PICKFORD
PUBLIC SCHOOLS

P.O. BOX 278
333 S. PLEASANT STREET
PICKFORD, MI 49774

PHONE 906-647-6285
FAX 906-647-3706

Superintendent, Kyle Rairigh
HS Principal, Matt Johnson
Elem Principal, Arielle Haske

Dear Parent/Guardian,

It is our pleasure to welcome you to our Pickford Public School family. We are delighted that you have selected our district for your child and confident that they will thrive in our exceptional and enriching educational environment.

This "Student Enrollment Kit" contains our district's enrollment forms as well as a list of the documents required for admission. Our goal is to make the enrollment process as straightforward as possible.

We encourage you to spend a little time browsing our website to learn more about the opportunities available to students through curricular as well as extra-curricular programs. You may obtain information about curriculum, services, and activities by calling the district office, 906-647-6285.

It is our desire that your family's experience with Pickford Public School will be one of fulfillment, enrichment, and exceptional opportunities. Attached are the required documents and information necessary to complete the student enrollment process. During your enrollment appointment, staff will review your student's enrollment materials and discuss any further documentation needs based on your unique circumstances.

Again, welcome to Pickford Public School. If we can be of further assistance, please feel free to contact us.

-The Pickford Admin Team

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We need copies of the following documents to enroll your child(ren) into our district (before their first day of school with us):

- **Birth Certificate**
- **Immunization Record or Waiver documentation**
- **Proof of Residency**, this could be a copy of any of the following:
  - Copy of valid Driver's License with current address
  - Copy of Lease or record of most recent rent payment
  - Copy of title work or house closing papers
  - Any utility bill with name and address
  - W-2 form
  - Property tax documents
  - Bank or credit card statement

BUS BEHAVIOR EXPECTATIONS

For the first few weeks of school, we talk about our Paw Laws and practice what those are in school. We practice the Paw Laws for bus behavior as well. Please speak with your child/ren about our expectations and why it is SO important to behave appropriately on the bus for the safety of everyone riding. Bus transportation is a privilege. Please remind your child/ren to be respectful, responsible, and safe on the bus:

- Use a quiet voice and talk to those seated near them
- Wait their turn in line
- Be respectful of the bus driver and follow his directions
- Keep track of their belongings
- Stay seated - back to back and bottom to bottom when the bus is in motion
- Place any trash in the garbage cans
- Keep aisles clear of arms, legs, and backpacks
- Use appropriate and respectful language
- Be on time for pickup
- Ride in your assigned bus and get off at your assigned stop

It is the policy of the Pickford Public Schools that no person shall, on the basis of sex, race, color, creed, age, marital status, sexual orientation, national origin, weight, height, or handicap, be excluded from participation in, be denied benefits of, or be subject to discrimination in employment or any of its programs or activities.

Pickford Public Schools Enrollment Application

Date: _____ ***Bus Route:*** _____

Student Information

Name: _____ _____ _____
First Middle Last

Date of birth: _____ Sex: ☐ Female ☐ Male ☐ Other Grade entering school: _____

Mailing address: _____
Street Address

_____ _____ _____
City State Zip Code

Best contact phone number: _____

In District ☐ Yes ☐ No if no, District of residence: _____

Is the Student in temporary housing? ☐ Yes ☐ No

Race: ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino

Ethnicity: ☐ American Indian or Alaskan Native ☐ Black or African American
☐ Asian ☐ Hawaiian or Pacific Islander ☐ White

What language is spoken inside the Student's home? _____

With whom does the student reside: ☐ Natural Parents ☐ Natural Mother Only ☐ Natural Father Only
☐ Natural Mother & Stepfather ☐ Natural Father & Stepmother ☐ Court Appointed Guardian

List other Children in household and ages:?

_____

Who has physical custody and/or decision making authority: _____
Court Order/Legal Document on MUST be on file (if applicable)

Are there any custody/contact issues: ☐ Yes ☐ No, If yes, pleased provide documentation.

