

STUDENT NUMBER \_\_\_\_\_ SCHOOL C MS HS LOCKER # \_\_\_\_\_ Bus# \_\_\_\_\_

|   |   |                            |                                |                               |                                    |                        |
|---|---|----------------------------|--------------------------------|-------------------------------|------------------------------------|------------------------|
| <b>BIRTH<br/>CERTIFICATE</b>            | <b>PROOF OF<br/>RESIDENCY</b>               | <b>RECORDS<br/>REQUEST</b> | <b>INTERNET<br/>PERMISSION</b> | <b>LANGUAGE<br/>SURVEY</b>    | <b>RESIDENCY<br/>QUESTIONNAIRE</b> | <b>MOTHER<br/>DLIC</b> |
| <b>SHOT<br/>RECORD/<br/>IMM RELEASE</b> | <b>FIELD TRIP/<br/>PHOTO<br/>PERMISSION</b> | <b>EARY<br/>DISMISSAL</b>  | <b>CONCUSSION<br/>INFO</b>     | <b>SOC<br/>APPLICATION</b>    | <b>RELEASE<br/>DIRECTORY INFO</b>  | <b>FATHER<br/>DLIC</b> |
| <b>START</b>                            | <b>TEACHER</b>                              | <b>PE INFO<br/>SHEET</b>   | <b>BUS</b>                     | <b>K HEALTH<br/>APPRAISAL</b> | <b>9-12 SPORTS<br/>TRANSFER</b>    |                        |



**New Families:**

Has this student ever been in this district before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever had a student in this district before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is student receiving special education services? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Did student attend Preschool? \_\_\_\_\_ Name of school:\_\_\_\_\_**

DATE \_\_\_\_\_ GRADE ENTERING \_\_\_\_\_ GRADE COMPLETED \_\_\_\_\_ MALE / FEMALE (circle one)

| SCHOOL LAST<br>ATTENDED | ADDRESS | CITY | STATE |
|-------------------------|---------|------|-------|
|-------------------------|---------|------|-------|

STUDENT NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_  
(Last) (First) (Middle)

|                        |             |               |                             |
|------------------------|-------------|---------------|-----------------------------|
| PHYSICAL ADDRESS _____ |             | P.O.BOX _____ | STUDENT'S BIRTHDATE _____   |
| CITY _____             | STATE _____ | ZIP _____     | CITY & STATE OF BIRTH _____ |

PHONE \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ TOWNSHIP \_\_\_\_\_  
Area code (HOME)

**Please answer BOTH parts A and B.**

**Part A:** Is this student Hispanic/Latino? (Choose only one)

**NO, not Hispanic/Latino**      **YES, Hispanic/Latino**      (Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)

**Part B:** What is the student's race? (Choose one or more)

**American Indian or Alaska Native**      **Asian**      **Black or African-American**  
**Native Hawaiian or Other Pacific Islander**      **White**

**MOTHER**

## FATHER

|  |                               |                               |
|--|-------------------------------|-------------------------------|
| <b>NAME:</b>                                       |                               |                               |
| <b>ADDRESS:<br/>(IF DIFFERENT)</b>                 |                               |                               |
| <b>E-MAIL ADDRESS:</b>                             |                               |                               |
| <b>CELL PHONE<br/>NUMBER</b>                       | <b>(Area code)</b>            | <b>(Area code)</b>            |
| <b>EMPLOYER:</b>                                   |                               |                               |
| <b>WORK PHONE:</b>                                 | <b>(Area code)</b> <b>Ext</b> | <b>(Area code)</b> <b>Ext</b> |
| <b>WORK HOURS:</b>                                 |                               |                               |
| <b>LANGUAGE IN HOME</b>                            |                               |                               |
| <b>Level of education<br/>completed by parents</b> |                               |                               |

IN A MILITARY CONNECTED FAMILY                      YES                      NO

STUDENT LIVES WITH - CIRCLE ONE: Birth Parents   Father & Step-Mother   Mother & Step-Father   Relative  
Father Only   Mother Only   Legal Guardian   Foster Home   Grandparents   Joint Custody   Power of Attorney  
PERSON THAT HAS CUSTODY \_\_\_\_\_

