



# 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: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Father, Mother, Guardian) (Father, Mother, Guardian)

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Last First 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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**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
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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.

- |                                                  |                                                                      |                                                    |
|--------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Driver's License        | <input type="checkbox"/> Deed to Land/Property                       | <input type="checkbox"/> Passport/Visa             |
| <input type="checkbox"/> Car Registration        | <input type="checkbox"/> Voters Registration                         | <input type="checkbox"/> Current Property Tax Bill |
| <input type="checkbox"/> Statement from Landlord | <input type="checkbox"/> 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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**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](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.



## EDUCATION BENEFITS FORM

District: **Wolverine Community Schools**

School: \_\_\_\_\_

**PART A: STUDENT INFORMATION** – Complete for each student Pre-K through 12th Grade

Student's Last Name	Student's First Name	Grade Level	School	Identify H if Homeless M if Migrant R if Runaway F if Foster

**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 B: BENEFITS RECEIVED** - 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: HOUSEHOLD SIZE** - Enter the total number of individuals living in your household, including all adults and children → \_\_\_\_\_

**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. Move on to PART E.

Type of Income	Income	Circle if None
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
<b>Total Monthly Household Income (Add lines 1-6)</b>	<b>\$</b>	

**PART E: CERTIFICATION** - The head of household or adult designee who completed this form must complete this certification section.

I certify (promise) that all information on this form is true and that all income is reported to the best of my knowledge. I understand that this form may impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

\_\_\_\_\_  
(Signature) (Printed Name) (Date)

\_\_\_\_\_  
(Address) (City) (Zip)

\_\_\_\_\_  
(Email Address) Home Phone) (Work Phone)

**Do NOT fill out this section. This is for school use only.**  
 Status: F \_\_\_\_\_ R \_\_\_\_\_ N \_\_\_\_\_ Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **INSTRUCTIONS FOR COMPLETING THE EDUCATION BENEFITS FORM**

This form is used to determine eligibility for state benefits for which your child(ren)'s school may qualify. Please complete, sign, and return this form to your child's school.

**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: Student Information** - For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

**Part B: Benefits Received:** If any household member, including adults, receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR), provide the name and case number. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

**Part C: Size of Family** - Enter the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

**Part D: Total Monthly Household Income** - Skip this part

**Part E: Certification** - 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: Student Information** - For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

**Part B: Benefits Received:** Skip this part.

**Part C: Size of Family** - Enter the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

**Part D: Total Monthly Household Income** - Enter monthly income for all household members for each type of income that applies. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc. If you have no income for a category, circle NONE. Add lines though 1 through 6 and enter the Total Monthly Household Income.

**Part E: Certification** - Sign the form. Print your name, date, and contact information.



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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.

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

### WHAT IS A CONCUSSION?

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

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

### IF YOU SUSPECT A CONCUSSION:

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

### SIGNS OBSERVED BY PARENTS:

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

### CONCUSSION DANGER SIGNS:

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

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

### HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on 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](http://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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### Dear Parents and Guardians,

We are reaching out to inform you about an important update from the Michigan Department of Education (MDE) concerning the collection of tribal affiliation data for students and staff. Starting in the 2025–2026 school year, all Michigan public school districts and charter schools are required to gather this information.

### Why is this important?

- **Accurate Representation:** Current data underrepresents Native American students. While official counts list approximately 8,448 American Indian and Alaskan Native students in Michigan public schools, estimates suggest the actual number exceeds 27,000.
- **Enhanced Support:** Collecting specific tribal affiliation data will allow for a clearer understanding of Native American student achievements and graduation rates. This, in turn, enables the development of targeted educational programs and resources.
- **Access to Federal Funding:** Accurate data collection makes more schools eligible for federal funds designated for Native American education, such as Title VI and Johnson-O'Malley programs.

### What does this mean for you?

If your child identifies as Native American, you will have the opportunity to specify their tribal affiliation during school enrollment or through provided forms. Participation is voluntary, but your input is invaluable in helping us better serve our Indigenous student population.

