

BEAR LAKE SCHOOLS
EMERGENCY MEDICAL AUTHORIZATION PERMIT

Grade: _____

Name Date of Birth Sex Telephone No.

Number & Street City State Zip Code

Mother's Name (Guardian) Father's Name (Guardian)

Family Physician Address Telephone No.

Family Dentist Address Telephone No.

Insurance Company ID No.

Important medical Information: Please list allergies, known drug reactions, current prescribed medication/treatments, and previous operations or hospital confinements: _____

Whenever my child is involved in a school activity and I am unavailible or otherwise unable to provide authorization directly, I grant to the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medication care, diagnosis, and treatment including surgical intervention, if necessary, on behalf on my minor child listed above and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present. This authorization is valid for the current school year or until such time as I withdraw the authorization.

Authorized: _____ Date: _____
Parent/Guardian

Date: _____

BEAR LAKE SCHOOLS
STUDENT ENROLLMENT FOR

2021-2022

Student Name: _____
Last First Middle

Township of student's residence: () Bear Lake () Pleasanton () Other _____ Citizenship: _____

Grade: ____ Sex: ____ Primary e-mail address: _____

Ethnic Background: () Amer. Indian () Black () Asian () Hispanic () Native Hawaiian or Other Pacific Islander () White, or () Two or More Races
Is the student's native tongue a language other than English: _____ Is a language other than English spoken in the student's home or environment? _____

Is this student Hispanic/Latino? (choose only one) No, not Hispanic/Latino Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Birthdate: ____/____/____ Birthplace: _____
Mo/Day/Yr City/State/Country

Last School Attended: _____ Address: _____

Student's Residence is:

- With parent(s)/legal guardian & **does not** share a house, apartment, or mobile home w/ relative or another family
- With parent(s)/legal guardian & **does share** a house, apartment, or mobile home w/ relative or another family
- With parent(s)/legal guardian in a shelter or transition home
- With parent(s)/legal guardian in a motel, car, or campsite
- With grandparents, friends, etc. Other (Such as foster placement, etc.)

Migrant (seasonal student): () Yes () No Has had Chickenpox: () Yes () No

Received Special Services: () Yes () No If yes, what type of service? _____

Parents Marital Status: () Single () Married () Separated () Divorced () Widowed

Custody of Child is with: () Mother () Father () Mother/Father () Guardian

Non-custodial parent to receive communications from school: () Yes () No Receive report cards: () Yes () No

PARENTAL/GUARDIAN INFORMATION

	Mother	Father
Name(s):	_____	_____
Address: P.O. Box	_____	P.O. Box _____
Street:	_____	_____
City:	_____	_____
Telephone:	_____	_____

In case parent/guardian cannot be contacted, please list by priority who you want the school to contact:

Name	Relationship to Student	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the event of an emergency or early dismissal of school, my child is to go:

HOME: _____ OTHER: _____
Name Address

Please avoid calling the school when an early dismissal occurs since most of the school's phone lines will be tied up with the dismissal. You may, of course, pick your child up at the time of dismissal.

Signature of Parent/Guardian

Preschool Information

Did your child attend a 4-year-old program preschool? Yes No

Preschool Name:

- | | | |
|---|---|--|
| <input type="checkbox"/> Great Beginnings Bear Lake | <input type="checkbox"/> GSRP Bear Lake | <input type="checkbox"/> GSRP Four Stars Brethren |
| <input type="checkbox"/> GSRP Madison Manistee | <input type="checkbox"/> Head Start Kaleva | <input type="checkbox"/> Head Start Manistee |
| <input type="checkbox"/> ISD Preschool | <input type="checkbox"/> Leaps & Bounds Onekama | <input type="checkbox"/> Manistee Area Public School |
| <input type="checkbox"/> MCC | <input type="checkbox"/> Trinity Lutheran | <input type="checkbox"/> Out of county preschool |
| <input type="checkbox"/> Other | | |

Preschool Type:

- GSRP Head Start/GSRP Blend Head Start School Tuition Non Public Tuition Other

Preschool Day:

- | | | |
|---|---|---|
| <input type="checkbox"/> Full Day – every day | <input type="checkbox"/> Half Day – every day | <input type="checkbox"/> Full Day – 4 days a week |
| <input type="checkbox"/> Half Day – 4 days a week | <input type="checkbox"/> Full Day – less than 4 days a week | |
| <input type="checkbox"/> Half Day – less than 4 days a week | <input type="checkbox"/> Other | |

Repeated 4-year-old program? Yes No

Attended only a partial year 4-year-old program? Yes No

Did your child attend a 3-year-old program preschool? Yes No

Preschool Name:

- | | | |
|---|---|--|
| <input type="checkbox"/> Great Beginnings Bear Lake | <input type="checkbox"/> GSRP Bear Lake | <input type="checkbox"/> GSRP Four Stars Brethren |
| <input type="checkbox"/> GSRP Madison Manistee | <input type="checkbox"/> Head Start Kaleva | <input type="checkbox"/> Head Start Manistee |
| <input type="checkbox"/> ISD Preschool | <input type="checkbox"/> Leaps & Bounds Onekama | <input type="checkbox"/> Manistee Area Public School |
| <input type="checkbox"/> MCC | <input type="checkbox"/> Trinity Lutheran | <input type="checkbox"/> Out of county preschool |
| <input type="checkbox"/> Other | | |

Preschool Type:

- GSRP Head Start/GSRP Blend Head Start School Tuition Non Public Tuition Other

Preschool Day:

- | | | |
|---|---|---|
| <input type="checkbox"/> Full Day – every day | <input type="checkbox"/> Half Day – every day | <input type="checkbox"/> Full Day – 4 days a week |
| <input type="checkbox"/> Half Day – 4 days a week | <input type="checkbox"/> Full Day – less than 4 days a week | |
| <input type="checkbox"/> Half Day – less than 4 days a week | <input type="checkbox"/> Other | |

Repeated 3-year-old program? Yes No

Attended only a partial year 3-year-old program? Yes No

What was your child's primary form of care in the last year? (Check up to 3 relevant choices) If the child was primarily at home during the last year, please check **NO PRIOR CARE**.

_____ **Great Start Readiness Program (GSRP)** (State funded program age 4 by Sept. 1)

_____ **Head Start** (Federally funded programs ages 3 & 4)

_____ **Early Childhood Special Education Classroom** (School based preschool for special needs students with an IEP)

_____ **Young Fives/Developmental Kindergarten** (Plan is for child to attend regular Kindergarten next year)

- _____ **Child Care-Home Based** (Operated out of a private home)
- _____ **Private Child Care Center** (Commercial business that may be independent or part of a chain)
- _____ **Registered Family/Relative Child Care** (Family or relative care provider receiving state assistance to provide care)
- _____ **Tuition-Based Preschool** (Full or half day of instruction and learning)
- _____ **No Prior Care Program** (Stay at home for care)
- _____ **Kindergarten** (Child has been retained for a second year of kindergarten)

/rsm

**District Health
Department #10**



Spring 2020

Dear Parents,

It's time for children entering kindergarten in the fall to have their health examinations and necessary immunizations. Michigan's immunization law requires that a child enrolled in school must be immunized against Diphtheria, Pertussis, Tetanus, Measles, Mumps, Rubella, Polio, Chickenpox, and Hepatitis B. Your child's health care provider, or the health department, can administer the vaccines. In addition, there is a program available called Vaccines for Children that provides vaccine for children who lack health coverage. No child should be unprotected from vaccine-preventable diseases.

If you are choosing to waive vaccinations due to philosophical or religious reasons, please contact the health department to schedule a waiver education session. If your child is unable to have vaccines for a health reason, please contact your health care provider for a medical waiver form. All original waiver forms must be turned in to your school secretary.

Vision and hearing screenings are also required. The hearing screening may be performed by a physician, audiologist, or health department technician—but in every case must be done on an audiometer. The vision screening may be performed by an ophthalmologist, optometrist, or by the health department technician. These screenings are free if done through the health department. DHD#10 Hearing & Vision technician Stephanie Perez is planning to hold screenings regularly during the summer at the health department. Appointments are required (231-723-3595).

If your child already had hearing and vision screenings done at a preschool and you have not retained a copy of the report, you may contact the health department and request a copy. For screenings done elsewhere, contact the provider for a copy and return these to the school before classes begin.

Thank you in advance for your prompt attention to these matters. By working together, we can all help children be healthy and ready to learn.

Sincerely,

Sarah Stickney BSN, RN
Public Health Nurse
District Health Department #10
231-316-8578 (direct line)

BEAR LAKE SCHOOL STUDENT NETWORK AND INTERNET

ACCEPTABLE USE AND SAFETY AGREEMENT

To access e-mail and/or the Internet at school, students under the age of eighteen (18) must obtain parent permission and must sign and return this form. Students eighteen (18) and over may sign their own forms.

Use of the Internet is a privilege, not a right. The Board's Internet connection is provided for educational purposes only. Unauthorized and inappropriate use will result in a cancellation of this privilege.