STEP-PARENT IN HOME: YES   NO   Step-Parent's Name \_\_\_\_\_

PLACE OF WORK \_\_\_\_\_ PHONE \_\_\_\_\_ - \_\_\_\_\_ WORK HRS. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ AREA CODE CELL PHONE \_\_\_\_\_  
OVER

LIST ANY CHRONIC ILLNESS OR ALLERGY \_\_\_\_\_

MEDICATIONS TAKEN AT HOME \_\_\_\_\_

MEDICATIONS TAKEN AT SCHOOL \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_ - \_\_\_\_\_

Has student being enrolled had chickenpox? No \_\_\_\_\_ Yes \_\_\_\_\_ Date \_\_\_\_\_

**OTHER CHILDREN IN THIS HOUSEHOLD:**

| NAME | BIRTHDAY | GRADE | SCHOOL ATTENDING |
|------|----------|-------|------------------|
|      |          |       |                  |
|      |          |       |                  |
|      |          |       |                  |
|      |          |       |                  |

**IMPORTANT:** Please list two adults who would assume responsibility for your child in an emergency if neither parent can be reached.

|         |              |             |             |
|---------|--------------|-------------|-------------|
| NAME    | RELATIONSHIP |             |             |
| ADDRESS | Work Number  | Home Number | Cell Number |
| CITY    | STATE        | ZIP CODE    |             |

|         |              |             |             |
|---------|--------------|-------------|-------------|
| NAME    | RELATIONSHIP |             |             |
| ADDRESS | Work Number  | Home Number | Cell Number |
| CITY    | STATE        | ZIP CODE    |             |

In case of accident or severe illness, I authorize the school authorities to contact one of the above if no one can be reached at home or business. Furthermore, if I cannot be reached I authorize the school authorities to secure medical attention for my child, but not at school expense.

PARENT'S SIGNATURE: \_\_\_\_\_

Remarks:

\_\_\_\_\_

# WHITE PIGEON COMMUNITY SCHOOLS

410 E Prairie Ave.

White Pigeon, MI 49099

Jr/Sr HS: Phone: (269)483-7679 Fax: (269)483-8742

Central Elementary: Phone: (269)483-7107 Fax: (269)483-8432



## VERIFICATION OF RESIDENCY

**Directions:** This form is to be completed for each child who enrolls in this school district for the first time and for every change of address. Proof of current residency is required each time an address is changed. Acceptable types of proof are water, sewer, electric, trash, or gas bill, lease or property tax bill.

Law requires that in order to attend school in a certain district a natural parent or guardian must be a permanent resident of that district. I recognize that it is unlawful to enroll a child in a school district where their parent or legal guardian has no permanent residency. The child is presumed to have a residency that same as the parent or legal guardian. The school district reserves the right to require that satisfactory documentary evidence be submitted to the Superintendent to establish the student's residency.

I also recognize that if it is determined by the school district that my child/children are not legal residents of this school district, I will be obligated to pay the full cost of education my child/children. The exact amount will be determined when a nonresidency is determined.

CHECK ONE: ☐ New Student \_\_\_\_\_  
(Last school attended)

☐ Address Change \_\_\_\_\_  
(Old address)

Student \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B \_\_\_\_\_

New address \_\_\_\_\_ Phone \_\_\_\_\_

Living with  
Names of adults (Relationship)

Legal Guardian  
Yes No

Court Placed  
Yes No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/ Guardian Signature

\_\_\_\_\_ Date \_\_\_\_\_

**WHITE PIGEON**  
JR/SR HIGH SCHOOL  
410 PRAIRIE AVE.  
WHITE PIGEON, MI 49099  
PHONE: (269) 483-7679 FAX: (269) 483-8742



PRINCIPAL: TODD REYNOLDS  
COUNSELOR: PAM SHENK

## **STUDENT RECORDS REQUEST FORM**

DATE \_\_\_\_\_ STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

FORMER  
SCHOOL \_\_\_\_\_

SCHOOL  
ADDRESS \_\_\_\_\_

SCHOOL CITY \_\_\_\_\_ SCHOOL STATE \_\_\_\_\_ SCHOOL ZIP CODE \_\_\_\_\_

STUDENT  
DATE OF BIRTH \_\_\_\_\_ DATE OF ENTRY \_\_\_\_\_

According to Public Law 93568, Privacy Act Section 438 (b)(1)(8) a student's records may be released to officials of other schools or school systems in which the student seeks, or intended to enroll, upon condition that the student's parents be notified of the transfer, copy of the record if desired and have the opportunity for a hearing to challenge the content of the record.

