ Indian Education Survey, if applicable

MEDICAL ALERT

Please list special medical conditions:

Are there any medications that must 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 for Records Form.

Has the student ever attended Eastpointe Community Schools? _____Yes _____No
If yes, which building or program?

Office use:
Registered by:___________ Date:____________
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:

Eastpointe Community Schools  
Special Services Department  
24685 Kelly Road Couzens  
Eastpointe, MI 48021  
Phone: (586) 533-3738  
Fax: (586) 533-3742

Please send the following information to help us better understand and assist in developing an appropriate health care plan for this student. Specifically we are interested in:

IEP  
REED  
Social Work Reports  
Behavior Intervention Plan  
Medical Reports  
Other:  

MET  
Psychological Reports  
Psychiatric Reports  
Functional Behavioral Assessment  
Vision Reports

I consent to the release of the above specified records to the Eastpointe Community School District.

Parent/Guardian Signature: ___________________________________________ Date: __________________________

PLEASE PRINT: Parent/Guardian Name: __________________________________________
Address __________________________ City __________________________ Zip Code __________________________

We wish to remind you that in compliance with the FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT, as amended December 31, 1974, information in our records are available only to authorized personnel, and may not be revealed to others without the written consent of the parent/guardian or eligible student (CA18). However, all student records must be made available upon request for inspection by the parents and/or eligible student. Therefore, please DO NOT include any information that cannot be shared with parents and/or students.

*Under provisions of the Privacy Rights of Parents and Students Act, page 1213, Subpart D 99.30 (b), it is not necessary to have the written consent of the parents to release records "to officials of other schools or school systems in which the student seeks or intends to enroll..."
# 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>

<table>
<thead>
<tr>
<th>Home Street Address</th>
<th>City and Zip</th>
<th>Primary Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

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

**Ethnicity**

Is the student Hispanic/Latino?

- □ No, not Hispanic or Latino
- □ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or 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 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
- □ White
- □ Hispanic or Latino
- □ 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 Sarah.Miles@eastpointeschools.org)**

**Country of Birth (optional)**

- □ USA □ Other

**First Attended School in USA**

(If in USA, month and year of first attendance)

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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

- □ Yes □ No
- If yes, name of Language:

- Is the primary language used in your child's home or environment a language other than English?

- □ Yes □ No
- If yes, name of Language:

**Previous School Information**

<table>
<thead>
<tr>
<th>Attended School in this District Before? (Include Pre-K)</th>
<th>If yes, School Attended (Include Year and Grade)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ No □ Yes</td>
<td></td>
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</tbody>
</table>

**Previous School**

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

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

- □ No □ Yes
- If yes, check all that apply and provide copy of current IEP

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

Please Describe Other Service

**Parent/Guardian IN THE HOME**

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

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

**Relationship:** □ Mother □ Father □ Stepfather □ Stepmother □ Guardian □ Grandparent □ Foster □ Other

<table>
<thead>
<tr>
<th>Email Address</th>
<th>□ Add to auto email</th>
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<tbody>
<tr>
<td></td>
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</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>
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<table>
<thead>
<tr>
<th>Home Phone</th>
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<th>Work Phone</th>
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<tbody>
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</tbody>
</table>

**Relationship:** □ Mother □ Father □ Stepfather □ Stepmother □ Guardian □ Grandparent □ Foster □ Other

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

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

<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>Home Phone</td>
<td>Cell Phone</td>
<td>Work Phone</td>
</tr>
<tr>
<td>Address</td>
<td>Email Address</td>
<td>□ Add to auto email</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>Home Phone</td>
<td></td>
<td>Work Phone</td>
</tr>
<tr>
<td>Name</td>
<td>Relationship</td>
<td>Emergency Contact Priority □ 01 □ 02 □ 03 □ 04</td>
</tr>
<tr>
<td>Home Phone</td>
<td></td>
<td>Work Phone</td>
</tr>
<tr>
<td>Name</td>
<td>Relationship</td>
<td>Emergency Contact Priority □ 01 □ 02 □ 03 □ 04</td>
</tr>
<tr>
<td>Home Phone</td>
<td></td>
<td>Work Phone</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>
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</tbody>
</table>

**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.

**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**

<table>
<thead>
<tr>
<th>Physician Phone</th>
<th>Preferred Hospital</th>
</tr>
</thead>
</table>

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:
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: ____________________________________________
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.
Household Information Report

Eastpointe Community Schools
15501 Couzens
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.
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.

Today's Date: _______________  Student ID Number: _______________
(Issued by School Office)

Circle School Attending for 2020-2021 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.