



# Student Registration Form

Today's Date \_\_\_\_\_

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Male Female

Address # and Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Ph. \_\_\_\_\_ E Mail (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

2016-17 Grade \_\_\_\_\_ DOB (Month/Day/Year) \_\_\_\_\_

Has child ever attended the Utica Community Schools ? \_\_\_\_\_ If yes, which one \_\_\_\_\_

Last School Attended \_\_\_\_\_ Last School Address \_\_\_\_\_

Father's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Bus. PH. \_\_\_\_\_ Cell PH. \_\_\_\_\_

Address if different from above \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Educational Background: High School College Graduate School Occupation \_\_\_\_\_

Mother's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Bus. PH. \_\_\_\_\_ Cell PH. \_\_\_\_\_

Address if different from above \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Educational Background: High School College Graduate School Occupation \_\_\_\_\_

Marital Status \_\_\_\_\_

\_\_\_\_\_ **If there is a custody restriction, court documents need to be on file in the office.** \_\_\_\_\_

Medical Concerns (please list) \_\_\_\_\_

**(The above may require a Medical Authorization Form or Health Care Form)**

Has there ever been a Special Education Plan (IEP) for your child? Y N

Is there a current Special Education (IEP) Plan for your child? Y N If yes, please provide the office staff with a copy.

Does your child have a 504 plan? Y N

Does your family have a place of evening residence? Y N

### EMERGENCY INFORMATION

Sibling Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_ M F DOB \_\_\_\_\_

Sibling Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_ M F DOB \_\_\_\_\_

Sibling Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_ M F DOB \_\_\_\_\_

First person listed will be called. If not available, the next person in line will be called.

#1 Adult Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone # \_\_\_\_\_

#2 Adult Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone # \_\_\_\_\_

#3 Adult Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone # \_\_\_\_\_

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

### The following must be presented to the school staff in order to process the registration paperwork:

Child's Certified Birth Certificate in English

Child's Immunization Record

Parent Driver License/State ID/Work Photo ID

Proof of Residency (1 required)-Lease or rental Agreement-Closing Document-Purchase Agreement-Current Tax Bill

**Home Language Information** Section 380.1152-1157 School Code of 1995, Michigan's Bilingual Education Law

\*Note- Indicating a language other than English in any of the below questions will result in your child being assessed for an additional English Language Learner Program.

What language did your child first learn to speak? English      Other      Language\_\_\_\_\_

What is the primary language used by **adults** in your home? English      Other      Language\_\_\_\_\_

What language does your **child** most often use at home? English      Other      Language\_\_\_\_\_

What language does your child most often use when speaking with friends outside the home? English      Other  
Language \_\_\_\_\_

Has your child attended any United States school in the last year? Y      N

Date of Arrival in the United States (month/day/year) \_\_\_\_\_ Country of Birth \_\_\_\_\_ 1st Date in US School \_\_\_\_\_

If yes, Name of School \_\_\_\_\_ City, State \_\_\_\_\_ Dates Attended \_\_\_\_\_

Immigration Status: (check one) Refugee      Immigrant      Migrant      U.S. Born      Other      Country of Immigration \_\_\_\_\_

**Ethnicity/Race**

Is the student's ethnicity Hispanic or Latino?      Yes, child is Hispanic or Latino      No, child is not Hispanic or Latino

Which of the following is the Student's Race: (If multi-racial, place a check mark for each that applies)

American Indian or Alaska Native      Black or African American      White  
Asian American      Native Hawaiian or other Pacific Islander      Hispanic or Latino

I verify that the above information is true and factual.

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

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

-----**OFFICE USE ONLY**-----

Child's Birth Certificate in English      Child's Immunization Record      Parent Driver License/ID

Proof of Residency (1 required)-Lease or rental Agreement-Closing Document-Purchase Agreement

## Developmental and Social History (This form is for enrolling Kindergarten students only)

Child's Name: \_\_\_\_\_

At what age did your child begin to speak words? \_\_\_\_\_ To walk alone with support? \_\_\_\_\_

Does your child have opportunities to play with other children his/her own age? Y  N

Did your child have a nursery or preschool experience? Y  N  When? \_\_\_\_\_ Where? \_\_\_\_\_

How many brothers does your child have? \_\_\_\_\_ Ages? \_\_\_\_\_ How many sisters? \_\_\_\_\_ Ages? \_\_\_\_\_

Is your child right handed? Y  N

Is your child well acquainted with a number of stories and poems related to him/her during the day or at bedtime? Y  N

If yes, check next to the word which best describes the number of stories he/she knows:

Very Large  Large  Average  Small

Have you observed any special abilities that your child has? For example: leadership, inventiveness, imagination, creativeness.  
List them:

List your child's special interests? Examples: coloring, painting, reading, dramatization, pets, building

What major experiences has your child had? Examples: travel, loss of close companion, accident. List them:

Explain any troublesome characteristics:

After you print this document, circle all of the following terms which best describe the behavior of your child:

Shy, aggressive, tactful, happy, sad, or dejected, apprehensive and worrying type, boisterous, serene, nervous, temperamental,  
humorous, rough, gentle, destructive, constructive and creative, demonstrative, physically active, physically passive.