In accordance with the law we have taken it upon ourselves to notify the parents of the transfer and their right under the law. Written consent of parents is *NOT* required under the law.

Please send a complete file (CA60) containing the following materials along with other pertinent information, which might help serve the needs of this student.

- |                                     |   |
|-------------------------------------|---|
| 1. Enrollment Dates                 | 6. IEP/Psych Reports                      |
| 2. Grades in Progress/Schedule      | 7. Portfolio                              |
| 3. UIC number                       | 8. Merit ID number                        |
| 4. Official Transcript/Test Results | 9. Immunization Records – Doctor or State |
| 5. Attendance                       | 10. Discipline                            |

*Thank you for your cooperation.*

**SEND ABOVE INFORMATION TO:**

**Erica Bright, Registrar (ebright@wpcschoools.org) (x 51273)**  
**White Pigeon Jr/Sr High School**  
**410 Prairie Ave.**  
**White Pigeon, MI 49099**

# St. Joseph County Schools Information Systems

## White Pigeon Community Schools Acceptable Use Agreement-- All Grades/Programs

The purpose of this Acceptable Use Agreement is to give access to and define acceptable use of the technology resources made available to users through White Pigeon Community Schools (herein referred to as the "District") and the St. Joseph County Schools Information Systems (SJCSIS) Network (herein referred to as the "Network").

The District and the Network do not guarantee that technology resources will be error free or that access will be uninterrupted. By signing this agreement you release the District and the Network of all claims and liabilities for use of the technology resources.

**Any person using District and Network technology resources who, without authorization, accesses, uses, destroys, alters, dismantles or disfigures the District's and Network's Information Systems, properties or facilities, as well as those owned by third-parties shall be subject to disciplinary action. Such action may include, but is not limited to: Warning, Revoked Privileges, Financial Restitution, Suspension/Termination, and/or Legal Action.**

### District and Network Safety Policies

- Never give out your last name, address, phone number, the school you attend, or personal identifying characteristics.
- Never agree to meet in person with anyone you have met online.
- Never assume that you are speaking to a person your own age.
- Never assume the personal information that you may receive from the Internet is correct.
- Notify an adult immediately if you receive a message that may be inappropriate or if you encounter any material that violates the Acceptable Use Policy.
- Your parents should instruct you if there is additional material that they think it would be inappropriate for you to access.

### District and Network Acceptable Uses

- The computer Network at the District has been setup to allow Internet access for educational purposes. This includes classroom activities, research activities, peer review of assigned work and the exchange of project related ideas, opinions and questions through email, network drives, message boards, and District-owned web page access.
- Students will have access to the Internet in the classroom, media center, in the computer labs and areas where public wifi is available.
- Student's use of the Internet is contingent upon parent/guardian permission in the form of a signed copy of the Acceptable Use Agreement.

- Material created and/or stored on the system is not guaranteed to be private. District and Network administrators may review the system from time to time to ensure that the system is being used properly. For this reason, students should expect that emails, material used on personal web pages, and other work that is created on the network may be viewed by a third party.
- District and Network users are expected to adhere to the Safety Guidelines found in this document and in the District's Code of Conduct and/or Student Handbook

### **District and Network Unacceptable Uses**

- The Network may not be used to download, install, distribute, copy or store any application without prior permission from District and/or Network administrators. The Network may not be used for commercial purposes or to access illegal or malicious applications. Users may not buy or sell products or services through the system without prior permission from District and/or Network administrators.
- The Network may not be used for any activity or to transmit any materials that violate federal or local laws. This includes, but is not limited to, illegal activities such as threatening the safety of another person or violating copyright laws.
- Network users may not use vulgar, derogatory or obscene language. Users may not communicate through District-owned or personal devices to engage in bullying, perform personal attacks, harass another person, or post private information about another person. Such actions may be grounds for discipline under this Acceptable Use Agreement and the District's Code of Conduct and/or Student Handbook.
- Network users may not access web sites, newsgroups, chat areas, or any other content containing material that is obscene or that promotes illegal activity. If a user does accidentally access this type of information, he or she should immediately notify a teacher or parent.
- Use of a computer or mobile device for anything other than a teacher directed or approved activity is prohibited
- User accounts shall only be used by the person authorized to use that account and users assume all responsibility for actions delivered through their account.
- Users may not make alterations to hardware/software systems or settings.
- Users may use their own laptop computer or mobile device at school, but may not connect to the Network in any way without express written permission from the District and/or Network administrators. The District is not responsible for loss or theft of such equipment.