For more information or assistance, please contact our school office or the MDE's Indigenous Education Initiative team at [mde-indigenized@michigan.gov](mailto:mde-indigenized@michigan.gov).

Thank you for your continued support.

Sincerely,

Wolverine Community Schools



# Tribal Affiliation Data Collection

*NOTE: Responding to this questionnaire is optional. The information collected will support coordination and communication with Tribal Nations and help the district determine its eligibility to apply for additional funding to support Indigenous learners.*

Student Full Legal Name: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

*For this data collection, tribal affiliation refers to an individual with ties to one or more Indigenous Nations through citizenship, membership, enrollment, or descendency.*

**Question A: Is this student tribally affiliated?**

- Yes, the student is tribally affiliated**
- No, the student is not tribally affiliated**

**Question B: If the student is tribally affiliated, what is their primary tribal affiliation?**  
(Choose only one)

- Bay Mills Indian Community**
- Grand Traverse Band of Ottawa and Chippewa Indians**
- Hannahville Indian Community**
- Keweenaw Bay Indian Community**
- Lac Vieux Desert Band of Lake Superior Chippewa Indians of Michigan**
- Little River Band of Ottawa Indians**
- Little Traverse Bay Band of Odawa Indians**
- Match-e-be-nash-she-wish Band of Pottawatomi Indians of Michigan**
- Nottawaseppi Huron Band of the Potawatomi**
- Pokagon Band of Potawatomi Indians**
- Saginaw Chippewa Indian Tribe of Michigan**
- Sault Ste Marie Tribe of Chippewa Indians**
- Not Listed**





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**Dear Parent/Guardian,**

Wolverine Community Schools may photograph, video, or record students during school events and activities. These may appear in school publications, on our website or social media, or in local news coverage.

If you **do not** want your child's image or name used, complete and return the form below. If we do not receive this form, we will assume permission is granted.

---

**OPT-OUT FORM** (*Return ONLY if you do NOT give permission*)

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

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

I do **NOT** give permission for Wolverine Community Schools to use my child's name, photograph, video, or audio in any school-related media.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





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### WOLVERINE COMMUNITY SCHOOLS SIGNATURE FORM

This document is separated into five (5) 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)

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

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Wolverine Community Schools

*Home of the Wildcats*

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

## 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: \_\_\_\_\_



## 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.

- I. Malicious use of the Network to develop programs that harass other users or infiltrate a computer or computer system and/or damage the software components of a computer or computing system is prohibited. Students may not engage in vandalism or use the Network in such a way that would disrupt its use by others. Vandalism is defined as any malicious or intentional attempt to harm, steal or destroy data of another user, school networks, or technology hardware. This includes but is not limited to uploading or creation of computer viruses, installing unapproved software, changing equipment configurations, deliberately destroying or stealing hardware and its components, or seeking to circumvent or bypass Network security and/or the Board's technology protection measures. Students also must avoid intentionally wasting limited resources. Students must immediately notify the teacher, building principal, or the Superintendent if they identify a possible security problem. Students should not go looking for security problems, because this may be construed as an unlawful attempt to gain access (hacking).
- J. All communications and information accessible via the Internet should be assumed to be private property (i.e. copyrighted and/or trademarked). All copyright issues regarding software, information, and attributions of authorship must be respected.
- K. Downloading of information onto the Board's hard drives is prohibited; all downloads must be to floppy disk. If a student transfers files from information services and electronic bulletin board services, the student must check the file with a virus-detection program before opening the file for use. Only public domain software may be downloaded. If a student transfers a file or software program that infects the Network with a virus and causes damage, the student will be liable for any and all repair costs to make the Network once again fully operational.
- L. Students must secure prior approval from a teacher or the principal before joining a Listserv (electronic mailing lists) and should not post personal messages on bulletin boards or "Listservs."
- M. Students are prohibited from accessing or participating in online "chat rooms" or other forms of direct electronic communication (other than e-mail) without prior approval from a teacher or the principal. All such authorized communications must comply with these guidelines.
- N. Users have no right or expectation to privacy when using the Network. The District reserves the right to access and inspect any facet of the Network, including, but not limited to, computers, devices, networks or Internet connections, e-mail or other messaging or communication systems or any other electronic media within its technology systems or that otherwise constitutes its property and any data, information, e-mail, communication, transmission, upload, download, message or material of any nature or medium that may be contained therein.  
  