Medical Condition (ie: heart conditions, asthma, allergies, etc) we should be aware of:

_____

☐ **Yes** ☐ **No I, as parent or guardian, hereby give the district/school employees and media groups permission to print photographs and recordings of my child for use in audio, video, film and any other electronic, digital and printed media.**

Previous School History (if applicable)

Has the Student previously attended another school? ☐ Yes ☐ No

Name of most recent school attended: _____

Dates of attendance? _____ to _____

Most recent school's address: _____ _____ _____ _____
Street Address City State Zip Code

Has your student ever repeated a grade? ☐ Yes ☐ No If yes, which grade? _____

Has the student, within the previous 12 months, ever been expelled, suspended for more than ten days or denied enrollment from any public or private school in the US?

☐ Yes ☐ No If yes, please explain (use additional paper if necessary):

_____

_____

_____

Special Education Information

Does the Student currently receive special education or other support services?

☐ No, if no, continue to next section.

☐ Yes, if yes, complete the following:

Does your child have an IEP? ☐ Yes ☐ No

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

Does your child have a health plan? ☐ Yes ☐ No

Has this student been receiving Special Education services? (i.e: Resource Room, Speech, etc.)

☐ Yes ☐ No If yes, please explain:

_____

_____

_____

Parent Contact Information (This is NOT emergency contact information)

Parent 1

Name: _____

Physical Address: _____ _____ _____ _____
Street City State Zip Code

Mailing Address (if different) _____ _____ _____ _____
Street/PO Box City State Zip Code

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Legal Parent? ☐ Yes ☐ No Custodial Parent? ☐ Yes ☐ No

Court Order/Legal Documentation ☐ Yes ☐ No If yes, MUST have copy of documentation

Currently serving in the United States Military? ☐ Yes ☐ No

Parent 2

Name: _____

Receive separate mailing from Parent 1? ☐ Yes ☐ No, If yes, please include:

Physical Address: _____ _____ _____ _____
Street City State Zip Code

Mailing Address (if different) _____ _____ _____ _____
Street/PO Box City State Zip Code

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Legal Parent? ☐ Yes ☐ No Custodial Parent? ☐ Yes ☐ No

Court Order/Legal Documentation ☐ Yes ☐ No If yes, MUST have copy of documentation

Currently serving in the United States Military? ☐ Yes ☐ No

Emergency Contact Information (Person not of immediate family)

Name:_____Phone #: _____ Relationship to child: _____

Name:_____Phone #: _____ Relationship to child: _____

Name:_____Phone #: _____ Relationship to child: _____

Forms Required with Application

Please include the following documentation forms at time of enrollment:

☐ **Student's Birth Certificate** or
Other reliable proof of the student's identity and age and an affidavit explaining the inability to produce a copy of the student's birth certificate:
i/e: baptismal certificate indicating date and place of birth, court records, county, military or immigration records, doctor or hospital records with a sworn statement, certain family records, life insurance policy, or, if none of these is provided, a sworn statement from a parent or guardian which must be notarized

☐ **Immunizations Records** or valid immunization waiver.

☐ **Proof of Residency** MUST have TWO forms of proof of your physical address printed on the documents. Select TWO:

☐ State issued ID ☐ Lease Agreement ☐ Utility Bill

☐ Mortgage Statement ☐ Property Tax Payment ☐ Other:_____

☐ **Proof of Guardianship** (if applicable) - Court Order/Legal Documentation

☐ **Proof of Native Status** (if applicable) - Tribal Card

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 requirements established on this Enrollment Form, Board Policy, and State law.