### **Web Page Policy and Permission**

**Identification of Students and Employees on the District Website** Student pictures and projects may be displayed on District web pages for educational and informational purposes unless otherwise specified. Web pages will not contain a student's address, phone number or full name, except in instances when such a listing might also appear in public documents such as newspaper articles.

**District-Provided Web Pages** User created content on District-provided web pages must be consistent with the educational mission, goals and objectives of the District and with the letter and spirit of the District's School Board policies. Material placed on web pages is expected to meet academic standards for proper spelling, grammar and accuracy of information. Students may create content on Google Sites or other web applications under their instructor's supervision, but will not include pages containing personal details such as address or phone number. Linking to a student's or staff member's *personal* web page on an external site is not permitted.

### **Policy and Permission--Google Apps for Education, Email, and other online accounts**

The District and Network follow the policies outlined in the Children's Online Privacy Protection Act (COPPA) in providing technology resources, Google Apps for Education accounts, email accounts, and access to any other online accounts used for educational purposes. Students grades K -12 will be supplied with their own Google Apps for Education accounts hosted by Google but managed by District and Network administrators. Students will be also be assigned District email accounts, intended for educational use. By signing this agreement parents give their permission to the District and the Network to create online accounts for students under age 13. All policies outlined by Google and the following email policies apply to students as well.

Student email is **not** considered private.

**Bulk mailing:** Bulk mailing (mailing to a large list of people) should be done for educational purposes only. For example, a memo to the whole school etc. Please do not forward jokes around.

**Unsolicited email:** Unsolicited bulk email, which is defined as sending advertisements, chain letters or other such junk mail to users or a large list of users is NOT ALLOWED!

**Commercial Email:** Using either email system for personal profit, such as running a home business is also not allowed. If you have a need to use email for a home business please use another service provider.

**Personal mail:** You can use your account for personal mail as long as it does not conflict with any of the policies in this document and it does not interfere with school.

**Illegal activities:** Simply put this is not allowed and the proper authorities will be notified.

**Account sharing:** If you share your account with someone it WILL BE SUSPENDED!

## Personal Technology Guidelines

**Student owned personal technology and electronic devices may be used for educational purposes under direct teacher supervision.**

### Acceptable Uses during school hours

- Designated areas for use are the cafeteria during lunch and other areas on the school grounds that staff use for their classes.
- Electronic devices and accessories must be stored appropriately when not in use.
- Student devices may only connect to the District and Network's Open Wi-Fi access points (where available). Devices with their own data plans may use their cell signal for Internet access.
- All notifications on every device must be set to silent.

### Unacceptable Uses at any time on school grounds

- Users are prohibited to create or maintain a wireless hotspot.
- Unauthorized video and audio recording on school grounds is prohibited
- Use of technology outside of designated areas during school hours is prohibited.
- Student owned devices may not use a network cable for Internet or Network access.

I have read and understand all of the information in this 4-page document and understand that this form will be kept on file at school. I have reviewed and discussed this policy with my child. I give my child permission to access the Network as outlined above and use of a school email account. I also understand that my child's work (writing, drawings, etc.) may occasionally be published on the Internet and may be accessible on a World Wide Web server unless I have specified otherwise.

Student Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent Name Printed: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Version 2013.3



# **White Pigeon Community Schools**

*"Every Student—Every Day"*

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

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

Was the student born outside of the US?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, when did the student first enter US schools?

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

\*Students from Puerto Rico are not considered immigrant students.