A student's use of the Network constitutes his/her waiver of any right to privacy in anything s/he creates, stores, sends, transmits, uploads, downloads or receives on or through the Network and related storage medium and equipment.  
  
Routine maintenance and monitoring, utilizing both technical monitoring systems and staff monitoring, may lead to discovery that a user has violated Board policy and/or the law. An individual search will be conducted if there is reasonable suspicion that a user has violated Board policy and/or law, or if requested by local, State or Federal law enforcement officials. Students' parents have the right to request to see the contents of their children's files, e-mails and records.
- O. Privacy in communication over the Internet and the Network is not guaranteed. To ensure compliance with these guidelines, the Board reserves the right to monitor, review, and inspect any directories, files and/or messages residing on or sent using the Board's computers/network. Messages relating to or in support of illegal activities will be reported to the appropriate authorities.
- P. Use of the Internet and any information procured from the Internet is at the student's own risk. The Board is not responsible for any damage a user suffers, including loss of data resulting from delays, non-deliveries, mis-deliveries, or service interruptions. The Board is not responsible for the accuracy or quality of information obtained through its services. Information (including text, graphics, audio, video, etc.) from Internet sources used in student papers, reports, and projects should be cited the same as references to printed materials.
- Q. Disclosure, use and/or dissemination of personal identification information of minors via the Internet is prohibited, except as expressly authorized by the minor student's parent/guardian on the "Student Network and Internet Acceptable Use and Safety Agreement Form."
- R. Proprietary rights in the design of web sites hosted on the Board's servers remains at all times with the Board.

Any individual who is aware of a violation of the Board policy or this guideline, including inappropriate on-line contact, content, or conduct, such as sexting, harassment or cyberbullying, should bring it to the attention of the school principal or Superintendent immediately.

P.L. 106-554, Children's Internet Protection Act of 2000

P.L. 110-385, Title II, Protecting Children in the 21st Century Act

18 U.S.C. 1460, 18 U.S.C. 2246, 18 U.S.C. 2256, 20 U.S.C. 6777, 9134 (2003), 20 U.S.C. 6801 et seq., Part F, Elementary and Secondary Education Act of 1965, as amended [2003] 47 U.S.C. 254(h), (i),

Communications Act of 1934, as amended (2003) Approved 11/01, Revised 10/15/09

\*\*\*\*\* This is a legally binding contract and must be signed before you will be given access to an account\*\*\*\*\*

As a student of Wolverine Community Schools, I have read this agreement and agree to abide by its terms. I further understand that any violation of these terms is unethical and may constitute a criminal offense for which I will receive appropriate disciplinary action.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

As a parent, I have read and discussed this agreement with my student and give my permission to allow Internet access for my student. I recognize that it is impossible for Wolverine Community Schools to restrict access to all controversial materials and will not hold the District or its personnel responsible for materials acquired on the network. I accept responsibility for supervision if and when my child's use of downloaded material is not in a school setting. I will accept full responsibility for my student's use of the system and for any misuse of hardware, software, Internet access and downloaded materials which my student may choose to use or access.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
parent



# Wolverine Community Schools

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Fax: (231) 525-8251

## 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):

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Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Additional Information:

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---

---



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## 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: \_\_\_\_\_





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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: \_\_\_\_\_



## TRANSPORTATION

### **BUS TRANSPORTATION TO AND FROM SCHOOL**

The school provides bus transportation for all students who live farther than one and one-half miles from school. No school district is required to provide transportation. Bus riding is a privilege and convenience. **Signed Bus Contracts** must be returned to the office. The office will collect all the signed contracts and give them to the Transportation Director.

