

ADRIAN PUBLIC SCHOOLS
ADRIAN HIGH SCHOOL
ADRIAN, MICHIGAN

Student's Name: _____
Enrollment date: _____
Start date: _____

Student No. _____
UIC No. _____
☐ Returning student

To enroll your child(ren) in Adrian Public Schools, the following information must be provided.

Received

☐ **Birth Certificate**

A person enrolling a student for the first time must provide the school with a certified copy of the student's birth certificate. (PA 84 of 1987) Failure to comply with the request, or if the documents are inaccurate and/or suspicious in nature will result in the school sending notification of compliance within 30 days or the case will be turned over to the local law enforcement agency.

☐ **Immunization Records – Michigan Public Act Rule (R325.176) became effective January 1, 2015 which outlines the immunization requirements for school entry.**

• All new school entrants are required to present a complete certificate of immunization that includes Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Hepatitis B, Varicella (chickenpox) and Meningococcal for 7th grade and higher with children 11 years of age and older.

• Children who have not completed the required immunization will be excluded until requirements are met.
Waivers cannot be handed out by schools. Parent/guardians that choose not to fully immunize their children are required to attend an immunization education session through the health department.

• The Lenawee County Health Department is located in the Human Services Building at 1040 S. Winter St., Adrian, MI. Please contact them at 264-5226 option 2 regarding immunization schedules.

☐ **Proof of Residency**

• Students must attend the school district in which their parent or legal guardian maintains their legal residence. Change of guardianship is not permitted for the purpose of attending a specific school or school district. ("a child is entitled to the benefit of the public schools in the district in which they live if they have gone there in good faith for the purpose of acquiring a home and not for the purpose of taking advantage of school privileges." [Commonwealth v. School Directors of Upper Swatara Township 26 L.R.A. 581])

• Proof of legal residence is required by the school district of a parent or guardian enrolling a student for the first time. Proof of residence could include: copy of property tax statement, mortgage documents that prove ownership, rental agreement, or a utility bill. A driver's license is not acceptable.

• Age of majority students will also be asked to provide the same proof of residency.

☐ **EXCHANGE STUDENTS - VISA**

☐ **Registration Form (completed)**

☐ **Hispanic/Latino Origin Form (completed)**

☐ **Home Language Survey (completed)**

☐ **Request for Records (completed)**

☐ **Concussion Awareness Form (completed)**

☐ **AlertNow / Texting Information (completed)**

☐ **Families in Transition Form (if applicable)**

☐ **IEP (If the child receives special education services)**

☐ **Transcript/8th grade report card (If the student has earned HS credit in the 8th grade or has previously attended high school.)**

☐ **Any legal information or documents that the school should be informed of concerning the student.**

FOR INFORMATION ON BUS TRANSPORTATION, PLEASE CALL: 263-2464



Legal Last Name	Legal First Name	Legal Middle Name	Birthdate	Grade	Legal Gender	Birth City	Birth State
Street Address		City-State-Zip		Student Cell Phone		Student Email	
Check all that apply: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Multi-Racial, specify _____		Hispanic/Latino Ethnicity: No <input type="checkbox"/> Yes <input type="checkbox"/>					
Primary Language Spoken at Home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Other, specify _____		Is student currently receiving Special Education Services? Specify: No <input type="checkbox"/> Yes <input type="checkbox"/>					

Parents/Guardians Contact Information: No fee. Priority is the order in which the parent/guardian is to be contacted.			
Priority	Parent/Guardian Name	Relationship	Address
	Y / N		
	Y / N		
	Y / N		
	Y / N		

Automated alert messages will be sent to the number listed below. I acknowledge that I am authorized to make decisions regarding automated calls and text messaging made to the phone numbers provided on this form. Please fill out for only those wishing to be contacted. If you would also like a text message sent, check the box next to the alert number. Alerts 3-6 are for Emergency Alerts such as closings & delays.

Primary Alert 1 (Attendance/All Alerts): ☐ Alert 3: ☐ Alert 5: ☐
 Primary Alert 2 (All Alerts): ☐ Alert 4: ☐ Alert 6: ☐

Please notify the building immediately if any of these numbers change at any point throughout the school year.