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

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

ESPAÑOL →

## **Escuelas comunitarias White Pigeon**

*"Cada estudiante, todos los días"*

Nombre del estudiante: \_\_\_\_\_ Grado: \_\_\_\_\_

Edad: \_\_\_\_\_

Edificio escolar: \_\_\_\_\_

¿El estudiante nació fuera de los Estados Unidos?

Sí \_\_\_\_\_ No \_\_\_\_\_

Si es así, ¿cuándo ingresó el estudiante por primera vez a las escuelas de Estados Unidos?

Fecha: \_\_\_\_\_

\*Los estudiantes de Puerto Rico no se consideran estudiantes inmigrantes.

Firma del Padre o Tutor: \_\_\_\_\_

Dirección: \_\_\_\_\_ Fecha: \_\_\_\_\_

STATE BOARD OF EDUCATION  
APPROVED HOME LANGUAGE SURVEY\*

The \_\_\_\_\_ 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 380.1151 – 380.1158 of the School Code of 1976, Michigan's Bilingual Education Law. Would you please help by providing the following information?

Thank you very much for your cooperation.

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

School Building \_\_\_\_\_

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

☐ Yes

☐ No                      What is that language? \_\_\_\_\_

2. Is the primary language<sup>1</sup> used in your child's home or environment a language other than English?

☐ Yes

☐ No                      What is that language? \_\_\_\_\_

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

<sup>1</sup>"Primary language" means "dominant language used by a person for communication."

\*Translation of this survey form in Spanish, Arabic, French, Italian, and Ojibwa is available at the Office of Field Service.

ESPAÑOL →

## ENCUESTA SOBRE EL IDIOMA DEL HOGAR

El \_\_\_\_\_ necesita información acerca de los idiomas que sus estudiantes hablan o entienden; y acerca de los lenguajes en que han nacido aunque aparentemente no los hablen o entiendan. Esta información sobre su hijo(a) será usada por el distrito escolar para determinar el número de estudiantes que pueden calificar para recibir educación bilingüe de acuerdo a las Secciones 380.1151 – 380.1158 del Código Escolar de 1976, Ley sobre Educación Bilingüe de Michigan. Por favor responda a las preguntas que abajo se hacen.

Muchas gracias por su cooperación.

Nombre del estudiante \_\_\_\_\_ Grado \_\_\_\_\_ Age \_\_\_\_\_  
 Nombre de su escuela \_\_\_\_\_

1. ¿Es el idioma nativo<sup>1</sup> de su hijo(a) otro aparte del inglés?

Si No

☐
☐

¿Cuáles ese idioma? \_\_\_\_\_

2. ¿Es el idioma principal<sup>2</sup> usado en la casa o "barrio" de su hijo(a) un idioma diferente al inglés?

Si No

☐
☐

¿Cuál es ese idioma? \_\_\_\_\_

\_\_\_\_\_  
 Firma del Padre o Guardián

\_\_\_\_\_  
 Domicilio

\_\_\_\_\_  
 Fecha

<sup>1</sup> Idioma nativo significa "El idioma en que el/la niño(a) primero comenzó a entenderse con sus padres."  
<sup>2</sup> "Idioma principal" significa "el idioma dominante usado por una persona para comunicarse."

# White Pigeon Community Schools

## Student Residency Questionnaire

By completing this questionnaire, you help this district comply with the McKinney – Vento Act, Title X, Part C of the No Child Left Behind Act. Your truthful and accurate answers help the district identify services that the student may be eligible to receive. This is confidential information and will not be shared with anyone other than school staff.

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

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents' / Guardians' Name: \_\_\_\_\_

Please indicate school district origin: \_\_\_\_\_  
("School of origin" means the school that the child attends when permanently housed or last school in which the child was enrolled.)

Date transferred from previous school (if applicable): \_\_\_\_\_

Current Contact Person: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

Is this address at a shelter? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this a **temporary** residence with family or friends? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, is this residence:

A) By choice? Yes \_\_\_\_\_ No \_\_\_\_\_

B) Due to financial difficulties? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this address at a campground, in a camper, or in a car? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this address at a hotel or a motel? Yes \_\_\_\_\_ No \_\_\_\_\_

Will the student be using school bus transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

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To be filled out by school personnel

### School Information

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

Building Liaison Name (printed): \_\_\_\_\_

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

Keep original form on file. Please make additional copies, one for District Homeless Liaison.

