



Wolverine Community Schools

Home of the Wildcats

wolverineschools.org
Phone: (231) 525-8201
Fax: (231) 525-8251

STUDENT REGISTRATION FORM

Student Information

Name: _____

Last

First

Middle

Preferred Name: _____

Grade: _____

Home Address: _____

Mailing Address: _____

Date of Birth: _____

Male: _____

Female: _____

Names and ages of siblings who attend WCS: _____

Ethnicity: _____ Hispanic/Latino _____ American Indian/Alaskan Native _____ Asian
_____ Black/African American _____ Native Hawaiian/Pacific Islander _____ White

Primary Language: _____ Primary Language used at home: _____

Are there any physical disabilities, chronic illnesses, allergies, etc. that the school should be aware of:

Parent/Guardian Information

Relationship: _____
(Father, Mother, Guardian)

Relationship: _____
(Father, Mother, Guardian)

Name: _____
Last First

Name: _____
Last First

Does this student live with you? _____

Does this student live with you? _____

Cell Number: _____

Cell Number: _____

Home Number: _____

Home Number: _____

Email: _____

Email: _____

Employer: _____

Employer: _____

Work Number: _____

Work Number: _____

Other Emergency Contact

Name: _____ Phone: _____ Relationship: _____

Legal Issues

Who has LEGAL custody of the student? _____ Codeword (if needed): _____

Are there any legal issues we need to be aware of regarding the student? _____

Will more than one copy of any official school correspondence be required? No Yes

To whom: _____ Email: _____

Demographics

Living Arrangements: In own home Shelter/Hotel Living with family/friends

Resident School District: _____ Resident County: _____

Previous School Information

Last School Attended: _____

School Name City State

Date last attended: _____ Was this a Preschool? Yes No

Special Services you child received? Speech/Social Work OT/PT 504 Plan
 Special Education Other None

Has the student ever been suspended from a school District? Yes No

Reason: _____

Has the student ever been expelled from a school District?

Reason: _____

Signatures

Parent/Guardian Signature: _____ Date: _____

Office Use Only:

Birth Certificate Immunization Residency Hearing/Vision (K)
 Entry Date UIC Student ID Grade

Email



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Student Record Request Form

Student Information

Student Name: _____ Date of Birth: _____ Grade: _____

Current School Information

School Currently Enrolled: _____

School Address: _____

School Phone: _____ School Fax: _____

Records Requested

_____ Cumulative Folder (Attendance Records, grade level, classroom test results, grades, UIC)

_____ Health Information (hearing, vision, immunizations, medication, etc.)

_____ Psychological Testing (educational, social, developmental information, copies of current IEP, MET, or any other Special Education documents)

_____ Discipline

_____ Other: _____

Signature

Signature of Parent/Guardian: _____ Date: _____

Admin Use Only

With the signature of a parent/guardian above, you are hereby authorized to release to Wolverine Community School District the requested records.

Please accept this notification that Wolverine Community School District will be requesting an FTE adjustment per Section 25 for the above student.

Enrollment Date In District: _____

Exiting School - Please complete and return via fax

Last date attended: _____ Total days in attendance: _____ Total days absent: _____

Please send records to: Wolverine Community Schools; 5993 Sholes Street; Wolverine, MI 49799

Fax: Elem - 231-525-8591 MS/HS - 231-525-8251

Office Phone: 231-525-8201 Elem Extension: 1000 MS/HS Extension: 1001



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SCHOOL CHILD CUSTODY FORM

Child's Name: _____ Grade: _____
Address: _____
Telephone: _____

Check the box if the student lives with both biological parents in the same household, then sign and date below. The remainder of the form does not need to be completed.

Complete the remainder of this form if you did not check the above box and your child is living with one parent, or is shared jointly between both parents.

Name of the custodial parent (Parent with whom the child resides): _____
If custody is joint, name of who joint custody is shared with: _____

Name of the non-custodial parent: _____
Address (if known): _____
Telephone (if known): _____

Do you as the custodial or joint custodial parent have legal custody through a court order?
_____ Yes _____ No

If there is a court order, does it permit the child to be released to the non-custodial parent?
_____ Yes _____ No

Does the court order allow the non-custodial parent to access school records?
_____ Yes _____ No

Please provide any additional information regarding custody.