The Board has implemented technology protection measures which block/filter Internet access to visual displays that are obscene, child pornography or harmful to minors. The Board also monitors online activity of students in an effort to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. Nevertheless, parents/guardians are advised that determined users may be able to gain access to information, communication and/or services on the Internet which the Board of Education has not authorized for educational purposes and/or which they and/or their parent/guardians may find inappropriate, offensive, objectionable or controversial. Parents/Guardian assumes this risk by consenting to allow their students to participate in the use of the Internet. Student's accessing the Internet through the school's computers assumes personal responsibility and liability, both civil and criminal, for unauthorized or inappropriate use of the Internet.

Please complete the following information:

Student User's Full Name (please

print): _____ Grade: _____

Parent/Guardian's Name: _____

Parent/Guardian

As the parent/guardian of this student, I have read the student Network and Internet Acceptable Use and Safety Policy and Guidelines, and have discussed them with my child. I understand that student access to the Internet is designed for educational purposes and that the Board has taken available precautions to restrict and/or control student access to material on the Internet that is obscene, objectionable, inappropriate and/or harmful to minor. However, I recognize that it is impossible for the Board to restrict access to all objectionable and/or controversial materials that may be found on the Internet. I will not hold the Board (or any of its employees, administrators or officers) responsible for materials my child may acquire or come in contact with while on the Internet. Additionally, I accept responsibility for communicating to my child guidance concerning his/her acceptable use of the Internet – i.e., setting and conveying standards for my daughter/son to follow when selecting sharing and exploring information and resources on the Internet. I further understand that individuals and families may be liable for violations.

To the extent that proprietary rights in the design of a web site hosted on the Board's servers would vest in my child upon creation, I agree to assign those rights to the Board.

Please check each that applies:

- I give permission for my child to use and access the Internet at school and for the Board to issue an Internet/e-mail account to my child.
- I give permission for my child's image (photograph) to be published online, provided only his/her first name is used.
- I give permission for the Board to transmit "live" images of my child (as part of a group) over the Internet via a web cam.
- I authorize a license the Board to post my child's class work on the Internet without infringing upon any copyright my child may own with respect to such class work. I understand only child's first name will accompany such class work.

Parent/Guardian's Signature: _____ Date: _____

Student

I have read and agree to abide by the student Network and Internet Acceptable Use and Safety Policy and Guidelines. I understand that any violation of the terms and conditions set forth in the Policy and Guidelines is inappropriate and may constitute a criminal offense. As a user of the Board's computers/network and the Internet, I agree to communicate over the Internet and the Network in an appropriate manner, honoring all relevant laws, restrictions and guidelines.

Student's Signature: _____ Date: _____

Teachers and building principals are responsible for determining what is unauthorized or inappropriate use. The principal may deny, revoke or suspend access to the Network/Internet to individuals who violate the Board's Student Network and Internet Acceptable Use and Safety Policy and related Guidelines, and take such other disciplinary action as is appropriate pursuant to the Student Code of Conduct.

Student Directory Information

Directory Information is defined by the district as: a student's name; address; telephone number; photograph; major field of study; participation in officially recognized activities: Activities and sports, height and weight, if a member of an athletic team; date of graduation; awards received; honor rolls; and scholarships. District policy gives parents certain rights with respect to their child's educational records and personal information.

_____ I give permission to the district to release directory information regarding my child.

_____ I do not give permission to the district to release directory information regarding my child.

Parent/Guardian's Signature: _____ Date: _____

Developed in Cooperation With:

HEALTH APPRAISAL

Department of Human Services
 Departments of Community Health, and Education;
 Michigan State Medical Society;
 Michigan Association of Osteopathic Physicians and Surgeons

- School
- Children's Group
- Child Care Center
- Child Caring Institution
- Other:

Dear Parent or Guardian: The following information is requested so that the school and parent can work together to meet the physical, intellectual, and emotional needs of the child. Fill out the information requested in Section I. Section II may be certified by transcription of information from the certificate of immunization. The remaining sections (111, IV, V) are to be completed by a doctor, nurse, and dentist. (BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)

PERSONAL

Child's Name _____ Sex _____ Date of Birth _____
 Last First Middle
 Address _____ Today's Date _____
 Number & Street City Zip
 Parent's or Guardian's Name _____ Telephone (Home) _____
 Last First Middle
 Address _____ Telephone (Work) _____
 Number & Street City Zip

SECTION I -- HEALTH HISTORY

Is your child having any of the problems listed below?	Yes	No
1. Allergies or reactions: (for example, food, medication, or other)		
2. Hay fever, asthma, or wheezing		
3. Eczema or frequent skin rashes		
4. Convulsions/Seizures		
5. Heart trouble		
6. Diabetes		
7. Frequent colds, sore throats, earaches (4 or more per year)		
8. Trouble with passing urine or bowel movements		
9. Shortness of breath		
10. Speech problems		
11. Menstrual problems		
12. Dental problems: date of last examination:		
13. Other		
Please explain any problem areas identified above:		