Emergency contacts:			
1. Name:	Relationship:	Phone:	Birthdate:
2. Name:	Relationship:	Phone:	Birthdate:
3. Name:	Relationship:	Phone:	Birthdate:

Extra copy of report card should be sent to non-custodial parent? ☐ No ☐ Yes, Parent Name & Address:

Please list below the names of other children presently living in your home:			
Name of Additional Child:	Birthdate:	Current Grade:	Relationship:
Name of Additional Child:	Birthdate:	Current Grade:	Relationship:
Name of Additional Child:	Birthdate:	Current Grade:	Relationship:

Is there any legal information or documents that the school should be informed of concerning the above student? ☐ No ☐ Yes If Yes, please attach

*****SEE REVERSE SIDE FOR SIGNATURE SECTION & ADDITIONAL REQUIRED INFORMATION*****

FOR OFFICE USE ONLY:	Student id:	Homeroom #:	Homeroom Teacher:	Locker:	Counselor:	Bus To:	Bus From:
Start Date:							

OVER ----->

Yes No

☐ ☐

TECHNOLOGY USE POLICY

As the student's parents or legal guardians, we agree to read and uphold the school technology use policy and discuss it with our son or daughter. We understand that internet access is a privilege provided for educational purposes. We understand that it is impossible for the district and all LISD programs to restrict access to all controversial material. The district, including all LISD programs, its employees and agents and individual members of the Boards of Education are released from any and all claims or causes of action arising out of our son's or daughter's use or misuse of the Network or Network equipment. In addition, the district and all LISD programs are indemnified of any fees, expenses or damages incurred as a result of our son's or daughter's use or misuse of the Network or Network equipment.

Yes No

☐ ☐

As the student's parent/legal guardian, I give my student permission to enroll in online learning.

Yes No

☐ ☐

As a student taking an online course, I agree to meet with my teacher mentor weekly and go over my progress. I also agree to complete my course(s) by the end of the marking period to receive a grade and credit.

Yes No

☐ ☐

EMERGENCY MEDICAL AUTHORIZATION

In case of accident involving injury, or suspected injury, or in the case of illness involving my child named on this form, district staff and all LISD program staff will transport or secure an ambulance to transport said child to the nearest available emergency room when on school property or away on school-related activities. School personnel will authorize an emergency room doctor to treat my child and call another doctor for consultation and treatment in the event special treatment is necessary, such as surgery, orthopedics, etc. School personnel will hold this authorization as long as named student is enrolled in this school district.

Yes No

☐ ☐

USE OF STUDENT INFORMATION

Throughout the year, students are awarded honors for academics, activities, and other miscellaneous items. In such an event, the district, including all LISD programs, will authorize local businesses to publicize these accomplishments through electronic or printed media. District and all LISD program personnel will authorize use of only pertinent information without jeopardizing the security of your child.

Yes No

☐ ☐

PHOTOGRAPHING/VIDEO TAPING

During the course of the year, photographs and/or video may be taken for use in public relations and school-related publications. School personnel, including all LISD programs, are authorized to supervise possible photographing or videotaping of my child related to classes and school activities on school grounds or events. Reproductions of videotaping or photographs may be used electronically and in print by the administration for the purpose of school publicity.

POLICIES

Policies guide district staff in providing a safe and orderly atmosphere in which all students can learn. Copies of complete policies are available at your school, online at www.theadrianmaples.com or from the Administrative Offices. Any time you have a question or concern, please request a copy of a policy. **The following policies are reviewed at the beginning of each school year with students, but we ask that parents review them as well with their child(ren).**

- Attendance Policy – District
- Religion Policy
- Bullying Policy
- Weapons Policy
- Technology Policy
- Student Code of Conduct
- Harassment Policy
- Code of Student Conduct Bus Rules
- Administering of Medications Policy
- AHS Student Handbook (On the Web Only)
- Department of Education Eye Protection Device Information

PARENT/GUARDIAN AND STUDENT ACKNOWLEDGEMENT

We, the undersigned, agree to read, uphold and discuss the above information/policies with our child. We understand the rights and responsibilities pertaining to students and agree to support and abide by the rules, guidelines, procedures, and policies of the School District and all LISD programs. We acknowledge that we are authorized to make decisions regarding automated calls and text messaging made to the phone numbers provided on this form.

Parent or Legal Guardian Signature

Date

Student Signature

Date

This form must be signed and returned in order for the student to register.

RE: _____

FACSIMILE TRANSMITTAL SHEET

TO: _____

FROM: ADRIAN HIGH SCHOOL
COUNSELING OFFICE

FAX NUMBER: _____

DATE: _____

Please fax back:

- ☐ Birth certificate ☐ Immunizations ☐ Transcript or 8th grade report card ☐ Withdrawal grades ☐ Latest IEP
☐ Discipline record
☐ Transcript/IEP needed for review prior to enrollment. Second Request will be sent if student enrolls.