Please provide a copy of any court order or custody agreement that may exist. The District will not condition enrollment upon receipt of such document. If a custody agreement is not provided it is assumed and legally sound to assume that both parents named on the birth certificate have equal parental rights in the area of custody and information. If the above information changes please inform the school by providing the office with a copy of the revised court order or agreement

Signed: _____ Date: _____



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Community Eligibility Provision Notification

Dear Parent or Guardian:

We are pleased to inform you that Wolverine Community Schools is continuing to participate in the National School Lunch and School Breakfast Programs collectively called the Community Eligibility Provision (CEP) for the current school year.

The great news is that ALL students enrolled at our school are eligible to receive a healthy breakfast and lunch at school at no charge, regardless of household income.

To continue to operate as a CEP school, we need your cooperation by accurately and completely filling out and signing the attached Household Information Survey. The Household Information Survey, which is needed for administrative purposes, does NOT determine individual student eligibility - however it is used to determine the eligibility of the entire school to qualify for the CEP program. This survey also allows our school to benefit from various State and Federal supplemental programs like Title IA, At Risk (31a), Title IIA, E-Rate, etc. This survey is critical in determining the amount of money the school receives from a variety of supplemental programs. We are asking that you please complete the survey fully and submit as soon as possible.

All information on the survey submitted is confidential. Without your assistance, the school cannot maximize utilization of available State and Federal funds.

If we can be of any further assistance, please contact us at 231-525-8201.

Sincerely,

Wolverine Community Schools

USDA Nondiscrimination Statement for all other FNS nutrition assistance programs, state or local agencies, and their subrecipients, must post the following Nondiscrimination Statement in accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.

Household Information Survey

SCHOOL USE ONLY
Approved for:

1 2

P.O. Box 219
13131 Brook Street
Wolverine, MI 49799
231-525-8201

To determine eligibility for various additional state and federal program benefits that your child(ren) may qualify for, please complete, sign and return this application to Wolverine Community Schools.

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

Last Name	First Name	Birth Date XX-XX-XXXX	School	Identify H if Homeless M if Migrant R if Runaway F if Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

If you need additional lines, attach a second sheet to this survey or attach a copy of this survey 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.

Type of Income	Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefits	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
Total Monthly Household Income (Add lines 1-6)	\$	

PART E. SIGNATURE - If Income Section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a Social Security Number" box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will get federal/state funds based on the information I give. I understand that sponsor officials may verify (check) the information.

Sign Here: X _____ Print Name: _____ Date: _____

Last Four (4) Digits of Adult Social Security Number: XXX-XX- _____ I do not have a Social Security Number

Address _____ City _____ Zip Code _____

Home Phone _____ Work Phone _____ Email Address _____

By providing your email address you may be contacted via email by the district



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Proof of Residency

Please Print Clearly:

I, _____ declare that I physically reside at the address listed below and that I have no other residence than the address listed on this affidavit.

Address:

Street City State Zip

I have also provided the following document to prove my residency resides in the Wolverine Community Schools District. Only one of the following documents are required to prove residency.

- Driver's License Deed to Land/Property Passport/Visa
- Car Registration Voters Registration Current Property Tax Bill
- Statement from Landlord Utility Bill (cable, phone, electric, etc.)

I declare that I reside at this residence and will be available for contact by Wolverine Community Schools at this address. I understand that if statements made on this affidavit change, my application will be open for review as to the continued enrollment of my child/children in the Wolverine School District. I also understand that if my address changes, I will immediately notify the school, complete a change of address form and provide the necessary proof of residency. I further understand that if the statements made on this affidavit are false, the enrollment of my child/children will be immediately terminated, and I may be subject to prosecution under the laws of the State of Michigan.

Parent/Guardian Signature

Date

Please note that if you are a guardian enrolling a student, a copy of the "original" court documentation must be provided.



