

# OWOSSO PUBLIC SCHOOLS ENROLLMENT CHECKLIST

STUDENT NAME: \_\_\_\_\_ BUILDING: \_\_\_\_\_ GRADE: \_\_\_\_\_

- Completed Enrollment Form**
  - If applicable, Kindergarten Waiver**
  - If applicable, Foster Care Placement Letter**
  - If applicable, School of Choice or Non-Resident Application**
- Resident District** \_\_\_\_\_
- Legal Birth Certificate**
  - Affidavit and Other Reliable Proof** \_\_\_\_\_
- Parent/Guardian Driver's License or State ID**
- Proof of Residency (mortgage statement, lease agreement, utility bill, tax receipt, or other approved proof). Proof of residency MUST include the address.**
  - Shared Residency Affidavit with the resident's driver's license or state ID and approved proof of residency.**
- Kindergarten or First Time Enrolling in Public School: Hearing, Oral, and Vision Screening**
- Immunization Record or Waiver**
  - Consent for Discloser Form**
- If applicable, IEP or 504**
  - If applicable, Cooperative Agreement**
- Directory Opt Out Form**
- Tribal Affiliation Form**
- Concussion Waiver**
- Chromebook Student Agreement**
- If applicable, Virtual Contract**
- CEP Form**
- English Language Service**  Yes  No
- McKinney Vento Eligible**  Yes  No

Request for Educational Records: Sent on \_\_\_\_\_

Other: \_\_\_\_\_

Enrolled By: \_\_\_\_\_ Date: \_\_\_\_\_



# OPS Student Enrollment & Emergency Form

Parents/Guardians: Please complete both sides of the form, sign, date, and return the form to the school's main office. Note that all fields titled, "Primary Phone" and "E-mail" are used when the district automated alert system is activated for school messages.

## Student Information:

Student Legal Name: (Last First Middle):	Date of Birth:	
Student Mobile Phone:	Gender:	
Primary Phone:	Grade:	
District of Residence:	Country of Birth:	
Student's Address:		
Mailing Address: (if different)		
Student Resides with:		

## Legal Parent/Guardian Information:

	Legal Parent/Guardian	Legal Parent/Guardian
Name: (Last First)		
Relationship to Student:		
Street Address: (if different)		
City, State, Zip:		
Primary Phone: (if different)		
Mobile Phone: (if different)		
Day Phone: (if different)		
Employer: (if applicable)		
E-mail Address:		

## Legal Step-Parent/Other Guardian Information:

	Legal Step-Parent/Other Guardian	Legal Step-Parent/Other Guardian
Name: (Last First)		
Relationship to Student:		
Street Address: (if different)		
City, State, Zip:		
Primary Phone: (if different)		
Mobile Phone: (if different)		
Day Phone: (if different)		

► Check all that apply:     Regular Education     Special Education     Speech & Language     504 Plan

Yes     No    My child attended Owosso Public Schools previously. If yes, year? \_\_\_\_\_ Name of school: \_\_\_\_\_

Yes     No    My child attended a pre-school program prior to entering kindergarten. If yes, name of last school attended (including preschool): \_\_\_\_\_

Yes     No    Has your child been suspended or expelled by the Board of Education of any district?

Yes     No    In case of an emergency, I authorize the School to seek medical attention for my child.

## Emergency Information: (Other than the Parents/Guardians)

	Emergency Contact #1	Emergency Contact #2	Emergency Contact #3
Name:			
Relationship:			
Day Phone:			

**Medical/Special Needs:** (Please check and describe any medical condition, medication or disability that would be important for the school to know.)

Asthma  Diabetes  Seizures

Seasonal Allergies - \_\_\_\_\_

Allergic Reactions (i.e., insect bites, bees, etc) - \_\_\_\_\_

**Provide any other information you feel will assist the school, including health or other conditions:** (If more space is needed, please attach information.)

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

**Siblings:** (Other children from oldest to youngest)

Name (Last, First)	Birthdate	School / District	Name (Last, First)	Birthdate	School / District
1 )			5 )		
2 )			6 )		
3 )			7 )		
4 )			8 )		

**Race and Ethnicity:** (Part A and Part B **MUST** be completed. Please select an answer for both parts. If either part [A or B] is not answered, the U.S. Department of Education requires the school district to supply an answer on your behalf.)

**Part A: Is this student Hispanic/Latino? (choose only one)**  No, not Hispanic/Latino  Yes, Hispanic/Latino

The above part of the question is about ethnicity, not race. No matter which box you selected above, please continue to answer Part B by marking one or more boxes to indicate what you consider your student's race to be.

