

**ADRIAN PUBLIC SCHOOLS
SPRINGBROOK MIDDLE 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)**

☐ **Immunization Consent Form**

☐ **Transportation Request Form**

☐ **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

FACSIMILE TRANSMITTAL SHEET

TO: _____

FROM: SPRINGBROOK MIDDLE SCHOOL

FAX NUMBER: _____

DATE: _____

Please fax or email back:

☐ Birth certificate ☐ Immunizations ☐ Transcript or report card ☐ Withdrawal grades ☐ Latest IEP
☐ Discipline record ☐ Legal/Custody Documents

☐ 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_____
Current Grade

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

PREVIOUS SCHOOL:_____
Name of school last attended_____
Address

phone # _____ Fax # _____

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 CA or ADD' TL

SPRINGBROOK MIDDLE SCHOOL
Cindy Graham cgraham@adrian.k12.mi.us
615 Springbrook Ave.
Adrian, Michigan 49221

RECORDS TO:**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: 517-263-0543**Fax: 517-265-5984**



Adrian Public Schools Registration Form

2020-2021

Legal Last Name	Legal First Name	Legal Middle Name	Birthdate	Grade	Legal Gender	Birth City	Birth State
City-State-Zip		Student Cell Phone	Student Email	Last School Attended	Medical Conditions/Allergies		

Check all that apply: ☐ American Indian ☐ Asian ☐ Black ☐ White ☐ Native Hawaiian ☐ Multi-Racial, specify _____ Hispanic/Latino Ethnicity: No ☐ Yes ☐

Primary Language Spoken at Home: ☐ English ☐ Spanish ☐ French ☐ German ☐ Other, specify _____ Is student currently receiving Special Education Services? No ☐ Yes ☐

Parents/Guardians Contact Information: Note: Priority is the order in which the parent/guardian is to be contacted.

Priority	Parent/Guardian Name	Lives With	Relationship	Address	Phone	Email	Employer & Employer Phone
		Y / N					
		Y / N					
		Y / N					
		Y / N					

Automated alert messages will be sent to the numbers 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:	Name of Additional Child:	Birthdate:	Current Grade:	Relationship:
2. Name:	Relationship:	Phone:	Name of Additional Child:	Birthdate:	Current Grade:	Relationship:
3. Name:	Relationship:	Phone:	Name of Additional Child:	Birthdate:	Current Grade:	Relationship:

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

☐ Resident of this School District ☐ School of Choice (Non-Resident) ☐ Non-Resident Attending

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:

Start Date:	Student Id:	Homeroom #:	Homeroom Teacher:	Locker:	Counselor:	Bus To:	Bus From:
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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 ☐ Throughout the year, Community Mental Health and Parkside may provide support services to my student at school as need indicates and may share with the teacher, principal, and/or counselor my student's progress.

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

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.

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 language¹ used in your child's home or environment a language other than English? _____

No Yes What is that language? _____

Parent or Guardian Signature: _____

Parent/Guardian Address: _____ Date: _____

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: _____

Nombre de su escuela: _____ Apellido _____ Nombre _____ Segundo nombre _____

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."



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): ☐



Transportation Request Form

School: Springbrook Middle School Date: _____

Circle One: **New Request** **Change request**

Student Name: _____ Grade _____

Student Name: _____ Grade _____

Student Name: _____ Grade _____

Student Name: _____ Grade _____

HOME ADDRESS: _____

Primary Pick Up Address: _____ APT.# _____
City: _____

Primary Drop Off Address: _____ APT.# _____
City: _____

Alt. Pick Up Address: _____ APT.# _____
City: _____

Alt. Drop Off Address: _____ APT.# _____
City: _____

Parent/Guardian Signature

Date

Print Parent/Guardian Name

Phone Number

Emergency/Alternate Phone Number

Please return to your child's school. First Student, District Transportation Provider, can be reached at 517-263-2464. District Transportation Policy can be found at <https://www.adrianmaples.org/parents/transportation.php>.

Adrian Public Schools
785 Riverside Ave.
Suite 1
Adrian, MI 49220
Phone: 517-265-5381

Household Information Survey

SCHOOL USE ONLY
Approved for:

1 ☐ 2 ☐

_____ (school name) 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 _____ (school name).

If any member of your household receives Food Assistance Program (FAP), Family Independence Program(FIP), or FDPIR, 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.				
8.				

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.