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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 Wolverine 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: _____ Date: ___/___/___
or Eligible Student

Printed Parent/Guardian Name: _____

Educational Material for Parents and Students (Content Meets MDCH Requirements)

Sources: Michigan Department of Community Health, CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

UNDERSTANDING CONCUSSION

Some Common Symptoms

Headache
Pressure in the Head
Nausea/Vomiting
Dizziness

Balance Problems
Double Vision
Blurry Vision
Sensitive to Light

Sensitive to Noise
Sluggishness
Haziness
Fogginess
Grogginess

Poor Concentration
Memory Problems
Confusion
"Feeling Down"

Not "Feeling Right"
Feeling Irritable
Slow Reaction Time
Sleep Problems

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:

- 1. 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.
- 2. 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.
- 3. 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 the 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 ACKNOWLEDGEMENT 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 Wolverine Community Schools.

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian Name Signature

Date

Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

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



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WOLVERINE ELEMENTARY SCHOOL SIGNATURE FORM

This document is separated into six (6) separate sections. Parents and students need to read and initial EACH section. Additionally, you must sign and date the entire form confirming you have read and agree with the content of this document and return this form to the office no later than one week after entering school.

Section 1 - Handbook:

We hereby acknowledge that the most current handbook is available on the school website and a paper copy will only be provided upon request. Additionally, we understand that the rules, guidelines, procedures and policies contained therein will be utilized by school personnel during the current school year as an administrative aid in the conduct of school matters. We further understand that this handbook supersedes all prior handbooks and written material on the same subjects, and additional rules, guidelines, procedures and policies may be enacted during the school year as deemed appropriate by school administration and/or the school Board.

_____ (Student Initial) _____ (Parent Initial)

Section 2 – Student Lockers:

In accepting any school locker assignment, we hereby acknowledge that the school administration has joint use and control of and may open this/these lockers and examine any of the contents at any time. The opening and examination of the locker shall be made only in the presence of another staff member, with or without the student present.

_____ (Student Initial) _____ (Parent Initial)

Section 3 – Athletic, Field Trip and Regular Bus Rider Agreement:

We hereby acknowledge reading the transportation policies and procedures as published in the most current handbook that is available on the school website. WE understand the rights and responsibilities pertaining to regular and occasional bus riders and agree to support and abide by these policies and procedures to ensure safe transportation for all.

_____ (Student Initial) _____ (Parent Initial)

Section 4 – Parent-School Compact (optional):

We have read and understand the Parent Involvement section included in the handbook. We hereby acknowledge and support the provisions of the Parent Involvement section.

_____ (Student Initial) _____ (Parent Initial)

Section 5 – Walking Trip Release (optional):

We understand that my child’s class may be walking, with adult supervision, to the library, village park, or other areas close to the school during the school year. We hereby give permission for my child to participate in these brief walking trips. Parents will be notified of all other field trips as they are scheduled, and will need to sign a separate release prior to each field trip.

_____ (Student Initial) _____ (Parent Initial)

Section 6 – Media Release (optional):

We understand that student and professional news photographers may ask to take pictures of student activities, and that educators or parents may videotape or photograph student activities for educational purposes, and that student photos and names may be included in news articles, honor roll lists and school web pages on the internet. We hereby give permission for my child to appear and be named in school approved media. Students without this release signature will not be permitted to appear in photos, videotaping, articles, honor roll lists, or the school website.

_____ (Student Initial) _____ (Parent Initial)

By signing below, I acknowledge that I have read and understand the statements above.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____



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Wolverine Community Schools Student/Parent/School Compact

Wolverine Community Schools believes that all students can learn and become literate individuals, healthy and fit people, responsible family members, productive workers, involved citizens and self-directed lifelong learners. Therefore, we invite parents and students to enter into this learning agreement.

Students: The students hold the responsibility to be an active participant in their education.

Students agrees to:

- Understand the importance of good attendance,
- Do homework and turn it in on time
- Respect school staff and follow school policies,
- Understand the importance of reading and learning.

Parents: The parents hold the responsibility for supporting the school's programs and providing learning opportunities for their children throughout the year.

Parents agrees to:

- Attend parent meetings, conferences, and school events,
- Know what kind of homework is expected from teachers and support its completion,
- Provide children with a regular, quiet place where they can do homework,
- Limit TV viewing and video game times, in support of educational activities,
- Read to their children daily and tell their children stories,
- Make sure their children see them read,
- Expect children to respect school personnel, follow rules and attend school regularly,
- Help interest children in learning outside the school day,
- Encourage reading and learning outside the school year.