The transportation schedule and routes are available by contacting the Transportation Department at 525-9050 ext.106.

Students will ride only assigned school buses and will board and depart from the bus at assigned bus stops. Students will not be permitted to ride unassigned buses for any reason other than an emergency, except as approved by the principal.

A change in a student's regular assigned bus stop may be granted for a special need, if a note from a parent is submitted to the building principal **no later than 24 hours in advance** stating the reason for the request and the duration of the change and the principal approves.

Special transportation requests for birthday parties, etc. must be made in writing prior to the date of the event if bus transportation is expected. Permission may be granted if there is room on the bus. If transportation is approved; it will only be at normal current authorized bus stops and times.

For the safety of our students, except in an emergency, phone calls indicating bus transportation changes cannot be accepted. Phone calls for emergencies must be made no later than 2:15 P.M. at the school the student is enrolled in.

It is the parents' responsibility to inform the bus driver when their child will not be riding the bus. Bus drivers need to be informed if a student is not going to ride the bus. Parents need to call the bus garage at Extension 106 and leave a message on voice mail 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.** Students need to be ready to board the bus when it reaches the bus stop. **When a student is not visible at a bus stop, the bus will not stop.**

### **BUS CONDUCT**

Students who ride to and from school on transportation provided by the school are required to follow some basic safety rules. This applies to school-owned buses as well as any contracted transportation that may be provided.

The driver is responsible for student safety and may assign seating or direct the student in any reasonable manner to maintain that safety.

The following behaviors are expected of all students:

#### **Before loading (whether on the road or at school), each student shall:**

- Be on time at the designated loading zone 5 minutes prior to the 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
- Not eat or drink on the bus (bus driver may allow student to drink water)
- Not tamper with the bus or any of its equipment
- Not smoke or light any fires on the bus; (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.)
- Not fight, push, or roughhouse with others while boarding or riding the bus
- No profanity, shouting, loud talking or whistling
- 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).

**Exiting 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.

**VIDEOTAPES ON SCHOOL BUSES**

The Board of Education has installed video cameras on school buses to monitor student behavior. If a student misbehaves on a bus and his/her actions are recorded on videotape, the tape will be submitted to the principal/social worker and may be used as evidence of the misbehavior. Videotaped evidence is NOT required to substantiate misbehavior. Since these tapes are considered part of a student's records, they can be viewed only in accordance with Federal Law.

**SELF-TRANSPORTATION TO SCHOOL**

Driving to school is a privilege, which can be revoked at any time. Students who are provided the opportunity to ride school transportation are encouraged to do so. Students and their parents assume full responsibility for any transportation to and from school not officially provided by the school.

Bicycles and snowmobiles used for transportation must be ridden in a safe manner. Any student conducting himself or herself in an unsafe manner while riding a bicycle or snowmobile to or from school or on school grounds will not be permitted to use a bicycle or snowmobile on school grounds. Bicycles that are brought to school during regular school hours must be parked in the designated bike racks. Snowmobiles brought to school during regular school hours must be parked **in the student parking areas**. The school assumes no liability for bicycles or snowmobiles brought on school property. **Other "off-road-vehicles" are not permitted on school grounds, except in designated parking areas.**

**Students who use motor vehicles or snowmobiles for transportation to and from school are subject to the rules that follow:**