_____ _____

Parent Signature Date

RESIDENCY INFORMATION QUESTIONNAIRE

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11431 et seq.
Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Please choose which of the following situations the student currently resides in (you may choose more than one):

_____ House or apartment with parent or guardian
_____ Motel, car, or campsite
_____ Shelter or other temporary housing
_____ With friends or family members other than or in addition to parent/guardian
_____ In housing that lacks adequate heat, running water or electricity
_____ New Foster Care placement (within last six months) Date of new Placement _____

If you are living in shared housing, please check all of the following reasons that apply:

_____ Loss of housing
_____ Economic situation
_____ Temporarily waiting for house or apartment
_____ Provide care for a family member
_____ Living with boyfriend/girlfriend
_____ Loss of employment
_____ Parent/Guardian is deployed
_____ Parent/Guardian is incarcerated
_____ Other Family hardship _____
_____ Other – Please explain: _____

Is the student under the age of 18 and living apart from parents or guardians? Yes No
If yes, who is the student's primary caregiver? _____ Relationship _____

Other Student(s) Names living in the household. Also list any children living in the home but not enrolled in school.

Last	First	Middle	M/F	DOB	Grade	School

Students without fixed, regular, and adequate living situations have the following rights:

1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
2) Transportation to the school of origin for the regular school day;
3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the McKinney-Vento State Coordinator at 317-460-1340 or jsmart@doe.in.gov.
By signing below, I acknowledge that I have received and understand the above rights.

Parent/Guardian _____ Date _____
Student _____ Grade _____ Date of Birth _____
Current Address _____

Signature of McKinney-Vento Liaison _____

Pickford Public Schools
PO Box 278 333 S. Pleasant St
Pickford MI 49774
609-647-6285

Proof of Residency Requirement

All applicants must submit at least one document from the following columns

Copy of	Current Bill within 60 Days	Valid Document
• Deed • Mortgage payment - most current • Lease • Rent Payment • Payroll Stub • Bank statement • Credit Card Statement • Legal affidavit from landlord affirming tenancy AND record of most recent rent	• Gas Bill • Oil Bill • Electric Bill • Phone Bill (home or cell) • Medical Bill • Automotive Bill • Insurance Bill	• Michigan Driver's Licence with current address • • Current vehicle registration • Indiana photo identification card **Dated within 1 year** • W-2 Form • Excise Vehicle Tax Bill • Property Tax Bill

Schools of Choice Application

Pickford Public Schools

Student Name:_____ Birthdate: _____

Address: _____ SS #: _____

City: _____ MI, _____ Phone: (906) _____

Name of School District in which you reside: _____

Name of School last attended: _____

Address: _____

Grade you expect to enter this fall: _____

Special Services required for the student: _____

Please answer the following questions:

1. Have you ever been expelled from a school for any reason? YES NO
   If yes, please state when, for how long, and the reason for expulsion:

_____

_____

2. Have you been suspended from school any time in the last two years? YES NO
   If yes, please describe the number of suspensions, length of time suspended, and reasons for suspension:

_____

_____

PARENT/GUARDIAN INFORMATION

Parent(s)/Guardian(s): _____

Address (if different than student's): _____

Work phone (____) _____ Home phone: (____) _____ Cell phone: (____) _____

I acknowledge that the above information is, to the best of my knowledge, true, and understand that any misrepresentation may result in the forfeiture of any consideration intended in this application. Furthermore, I hereby give my consent to school officials to contact previously attended schools pertaining to information on this form or required for enrollment. I also agree to abide by all policies and regulations, stated and implied, of the Pickford Public School system.

Parent(s)/Guardian(s) _____ Date: _____

Student (if over 16): _____ Date: _____

The Pickford Public School District complies with all federal and state laws and regulations prohibiting discrimination based on gender, race, color, religion, national origin or ancestry, age, marital status, limited English, or handicap, and, furthermore, will abide by any and all non-discrimination guidelines set forth in the School Choice law.

RETURN COMPLETED APPLICATION TO: Pickford Public Schools
P.O. Box 278 Pickford, MI 49774

Any question can be directed to Kyle Rairigh, Superintendent at (906) 647-6285 ext. 7302

Pickford Public Schools
General Information
Re: School Choice

1. The Pickford Board of Education has voted to opt-in to the Section 105 of the School Aid Act thereby agreeing to accept non-resident students according to the guidelines of the law.

2. For the current school year, Pickford Schools will accept applications for the available openings from non- resident students after the required posting is published in local papers. That posting should take place around the first part of July. The Pickford School District will abide by the non-discrimination language contained in the act and will make its judgment based on available space and the student's previous discipline record.

