



## HEALTH INFORMATION Please note any pertinent medical information about this student.

This student's physician	Phone ( )
Special medical / physical / emotional conditions or other pertinent information (including allergies) regarding this student	
Please list all medication(s) / treatment(s) this student is currently taking, dose, and time medication is taken	

## SPECIAL EDUCATION

Has the student ever received any special education services or attended special education classes?	Yes	No
If yes, please provide a copy of the current individual education plan (IEP).		

## SCHOOL HISTORY

Last school this student attended	Date Left
Street address of last school attended    City                      State                      Zip Code	Telephone                      Fax ( )                      ( )
Has this student ever attended any of the following programs: Preschool? Yes No    Head Start? Yes No    Head Start 4-year old Program? Yes No	Are you applying for schools of choice from outside the Kalkaska Public Schools District? Yes District _____ No
Has this student ever enrolled in a Kalkaska Public Schools program before? Yes No    Where _____ Year _____	

## CHILD CARE

Child care name	Phone ( )	Child Care Name	Phone ( )
Street Address                      Apt#    P.O. Box                      City                      Zip		Street Address                      Apt#    P.O. Box                      City                      Zip	
Days of the week for child care                      A.M.    P.M. Monday    Tuesday    Wednesday    Thursday    Friday		Days of the week for child care                      A.M.    P.M. Monday    Tuesday    Wednesday    Thursday    Friday	

## EMERGENCY CONTACTS please list two local emergency contacts.

Last Name	First Name	Middle Initial	Relationship
Street Address	Street Name	Apt#    P.O. Box	City                      Zip
Home Phone ( )	Cell Phone/Pager ( )		
Place of Employment	Work Phone & Extension ( )		ext.
Last Name	First Name	Middle Initial	Relationship
Street Address	Street Name	Apt#    P.O. Box	City                      Zip
Home Phone ( )	Cell Phone/Pager ( )		
Place of Employment	Work Phone & Extension ( )		ext.

## FAMILY INFORMATION Please list all children in the family (by birth order, oldest first).

Name	Sex M   F	Date of Birth
Name	Sex M   F	Date of Birth
Name	Sex M   F	Date of Birth
Name	Sex M   F	Date of Birth
Name	Sex M   F	Date of Birth
Name	Sex M   F	Date of Birth

## FAMILY RESIDENCE

If your enrolled student is experiencing a loss of housing, he or she may be eligible for assistance through Kalkaska Public Schools' Students in Transition Empowerment Program (STEP).

The McKinney-Vento Homeless Assistance Act, reauthorized by Title X, Part C, of the No Child Left Behind Act, requires school districts to remove any barriers to the attendance, full participation, and success of students, Pre-K through grade 12, who lack a "fixed, regular, and adequate overnight residence." **The federal law includes a definition of who is considered "homeless," or as more commonly referenced "in transition," for the purposes of the Act and, therefore, eligible for the rights and protections it provides.**

### CONFIDENTIAL INFORMATION

Based on the above definition, please indicate your child's living situation below if: (1) this describes your child's current living situation; OR (2) the student enrolling is not living with a parent or legal guardian.

\_\_\_\_\_ With relatives or friends due to economic hardship or loss of housing

\_\_\_\_\_ Train or bus stations, park, or car

\_\_\_\_\_ Motel/hotel

\_\_\_\_\_ Campground

\_\_\_\_\_ Abandoned apartment or building

\_\_\_\_\_ Foster Care, if less than 6 months in the same placement

\_\_\_\_\_ Other      Describe \_\_\_\_\_

## DIRECTORY INFORMATION

The Board designates as student "directory information" a student's name, address, telephone number, date and place of birth, photograph, video and/or electronic images, major field of study, participation in officially recognized activities and sports, height and weight, if a member of an athletic team, dates of attendance, date of graduation, awards received, honor rolls, and scholarships. If you have any objections regarding the release of this information about your child, please notify the school your child will be attending in writing.

**In case of illness, accident, or injury serious enough to warrant immediate medical attention, I hereby give permission to transport the above named child to the nearest hospital. In the event that you are unable to reach me or the above named emergency contacts, I understand I am responsible for any and all costs incurred.**

**The Board may establish online access for the parents or the eligible students to the student's confidential academic and attendance records. Please be reminded that the account and confidential information about the student is only as secure as the parents or student keeps their information. The parent, eligible student, or unauthorized party will hold neither the District nor its employees responsible for any breach of this information.**

**I understand, for the health, safety, and/or educational needs of my child, information on the questionnaire, health appraisal (physical), and/or emergency card may need to be shared with individuals working with my child. Typically, this would include the building administrator, Principal, Dean of Students, secretaries, teachers, aides, counselors, noon duty staff, transportation staff, and truancy program coordinator.**

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

CONTINUED ON BACK

# Public Act 328

Public Act 328 (effective January 1, 1995) requires public school districts to expel any student who possesses a dangerous weapon in a weapon-free school zone or commits either arson or rape in a school building or on school property (including school buses and/or other school transportation.

