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

✓ **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 this request, or if the documents are inaccurate and/or suspicious in nature, will result in the school sending parent/guardian notification of the need to comply within 30 days or the matter will be referred to the local law enforcement agency.

✓ **IMMUNIZATION RECORD**
State law requires all new school entrants to be immunized against Hepatitis B, Measles, Mumps, Rubella, Polio, Varicella (Chickenpox) and DTaP/DTP/DT. Upon entering the 6th grade or higher students must have the Meningococcal vaccination (PA 386, Section 92 of 1978 as amended). Parents/guardians must provide the school with a record showing that their child has received all of these required immunizations or a waiver must be signed. Children who have not completed the required immunizations will be excluded from school until such requirements are met.

The Lenawee County Health Department is located in the Human Services Building located at 1040 S. Winter Street, Adrian, MI. You may contact them at 264-5226 regarding immunizations.

✓ **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/school district.

Proof of legal residence is required by the school district of a parent/guardian when enrolling a student for the first time. Acceptable forms of proof of residency include:

- Copy of a property tax statement
- Mortgage documents that prove ownership
- Copy of a lease agreement
- Copy of a utility bill

A DRIVER’S LICENSE IS NOT ACCEPTABLE

✓ **REGISTRATION FORM**
✓ **HOME LANGUAGE SURVEY**
✓ **RACE/ETHNICITY FORM**
✓ **TRANSPORTATION INFORMATION SHEET** (If applicable)
✓ **CONCUSSION AWARENESS FORM**
✓ **IEP IF STUDENT HAS ONE**
✓ **RECORDS REQUEST FROM PRIOR SCHOOL** (if applicable)
✓ **ANY LEGAL DOCUMENTATION NECESSARY** (custody, etc)
### Professional and Contact Information:

<table>
<thead>
<tr>
<th>Legal Last Name</th>
<th>Legal First Name</th>
<th>Legal Middle Name</th>
<th>Birthdate</th>
<th>Grade</th>
<th>Legal Gender</th>
<th>Birth City</th>
<th>Birth State</th>
<th>Street Address</th>
<th>City-State-Zip</th>
<th>Student Cell Phone</th>
<th>Student Email</th>
<th>Last School Attended</th>
<th>Medical Conditions/Allergies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**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

**Relationship:**

<table>
<thead>
<tr>
<th>Priority</th>
<th>Parent/Guardian Name</th>
<th>Lives With</th>
<th>Relationship</th>
<th>Address</th>
<th>Phone</th>
<th>Email</th>
<th>Employer &amp; Employer Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y/N</td>
<td></td>
<td></td>
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<tr>
<td>Y/N</td>
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<tr>
<td>Y/N</td>
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<tr>
<td>Y/N</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

**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:**

<table>
<thead>
<tr>
<th>1. Name:</th>
<th>Relationship:</th>
<th>Phone:</th>
<th>Name of Additional Child:</th>
<th>Birthdate:</th>
<th>Current Grade:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Name:</th>
<th>Relationship:</th>
<th>Phone:</th>
<th>Name of Additional Child:</th>
<th>Birthdate:</th>
<th>Current Grade:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Name:</th>
<th>Relationship:</th>
<th>Phone:</th>
<th>Name of Additional Child:</th>
<th>Birthdate:</th>
<th>Current Grade:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Extra copy of report card should be sent to non-custodial parent?**
- [ ] No
- [ ] Yes

**Parent Name & Address:**

**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:**

<table>
<thead>
<tr>
<th>Start Date:</th>
<th>Student Id:</th>
<th>Homeroom #:</th>
<th>Homeroom Teacher:</th>
<th>Locker:</th>
<th>Counselor:</th>
<th>Bus To:</th>
<th>Bus From:</th>
</tr>
</thead>
</table>
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.

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

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.

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.

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.

PHOTOGRAPHING/VIDEO TAPEING

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.
ADRIAN PUBLIC SCHOOLS
HOME LANGUAGE SURVEY
Required for every student

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 used in your child’s home or environment a language other than English? No  Yes  What is that language?

Parent/Guardian Signature: ____________________________________________ Date: ________  Parent/Guardian Address: ____________________________________________

---

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

State Board of Education Home Language Survey - Updated November 16, 2007

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.”