3. As the law states, transportation is the responsibility of the non-resident student. However, upon acceptance, non-resident students will be informed of the available existing transportation services. Pickford Schools is under no obligation to alter or adjust current bus routes nor is it obligated to create new routes. Any change will be entirely at the discretion of the Pickford Public Schools, though attempts will be made to insure safe travel for all students. In any event, parents must be able to make sure their student is delivered to school in a timely fashion and picked up in the same manner.

4. If a student is accepted this year they will not need to apply in subsequent years provided attendance is contiguous. If a student should happen to transfer, drop-out, be expelled, or stop attending for any other reason, they will have to re-apply the following summer if they wish to attend Pickford.

5. The history of schools of choice has on occasion presented a few wrinkles to be ironed out. On the district's behalf, we ask that everyone work for cooperation and supply some understanding if things don't always run smoothly. To help avoid problems, all parents should make sure the school has plenty of emergency information in the event the parent or guardian or contact person needs to be reached. Parents are also asked to have a contingency in place for days scheduled to release at noon or for those times when school is affected by inclement weather.

6. For non-resident junior high and high school students interested in athletics, be aware that MHSAA regulations still apply to transfers and non-resident students must sit out one semester before becoming eligible.

7. The Mission Statement for Pickford Public Schools is as follows:

"The total school family of Pickford Public Schools believes that all students can learn and achieve to their maximum potential through the best education we can possibly provide. Our purpose is to nurture and motivate students to attain high levels of academic performance, foster positive attitudes and self-confidence, and develop responsible, caring, productive members of society. It is the responsibility of the school family to accomplish these goals."
To all new students and their parents, we'd like to welcome you to the family that is Pickford Public Schools. We are constantly striving to build upon over 100 years of tradition and are doing our best to fulfill our mission. If you join our 'family', we hope you'll share that mission.

8. Please direct any questions you may have to: Kyle Rairigh, Superintendent
Pickford Public Schools
PO Box 278 Pickford, MI, 49774
(906) 647-6285

MICHIGAN STATE BOARD OF EDUCATION APPROVED
HOME LANGUAGE SURVEY

The Pickford Public Schools District is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1152-380.1157 of the School Code of 1995, Michigan's Bilingual Education Law. Thank you for your cooperation.

Name of Student _____ Grade _____ Age_____

School _____

1. Is your child's native tongue ***(language first learned)*** a language **other than English?**

   ☐ No ☐ Yes If yes, what is the language? _____

2. Is the primary language ***(language frequently used for speaking)*** in your child's home or environment a language **other than English?**

   ☐ No ☐ Yes If yes, what is the language? _____

_____ _____
Parent/Guardian Signature Address

Date:_____

Pickford Public School

Consent for Disclosure of Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the students name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

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

I authorize _____ *Pickford Public Schools* _____ *to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.*

Student's Name: _____ Date of Birth: __/__/__

Signature of Parent/Guardian
or Eligible Student: _____ Date:__/__/__

Printed Parent/Guardian Name: _____

SCHOOLS VACCINES REQUIRED FOR SCHOOL ENTRY IN MICHIGAN

Whenever children are brought into group settings, there is a chance for diseases to spread. Students 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 students in your care from other serious diseases is to promote the recommended vaccination schedule at www.cdc.gov/vaccines. Encourage parents to follow CDC's recommended schedule; by doing so, school requirements will be met.



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

During disease outbreaks, incompletely vaccinated students may be excluded from school. Parents and guardians choosing to decline vaccines must obtain a certified non-medical waiver from a local health department. Read more about waivers at www.Michigan.gov/Immunize.

*If the student has not received these vaccines, documented immunity is required.

All doses of vaccines must be valid (correct spacing and ages) for school entry purposes.