1. The student must obtain a permit from the principal.
2. Students shall complete the Driving Permit form and provide:
  - a. Driver's license (or snowmobile safety certificate);
  - b. Insurance information;
  - c. Registration information;
3. Students under age eighteen (18) are to have parent/guardian signatures on the Driving Permit form to drive to school.
4. When the school provides transportation, students shall not drive to school-sponsored activities.
5. No other students are allowed to be driven to a school sponsored activity by the approved student driver without a note from parents of passenger students granting permission and approval by the principal.
6. Students may not go to cars during school hours or sit in cars during noon hours.
7. **Students will park only in the high school parking lots designated for them.** Students who have permission to use their vehicles will park their vehicles in the gymnasium parking lot or Ballard Street parking lot only. **Staff and visitor parking is designated for the parking spaces in front of the buildings.**
8. **No student is permitted to drive or park in any of the elementary building driveways or parking areas, though this does not apply for drop off/pick up, or special activities they may be attending, such as Fall Fair, Book Bingo, etc...**
9. Failure to abide by the driving and parking rules may result in loss of driving privileges, loss of special enrollment privileges, and/or unauthorized vehicles towed at the owner's expense.
10. Students may not take their cars from the parking area without the permission of the principal during the day or at noon. (No driving to the elementary school.)
11. All student drivers arriving on campus or leaving campus may enter and exit Brook Street from Ballard Street. Please do not drive around the block, as younger students walking to and from school could be in danger.
12. Any student driving in a reckless fashion on streets adjacent to school property will be subject to loss of school driving privileges and the Cheboygan County Sheriff's office or Michigan State Police will be notified.

**PENALTIES FOR INFRACTIONS**

See Transportation Behavior and Consequences page.

A student who becomes a behavior problem on the bus shall be disciplined in accordance with the Student Discipline Code and may be deprived of the privilege of riding on the bus. Any serious violation of these rules could result in automatic revocation of transportation privileges.

**In case of snow days, the bus suspension days will be extended to cover those days.**

**WOLVERINE COMMUNITY SCHOOLS  
TRANSPORTATION BEHAVIOR GUIDELINES AND CONSEQUENCES  
Kindergarten through Seniors**

<b>Category</b>	<b>Example of Infraction</b>	<b>1st Offense</b>	<b>2nd Offense</b>	<b>3rd Offense</b>	<b>4th Offense</b>	<b>5th Offense</b>
<b>A-Minor Misconduct</b>	1 - Boarding or exiting the bus unsafely (Includes crossing in front of or behind the bus) 2 - Standing while bus is in operation or not being properly seated. 3 - Obstructing an empty seat, door, stairs or aisle 4 - Making excessive noise 5 - Disturbing, insulting, or harassing other students 6 - Public display of affection (PDA) 7 - Eating, drinking, chewing gum 8 - Using profane or obscene language or gestures 9 - Littering 10 - Any action that causes disturbances or distraction	Oral / Written Warnings	Up to 5 days Bus Suspension	Up to 10 days Bus Suspension	Up to 20 days Bus Suspension	Suspension of riding privileges for remaining school year
<b>B - Serious Infractions</b>	1 - Failure to comply (Disrespectful, talking back, lying) with bus driver or other adult's instruction 2 - Horseplay and spitting 3 - Throwing objects at, within, or out of bus 4 - Sticking objects or body parts out of the window/door 5 - Damage, theft, or pilfering < \$100 6 - Spraying or application of cologne / fragrances 7 - Misuse of electronic devices, cell phones, cameras etc.	Up to 5 days Bus Suspension	Up to 10 days Bus Suspension	Up to 20 days Bus Suspension	Suspension of riding privileges for remaining school year	
<b>C - Severe Offenses</b>	1 - Full or partial nudity 2 - Sitting in driver's seat/tampering with controls or equipment 3 - Interfering with driver 4 - Fighting / Assault (or hitting, biting, pushing) 5 - Vandalism, damages, or theft > \$100 6 - Tobacco use or possession	Up to 10 days Bus Suspension	Up to 20 days Bus Suspension	Suspension of riding privileges for remaining school year		
<b>D - Criminal or Illegal Acts</b>	1 - Any action that leads to a bus accident 2 - Possession or use of weapons or other prohibited items (including laser lights) 3 - Lewd or indecent acts 4 - Possession of illegal substances 5 - Threatening or causing injury to another person (Bullying and/or harassment) 6 - Alcohol use or possession 7 - Bomb threat or terroristic threat	School Suspension / Expulsion proceeding initiated Discipline Report submitted to appropriate authorities				