In accordance with State and Federal Programs
Transportation Request Form

School __________________________  Date:_________________

Circle One:  New Request    Change request

Student Name:______________________________________________Grade______

Student Name:______________________________________________Grade______

Student Name:______________________________________________Grade______

Student Name:______________________________________________Grade______

Home Address:_____________________________________________________________________________________

_________________________________________________________________________ Phone Number _____________________________ Emergency #

Primary Pick Up Address:______________________________________________ APT.# ________

City:____________________________________

Primary Drop Off Address:______________________________________________ APT.# ________

City:____________________________________

Circle One: AM      PM      Both
Circle One: Daily       Weekly

Alt. Pick Up Address:______________________________________________ APT.# ________

City:____________________________________

Alt. Drop Off Address:______________________________________________ APT.# ________

City:____________________________________

Circle One: AM      PM      Both
Circle One: Daily       Weekly

______________________________________ Phone Number _____________________________ Emergency #

Print Parent/Guardian Name    Parent Guardian Signature

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
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 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: __________________
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.

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

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.

Michigan Department of Community Health

James K. Hassenstab, Director

OVER → → →
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 ____________________________
INSTRUCTIONS FOR COMPLETING THE
HOUSEHOLD INFORMATION REPORT

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (FAP), FAMILY INDEPENDENCE PROGRAM (FIP), OR FDPIR PLEASE FOLLOW THESE INSTRUCTIONS:

Part A: Enter the total number of individuals living in your household, including all children in the box provided.
Part B: List the case number for any household member (including adults) receiving FAP, FIP, or FDPIR benefits
Part C: List the First and Last name, Birth Date, School that the child is attending, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.
Part D: Skip this part
Part E: Sign the form. Print your name and Date.

IF YOUR HOUSEHOLD DOES NOT RECEIVE BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (FAP), FAMILY INDEPENDENCE PROGRAM (FIP), OR FDPIR PLEASE FOLLOW THESE INSTRUCTIONS:

Part A: List the total number of individuals living in your household, including all children.
Part B: Skip this part.
Part C: List the First and Last name, Birth Date, School that the child is attending, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.
Part D: Enter all gross income for each type of income that applies. If you have no income for any 1 or more of the categories, Circle NONE if no income. Add lines 1-6 and enter the Total Monthly Household Income.
Part E: Sign the form. Print your name and Date.
To determine eligibility for various additional state and federal program benefits that your school may qualify for, please complete, sign and return this report to ________________________________

(School Name)

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

PART A. SIZE OF FAMILY - Enter the total number of individuals living in your household, including all adults and children → ______

PART B. CURRENT BENEFITS - Complete below if applicable
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: __________________________

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Birth Date XX-XX-XXXX</th>
<th>School</th>
<th>Identify</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>H if Homeless</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>M if Migrant</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>R if Runaway</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>F if Foster</td>
</tr>
</tbody>
</table>

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

PART D. 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.

<table>
<thead>
<tr>
<th>Type of Income</th>
<th>Income</th>
<th>Circle if None</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gross Monthly Earnings: Wages, Salary, Commissions</td>
<td>$</td>
<td>None</td>
</tr>
<tr>
<td>2. Monthly Welfare Payments, Child Support, Alimony</td>
<td>$</td>
<td>None</td>
</tr>
<tr>
<td>3. Monthly Payments from Pensions, Retirement, Social Security</td>
<td>$</td>
<td>None</td>
</tr>
<tr>
<td>4. Monthly Dividends or Interest on Savings</td>
<td>$</td>
<td>None</td>
</tr>
<tr>
<td>5. Monthly Worker’s Compensation, Unemployment, Strike Benefits</td>
<td>$</td>
<td>None</td>
</tr>
<tr>
<td>6. Other Monthly Income (SSI, VA, Disability, Farm, other)</td>
<td>$</td>
<td>None</td>
</tr>
</tbody>
</table>

Total Monthly Household income (Add lines 1-6) $______

PART E. SIGNATURE - I certify (promise) that all information on this report is true and that all income is reported. I understand that the school will get federal/state funds based on the information I give. I understand that school officials may verify (check) the information.

(Signature) ____________________________ (Printed Name) ____________________________ (Date) ___________ 

(Address) ____________________________ (City) ____________ (Zip) ____________

(Home Phone) ____________________________ (Work Phone) ____________________________ (Email Address) ____________________________

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

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
1. ____________________________
2. ____________________________

Address

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)
1. ____________________________ Building ____________ Grade ____________
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 Angela Pooley 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): □