Adrian Public Schools

Consent for Disclosure of Personally Identifiable Information and 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 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 and immunization 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 and personally identifiable information 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: _____

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

Parent/Student- Please read and sign on the reverse side. Every student must have a Concussion Awareness form on file with Adrian Public Schools. This form will be kept with the student's permanent records until the student graduates or transfers from the district.

ADRIAN PUBLIC SCHOOL PARENT & STUDENT CONCUSSION INFORMATION SHEET

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 bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If a student reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, she/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Students who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY STUDENT;

- Headache or "pressure" in the head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

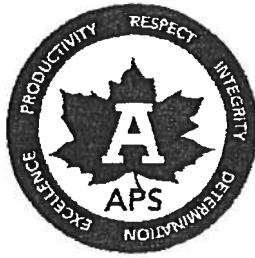
SIGNS OBSERVED BY STAFF:

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

Michigan Department
of Community Health

MADCH
James K. Haveman, Director

OVER →→→



ADRIAN PUBLIC SCHOOLS

Tradition of Opportunities
Future of Possibilities

2021-2022 Volunteer Information

***This form must be completed once each year. You may not volunteer until background check has been conducted.**

Name _____ Date _____ Are you over 18? _____

Street Address: _____ City: _____ State: _____ Zip Code _____
(For college students this is your permanent home address)

Phone: _____ E-Mail Address _____

Student Name _____ **Grade** _____

☐ Athletics ☐ Classroom Help ☐ Field Trips ☐ Lunch Buddies ☐ Classroom Observation
☐ PTO/Title Nights

Other/Event: _____ **Building:** _____

School Contact Person: _____

Criminal History Check Form

INDIVIDUALS WILL BE DENIED THE OPPORTUNITY TO VOLUNTEER IF CRIMINAL INFORMATION IS NOT DISCLOSED OR IF THIS FORM IS FILLED OUT BY SOMEONE OTHER THAN THE PARTY APPLYING TO BE THE VOLUNTEER.

Please note that each question is important in conducting the criminal history check. A criminal record will not necessarily disqualify an applicant. A criminal record is one piece of information that will be considered in determining the appropriateness of an individual to be an Adrian Public Schools' volunteer. Please fill out this portion of the form completely. Please **PRINT LEGIBLY** and a date of birth and signature are required in order to process this background check.

First Name _____ Middle _____ Last Name _____

Previous married names and/or maiden names: _____

Date of Birth _____ Male _____ Female _____

Race: _____ White _____ Black
(Hispanics/Mexicans/Latinos are considered
white for State & Federal Criminal Check
purposes by the authorities)
_____ Asian or Pacific Islander
_____ American Indian or Alaskan Native

Have you ever been convicted of, pled guilty, nolo contendere, or have pending misdemeanor or a felony charges?

Yes _____ No _____

If yes, please give the date(s) and an explanation of the charges _____

I give Adrian Public Schools permission to complete a criminal history check with the Michigan State Police. I recognize that any misrepresentation, false information or willful omission of fact shall be sufficient cause for disqualification of this application.

Signature

Date

	Parent Signature	Phone
--	------------------	-------

NO

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In reference to the Adrian Public Schools Code of Conduct, please take note in the text below of what is NOT appropriate in school. The text below represents only a small portion of the code of conduct. A copy of the student code of conduct may be found on the district website: www.adrianmaples.org under District Information, School Policies, section J-Students, Code of Student Conduct Guidelines.

Bags: are to be kept in the student's locker and are not permitted in the classroom.

Dress Code: Each year we review our dress code in relation to changes in style to allow as much freedom and individual discretion as possible for our students. It is our hope that the students will learn that the appropriateness of certain garments is situational. What is appropriate dress for the beach or a rock concert may not be suitable for school or church. As adults, we understand the importance of dressing properly for a situation or a particular role. In many cases, success in business and life is dependent upon proper dress. Part of the reason for our dress code is to help students develop this understanding and prepare them to be successful in a job or career. As a center for learning, it is important to maintain a learning environment. For this reason, clothing which is deemed disruptive to the learning environment or potentially hazardous to health and safety are restricted. See list below for specifics.

Springbrook is an air-conditioned building.