School: The school holds the responsibility for instruction.

The School agrees to:

- Set high academic standards for all students,
- Implement the Core Curriculum,
- Make the success of every student a priority,
- Keep the parent informed of student progress,
- Maintain a well trained professional and support staff with high standards for themselves.

This form is valid until further revisions are necessary.

Student Name: _____ Signature: _____ Date: _____

Parent Name: _____ Signature: _____ Date: _____

Administrator Name: _____ Signature: _____ Date: _____

Teacher Name: _____ Signature: _____ Date: _____



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EMERGENCY MEDICAL AUTHORIZATION FORM

Student Name: _____

Date of Birth: _____

Purpose: To enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while under the schools authority, when parents/guardians cannot be reached.

Parent or Guardian

Parent/Guardian Name: _____

Phone: _____

Parent/Guardian Name: _____

Phone: _____

Other Emergency Contact: _____

Phone: _____

Relationship: _____

PART I OR PART II MUST BE COMPLETED

Part I - To Grant Consent: I hereby give consent for the following medical care providers and/or local hospital to be called:

Physician: _____

Phone: _____

Dentist: _____

Phone: _____

Hospital: _____

Phone: _____

Insurance Company: _____

ID#: _____

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant the school principle or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed above and to do all necessary things as I might or could do to provide for the child's health and safety, if I were present.

Facts concerning my child's medical history, including allergies, medications, and any physical impairments to which a physician should be alerted (continue on back if needed):

Signature of Parent or Guardian: _____

Date: _____

Address: _____

Please see reverse for Part II

Part II - Refusal To Grant Consent: I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school to take the following action (continue below if needed):

Signature of Parent or Guardian: _____ Date: _____

Address: _____

Additional Information:

Wolverine Community Schools

STUDENT NETWORK AND INTERNET ACCEPTABLE USE AND SAFETY

Students are encouraged to use the Board's computers/network and Internet connection for educational purposes. Use of such resources is a privilege, not a right. Students must conduct themselves in a responsible, efficient, ethical, and legal manner. Unauthorized or inappropriate use, including any violation of these guidelines, may result in cancellation of the privilege, disciplinary action consistent with the Student Handbook, and/or civil or criminal liability. Prior to accessing the Internet at school, students must sign the Student Network and Internet Acceptable Use and Safety Agreement. Parent permission is required for minors.

Smooth operation of the Board's Network relies upon users adhering to the following guidelines. The guidelines outlined below are provided so that users are aware of their responsibilities.