REQUEST FOR STUDENT RECORDS

Please send records (including current report card, transcript or 8th grade report card, health records, test scores, **discipline records**, psychological reports, special education records [*If Special Education Records are kept at another location (i.e. Intermediate School, District Office, Special Education Office, etc., please forward a copy of this release so services can be continued without interruption]* etc.) for the student listed below:

Name of Student

____/____/____
Date of Birth

Grade

*** Michigan Schools: Please include the student's UIC Code.**

PREVIOUS SCHOOL:

Name of school last attended

Address

Phone and/or fax number

Parent/Guardian/School Official Signature

Date

Under the provisions of the Federal Educational Rights and Privacy Act, Federal Register, Volume 41, No. 118, June 17, 1976, it is no longer necessary to have written consent of the parents to release records. School officials, including teachers within the educational institution and officials of other school systems in which the student intends to enroll, may request student records.

SEND RECORDS TO:

**ADRIAN HIGH SCHOOL
785 Riverside Avenue
Suite 3
Adrian, Michigan 49221**

CONFIDENTIALITY NOTICE:

THE INFORMATION IN THIS FACSIMILE MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENT(S) NAMED ABOVE. IF YOU ARE NOT THE INTENDED RECIPIENT OF THIS FACSIMILE OR AN AGENT RESPONSIBLE FOR DELIVERING IT TO THE RECIPIENT, NOTE THAT ANY DISCLOSURE, COPYING, DISTRIBUTION OR ACTION TAKEN ON THIS INFORMATION IS NOT PERMITTED. IF YOU RECEIVED THIS TRANSMISSION IN ERROR, PLEASE NOTIFY THE SENDER IMMEDIATELY.

Phone: 517-266-4532

Fax: 517-266-4561

ADRIAN PUBLIC SCHOOLS 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 – 380.1155 of the School Code of 1995, 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: _____ Birthdate: _____

Last First Middle

School Building: _____

1. Is your child's native tongue a language **other than** English? No Yes What is that language? _____

2. Is the **primary language**¹ used in your child's home or environment a language **other than** English? _____

No Yes What is that language? _____

Parent or Guardian Signature: _____ Date: _____

Parent/Guardian Address: _____

¹ "Primary language" means "the dominant language used by a person for communication."

ENCUESTA SOBRE EL IDIOMA DEL HOGAR

ADRIAN PUBLIC SCHOOLS necesita una información acerca de los idiomas que los estudiantes hablan o entienden; y acerca del idioma con el cual el estudiante ha nacido y si lo usa en casa. Esta información será usada por el distrito escolar para determinar el número de estudiantes que pueden calificar para recibir una educación bilingüe de acuerdo a las Secciones 380.1151 – 380.1155 del Código Escolar de 1995, Ley sobre la Educación Bilingüe de Michigan. Por favor responda a las siguientes preguntas.

Nombre del estudiante: _____ Grado: _____ Edad: _____

Apellido Nombre Segundo nombre

Nombre de su escuela: _____

1. ¿Es el idioma nativo¹ de su hijo(a) otro **aparte del** inglés? No Sí ¿Cuál es ese idioma? _____

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

No Sí ¿Cuál es ese idioma? _____

Firma del padre o guardián: _____ Domicilio Fecha: _____

Domicilio del padre o guardián: _____

¹ Idioma nativo significa "El idioma en que el/la niño(a) primero comenzó a entenderse con sus padres."

² "Idioma principal" significa "el idioma dominante usado por una persona para comunicarse."

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 she/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 or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. If you suspect that a student has a concussion, remove the student/athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the student out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says he/she is symptom-free and it's okay to return to play.
2. Rest is key to helping a student recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect 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.

WHY SHOULD A STUDENT REPORT THEIR SYMPTOMS?

If a student has a concussion, his/her brain needs time to heal. While a student's brain is still healing, he/she is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young children can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT NAME PRINTED

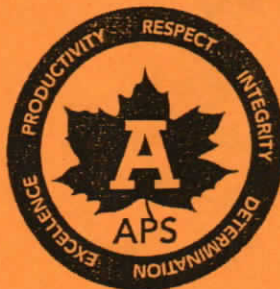
STUDENT NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE



Dear Parent/Guardian:

All school districts in Michigan are required to report student data by race and ethnicity categories set by the U.S. Department of Education. Race and ethnicity data is collected utilizing a two-part question format. This allows individuals to more accurately identify themselves given the increased diversity of our nation.

These reports help keep track of changes in student enrollment and ensure that all students receive the educational programs and services to which they are entitled.