NONE of the following are acceptable:

- SHEER OR SEE-THROUGH CLOTHING
- RIPPED OR TORN pants/shorts: Any rips or tears must be below the student's fists when arms extended at the side. Holes must be small enough to be covered by a student I.D.
- CLOTHING WITH DRUG, TOBACCO PRODUCTS OR ALCOHOL ADVERTISING
- CLOTHING WHICH SUGGESTS GANG, VIOLENCE OR ILLEGAL ACTIVITIES.
- CLOTHING WITH A SEXUAL MESSAGE EITHER EXPLICIT OR IMPLIED
- TOPS SHORT ENOUGH TO EXPOSE MIDRIFF OR SHOW CLEAVAGE (SINCE STUDENTS ARE VERY ACTIVE AT SCHOOL, THE MIDRIFF SHOULD ALSO BE COVERED WHEN THE STUDENT'S ARMS ARE RAISED.)
- CLOTHING WITH SYMBOLS OR STATEMENTS WHICH CONVEY A MESSAGE THAT MAY INTIMIDATE, INSULT OR HARASS ANOTHER PERSON WITH RESPECT TO RACE, COLOR, CREED, RELIGION, AGE, GENDER, DISABILITY, NATIONAL ORIGIN OR ANCESTRY.
- HOODS & HATS MAY **NOT** BE WORN ON THE HEAD IN THE BUILDING.
- SHORT-SHORTS OR MINI-SKIRTS MUST BE WORN ON THE HIP AND **EXTEND BELOW THE FIST WHEN A STUDENT'S ARMS ARE EXTENDED**
- EXPOSED UNDERWEAR/UNDERGARMENTS
- BED CLOTHING (INCLUDING SLIPPERS) WORN AS OUTERWEAR
- TANK TOPS/SLEEVELESS/KEYHOLE SHIRTS **MUST** HAVE A 3-INCH STRAP OVER THE SHOULDER AND FIT CLOSELY UNDER ARMPIT
- CLOTHING THAT ALLOWS BODY PARTS (MIDRIFF AND BEHIND) TO SHOW, SUCH AS HIP-HUGGER OR LACED-UP PANTS
- "SAGGING" PANTS
- ANY CLOTHING NOT MENTIONED ABOVE THAT IS DEEMED INAPPROPRIATE, DISTRACTING OR OFFENSIVE

With reference to the above code, we ask that parents monitor their child's school clothing so that it is not necessary to have the student out of class to address a dress code violation.

Adrian Public Schools
2021 - 2022 School Calendar (Trimesters)

Wednesday, August 25, 2021	New Teacher Orientation; Mentor/Probationary Teacher Meeting ,
Thursday, August 26, 2021	Teacher First Day: AEA Membership Meeting and four and three-quarter (4.75) hours of professional development K-8 Open Houses
Friday, August 27, 2021	No school for staff
Monday, August 30, 2021	First Day of School for students K-12 - Half Day AM K-12 District Professional Development PM
Friday, September 3, 2021	No school for staff – Pre-Labor Day Holiday
Monday, September 6, 2021	No school for staff - Labor Day Holiday
October 6, 2021	Count Day
October 27-28, 2021	K-12 Parent/Teacher Conferences – Evening
Friday, October 29, 2021	K-12 students Half Day AM Dismissed PM K-12 District Professional Development PM
Tuesday, November 23, 2021	7-12 Exams AM K-12 students Half Day AM Dismissed PM K-12 District Professional Development PM
Wednesday, November 24, 2021	7-12 Exams AM K-12 students Half Day AM Dismissed PM K-12 Records Day PM (On-Site or Off-Site) End of 1st Trimester K-12
November 25-26, 2021	No school for students/staff - Thanksgiving Holiday
November 30, 2021	8:00 A.M. Grades Due
Tuesday, December 21, 2021	K-12 students Half Day AM Dismissed PM Winter Break begins at close of school day for students/staff
Monday, January 3, 2022	School resumes for staff/students
Monday, January 17, 2022	No school for students or staff (Optional PD at LISD)
January 19-20, 2022	K-12 Parent/Teacher Conferences - Evening
Friday, January 21, 2022	K-12 students Half Day AM Dismissed PM K-12 District Professional Development PM
February 9, 2022	Count Day
Friday, February 11, 2022	K-12 students Half Day AM Dismissed PM K-12 District Professional Development PM
Thursday, March 3, 2022	7-12 Exams AM K-12 students Half Day AM Dismissed PM K-12 District Professional Development PM
Friday, March 4, 2022	7-12 Exams AM K-12 students Half Day AM Dismissed PM K-12 Records Day PM End of 2nd Trimester K-12
April 4 – April 8, 2022	No school for staff/students- Spring Break
Monday, April 11, 2022	School resumes
Friday, April 15, 2022	No school for staff/students – Good Friday

Parents of entering 7th grade and new school district students

Important
Announcement

IMMUNIZATION & WAIVER Information

Since 1978, Michigan law (PH Code: 333.9208) requires each student possess a certificate of immunization or valid immunization waiver at the time of registration or no later than the first day of school upon entry into kindergarten, 7th grade, or into a new school district involving grades 1-12.