MDHHS

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202

TITLE VII STUDENT ELIGIBILITY CERTIFICATION

Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) ***a descendent in the first or second degree (parent or grandparent) as described in (1)****; or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.*

NAME OF CHILD _____ **Date of Birth** _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

__ **Federally Recognized, Including Alaska Native** __ **State Recognized** __ **Terminated** __ **Organized Indian Group Meeting #5 Definition Above**

Name of individual with tribal membership: _____

Individual named is (check one): __ **Child** __ **Child's Parent** __ **Child's Grandparent**

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) _____ **OR**

B. Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

_____

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ **DATE** _____

Mailing Address _____ **Telephone** _____

Email Address _____

**All information above is required for program eligibility.

FOR APPLICANTS:

INSTRUCTIONS FOR THE ED 506 FORM

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart and that otherwise meets the requirements of subsection (b)".

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does NOT have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

DEFINITION Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

STUDENT INFORMATION: Write the name of the child, date of birth and school name and grade level.

TRIBAL ENROLLMENT INFORMATION Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If a Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form

- Federally Recognized- an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- State Recognized- an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- Terminated Tribe-a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- Organized Indian Group- Member of an organized Indian group that received a grant under the Indian Education Act of 1988
- as it was in effect October 19, 1994

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

PAPERWORK BURDEN STATEMENT According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number The valid OMB control number for this information collection is 1810-0021 The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form Including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for Improving this form please write to: U.S. Department of Education, Washington, D.C. 20202-4651 If you have comments or concerns regarding the status of your individual submission of this form write directly to Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020

Concussion
INFORMATION SHEET

CDC HEADS UP
SAFE BRAIN, STRONGER FUTURE.

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - Work with their coach to teach ways to lower the chances of getting a concussion.
  - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - Ensure that they follow their coach's rules for safety and the rules of the sport.
  - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

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

Symptoms Reported by Children and Teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*

CDC

cdc.gov/HEADSUP

CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

Children and teens who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to cdc.gov/HEADSUP

CDC HEADS UP

Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

○ I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury

Athlete's Name Printed:_____ Date:_____

Athlete's Signature:_____

○ I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion o other serious brain injury.

Parent or Legal Guardian's Name Printed:_____ Date:_____

Parent or Legal Guardian's Signature:_____

NEW STUDENT FORM 2024-25 – For students who change schools after starting 9th grade

YES ☐ NO ☐ I AM INTERESTED IN PARTICIPATING IN ATHLETICS

To be completed by new students, parents, and former school. *This form is intended to assist schools in compiling information to determine eligibility under MHSAA Regulations. Provide copies in new student packets and as soon as possible, the form should be submitted to the athletic director for evaluation. The AD may then contact the MHSAA for assistance. Consult Int. 65 and 77 or the Residential Change Check List on MHSAA.com (Schools→ Parents→ Regulations Summary) to assist in determining if residential changes are full and complete.* ***Int. 37 states two current and complete documents are prerequisites for participation: Physical Exam/Consent Form or Health Questionnaire/Consent Form and official school record (transcript) since first enrolling in the 9th grade of any school.***

SECTION COMPLETED BY SCHOOL & STUDENT – CHECK TRANSCRIPT	**- Official enrollment date (in school records & attending one or more classes) →**	
	- Number of classes for which credit has been given in the previous academic term →	
	- Number of potential classes for a full-time student in the previous high school →	
	- Number of semesters and/or trimesters in grades 9-12 COMPLETED to date →	
	- In what school year did the student END the 8th grade (and BEGIN grade 9th) →	
	- Has the student REPEATED any grades 9-12? →	

STUDENT'S NAME _____ GRADE _____ BIRTHDATE ____/____/____

PHONE (____)_____ EMAIL _____

CURRENT (NEW) ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF RESIDENCE CHANGE INTO CURRENT (NEW) ADDRESS _____

CURRENT (NEW) PUBLIC SCHOOL DISTRICT IN WHICH YOU RESIDE _____

NEW ADDRESS IS IN A DIFFERENT PUBLIC SCHOOL DISTRICT (OR ATTENDANCE AREA OF A MULTI-HIGH-SCHOOL DISTRICT) ☐ Y ☐ N

OLD HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

FORMER RESIDENCE (CHECK ALL THAT APPLY) ☐ VACANT ☐ SOLD ☐ RENTED ALL BELONGINGS MOVED? ☐ Y ☐ N

FORMER PUBLIC SCHOOL DISTRICT OF RESIDENCE _____

PARENT(S) OR GUARDIAN(S) _____ PHONE: (____)_____

1. The last school the student attended _____

2. While enrolled at the former school, the student lived with _____
   ***(List ALL people & their relationship to the student** - parents, siblings, or others)*