- A. Students are responsible for their behavior and communication on the Internet. All use of the Network must be consistent with the educational mission and goals of the District.
- B. Students may only access the Internet by using their assigned Internet/E-mail account. Use of another person's account/address/password is prohibited. Students may not allow other users to utilize their passwords. Students are responsible for taking steps to prevent unauthorized access to their accounts by logging off or "locking" their computers when leaving them unattended.
- C. Students may not intentionally seek information on, obtain copies of, or modify files, data or passwords belonging to other users, or misrepresent other users on the network. Students may not intentionally disable any security features of the Network.
- D. Students may not use the Internet to engage in "hacking" or other unlawful activities.
 1. Students shall not use the Network to transmit material that is threatening, obscene, disruptive, or sexually explicit or that can be construed as harassment or disparagement of others based upon their race, national origin, sex, sexual orientation, age, disability, religion, or political beliefs. Sending, sharing, viewing, or possessing pictures, text messages, e-mails, or other materials of a sexual nature (i.e. sexting) in electronic or any other form, including the contents of a wireless communication device or other electronic equipment is grounds for discipline. Such actions will be reported to local law enforcement and child services as required by law.
 2. Use of the Network to engage in cyberbullying is prohibited. "Cyberbullying" is defined as the use of information and communication technologies (such as e-mail, cell phone and pager text messages, instant messaging (IM), defamatory personal websites, and defamatory online personal polling websites), to support deliberate, repeated, and hostile behavior by an individual or group, that is intended to harm others." [Bill Belsey (<http://www.cyberbullying.ca>)]
Cyberbullying includes, but is not limited to the following:
 - a. posting slurs or rumors or other disparaging remarks about a student on a website or on weblog;
 - b. sending e-mail or instant messages that are mean or threatening, or so numerous as to drive up the victim's cell phone bill;
 - c. using a camera phone to take and send embarrassing and/or sexually explicit photographs/recordings of students;
 - d. posting misleading or fake photographs of students on websites.
- E. Transmission of any material in violation of any State or Federal law or regulation, or Board policy is prohibited.
- F. Any use of the Internet for commercial purposes, advertising, or political lobbying is prohibited.
- G. Students are expected to abide by the following generally-accepted rules of network etiquette:
 1. Be polite, courteous, and respectful in your messages to others. Use language appropriate to school situations in any communications made through the Board's computers/network. Do not use obscene, profane, vulgar, sexually explicit, defamatory, or abusive language in your messages.
 2. Never reveal names, addresses, phone numbers, or passwords of yourself or other students, family members, teachers, administrators, or other staff members while communicating on the Internet.
 3. Do not transmit pictures or other information that could be used to establish your identity without prior approval of a teacher.
 4. Never agree to get together with someone you "meet" on-line without prior parent approval.
 5. Check e-mail frequently and delete e-mail promptly from the personal mail directory to avoid excessive use of the electronic mail disk space.
 6. Students should promptly disclose to their teacher or other school employee any message they receive that is inappropriate or makes them feel uncomfortable, especially any e-mail that contains sexually explicit content (e.g. pornography). Students should not delete such messages until instructed to do so by a staff member.
- H. Use of Internet to access, process, distribute, display or print child pornography and other material that are obscene, objectionable, inappropriate and/or harmful to minors is prohibited. Offensive messages and pictures, inappropriate text files, or files dangerous to the integrity of the Board's computers/network (e.g., viruses) are also prohibited.



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TRANSPORTATION FORM

Primary Mode of Transportation

Please select the primary mode of transportation the student will utilize at the end of the school day. This mode of transportation will be used daily unless we receive a written notification for alternate transportation (single day change) or a new Transportation Form is provided with updated transportation information.

Student Name: _____

Grade: _____

Preferred method of Transportation:

- _____ Walker
- _____ Bus Rider
- _____ Car Rider

Bus Riders:

Contact: _____ Drop Off Location: _____

Special Instructions: _____

Car Riders:

Contact: _____ Vehicle Description: _____

Contact: _____ Vehicle Description: _____

Special Instructions: _____

ALTERNATE TRANSPORTATION

Students who must leave school by a different mode of transportation, must be picked up by someone not listed above, or go by bus to a different address than listed above **MUST** bring written notification signed by a parent or guardian that details the students name, alternate travel arrangements and reason for transportation change. This notification must be received no later than 1pm on the day travel will be altered.

PHONE CALLS WILL NOT BE ACCEPTED FOR TRANSPORTATION CHANGES

(except as provided in the handbook)

Signature of Parent or Guardian: _____

Printed Name: _____

Date: _____

Wolverine Community Schools Transportation Contract

Keeping the bus driver informed Bus drivers need to be informed if a student is not going to ride the bus. Parents need to call the bus garage at 231-525-8201 ext. 106 and leave a message on the answering machine when a student is absent. If a student fails to ride 3 days in a row, the parent must call the garage to resume bus transportation.

Student procedures before, during and after riding the bus

Previous to loading (on the road and at school)

Each student shall:

- be on time at the designated loading zone 5 minutes prior to scheduled stop
- walk to and from the bus stop facing traffic
- stay off the road at all times while walking to and waiting for the bus
- line up single-file off the roadway to enter
- conduct yourself with courtesy and consideration for others while waiting for the bus
- while waiting, DO NOT fight or bully other students, throw snowballs or other items at people or vehicles, destroy any property, trespass on private property, obstruct the road, or run after or slide behind a moving vehicle.
- wait until the bus is completely stopped before moving forward to enter
- refrain from crossing a highway until the bus driver signals it is safe, then cross in front of the bus
- go immediately to a seat and be seated
- be considerate of smaller children who are riding the bus with you.

