

ENROLLMENT FORM

Student's Name _____ Birthdate ____/____/____ Phone _____
Last First Initial

Address _____
Number and Street City/Township Zip

City of Birth: _____ Grade entering 2026-27 school year: _____

If outside the United States, when did the student enter the United States? _____

Is student of Hispanic/Latino descent? ☐ Yes ☐ No

Ethnic Group ☐ American Indian/Alaskan Native ☐ Asian ☐ African American ☐ White ☐ Native Hawaiian/Pacific Islander

Is there a custody order currently in place for this child? ☐ Yes ☐ No If yes, please provide documentation.

☐ Check if a parent is a member of the Armed Forces on active duty: Start date: _____ End date: _____

Parent/Guardian Information

Student resides with: ☐ Father ☐ Mother ☐ Both Parents ☐ Joint Custody ☐ Grandparents ☐ Foster Care ☐ Other

Parent/Guardian Name 1 _____ Relationship to Student _____
Home Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian Name 2 _____ Relationship to Student _____
Home Phone _____ Work Phone _____ Cell Phone _____

Sibling's Name _____ Age _____ Birthdate _____ Attending which school? _____

Is your child under a long term suspension or expulsion from any previous school? ☐ Yes ☐ No

Is your child under a suspension or other consequence regarding an athletic code of conduct violation? ☐ Yes ☐ No

Previous school your child attended - if enrolled in an Early Childhood Program please include the name: _____

Date your child last attended school: _____

Does your Student currently receive Special Education or other support? ☐ Yes ☐ No

Does your child have an IEP? ☐ Yes ☐ No

Does your child have a 504 Plan? ☐ Yes ☐ No

Home Language Survey

1. Is your child's native tongue a language other than English? ☐ Yes ☐ No If yes, what language? _____

2. Is the primary language used in your child's home or environment a language other than English? ☐ Yes ☐ No
If yes, what language? _____

I certify that the above information is true and accurate to the best of my knowledge. I agree to provide the required immunization documentation, proof of Student identity and proof of residency in accordance with the requirement established on this Enrollment Form, Board Policy and State law.

Parent/Guardian Signature _____ Date _____

East China School District Residency Affidavit

Date: _____

Proof of Residency Two of the following • Driver's license • Purchase/Lease Agreement • Utility Bill • Property Tax Bill
--

Child/ren reside with:

Please circle one: Mother/Father Mother Father Other: _____

Guardian 1 Name: _____ Relationship: _____

Address: _____ City, State, Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Guardian 2 Name: _____ Relationship: _____

Address: _____ City, State, Zip: _____

Home #: _____ Work #: _____ Cell #: _____

I declare that I am in compliance with the State of Michigan General School Laws, which require that students attend school in the district in which they live with their parents or legal guardians and that I have no other residence other than that listed on this affidavit.

In order to affirm my residency in the East China School District I have presented certain documents with my address to school officials. I declare that these documents are true and accurate and further, I am aware that the deliberate falsification of information for school attendance purposes is unlawful. I further understand that if statements made on this affidavit change, I must immediately notify the appropriate East China School District official.

I also understand that if a student is found to have established residency in our district by using false or inaccurate information, the student will be immediately dismissed from school, and the parents of the student will be held liable for all costs incurred while the student was enrolled in the East China School District.

Children	Grade	School(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Print Name: _____ Signature: _____
(Parent/Legal Guardian) (Parent/Legal Guardian)

PARENT AND STUDENT CONCUSSION AWARENESS EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge that I have received and reviewed the ***Concussion Information Sheet*** provided by the East China School District and will keep the educational material for future reference.

Student Name: _____

Parent/Guardian Name (Printed)

Parent/Guardian Name (Signature)

Date

Please return this signed form to your child's school or Enrollment Office if first time entering the District. The form will be kept on file for the duration of your child's attendance in the East China School District.

EAST CHINA SCHOOL DISTRICT

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 student's 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 educational 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 educational records.

You may withdraw your consent to share this information in writing at any time.

I authorize the East China School District to release my child's immunization record to the Michigan Department of Health and Human Services and St. Clair County Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help comply with Michigan law. This includes any immunization information and limited personally identifiable information from the school.