**BUS DRIVER HAS THE AUTHORITY TO ASSIGN SEATS**

**In case of snow days, the bus suspension days will be extended to cover those days.**

**I understand the rules and policies related to transportation at Wolverine Community Schools. I understand that transportation is a privilege and that student safety is of the utmost importance and that my child's behavior determines their eligibility to ride school buses.**

**STUDENT**

**NAME:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**PARENT/Guardian:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



# 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](http://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
<b>Diphtheria, Tetanus, Pertussis (DTP, DTaP, Tdap)</b>	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
<b>Polio</b>	4 doses 3 doses if dose 3 was given at or after 4 years of age	
<b>Measles, Mumps, Rubella (MMR)*</b>	2 doses at or after 12 months of age	
<b>Hepatitis B*</b>	3 doses	
<b>Meningococcal Conjugate (MenACWY)</b>	None	1 dose at 11 years of age or older upon entry into 7th grade or higher
<b>Varicella (Chickenpox)*</b>	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](http://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.





# Hearing and Vision

## Screening Information



Hearing and Vision screenings are required prior to your child's first day of kindergarten. It is recommended 6 months prior to entry. These screenings are offered for free at your local health department but can also be done by an audiologist or a licensed ophthalmologist.

**To schedule an appointment for your FREE screening, please call.**

**Alpena Office**

**989-356-4507**

**Cheboygan Office**

**231-627-8850**

**Atlanta Office**

**989-785-4428**

**Rogers City Office**

**989-734-4723**

**<https://www.dhd4.org/personal-health-services/hearing-and-vision-screening>**







## Did You Know?

Being prepared for school starts with a dental screening. Kindergarteners are now required to have one.

A healthy mouth is important. Dental problems can prevent children from doing well in school. Kindergarteners are required to have a dental screening so that any problems can be fixed and they attend school ready to learn.



**Cavities are common.** Tooth decay (cavities) is the most common chronic disease in children.



**Cavities can cause pain.** Pain can make it hard for children to pay attention in school, prevent them from eating well and keep them awake at night. All of this can affect their ability to learn.



**Dental problems affect attendance and grades.** Children with dental problems miss more school than children with good dental health.

## Facts About Kindergarten Dental Screenings

- 1** It's easy to get your child screened. Local health departments provide the screenings (oral health assessments) before the start of kindergarten at places like preschools, school registration events, community events and in schools during the kindergarten school year. Check with your school or the local health department for a schedule.
- 2** The screening is free. There is no cost to you if the local health department does the screening. Check with the school to find out when the health department will be at the school, or call the health department to check when and where they will be screening.
- 3** A dental screening is simple and fast. A dental professional will look into your child's mouth and note what they see on the screening form. No treatment is done. It's simply a quick look in the mouth. They will let you know if your child needs to see a dentist.
- 4** Help is available. The local health department can help you find a dentist if you don't have one. Your child may be able to enroll in the Michigan Healthy Kids Dental Program if they don't have insurance. For information about Healthy Kids Dental, visit [www.michigan.gov/mdhhs/assistance-programs/healthcare/childrenteens/hkdental](http://www.michigan.gov/mdhhs/assistance-programs/healthcare/childrenteens/hkdental).

# Common Questions

## How will my child benefit from having a dental screening?

Dental problems can cause pain and make it difficult for children to pay attention in school, prevent them from eating and sleeping well, and can even affect their ability to speak and socialize. All of this can affect a child's ability to learn and do well in school. Children benefit from having a dental screening to check for any dental problems that need to be fixed so that they are ready to learn.

## Where can I get the screening done?

Local health departments provide the screenings before the start of kindergarten at places like preschools, school registration events, community events and in schools during the kindergarten school year. Check with your child's school to find out when the health department will be screening at the school or call your local health department to check their schedule. **There is no cost to you if the screening is done by the local health department.** Or, you can take your child to your family dentist to have the screening done there.

## Do my older children need a dental screening, too?

The dental screening requirement is only for kindergarteners, but it is recommended that all children see a dentist at least once a year.