During the trip-

Each student shall:

- remain seated while the bus is in motion
- keep head, hands, arms, and legs inside the bus at all times
- not litter in the bus or throw anything from the bus
- keep books, packages, coats, and all other objects out of the aisle
- be courteous to the driver and to other bus riders
- each student shall not eat or drink on the bus
- not tamper with the bus or any of its equipment
- not smoke or light any fires on the bus
- not fight, push, or roughhouse with others while boarding or riding the bus
- no profanity, shouting, loud talking or whistling
- each student may have radios, handheld games, iPods, etc. that can be used without sound and if they do not cause a problem on the bus (school is not responsible for lost, broken or stolen items). Any possession or use of an incendiary device such as lighter, matches, firecracker, etc. on a school bus is subject to automatic school bus expulsion for the rest of the school year.

Leaving the bus:

Each student shall:

- remain seated until the bus has stopped
- cross the road, when necessary, at least ten (10) feet in front of the bus, but only after the driver signals that it is safe
- be alert to a possible danger signal from the driver

The driver will not discharge students at places other than their regular stop at home or at school unless s/he has proper authorization from school officials.

Parent-Student Signatures: *We, the undersigned, recognize that Wolverine Community Schools is not required to provide transportation, and that bus riding is a privilege and a convenience for our children. We have read the above listed expectations and agree to comply with and to support their enforcement.*

Parent Signature

Student Signature/ Print Name

Date

*****This form is valid until further revisions are necessary. You must make any changes with the front office.



Wolverine Community Schools

Home of the Wildcats

wolverineschools.org
Phone: (231) 525-8201
Fax: (231) 525-8251

EARLY RELEASE AND EMERGENCY PHONE NUMBERS

Early Release:

During the year we may have to release students early due to changing weather or other circumstances beyond our control. In order to keep you child safe, we ask that you make your wishes known regarding you child's early release.

Student Name: _____

Grade: _____

Preferred method of release:

_____ Taken home on the bus

_____ Taken to another location on the bus

Name: _____

Address: _____

_____ Walk Home

_____ Car rider Picked up by: _____

Phone: _____

Emergency Phone Numbers:

Emergency contacts and their phone numbers are subject to change frequently. Therefore we ask that you update your contacts and phone numbers with the school at a minimum yearly

Emergency Contacts and Numbers (list in order of preference to be notified)

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

Signature of Parent or Guardian: _____

Printed Name: _____

Date: _____

ATTENDANCE

in the early grades

Many of our youngest students miss 10 percent of the school year—about 18 days a year or just two days every month. Chronic absenteeism in kindergarten and even preK, can predict lower test scores, poor attendance and retention in later grades, especially if the problem persists for more than a year. Do you know how many young children are chronically absent in your school or community?

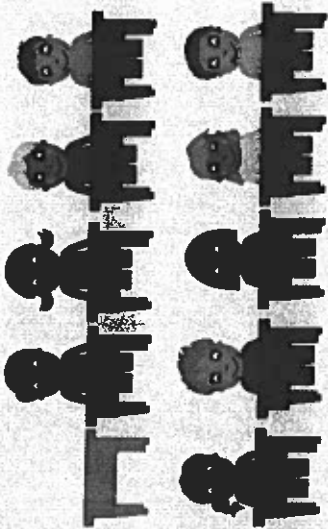


Who Is Affected

Kindergarten and 1st grade classes often have absenteeism rates as high as those in high school. Many of these absences are excused, but they still add up to lost time in the classroom.

1 in 10 kids

in kindergarten and 1st grade are chronically absent. In some schools, it's as high as 1 in 4.¹



2 in 10 low-income kids miss too much school. They're also more likely to suffer academically.²