Student's Name: _____ Date of Birth: _____

Signature of Parent/Guardian or Eligible Student: _____

Printed Name of Parent/Guardian or Eligible Student: _____

Date: _____



Enrollment Office
1585 Meisner Road
East China, MI 48054-4143

810.676.1000
810.676.1034 FAX
eastchinaschools.org

REQUEST FOR STUDENT RECORDS

TO: _____
Previous School Name

Street Address

City, State, Zip

Fax Number/Email Address

The following student has enrolled in the East China School District:

Student: _____

Grade: _____ Date of Birth: _____

**Forward the Educational Records for
the above named students to:**

**East China School District
1585 Meisner Rd
East China, MI 48054
Attn: Lisa Volkman
lvolkman@ecsd.us
Fax: 810-676-1034**

**Forward the Special Education Records
for the above named student to:**

**East China School District
1585 Meisner Road
East China, MI 48054
Attn: Special Education Office
echamberlin@ecsd.us
Fax: 810-676-1130**

Please include cumulative school records, including special education records, health records, test scores, psychological, psychiatric and/or emotional evaluations, and all discipline (suspension/expulsion) records, etc. These will be for the professional use of authorized East China School District personnel only. Any further information you can provide us to assist in proper placement is appreciated.

This request is pursuant to Section 1135 of the Michigan Revised School Code which requires a school to forward a transferring student's records to the receiving school within 30 days from receipt of written request unless the student has been identified as a missing student under Section 1134. These records may be released without prior written parent consent in accordance with the provisions of the Federal Family Educational Rights and Privacy Act.

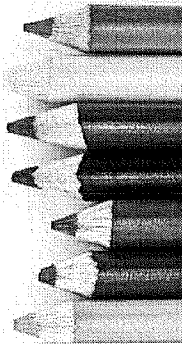
Parent Signature

Date



Vaccines Required for School Entry in Michigan

Whenever children are in group settings, there is a chance for disease to spread. Parents must follow state vaccine laws in order for their children to attend school. These laws are the minimum standard for preventing disease outbreaks in group settings. The best way to protect children from serious diseases is to follow the [Immunization Recommendations for Michigan](#). When following the recommended schedule children are fully protected and any school vaccination requirements are met.



**All kindergartners
and 4–6-year-old transfer students**

**All 7th graders
and 7–18-year-old transfer students**

**Diphtheria,
Tetanus, Pertussis
(DTP, DTaP, Tdap)¹**

4 doses DTP or DTaP
1 dose must be at or
after 4 years of age

4 doses diphtheria and tetanus

or

3 doses if 1st dose given on or after 1 year of age

1 dose Tdap at 11 years of age or older upon entry into
7th grade or higher

Polio¹

4 doses

or

3 doses if dose 3 was given on or after 4 years of age

**Measles, Mumps,
Rubella (MMR)^{1, 2}**

2 doses at or after 12 months of age

Hepatitis B^{1, 2}

3 doses

**Meningococcal
Conjugate
(MenACWY)¹**

None

1 dose

at 11 years of age or older
upon entry into 7th grade or higher

**Varicella
(Chickenpox)^{1, 2}**

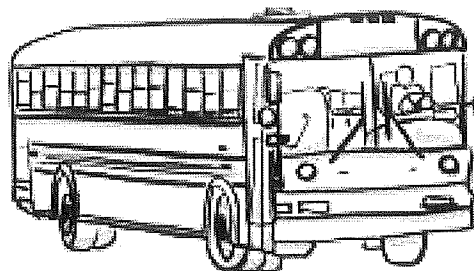
2 doses at or after 12 months of age

or current lab immunity or history of varicella disease

¹Vaccines should be given at certain ages and at certain times (follow the Immunization Recommendations for Michigan for the recommended number of doses, correct spacing, and ages); this chart is based on Michigan school immunization requirements. We strongly encourage parents and providers to follow the AAP recommended schedule because school requirements are the minimum for protection. Follow this chart when assessing immunization status for school immunization requirements. ²If the child has not received these vaccines, documented immunity/waiver is required. During disease outbreaks, incompletely vaccinated children 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. The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

EAST CHINA SCHOOL DISTRICT TRANSPORTATION REQUEST FORM

Please complete and return this form even if your child does not require daily transportation as this information is also needed for any field trips your child may attend. Daily transportation services are available for eligible students attending schools within their designated attendance boundaries. Bus transportation is not provided for In-District School of Choice or County School of Choice students; parents are responsible for transporting these students to and from school.



We understand that some eligible students may not utilize daily transportation services. To create the most efficient bus routes, it is essential for us to know which eligible students will be riding the bus.

If your transportation requirements change during the year, please submit an alternate bus form each school year the exception is requested. Alternate bus stop forms can be found on the East China School District website at: <https://www.eastchinaschools.org/page/transportation>
Any questions please contact 810-676-1100 or email transportation@ecsd.us

Student's First Name: _____ Last Name: _____

Address: _____ City, Zip: _____

Cell Phone: _____ Alternate Phone: _____

Email: _____ Alternate Email: _____

Emergency Contact Name: _____ Emergency Phone: _____

School: _____ Grade: _____

If eligible, my child will require the following transportation service (please check one):

- ☐ None
- ☐ To school only
- ☐ Home from school only
- ☐ Both to and from school and home

I have read and understand the rules in the Transportation Handbook found on the District's website.