Date Student Residency Questionnaire copy submitted to District Homeless Liaison: \_\_\_\_\_

**If student is using school bus transportation, please fax this immediately to district liaison at (269) 483-8432**

## White Pigeon Community Schools

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

Student's Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

Signature of Parent/Guardian  
or Eligible Student: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

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

**White Pigeon Community Schools**  
**White Pigeon, Michigan 49099**

**Parental Permission for Field Trips**

Dear Parents,

Realizing that activity trips and tours of industry, business, etc. have real value in educational programs, most teachers and activity leaders desire to arrange some such events for their pupils during the year. We have found that the policy of requiring releases for such individual trips proves to be burdensome for both the home and school. Therefore, we ask your cooperation in signing one blanket release which can be in effect while your child is enrolled in our schools.

Parents will continue to receive advance notice of each field trip through monthly newsletters or other school-wide communications. This will allow parents to have sufficient time to inform the school if they do not want their child to participate.

My child, \_\_\_\_\_

Has my permission to participate in class, activity, or team groups of the White Pigeon Community Schools on educational and activity tours and field trips. I understand that the group will always be accompanied by the teacher or other activity leader and by other adults.

Any one of the three people listed below may authorize permission. Please sign and return to school promptly.

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

Signed: \_\_\_\_\_  
(father, mother, or legal guardian)

Teacher: file sheet in student's cumulative records

For use beginning: 3/17

**Photography Consent Form**

As the parent or legal guardian of \_\_\_\_\_, I am stating that I give my permission for my child to be photographed, video taped etc. in which the above child appears for publication purposes. This will remain in effect until I revoke this document in writing to White Pigeon Community Schools.

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

Date \_\_\_\_\_

Signature of verifying individual \_\_\_\_\_ Date \_\_\_\_\_

**Photographic permission refers to educational publications, newspapers and/or television including but not limited to White Pigeon Schools Chief Advisor, yearbook, classroom composite, district wide newspaper, the Sturgis Journal, Kalamazoo Gazette, or the Elkhart Truth.**

**White Pigeon Community Schools**  
**White Pigeon, Michigan 49099**

**EMERGENCY INSTRUCTIONS FOR EARLY DISMISSAL**

There are times when school must be closed early due to weather or other conditions. The school will notify the radio and television stations and they will transmit the message. Please make sure to include contact phone numbers.

STUDENT'S NAME: \_\_\_\_\_

TEACHER'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

When an emergency dismissal occurs, my child/children should go:

CHECK ONE:

☐ Walk-Home (address) \_\_\_\_\_

\_\_\_\_\_

☐ Walk-Other (address & explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Bus (address) \_\_\_\_\_

\_\_\_\_\_

☐ Pick-Up (who) \_\_\_\_\_

\_\_\_\_\_

TRANSPORTED CHILDREN – If the bus driver finds no one home, the student will be returned to school.

Please list all school age siblings:

Name

Grade

Teacher

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# A FACT SHEET FOR Parents



## 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](http://www.cdc.gov/HEADSUP) or call 1.800.CDC.INFO

January 2021



White Pigeon Community Schools  
White Pigeon, Michigan 49099

**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 White Pigeon Community Schools.

**Participant Name (printed):** \_\_\_\_\_

**Participant Name (signature):** \_\_\_\_\_

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

**Parent Name (printed):** \_\_\_\_\_

**Parent Name (signature):** \_\_\_\_\_

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

Return this signed form to your child's school. This form will be kept on file for the duration of participation or age 18.

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

## **White Pigeon Community Schools**

### **Health Information for Physical Education**

If your child has any health concerns, please complete this form and return to your child's teacher.

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

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

Please list specific health conditions which may need to be brought to my attention. Examples: asthma, heart conditions or any chronic problems.

Conditions/Concerns:

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

# WHITE PIGEON TRANSPORTATION RULES AND PROCEDURES FOR A SAFE AND PLEASANT RIDE

Parents,

It is our goal to provide SAFE dependable transportation for all students. Please review and discuss the bus rules with your children. Impress upon them the importance of following the rules while riding a school bus. This is a general list of rules for all the buses, as each driver is different (just as each teacher is different), and may expect something more of the students. The bus is an extension of the class room. Courteous and correct classroom behavior is expected from **all** students.