2.5 in 10 are homeless kids are chronically absent.³



4 in 10 transient kids miss too much school when families move.³



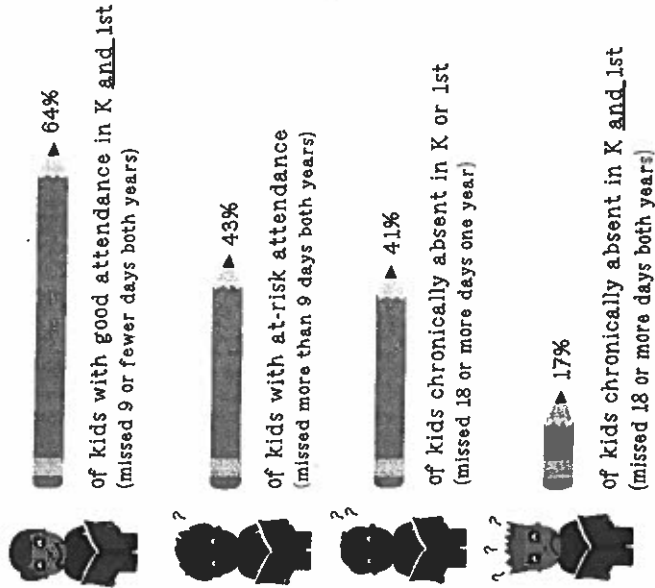
¹ Champ, Heidi; Romero, Marijeana, Present, Engaged and Accounted For: The Critical Importance of Addressing Chronic Absence in the Early Grades, National Center for Children in Poverty, NY, September 2008.
² Chronic Absence in Utah, Utah Education Policy Center at the University of Utah, 2012.

Why It Matters

If children don't show up for school regularly, they miss out on fundamental reading and math skills and the chance to build a habit of good attendance that will carry them into college and careers.

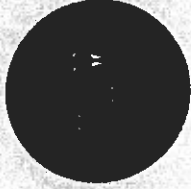
Preliminary data from a California study found that children who were chronically absent in kindergarten and 1st grade were far less likely to read proficiently at the end of 3rd grade.

Who Can Read on Grade Level After 3rd Grade?³



³ Attendance in Early Elementary Grades: Association with Student Characteristics, School Readiness and Third Grade Outcomes, Applied Survey Research, May 2011.

What We Can Do



Engage Families

Many parents and students don't realize how quickly early absences can add up to academic trouble. Community members and teachers can educate families and build a culture of attendance through early outreach, incentives and attention to data



Fix Transportation

The lack of a reliable car, or simply missing the school bus, can mean some students don't make it to class. Schools, transit agencies and community partners can organize car pools, supply bus passes or find other ways to get kids to school.



Address Health Needs

Health concerns, particularly asthma and dental problems, are among the leading reasons students miss school in the early grades. Schools and medical professionals can work together to give children and families health care and advice.



Track the Right Data

Schools too often overlook chronic absence because they track average attendance or unexcused absences, not how many kids miss too many days for any reason. Attendance Works has free data-tracking tools.

These are a few steps that communities and schools can take. How do you think you can help?

PARENTS

VACCINES REQUIRED FOR SCHOOL ENTRY IN MICHIGAN

Whenever children are brought into group settings, there is a chance for diseases to spread. Children must follow state vaccine laws in order to attend school. These laws are the minimum standard to help prevent disease outbreaks in school settings. The best way to protect your child from other serious diseases is to follow the recommended vaccination schedule at www.cdc.gov/vaccines. Talk to your health care provider to make sure your child is fully protected.



	All Kindergarteners and 4-6 year old transfer students	All 7th Graders and 7-18 year old transfer students
Diphtheria, Tetanus, Pertussis (DTP, DTaP, Tdap)	4 doses DTP or DTaP 1 dose must be at or after 4 years of age	4 doses D and T or 3 doses Td if 1st dose given at or after 1 year of age 1 dose Tdap at 11 years of age or older upon entry into 7th grade or higher
Polio	4 doses 3 doses if dose 3 was given at or after 4 years of age	
Measles, Mumps, Rubella (MMR)*	2 doses at or after 12 months of age	
Hepatitis B*	3 doses	
Meningococcal Conjugate (MenACWY)	None	1 dose at 11 years of age or older upon entry into 7th grade or higher
Varicella (Chickenpox)*	2 doses at or after 12 months of age or Current lab immunity or History of varicella disease	

During disease outbreaks, incompletely vaccinated students may be excluded from school. Parents and guardians choosing to decline vaccines must obtain a certified non-medical waiver from a local health department. Read more about waivers at www.michigan.gov/immunize.
*If the child has not received these vaccines, documented immunity is required.
All doses of vaccines must be valid (correct spacing and ages) for school entry purposes.