Other comments you care to make:

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

**UTICA COMMUNITY SCHOOLS**  
**11303 Greendale, Sterling Heights, MI 48312 Phone 586.797.1120**  
**Kindergarten Waiver Request for 2016-2017 School Year**

According to Michigan Law, if a child residing in Utica Community Schools is not five years of age on September 1, 2016 but will be five years of age on or before December 1, 2016, the parent or legal guardian of that child may enroll the child in kindergarten for the 2016-2017 school year if the parent or legal guardian notifies the school district in writing.

A school district that receives this written notification may make a recommendation to the parent or legal guardian as to whether the child is not ready to enroll in kindergarten due to the child's age or other factors. Regardless of the district recommendation, the parent or legal guardian retains the sole discretion to determine whether or not to enroll the child in kindergarten if the student is five years of age not later than December 1, 2016.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Verification of Age: \_\_\_\_\_ Birth Certificate \_\_\_\_\_ Government Record \_\_\_\_\_ Hospital Record \_\_\_\_\_  
(Check one) Court Record \_\_\_\_\_ Citizenship Paper \_\_\_\_\_ Other: \_\_\_\_\_  
(Specify)

Evidence of School Readiness (provided by parent):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**Utica Community Schools Recommendation**

I \_\_\_\_\_ agree with the recommendation of the parents to enroll in Kindergarten.  
(Administrator's Name)

I \_\_\_\_\_ recommend kindergarten begin in September 2017 for the following reasons:  
(Administrator's Name)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

\_\_\_\_\_  
School Administrator's Signature

\_\_\_\_\_  
Date

## Use of Student Work/Photograph

Dear Parents:

As part of the communication process, the Utica Community Schools maintain web pages on the Internet. These pages provide information about the activities of the Utica Community Schools, its employees and students, and can be viewed globally.

This form officially documents that you are willing to release your child's projects, photographs, video images and/or voice recordings into the public domain. They can be viewed by anyone with access to the Internet. Group photographs may be used on a web page, however, your child's name and/or individual photograph will not appear on the Internet. There is no monetary compensation for the use of these projects and/or images.

Release

I give my permission for my child's computer projects, photographs, images and/or voice recordings, to be used as described above and are willing to release this for use in the Utica Community Schools web pages on the internet. I understand no monetary compensation will be given for use of the materials.

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Student Name (Signature)

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Parent/Guardian (Signature)

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Address

---

Parent/Guardian name (Printed)

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City, State, Zip

---

Date

---

Phone number with area code

**Please sign and return to the building principal**

**Must be filled out.  
If you do not agree, fill out and  
write "NO" across the top**

**Parent Request for Academic Progress  
Via Electronic Message**

Dear Parents:

To promote the (improvement of your child's academic achievement), or (your partnership in your child's learning) this form officially documents your request to receive an electronic message from the designated teacher for the time intervals and period indicated below. You acknowledge, by your signature, that you are the recipient of the information and that your child's privacy of information is not compromised by this electronic message. You also acknowledge that your student's full name, address or phone number will not be included in the message, that your student's academic progress information will be contained in the body of the message and not as an editable attachment, and that the message cannot contain behavior/discipline issues or information.

**Release**

I request that my child's academic progress be sent via electronic messaging from the teacher indicated below for the time period and intervals agreed upon.

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

\_\_\_\_\_  
Starting Date

\_\_\_\_\_  
Ending Date

\_\_\_\_\_  
Intervals (weekly, monthly, etc.)

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Parent/Guarding Name (printed)

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
CURRENT Date

\_\_\_\_\_  
PARENT email

\_\_\_\_\_  
Teacher Name (PRINTED)

\_\_\_\_\_  
Teacher Signature

Please sign and return to the designated teacher who will retain this request on file.



**Notice to Parents**

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Often, our students are involved in interviews by the local media, reporting on the positive instructional programs of the district. These interviews can include, but are not limited to, classroom activities, concerts and musical programs. The Utica Community Schools Board of Education has approved a policy regarding media relations, which affects students. The policy required that the new media report to the to the Office of School/Community Relations or the building principal for prior approval before interviewing students involved in instructional programs.

District employees may release student information to the media only in accordance with applicable provisions of the Family Education Rights and Privacy Act (FERPA) and Board of Education Policy 5124 - Release of Directory Information. (See reference in Student/Parent Handbook.)

By completing the form below, you will give the school district, including the Utica Community Schools cable access TV education station, and the new media permission to interview your child in connection with activities involving the Utica Community Schools for as long your child is a student of the district. Please complete the form and return it to your building principal. The completed form will be kept in the school office.