If we do not receive a response from you, an employee of the school district will be required to provide this information based on observations. Federal regulations do not permit school districts to leave the questions blank.

Student's name: _____ Grade: _____

PLEASE ANSWER BOTH: PART A about Hispanic origin AND PART B about race

Part A is about ethnicity, not race. Regardless of what you selected in Part A, **answer Part B** by marking one or more boxes to indicate what you consider your student's (or your) race to be.

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

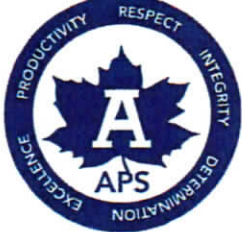
- ☐ No, not Hispanic/Latino
- ☐ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

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

- ☐ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America.)
- ☐ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)
- ☐ Black or African-American (A person having origins in any of the black racial groups of Africa.)
- ☐ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.)
- ☐ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

NOTE: Both parts A and B must be completed. We encourage you to 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.

Parent/Guardian Signature: _____ Date: _____



Families in Transition Form

Check ONLY those that apply:

- ☐ Living in a shelter (code 10)
☐ Living with friends or relatives temporarily (code 13)
☐ Living in a hotel or motel (code 14)
☐ Unsheltered (code 15)
☐ Transitional Program through Housing Help (code 11)

Are you living without your parent/guardian?
Placed in Foster Care?

Y	N
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Date: _____



If none of the above apply, please disregard this form



This form is to be completed by the responsible party for the student(s) listed below. Please list your contact information including your name, address and phone number(s):

Name(s) of Responsible Party

Address

1. _____

2. _____

Phone Number(s): Cell: _____ Home: _____ Work: _____

Relationship to Student(s):

- ☐ Parent(s) ☐ Legal Guardian ☐ Person(s) acting as a parent in the absence of a parent or guardian
☐ Student (not living with parent/guardian)

Name of Student(s)

Building

Grade

1. _____

2. _____

3. _____

4. _____

Students and families who qualify as a Family In Transition may receive additional services such as:

- ♦ Immediate enrollment while receiving assistance retrieving birth certificates
- ♦ Immediate enrollment without a permanent address
- ♦ Students may continue to attend the same school they attended prior to the temporary move
- ♦ Transportation assistance is provided to and from school
- ♦ School supplies, clothing assistance and personal care items

For more information please contact: Families in Transition Coordinator at (517) 266-4529.

FOR OFFICE USE ONLY:

Start Date Entered In eSchool: _____

Date Sent to FIT Coordinator: _____

Notification Sent to Other Building(s): ☐

Free Lunch Marked in eSchool: ☐

Completed By: _____

FIT COORDINATOR USE ONLY:

☐ Verified FIT Status

☐ Unapproved

Signature: _____

Date: _____

Form Returned to Building(s): ☐

(ADRIAN PUBLIC 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.

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

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

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

Printed Parent/Guardian Name: _____

Household Information Survey

SCHOOL USE ONLY

Approved for:

1 ☐ 2 ☐

Adrian High School is participating in the Community Eligibility Option (CEO) provision under the National School Lunch Program. Under CEO, all children in the school will receive a breakfast/lunch at no charge regardless of completion of this form. However, to determine eligibility for various additional state and federal program benefits that your child(ren) may qualify for, please complete, sign and return this application to Adrian High School Main Office

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDIPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name:

Case Number:

INSTRUCTIONS: Complete survey and return to your child's school or mail to the address listed above.

These sections must be completed by the head of household or designee.

1. SIZE OF FAMILY - Indicate the total number of individuals living in your household, including all adults and children _____

2. STUDENT INFORMATION - Complete for each student Pre-K through 12th Grade

Last Name	First Name	Birth Date MM-DD-YYYY	School	Identify H if Homeless M if Migrant R if Runaway F if Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				

If you need additional lines, attach a second sheet to this survey or attach a copy of this survey clearly marked as a Page 2.

3. TOTAL MONTHLY HOUSEHOLD INCOME - Report income for all members of household excluding Foster Children. If you have reported a case number above, you do not need to fill in this section. Simply sign and date form.

Type of Income	Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefits	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
Total Monthly Household Income (Add lines 1-6)	\$	

4. SIGNATURE - If Income Section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a Social Security Number" box below.