   ☐ YES ☐ NO The student lived with the above for at least 30 days during the most recent previous academic term.

3. The student NOW lives with _____
   ***(List ALL people & their relationship to the student** - parents, siblings, or others)*

SELECT THE APPROPRIATE ANSWER

4. 9 10 11 12 Circle the highest grade in which the student was enrolled at any previous school.
5. ☐ YES ☐ NO School previously attended was a nonpublic or charter school.
6. ☐ YES ☐ NO Student is a "Ward of the Court/State" and was placed in this school District by court order.
7. ☐ YES ☐ NO Student is an international student enrolling from a foreign country. **Select VISA**: ☐ F1 ☐ J1
7a. ☐ YES ☐ NO Student is from an MHSAA Approved International Student Program (AISP).
   Program Name: _____ Program is listed on MHSAA.com ☐ Y ☐ N
8. ☐ YES ☐ NO Student's previous school has been closed, dissolved, or reorganized. *(see Int. 64 & 90)*
9. ☐ YES ☐ NO Student's parents are DIVORCED. If divorced, give exact decree date: **Month**____ **Day**____ **Year**_____
10. ☐ YES ☐ NO Student is 18 or under, or the 19th birthday is on or after Sept. 1st of this school year.
11. ☐ YES ☐ NO Last year, the student lived at a boarding school, or while enrolled out of state, attended a sports academy.
12. ☐ YES ☐ NO Student is 18 and moved into this District WITHOUT his or her parents.
13. ☐ YES ☐ NO Student participated in a cooperative program involving his/her previous school and our school.
14. ☐ YES ☐ NO Student wishes to discuss her/her situation with the athletic director.

OVER →

VERIFICATION OF PREVIOUS HIGH SCHOOL SPORTS PARTICIPATION

15. List ALL high school sports the student participated in (game/meet or scrimmage at any level) in the most recent previous school year and, if the transfer occurs after the school year started, list any sports participated in at any level during the current school year. List the year next to the sport played (e.g., 2023-24).

FALL	WINTER	SPRING

16. List the sport(s) in which the student desires to participate in during the next 12 months at the new school:

• _____ • _____ • _____ • _____

Unless a student meets one of the 15 stated Exceptions, the student is INELIGIBLE for participation in any of the sports listed above (item #15) during the **2024-2025** school year. Students are eligible for participation in sports NOT listed above (item #15).

Today's Date _____ **IN THE PAST 12 MONTHS?**

17. YES NO While at the **previous high school, the student was coached by** any member of our high school's coaching staff (current or incoming). If yes, indicate the name of the coach(es) and sport(s):

_____

RECOMMENDED VERIFICATION & COMMUNICATION BETWEEN SCHOOLS

By my signature below, I state that the above is true and accurate. I also understand that contests the student participates in may be forfeited to opponents if the information submitted is not accurate:

_____ _____ _____ _____
STUDENT DATE PARENT/GUARDIAN DATE

_____ _____ _____
NEW SCHOOL ATHLETIC DIRECTOR DATE SCHOOL NAME + EMAIL OR FAX

TO PREVIOUS SCHOOL A.D. - PLEASE SIGN AND RETURN TO A.D. AT THE STUDENT'S NEW SCHOOL

Exchange this form between athletic directors for students who wish to play the same sport as played previously. The previous school athletic director indicates that to the best of their knowledge, the above is true and accurate:

_____ _____ Form Returned to NEW School: _____
PREVIOUS SCHOOL ATHLETIC DIRECTOR DATE DATE

Notes if previous AD declines to sign: _____

_____

_____

_____

_____

ALERT! The Sport Specific Transfer Rule states: ANY sport a student played in 2023-24 determines eligibility in 2024-25 should the student transfer and not meet one of the 15 stated Exceptions.