A dangerous weapon is defined as “a firearm, dagger, dirk, stiletto, knife with blade over three (3) inches in length, pocket knife opened by a mechanical device, iron bar, or brass knuckles or other devices designed to or likely to inflict bodily harm, including, but not limited to, air guns, and explosive devices.”

Pursuant to 1995 Public Act 328 \_\_\_\_\_  
(student name) (date of birth)

Check One:

- 1. Has not been expelled from another school.
- 2. Has been expelled from another school (or has expulsion charges pending).
- 3. Is currently under suspension from another school.

If you checked box 2 or 3, please explain the circumstances below:

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I understand that pursuant to 1995 Public Act 328 that:

- 1. Kalkaska Public School will request records for the above named student’s previous school(s); and
- 2. Enrollment is conditional until records are received and reviewed by the school; and
- 3. If student records received from the previous school(s) are not as represented above, the above named student may be excluded from Kalkaska Public School immediately without further recourse.

\_\_\_\_\_  
Signature of parent/guardian (or student if 18 years of age or more) Date

## ENROLLMENT CHECKLIST

____ Student Registration Form	____ Immunizations
____ Health Appraisal	____ Current IEP (if appropriate)
____ Health History (Early Childhood-Elementary only)	____ Open Enrollment Form/Schools of Choice Form
____ Birth Certificate (Certified Copy)	____ Free & Reduced Lunch Application (one per family)

### Kalkaska Public School Mission Statement

The Kalkaska Public School District, in cooperative partnership with students, staff, family and community, believes all students can learn. We will provide a caring environment that promotes academic achievement and social responsibility. This partnership will help all students develop their maximum potential, and adapt and contribute to a changing world.

Kalkaska Public Schools  
Permission to Release Official Records

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

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

Former School: \_\_\_\_\_

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

\_\_\_\_\_

Please send the above named student's complete school records including:

- Official administrative record (name, birth date, place of birth, grades, class standing, Attendance and citizenship record), CA-60
- Standardized achievement, aptitude and intelligence test scores.
- Special education records (IEPC, diagnostic reports, medical records)
- **UIC Code Number**

\_\_\_\_\_  
Parent/Guardian/Student (if 18 years of age)

\_\_\_\_\_  
Date

SEND RECORDS TO:      Kalkaska High School  
                                 PO Box 580  
                                 Kalkaska, MI 49646

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***FOR OFFICE USE ONLY:***

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

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

## APPENDIX B: ACCETABLE USE POLICY

4510-R Computer Network

4510-R-4

### **School District Rules on Acceptable Use of Computer Network Resources (AUP)**

Use of the computer network is a privilege, not a right. The fundamental rule for the use of district computer network resources is that all use must be consistent with the district's educational goals and behavior expectations. In general, then: Uses of technical resources which support the curricular goals of the district are usually acceptable. Uses which are not instructionally relevant are usually unacceptable. Because electronic communications are so varied and diverse, these rules do not attempt to enumerate all required or proscribed behavior by system users. Users are expected to use common sense and adhere to the norms of behavior in the school community.

This Policy recognizes the requirements for privacy and Internet safety as codified in federal and state requirements. e.g. CIPA, COPPA

#### **In particular, users should:**

- Be polite and courteous in all communications and language.
- Assist others in the use of the system, and help others who are looking for ideas or information.
- Post and share information which is interesting and helpful to other users.
- Always use the network as a resource to further their own education and that of others.
- Be mindful of network security, and immediately report any bugs, errors, or security problems to the system administrator.
- Follow the acceptable use guidelines of this network and any other network accessed using district technical resources. (e.g. Project Interconnect, Merit, etc.)

#### **Users may not:**

- Use the district equipment for anything contrary to law, or to solicit others to break any law.
- Illegally copy, send, or distribute any copyrighted software, work, music, or other material.
- Send, publish, download, access, or retrieve any communication or material which may be defamatory, abusive, obscene, profane, sexually explicit, threatening, racially or ethnically offensive, harassing, or illegal, or anything which violates or infringes on the rights of any person.
- Use the network for any commercial purpose or financial gain.
- Use the network for any advertisement of solicitation without approval from the superintendent.
- Access, attempt to access, modify, or delete any record or file without permission or authorization.
- Make any attempt to harm or destroy the data of any other user or any system on the network, including creating or sending computer viruses, Trojan Horses, or similar computer code.
- Use electronic mail to send unsolicited, bulk, chain, harassing, anonymous, or other messages which are commonly considered an annoyance to recipients or degrade system performances.
- Use vulgarity, obscenity, or swearing in messages or electronic postings, or send email/message "flames" or other attacks.
- Attempt to access material or sites which are blocked by the district, or attempt to use the network while access privileges are suspended.
- Attempt to circumvent, disable, or reconfigure any security systems on the district network or any network accessed using district technical resources.