For your children's safety they must obey the rules and listen to the bus driver (also the substitute bus drivers). The bus driver is in complete charge and is authorized to assign seats. Remember the driver has the same authority over the students on the bus and at the bus stops as teachers do in the classroom and hallways. Following the Bus Rules **is the student's responsibility** on the bus.

If your child is to get off the bus at a stop other than their own, send a signed (by parent or guardian) and dated written request with them or phone the bus garage. **Do not give permission last minute via child's cell phone after they get on the bus.** Students not assigned to any bus, but needing to ride, must also have a written request to ride or phone the bus garage. If a student is riding home with your child, both parents will need to send a written request or phone the bus garage to let them know. If your child will not be riding the bus to school, please notify your driver in advance or phone the bus garage (483-7439), prior to your bus stop time.

**If you are the parent of a pre-school, Young 5 or Kindergarten student, it is required that you make sure the driver can see you when they arrive to let your student off the bus. For the child's safety, the driver will not let a small child off the bus without knowing if someone is home. It is not required, but strongly advised, if you have a student that is 1<sup>st</sup> or 2<sup>nd</sup> grade, you should also let the driver know someone is home.**

Whereas, the drivers do an excellent job reaching each stop at the same time everyday, there may be times when this is not possible. Please remember the buses are at the mercy of weather conditions, traffic, trains, etc. so we ask you to have students ready at least 5 minutes before their stop time, but also be prepared to wait at least 5 minutes after their bus stop time.

If you have any questions, feel free to call the bus garage at 483-7439. To leave a message for a driver, dial 269-483-7676 extension 52343

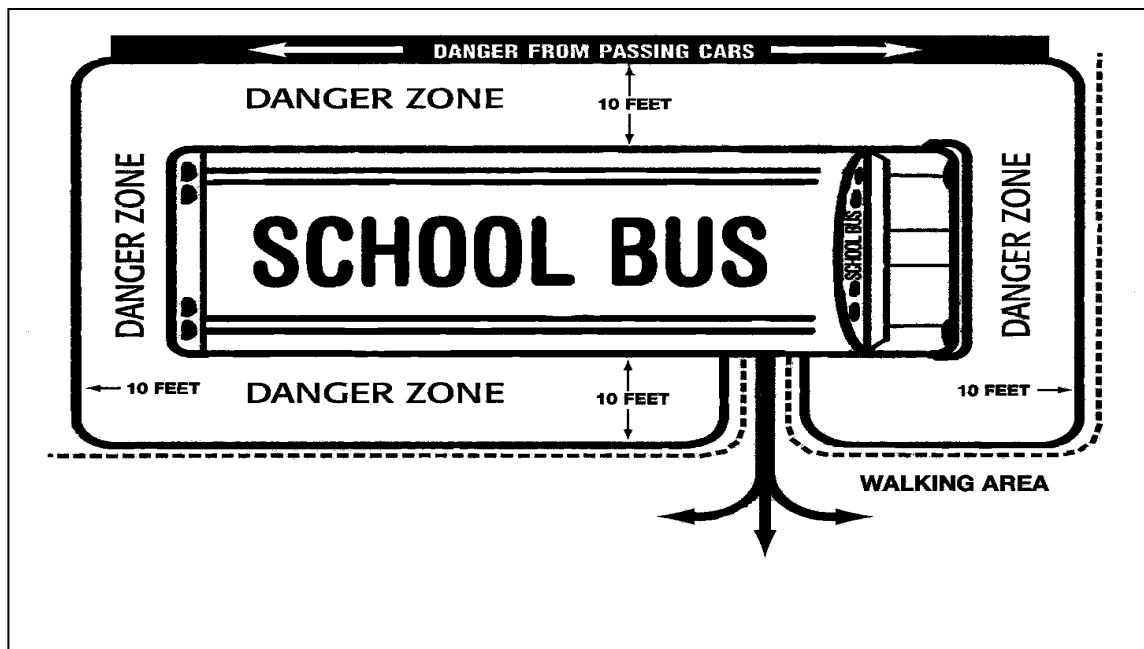
Thank you.