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

American Indian or Native Alaskan

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

**Language:** Answer the two questions below. If your response to either question is a language other than English, the school district will give an assessment to see if your student may benefit from English language support.

What language is used most at home? \_\_\_\_\_

What language is used most by the student? \_\_\_\_\_

**Living Circumstances:** Do you currently find yourself in any of the situations below?

In a shelter

Living with friends or other family members due to loss of housing or economic hardship

In a hotel/motel Living in other locations (e.g. in a car, park, bus, train, or campsite)

Foster care placement

Other (please describe): \_\_\_\_\_

**Emergency:** In case of an emergency school closing and students are released early, my child has been instructed to:

Drive self

Walk -to Address: \_\_\_\_\_

Ride the bus

Walk-to Name: \_\_\_\_\_

Wait to be picked up

Walk home

Walk-to Day Phone: \_\_\_\_\_

**Guardianship:**

- In the case of separated or divorced parents, are there any legal restrictions on the release of the child or information to either parent or step-parent?
- If yes, please explain below/ and provide court documentation to the school office.

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

\*\*\* Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

It is the policy of the Owosso Public School District that no person shall on the basis of sex, race, color, national origin, or handicap be excluded from participation in, be denied the benefits of, or be subjected to discrimination as a student in Owosso schools or any of its programs or activities.



OWOSSO PUBLIC SCHOOLS

*Ready for the World*

**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 for disease threats to be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information, including the student's name, date of birth, gender, and address, with local and state health departments will help to keep your child safe from vaccine-preventable diseases. The Family Educational Rights and Privacy Act(FERPA), 20 U.S.C § 1232g, requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department.

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

---

I authorize Owosso Public Schools in Owosso, Michigan, to release my child's immunization record to the Michigan Department of Health and Human Services and the 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: \_\_\_\_\_ Date: \_\_\_\_\_

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



OWOSSO PUBLIC SCHOOLS

*Ready for the World*

## Owosso Public Schools

### Directory Information and Opt Out Form

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_

The Family Educational Rights and Privacy Act (FERPA) requires that Owosso Public Schools obtain your written consent prior to the disclosure of personally identifiable information from your child's education records, unless certain conditions specified by FERPA are met. FERPA distinguishes between personally identifiable information and directory information; however, the District may disclose appropriately designated "directory information" without your written consent, unless you have advised the District to the contrary.

If you do not want your student's directory information released for one or more of the purposes listed below, please complete this form and return it to your student's school office by the first day of school within the given school year.

If you fail to complete and return this form, the District will presume that you give permission to release your student's directory information for all the uses listed below.

Your Opt-Out request will be recorded in the student information system and kept on file in the school's office for 1 school year.

Directory information includes "directory information," as adopted by the Board in Policy 5309 Student Records and Directory Information.

**Please check the boxes next to the purpose(s) for which you do not grant the District permission to disclose your student's directory information, below.**

Owosso Public Schools may not disclose my student's directory information for the following purposes:

- For School or District publications, including but not limited to, a yearbook, graduation program, theater playbill, athletic team or band roster, newsletter, and other school and district publications.
- For School or District auto-dialer system to communicate School or District information.
- To news media outside the School or District.
- To the School PTO or District parent organization.

To other groups and entities outside of the School or District, including community, advocacy, and/or parent organizations.

On official school-related websites or social media accounts.

On school employees' personal classroom websites or social media accounts.

**Information to U.S. Military Recruiters and Institutions of Higher Education Recruiters**

Federal law requires the District to release a secondary school student's name, address, and telephone number to U.S. Military recruiters and institutions of higher education upon their request. If you do not want your student's information released for one or both of those purposes, please check one or both of the boxes below:

Do not release my student's name, address, or telephone number to U.S. Military recruiters without my prior written consent.

Do not release my student's name, address, or telephone number to institutions of higher education recruiters without my prior written consent.

**Field Trips**

I do not give permission for my student to attend field trips.

---

Parent/ Legal Guardian Signature: \_\_\_\_\_

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

School Year: \_\_\_\_\_



## Tribal Affiliation

Responding to this questionnaire is optional. The information collected will support coordination and communication with Tribal Nations and help the district determine its eligibility to apply for additional funding to support Indigenous learners.

Student Full Legal Name: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: State: Zip Code: \_\_\_\_\_

Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

For this data collection, tribal affiliation refers to an individual with ties to one or more Indigenous Nations through citizenship, membership, enrollment, or descendency.

Question A: Is this student tribally affiliated?

- Yes, the student is tribally affiliated
- No, the student is not tribally affiliated

Question B: If the student is tribally affiliated, what is their primary tribal affiliation?