A student, who fails to meet the immunization requirement or have a valid waiver, shall not be admitted to school.

Students entering 7th grade and students entering 8th-12th grades in a new school district need to have the following immunizations by the start of school:

- 4 doses of DT/DTP/DTaP/Td OR 3 doses, if the first dose was given after the first birthday
- 1 dose of Tdap
- 4 doses of polio OR 3 doses, if dose #3 was given after the 4th birthday
- 2 doses of MMR (measles/mumps/rubella) vaccine at or after 1 year of age
- 3 doses of Hepatitis B vaccine
- 1 dose of MCV4 (quadravalent conjugate meningitis vaccine)
- 2 doses of varicella (chickenpox) vaccine at or after 1 year of age OR evidence of immunity (blood test) OR reliable history of having had chickenpox

The Advisory Council on Immunizations (ACIP) also recommends the following immunizations for pre-teens and teens:

- Hepatitis A
- HPV
- Flu (*seasonal*)



*If a parent is waiving one or more vaccines, which are required for their child to enter school, the parent will need to make an appointment at their local health department to obtain a **NEW** waiver prior to the start of school.*

A student, who fails to meet the immunization requirement or have a valid waiver, will not be admitted to school.

For questions and additional information, please call 517-264-5226.

More information at www.lenaweehealthdepartment.org

Lenawee County
HEALTH
DEPARTMENT
We're Here for You

TEEN VACCINES

INFORMATION FOR PARENTS



M eningococcal V accines (MenACWY, MenB)	A dolescent C atch-Up	T etanus, Diphtheria, P ertussis (Tdap)	H uman P apillomavirus (HPV)
<p>Meningococcal vaccines protect against meningitis, which affects the brain and spinal cord.</p> <p>Meningitis is easily spread through close contact with an infected person, such as coughing, kissing, and sharing food or drinks. Initial symptoms include a fever, rash, headache, or stiff neck.</p> <p>Meningitis can cause brain damage, severe disabilities, or death.</p> <p>MenACWY vaccine is given at 11-12 years with a second dose at 16.</p> <p>MenB vaccine is given at 16-18 years in a series of doses.</p> <p>If your child has not received these vaccines, talk to their health care provider today.</p>	<p>If your child has not already received the vaccines below, it's not too late to get them protected against these diseases!</p> <p>3 doses of hepatitis B vaccine (HepB)</p> <p>2 doses of hepatitis A vaccine (HepA)</p> <p>2 doses of measles, mumps, rubella vaccine (MMR)</p> <p>2 doses of varicella (chickenpox) vaccine</p> <p>At least 3 doses of polio vaccine (IPV/OPV)</p> <p>Flu vaccine every year</p> <p>These vaccines are important, especially if your child plans to travel. All doses are needed for full protection.</p>	<p>Tdap vaccine protects your child against tetanus, diphtheria, and pertussis (whooping cough).</p> <p>Tetanus is serious and causes painful tightening of the muscles. It is found in soil and enters the body through a cut or wound.</p> <p>Diphtheria can make it hard to breathe or move body parts. It is spread by coughing or sneezing.</p> <p>Pertussis is spread by coughing, sneezing, or close contact with an infected person. It can cause severe coughing and choking, making it hard to breathe or eat.</p> <p>Tdap vaccine is usually given at 11-12 years. However, anyone who has not had Tdap vaccine needs a dose.</p>	<p>HPV vaccine protects against genital warts, cervical, oropharyngeal, vaginal, vulvar, penile, and anal cancers.</p> <p>HPV is a virus transmitted by skin-to-skin contact. Almost everyone will get an HPV infection in their lifetime. Many HPV infections have no symptoms, so a person may transmit the virus to others without knowing.</p> <p>The best time to get HPV vaccine is at 11-12 years. When started before the 15th birthday, most adolescents will only need 2 doses. People should get caught up with HPV vaccine through 26 years.</p> <p>HPV vaccine is safe, effective, and is cancer prevention.</p>

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability. MDE and MDHHS are required by law (MCL 380.1177a) to develop and make available to schools information on meningococcal and HPV vaccines. MDHHS is also required (MCL 333.9205b) to notify schools of the availability of HPV educational materials, and encourage schools to make them available to parents.

Updated January 10, 2020