## SCHOOL BUS SAFETY RULES

1. **Riding the bus is a privilege.** Unacceptable conduct such as, loud talking, fighting, disobeying the bus driver, using inappropriate language, obscene gestures, harassment, bullying others, verbal or physical abuse, may make it necessary to take your riding privileges away.
2. **Be ready and at your stop** when the bus arrives and enter quickly.
3. The driver must not be distracted from the job of driving the bus. Students **must** obey the driver, (this includes substitute drivers)!
4. Students shall be respectful, courteous, helpful and friendly **to the driver and fellow students.**
5. Students shall sit in their seat and remain seated. No changing seats without driver's permission.
6. Windows or doors will only be opened or closed with permission from the driver. Keep hands and head inside the windows.
7. Keep aisle clear at all times.
8. Students are not to enter or exit from the bus by means of the emergency door (emergency only).

Continued

9. When crossing the road, students are to take from 8 to 10 steps ahead of the bus so that the driver can see them and they can see the driver. They are to wait for the driver's signal **and check traffic** before crossing the road. NEVER cross behind the bus.
10. **NO talking at railroad tracks, or at turn arounds!**
11. **NO eating, drinking, or chew gum on the bus.**
12. Students shall not be permitted to check mail boxes **at any time** when getting on or off their bus.
13. The school bus is an extension of the school campus and therefore all student code of conduct rules as listed in student handbooks will also apply to the school bus, including dress code with the exception of hats and coats are expected when weather requires them.
14. Keep away from all sides of the bus (danger zone) where it is difficult for the driver to see you.
15. As in school, **cell phone use is not permitted** on the buses. Also cameras are not to be used on bus. Music may be played by individual with ear phones, but no sharing of music due to parental consent. Music should be turned off at Rail Road Crossings and ear phones removed when crossing road for student safety.
16. Do to an ever increasing number of students that suffer from asthma or other breathing issues, there is to be nothing used or sprayed on the bus that has a strong scent, examples but not limited to: antiperspirant/deodorant, hair spray, cologne, perfume, nail polish, polish remover, hand lotions, etc. Also it is asked that students don't over do when using colognes, perfumes or scented hair spray, etc. just prior to getting on the bus. Thank you



ALL AREAS around a school bus can be dangerous, but the most dangerous are around the front, along the right side and behind the bus.

When crossing the road at your stop, go along the right side of the road until you are in front of the bus about 10 feet. You should be able to see the driver signal you across the road. **Before you cross the center of the road, be sure you look both ways.**

White Pigeon Community Schools  
Transportation Department

(269) 483-7439



Please fill in this form completely. It is very important for our office to have the most up to date information on all of the students we transport. If you have **any changes** during the year, such as telephone number , etc., please let our office know ASAP. **Also, please review the attached bus rules and consequences for breaking the rules, with your child(ren) and sign below.** Keep the rules for future review and return this sheet to the bus driver. Thank you.

LIST ALL YOUR CHILDREN THAT ARE ATTENDING WHITE PIGEON SCHOOLS.

NAME OF STUDENTS

GRADE

BUS NUMBER

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

\_\_\_\_\_  
(PARENT / GUARDIAN NAME)

\_\_\_\_\_  
(HOUSE NO. & STREET ADDRESS)

\_\_\_\_\_  
(HOME PHONE)

\_\_\_\_\_  
(DIRECTIONS TO YOUR HOME)

\_\_\_\_\_  
(NAME OF AN EMERGENCY PERSON)

\_\_\_\_\_  
(PHONE NUMBER)

**LIST ANY OTHER IMPORTANT INFORMATION** that would pertain to your child(ren): Is there a sitter, give name, address and phone number, is this for a.m., p.m. or both. Should your child(ren) go to a different place if we have an unexpected early dismissal. **Is there any medical information or condition that the driver should be aware of, etc.** If you need additional room write on the back of this form.

\_\_\_\_\_  
**I HAVE REVIEWED THE BUS RULES AND PROCEDURES WITH MY CHILD(REN).**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent / Guardian Signature)

PLEASE, IT IS VERY IMPORTANT TO RETURN THIS SHEET TO THE BUS DRIVER WITHIN THE NEXT **FIVE (5) DAYS.**