OVER →

THIS PAGE IS FOR INTERNAL SCHOOL USE
Do NOT send any page of this form to the MHSAA

Return the completed form to the School Athletic Director, who should complete the following:

The eligibility status of _____ at _____ High School is checked below.

- ❑ This student is IMMEDIATELY ELIGIBLE to participate in interscholastic athletics.
- ❑ This student will be eligible upon completion and processing of the Educational Transfer Form.
- ❑ There is a question about the eligibility of this student, and he/she may not participate in an interscholastic scrimmage or contest until written permission is given by the school and the MHSAA.
- ❑ This student is NOT ELIGIBLE to participate in interscholastic athletics.
- ❑ This student may be ELIGIBLE effective _____/_____/_____

_____	_____	_____	_____
ATHLETIC DIRECTOR	DATE	PRINCIPAL	DATE

Assistance in Applying the MHSAA Transfer Rule and Interpretations

Page 1 and 2 of this form is based upon the following MHSAA Regulations, Sections and Interpretations. Administrators should consult the *MHSAA Handbook* and then, if necessary, the MHSAA staff to assist in Processing a new student transfer. The only interpretations that are official are those received in writing.

This boxed information is intended to provide evidence to address Regulation I, Section 2 (age eligibility), Section 4 (maximum enrollment), Section 7 (previous academic term record), and Section 9(A-F) (transfer student). **A transfer student must be enrolled prior to Oct 1 to participate in fall MHSAA tournaments, Feb 1 for winter tournaments or May 1 for spring tournaments**. See Reg. I, Section 9 [F].

The CAPITALIZED INFORMATION on residence relates to Regulation I, Section 9 exceptions regarding residential change "from one public school District to a different public school District." Exceptions: 1, 2, 3, 4, 8, & 12 and Int. 90.

Line 1:	Indicates type of school: public, nonpublic or charter school.
Lines 2-3:	Regulation 1, Section 9(A), Exception 1, (30 days) Interpretations 65 and 90.
Line 4:	Determine grade level. Regulation 1, Section 9(A), Exceptions 10 and 11.
Line 5:	Verification of line 1 and Interpretation # 62 (school of residency).
Line 6:	Regulation I, Section 9(A), Exception 3.
Line 7:	Regulation 1, Section 9(A), Exception 4. J-1 or F -1 Visa International Students See Interpretations 83-89 and MHSAA.com for Approved International Student Program (AISP) listing.
Line 8:	Regulation I, Section 9(A), Exception 6, (also see Interpretations 65, and 90)
Line 9:	Regulation I, Section 9(A), Exception 8 (allowed one time → Must use "Educational Transfer Form"). Student moving between parents who never married see Interpretation 92 and include documentation.
Line 10:	Regulation I, Section 2.
Line 11:	Regulation I, Section 9(A), Exception 2 (Int. 62, 63) or Exception 1 (Int. 67 - out-of-state sports academy).
Line 12:	Regulation I, Section 9(A), Exception 12 (allowed ONE time → Must use "Educational Transfer Form").
Line 13:	Regulation I, Section 9(C), Former school must concur, and student must have participated in the co-op.
Line 14:	Acknowledges that the student or parents need to discuss the matter of eligibility further.
Lines 15-16:	Regulation I, Section 9(B) Checks history of sports participation during the most recent previous school year. See section 9(B) Sports Specific Eligibility.
Line 17:	Section 9(E.5) the Athletic Related Transfer Regulation (Links Rule). Checks enrolling at a school where a coach from the former school has been recently hired in the previous 12 months.

ALERT! The Sport Specific Transfer Rule states: ANY sport a student played in 2023-24 determines eligibility in 2024-25 should the student transfer and not meet one of the 15 stated Exceptions.