Parent/Guardian Signature

Date

East China School District Skyward Family Access User Agreement

Skyward Family Access is a secure Internet-based website that provides you access to your student's school information. With a login, you can view information about all students in your family who are attending a school within the East China School District.

For example, you can view:

- Student, family and emergency contact information
- Assignments and grades
- Attendance
- Class schedules
- Food purchases and account balance
- Schedule parent-teacher conferences

Each user (parent/legal guardian) must complete his/her own Family Access User Agreement Form as all users have an individual account.

The Family Educational Rights and Privacy Act (FERPA) provides that a student's educational record may only be accessed by a parent/legal guardian. For the purposes of using Family Access, parent/legal guardian includes both biological/adoptive parent(s) and court appointed legal guardian(s). **Legal guardians must provide verifying court documentation with this form.**

Student Name: _____ Grade: _____ School: _____

I certify that I am the biological/adoptive parent or legal guardian of the above named student.

Print Name

Signature

Date

Home Email: _____

Return this form along with required documentation (if any) to the address listed below. Once this form has been processed, you will be contacted via email with your Family Access login id, password, and access instructions.

East China District Administration Building
Attn: Lisa Volkman, Enrollment Office
1585 Meisner Road
East China, MI 48054
lvolkman@ecsd.us
FAX (810) 676-1034

**EAST CHINA SCHOOL DISTRICT
MEDICAL INFORMATION FORM**

Student's Name: _____

Date: _____

Birthdate: _____ Grade: _____

School: _____

Please check one of the following:

- ☐ My child does **NOT** have any medical concerns
- ☐ My child has the following medical concerns:

My child has the following doctor diagnosed medical concerns. (Check all that apply)	Required Emergency Supplies (Check all that apply)
☐ Asthma	☐ Inhaler
☐ Diabetes	☐ Glucagon / Glucose monitor
☐ Hearing Impaired	☐ Hearing Aide
☐ Vision Impaired	☐ Glasses/contacts
☐ Cystic Fibrosis	☐ Emergency Medication
☐ Seizures	☐ Epinephrine auto injector (Epipen, Auvi-Q, etc.)
Allergies (e.g., food, dairy, latex, insects) Please list allergies: _____	Other Medical Conditions:

Please check one of the following:

☐ I certify that _____ has had the vaccine for the chicken pox disease. Student name
☐ I certify that _____ has had the chickenpox disease. Student name

- Medical documentation of diagnosis must be provided to your child's school.
- Families of children with certain medical concerns may be contacted to complete a Health Care Plan.

I understand that this information will be kept in the office and on my child's bus (if applicable). I will update this information as my child's needs change.

Parent/Guardian's Signature: _____

Date: _____

A FACT SHEET FOR Parents



CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.



What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports one or more of the symptoms of concussion listed below, or if you notice the signs or symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

Signs & Symptoms of a Concussion

Signs Observed by Parents or Guardians

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to hit, bump, or fall
- Can't recall events *after* hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

Symptoms Reported by Your Child or Teen

Thinking/Remembering

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Emotional

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual

**Only ask about sleep symptoms if the injury occurred on a prior day.*



Danger Signs

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if she or he has one or more of these danger signs:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Children and teens with a suspected concussion should NEVER return to sports or recreation activities on the same day the injured occurred.

They should delay returning to their activities until a healthcare provider experienced in evaluating for concussion says it's OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class
- Sports practices or games
- Physical activity at recess

➤ What should I do if my child or teen has a concussion?

1. Seek medical attention right away.

A healthcare provider experienced in evaluating for concussion can determine how serious the concussion is and when it is safe for your child or teen to return to normal activities, including physical activity and school (concentration and learning activities).

2. Help them take time to get better.

If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen may need to limit activities while s/he is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. After a concussion, physical and cognitive activities—such as concentration and learning—should be carefully managed and monitored by a healthcare provider.

3. Talk to your child or teen about how they are feeling.

Your child may feel frustrated, sad, and even angry because s/he cannot return to recreation and sports right away, or cannot keep up with schoolwork. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement.

➤ How can I help my child return to school safely after a concussion?

Most children can return to school within a few days. Help your child or teen get needed support when returning to school after a concussion. Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms.

Your child's or teen's healthcare provider can use CDC's Letter to Schools to provide strategies to help the school set up any needed supports.

As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer
- Sit out of physical activities, such as recess, PE, and sports until approved by a healthcare provider
- Complete fewer assignments
- Avoid noisy and over-stimulating environments

To learn more, go to www.cdc.gov/HEADSUP or call 1.800.CDC.INFO

January 2021