## What if I don't have a dentist or I can't afford one?

The local health department can provide you with a list of dental providers in your area. Check the Michigan Oral Health Directory for a list of low- and no-cost dental providers by county: <https://www.michigan.gov/mdhhs/adult-child-serv/childrenfamilies/familyhealth/oralhealth>. If your child does not have dental insurance, they may be eligible for the Michigan Healthy Kids Dental Program: [www.michigan.gov/mdhhs/assistance-programs/healthcare/childrenteens/hkdental](http://www.michigan.gov/mdhhs/assistance-programs/healthcare/childrenteens/hkdental).



**For More Information:**  
[MDHHS-KOHA@michigan.gov](mailto:MDHHS-KOHA@michigan.gov)



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# ATTENDANCE

## in the early grades

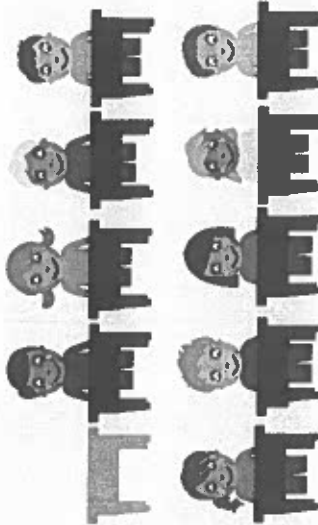
Many of our youngest students miss 10 percent of the school year—about 18 days a year or just two days every month. Chronic absenteeism in kindergarten, and even preK, can predict lower test scores, poor attendance and retention in later grades, especially if the problem persists for more than a year. 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.<sup>1</sup>



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

2.5 in 10 homeless kids are chronically absent.<sup>3</sup>

4 in 10 transient kids miss too much school when families move.<sup>2</sup>



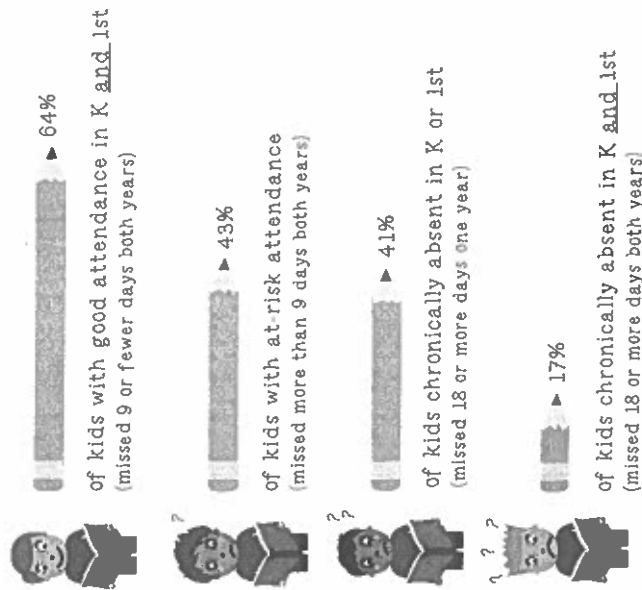
<sup>1</sup> Chang, Heby, Romero, Marisjose, Present, Engaged and Accounted For: The Critical Importance of Addressing Chronic Absence in the Early Grades, National Center for Children in Poverty: NY, September 2008.  
<sup>2</sup> Chronic Absence in Utah, Utah Education Policy Center at the University 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.

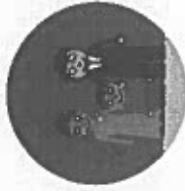
Preliminary data from a California study found that children who were chronically absent in kindergarten and 1st grade were far less likely to read proficiently at the end of 3rd grade.

Who Can Read on Grade Level After 3rd Grade?



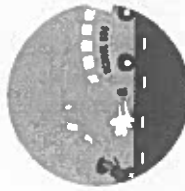
<sup>3</sup> Attendance in Early Elementary Grades: Association with Student Characteristics, School Readiness and Third Grade Outcomes, Applied Survey Research, May 2011.

### 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?