(Choose only one)

- Bay Mills Indian Community
- Grand Traverse Band of Ottawa and Chippewa Indians
- Hannahville Indian Community
- Keweenaw Bay Indian Community
- Lac Vieux Desert Band of Lake Superior Chippewa Indians of Michigan
- Little River Band of Ottawa Indians
- Little Traverse Bay Band of Odawa Indians
- Match-e-be-nash-she-wish Band of Pottawatomi Indians of Michigan
- Nottawaseppi Huron Band of the Potawatomi
- Pokagon Band of Potawatomi Indians
- Saginaw Chippewa Indian Tribe of Michigan
- Sault Ste Marie Tribe of Chippewa Indians
- Not Listed

## 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”  
Lost Consciousness

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 – DON’T HIDE IT, REPORT IT.** Playing or practicing with concussion symptoms is dangerous and can lead to a longer recovery. 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. 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 must be kept out of athletic activity the day of the injury. The student shall only return to activity (practice, scrimmage or competition) with written unconditional permission from an MD, DO, Physician’s Assistant or Nurse Practitioner. 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).

# Owosso Public School

## 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 participant's MHSAA member school. The school should keep this document on file for five years following the student's high school graduation.

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

# Chromebook Agreement Form

---

Beginning this year, the Chromebook Agreement Form is now completed digitally.  
Please scan the QR code below to access and complete the form.



All parents/guardians must complete this form before a Chromebook will be issued to your student.

## How to complete the form:

1. Open your phone's camera app and point it at the QR code above
2. Tap the link that appears on your screen
3. Enter your **full name** and **email address** (parent/guardian information), then click the **Go to Form** button
4. Fill out the form completely
5. Click the **Continue** button to submit your form



**Form submitted successfully!** Once completed, you will see a green check mark confirming your form has been received. You will also receive an email confirmation sent to the email address you entered on the form.

---

If you have trouble scanning the QR code or need assistance completing the form, please contact the school office and we will be happy to help.

---

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

**Last, First & Middle**

## STUDENT RESIDENCY QUESTIONNAIRE



The information requested on this form fulfills one requirement of the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as the Title X, Part C, of the No Child Left Behind Act. The answers you give will help determine the services your student may be eligible to receive. **No student(s) will be discriminated against based upon any of this confidential information provided.**

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: M or F Ethnicity: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Current Street Address: \_\_\_\_\_

Today's Date: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**Complete Section A... IF you are living in a TEMPORARY RESIDENCE.** If you have a **PERMANENT residence** (such as a house, an apartment, or a condo), you do not need to complete.

### Section A.

1. **Is the student living in a temporary place such as:** motel/hotel, car, camper, emergency shelter, friend's house, relative's house?    **YES** \_\_\_\_\_    **NO** \_\_\_\_\_
2. **Was the student forced into a temporary place due to loss of housing** from eviction, foreclosure, financial hardship, domestic violence, fire or natural disaster, death or incarceration of parent/guardian, or other crisis situation?  
**YES** \_\_\_\_\_    **NO** \_\_\_\_\_

If either question above is answered Yes, please explain further: \_\_\_\_\_

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

If you answered **Yes to BOTH QUESTIONS** in Section A, please **complete Section B** below.

### Section B. Please check the box that best describes where the student is presently living:

- In the home/apartment of a friend or relative (sharing someone else's home because you have nowhere else to live)
- In a shelter or transitional housing program (examples: family shelter, domestic violence shelter, youth shelter, etc.)
- In a hotel or motel because of economic hardship, eviction, foreclosure, fire, lack of deposits for permanent housing, etc.
- In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or at another unsheltered location
- Moving from place to place

**Check the box that best describes with whom the student resides.** (Please note: legal guardianship may be granted only by a court; students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll in and attend school. The school cannot require proof of guardianship for enrollment or continued attendance.)

- Parent(s)    Legal Guardian(s)    Caregiver(s) who are not legal guardian(s) (example: relatives, friends, parent of friends, etc.)
- Other, please specify: \_\_\_\_\_

Is this student awaiting foster care placement? If so, please explain: \_\_\_\_\_

Please list all student(s) and their age(s) of this family under your care: \_\_\_\_\_

**Section C.** I understand that the information provided above is correct, true and current. I also understand that enrolling a child at Owosso Public Schools under false pretense is punishable by law.

<b>Signature of Parent/Guardian or Other Person completing form</b>	<b>Relationship to Student</b>	<b>Date</b>

SCHOOL USE ONLY: _____ Student qualifies	_____ Student does not qualify	_____ Student coded MV at previous district
Building Liaison _____		Date _____
District Liaison Signature _____		Date _____