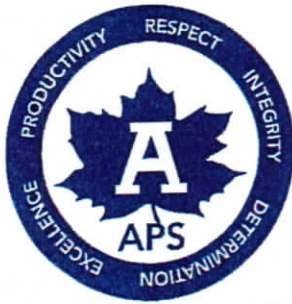
I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will be eligible for certain federal and/or state funds based on the information I give. I understand that sponsor officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X _____ Print Name: _____ Date: _____

Last Four (4) Digits of Adult Social Security Number: XXX-XX-_____ ☐ I do not have a Social Security Number

Address		City	Zip Code
Home Phone	Work Phone	Email Address	

By providing your email address, you may be contacted via email by the district.



TRANSPORTATION INFORMATION SHEET

New Request Change Request (Circle One)

If no transportation is needed or nothing has changed from the previous school year, please do not complete

Student Name _____ Grade _____

School Building _____

Home Address _____

If Multiple Students at the same building

Student Name _____ Grade _____

Student Name _____ Grade _____

If address is different than home address

Pick Up Address _____

Name of Adult/Day Care _____

Phone Number _____

If address is different than home address

Drop Off Address _____

Name of Adult/Day Care/Boys & Girls Club _____

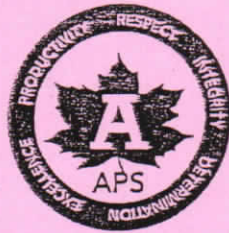
Phone Number _____

Print Parent Name: _____

Parent Signature _____ Phone _____

Date _____

Please return to your child's school. First Student, District Transportation Provider, can be reached at 517-263-2464.



ADRIAN PUBLIC SCHOOLS

Tradition of Opportunities
Future of Possibilities

Medication Authorization Form

Name of Student _____ Date of Birth _____

Name of Drug	1)	2)	3)	Tylenol/Motrin (Circle one if necessary)
Amount of Medication				
Time of Administration				
Route of Administration				
Possible Side Effects				
Specials Concerns or Comments				
Student capable of self-administering medication	Yes No (Circle one)	Yes No (Circle one)	Yes No (Circle one)	Yes No (Circle one)
Student may carry medication on person	Yes No (Circle one)	Yes No (Circle one)	Yes No (Circle one)	Yes No (Circle one)

Physician's Signature _____ Date _____

Address _____ Phone _____

- 1) No medication will be given without an order signed by the physician.
- 2) All prescription bottles must be labeled by the pharmacy with a current date, the name of the student, name of medication, strength of medication and time to be given.
- 3) All non-prescription medication must come to school in its original packaging.
- 4) Any change in dosage or addition of new medication must be accompanied by written physician statement.

I hereby request that my student be administered his/her medication by the school personnel authorized by the principal/supervisor according to Policy JHCD and JHCD-R. I understand that the medication will be administered as per the instructions of my above named physician. I will notify the school of changed or discontinuation of this medication(s).

Parent/Guardian Signature _____ Date _____

I request (name of student) _____ be allowed to self-administer and carry the above medication at school according to school policy.

Parent/Guardian Signature _____ Date _____



Adrian High School

785 Riverside Avenue, Suite 3 • Adrian, Michigan 49221

Phone: 517 / 263-2181

Fax: 517 / 266-4524

Web Site: www.adrian.k12.mi.us

Adrian High School

Student Dress and Attire policy as of August 2018

Adrian High School is proud of its students and how they conduct themselves. Students represent not only themselves, but their families, and the school at large. To this end, Adrian High School maintains high standards of student dress and decorum, to ensuring a safe, orderly, and productive learning environment, as well as, preparing students for the world of work. Business casual is the general standard for student dress and attire.

Students shall not wear clothing or accessories which interfere with the operation of the school or which impinge upon the general health, safety, and welfare of other students and school employees. Dress must follow the following guidelines:

1. All shirts must have sleeves.
2. Shorts/skirts must come down to the mid-thigh when standing.
3. Shirts must cover a student's back, chest, and stomach.
4. Pants must be worn on the hip.
5. No hats, caps, head scarves, head rags, bandanas, or sweat bands to worn during the school day.
6. No coats or jackets to be worn during the school day.
7. No articles of clothing, patches or buttons, decorated with obscene phrases or promoting alcohol, tobacco, drugs, violence, or any language that be interpreted as offensive, abusive or vulgar may be worn.
8. No sleep wear such as pajama tops, bottoms, or slippers may be worn.
9. No dangerous jewelry such as spikes, chains, or bar rings should be worn at school.
10. Shoes should be worn for safety.

All students are expected to adhere to the policy. If a student is found to be in violation of the Dress Code Policy they will be asked to fix the issue in a timely manner. If the reporting staff member and student are unable to properly address the issue, the student will be sent to an administrator for action and parents will be called for a change of clothes or to send the student home when necessary.