SECTION II --IMMUNIZATIONS

Statements such as "UP TO DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information. *

VACCINES	DATE ADMINISTERED			
	Type	Mo/Day/Yr.	Type	Mo/Day/Yr.
Hepatitis B (Hep B)	1		3	
	2			
DTaP/DTP/DT/Td/Tdap (Specify Type)	1		5	
	2		6	
	3		7	
	4		8	
Haemophilus Influenza type b (HIB)	1		3	
	2			
Polio (IPV/OPV) (Specify Type)	1		3	
	2		4	
Pneumococcal Conjugate (PCV7)	1		3	
	2		4	
Rotavirus (RV)	1		3	
	2			
Measles, Mumps, Rubella (MMR)	1		2	
Varicella (Chickenpox)	1		2	
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date: _____				
Hepatitis A (Hep A)	1		2	
Influenza	1		2	
	3		4	
Meningococcal MCV4/MPSV4 (Specify Type)	1		2	
Other Vaccines: (Specify Date & Type)				
Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable _____				
I certify that the immunization dates are true to the best of my knowledge				
Validating Signature		Title		Date

Does your child take any medications regularly? Yes No
 If yes, what medication?
 Reason for Medication:
 Parent's Signature: _____

*According to Act 368, Public Acts of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious, and other objections provided that waiver forms are properly prepared, signed, and delivered to school administrators. Forms for these exemptions are available at your school or local health department.

SECTION III -- PHYSICAL EXAMINATION, INSPECTION, TESTS, AND MEASUREMENTS

EXAMINATIONS AND/OR INSPECTIONS

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

TESTS AND MEASUREMENTS

	Normal	Under Care	Referred		Normal	Under Care	Referred
Vision Tested? <input type="checkbox"/> Visual Activity <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ocular Muscle Date _____ <input type="checkbox"/> Other _____				Urinalysis Done? <input type="checkbox"/> Sugar <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Albumin Date _____ <input type="checkbox"/> Microscopic			
Hearing Tested? <input type="checkbox"/> Audiometer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____ Date _____				Blood Pressure Measured? <input type="checkbox"/> Yes <input type="checkbox"/> No Reading _____			
Hemoglobin/Hemotocrit Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No				Height _____ Weight _____ Other:			
Blood Lead Level Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Reading _____				Blood Lead level recommended for all children age six and under			

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

--	--

Tuberculin Test (if given) Date _____ Type _____ Negative Positive _____ mm.

SECTION IV -- RECOMMENDATIONS

Is there any defect of vision, hearing, or other condition for which the school could help by seating or other action? Yes No
 If yes, please explain:

--	--

Should the student's activity be restricted because of any physical defect or illness? Yes No If yes, check below and explain degree of restriction:

Classroom Playground Gymnasium Swimming Pool Competitive Sports Camp Other

--	--

Examiner's Signature _____ Date _____ Examiner's Name (print or type) _____ Degree or License _____

Number & Street _____ City _____ Zip _____ Telephone _____

SECTION V -- DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____ teeth and make the following recommendations as for treatment:

Child's Name _____

--	--

--	--

Dentist's Signature Date

COMMENTS

BEAR LAKE SCHOOLS
Schools of Choice Program
Non-Resident Enrollment Application

Student's Name _____ Date of Birth: _____
 Street Address: _____
 City: _____ Zip: _____ Home Phone: _____ Cell Phone: _____
 Parent/Guardian Names: _____
 Street Address: _____ City: _____ Zip: _____

Choice District: _____ Grade Requesting Enrollment In: _____ Building: _____
 Resident District: _____
 School Currently Attending: _____
 Reason for Request of Transfer: _____

To ensure the continuity of service, please indicate what services are currently provided for your child:
 Special Education No Yes Please list services: _____
 Has this student ever been suspended or expelled? No Yes Date: _____
 Reason for Suspension or Expulsion: _____

Please review this information and sign below:

This district does not discriminate on the basis of race, color, disability, religion, gender or national origin. The district reserves the right to limit enrollment based on capacity of buildings or programs as well as failure of applicant to meet any special requirements for entry into its buildings or programs. Enrollment may also be denied to a student who has been suspended or expelled from a previous district or to a Special Education student wishing to enroll under Section 105c Schools of Choice for whom a written cooperative agreement regarding costs cannot be obtained with their district of residence.

Parent/Guardian Signature (or student if 18 years old) _____ Date _____

District Use Only

***Resident District Release**

This student is released for enrollment into Choice school district.

Releasing School District

Superintendent

**Receiving district indicated acceptance of released student by signing the Student Enrollment Status.

****Student Enrollment Status**

Student Accepted into Choice District

Student Denied into Choice District

Date _____

Superintendent: _____