**Media Release Form**

The person named below gives the Utica Community Schools (UCS) permission to allow the news media and/or the school district to photograph, video and/or audio tape his or her child in connection with news events and activities involving the Utica Community Schools. I also give permission to reproduce and record my child's voice. I consent to the use of his/her name and/or the recordation and reproduction of him/her in connection with the production, exhibition, distribution and promotion or other use of any photographs, photo play, audio plays or otherwise. I agree that his/her participation is voluntary and without consideration or compensation. If, at any time, I do not want my child to participate in media interviews, I will notify the building principal in writing

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**Please Print Information**

I agree to the above release language as parent or legal guardian of:

\_\_\_\_\_  
(Child's Name)

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

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

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature

**Must be filled out.  
If you do not agree, fill out and  
write "NO" across the top**



**PLEASE RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL**

As a prospective volunteer of the Utica Community Schools, I understand that it is the school district's policy to secure Conviction Criminal History information as part of their screening process using the information provided below:

**School Year** \_\_\_\_\_

**PLEASE PRINT CLEARLY**  
**(All requested information must be completed)**

NAME: \_\_\_\_\_  
 LAST (*as shown on your license*)      FIRST (*as shown on your license*)      Middle Initial

Maiden Name/Names Previously Used: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

MICHIGAN Driver's License No: \_\_\_\_\_ (State ID not accepted)

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

Student(s) Name: \_\_\_\_\_ Student(s) Grade: \_\_\_\_\_

Volunteer For: \_\_\_\_\_

(List teacher, activity, specific fieldtrip and **date attending**)  
**Please submit 2 weeks prior to activity**

**Please be advised that if you have been convicted of a FELONY, volunteer activity will be prohibited.**

Have you ever been convicted of a felony?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Are there any felony charges currently pending against you?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please explain the nature of conviction and date of conviction:

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

I understand that the above information is required by the Central Record Division of the Michigan State Police in Lansing, Michigan. I authorize Utica Community Schools to utilize the above information for the sole purpose of obtaining a conviction only criminal history file search.

Signature \_\_\_\_\_ Date \_\_\_\_\_





Transportation

MEDICAL & EMERGENCY INFORMATION



6600 18 Mile Rd.
Sterling Hts., MI 48314
Phone (586) 797-7100
Fax (586) 797-7101

Please Print

Student's Name: School: Date:

Medical Information

Medical Concern: (check as applicable)

Required Emergency Supplies: Located in Backpack?

- Diabetic, Allergies, Asthma, Seizures, Sugar Source, EpiPen, Inhaler, Other

Other Medical Concerns:

Signs to look for:

Necessary Emergency Procedures:

CALL 911 If the following occurs:

Call Parent if the following occurs:

Emergency Contacts

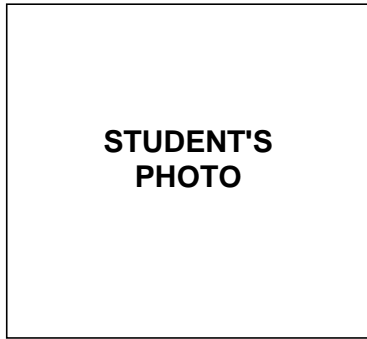
Parent/Guardian: Name, Relationship, Phone Numbers (Home, Cell, Work, Pager)

In case of emergency, if parent is not available, student can be left with: (Must reside within Utica Community Schools Boundary)

Name, Address, Phone, Relationship

Yes No Student may be left at home unattended

I understand that this information will be kept on my child's bus I will update this information as my child's needs change.



Parent's Signature Date HEIGHT WEIGHT

Transportation Office Use Only

Date of Input in Edulog Initials Copied to Medical File cc: Bus# Driver: Bus# Driver:

To Bus Driver, this form must be kept in your route book.



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

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

## UNDERSTANDING CONCUSSION

### Some Common Symptoms

Headache  
Pressure in the Head  
Nausea/Vomiting  
Dizziness

Balance Problems  
Double Vision  
Blurry Vision  
Sensitive to Light

Sensitive to Noise  
Sluggishness  
Haziness  
Fogginess  
Grogginess

Poor Concentration  
Memory Problems  
Confusion  
“Feeling Down”

Not “Feeling Right”  
Feeling Irritable  
Slow Reaction Time  
Sleep Problems

### WHAT IS A CONCUSSION?

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

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

### IF YOU SUSPECT A CONCUSSION:

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

### SIGNS OBSERVED BY PARENTS:

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

### CONCUSSION DANGER SIGNS:

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

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

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

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to [www.cdc.gov/concussion](http://www.cdc.gov/concussion).

**Parents and Students Must Sign and Return the Educational Material Acknowledgement Form**

# CONCUSSION AWARENESS

## EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by \_\_\_\_\_

\_\_\_\_\_ Sponsoring Organization

\_\_\_\_\_  
Participant Name Printed

\_\_\_\_\_  
Parent or Guardian Name Printed

\_\_\_\_\_  
Participant Name Signature

\_\_\_\_\_  
Parent or Guardian Name Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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

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