



Welcome to Pathfinder Elementary!

Fremont Public Schools' Elementary School for Grades K, 1, and 2

Please provide the following **required** documents for enrollment:

1. ___ **State certified birth certificate (not hospital issued);**
2. ___ **Two (2) proofs of your residency (see #3 below for explanation)**
3. ___ **Immunization record**
4. ___ **A copy of your child's IEP *if* your child receives special services**

The first 5 of the attached forms must be completed & signed before your child may attend.

1. ___ Student Enrollment/Emergency Info Form/Master Field Trip Form – on reverse side
2. ___ Student Residency Questionnaire (required by all for the McKinney-Vento Homeless Assistance Act).
3. ___ Residency Verification Statement; the form plus 2 proofs are required: one of which **MUST** be your tax bill for school district verification. The 2nd proof may be: driver's license, utility bill, rental/purchase agreement if address is given. If living with another family, a signed statement from the person you're living with will qualify as 1 of the 2 proofs.
4. ___ Home Language Survey
5. ___ School Records Release Request form; please provide all known information regarding the school that your child previously attended.
6. ___ Concussion Form; this must be completed, signed and returned before your child participates in physical ed. or recess.
7. ___ Consent to disclose immunization information. This form gives us permission to disclose your child's immunization info with local and state health departments.
8. ___ Free & Reduced Price School Meals Family Application Form
Please complete this form (refer to 'Gross Income Chart' on the back) to find out if your child(ren) qualify for Free/Reduced Meals (use one form for all children in your family). *If this form is not included in this packet, the updated form for the coming school year will be available at our fall open house.*
9. ___ Skyward Online Access Application Form
You must have an email account/address in order to have parent access online.
10. ___ Bus Transportation Form
Only complete this form if transportation is needed—complete one form for all students in your family.

Thank you for your assistance; we look forward to working with you and your family!

If you have any questions about this packet, please call the Pathfinder office at 924-7230 (our office is closed from mid-June through mid-August).

**PATHFINDER ELEMENTARY SCHOOL
ENROLLMENT AND EMERGENCY INFORMATION**

FOR OFFICE USE ONLY

Teacher _____
Entry Date _____ Birth Cert _____

Student Name _____ Birthdate _____ Grade _____
As seen on birth certificate (Last) (First) (Middle)
Gender _____ Birthplace (City and State) _____ Ethnic Group _____

Home Address _____ City/Zip Code _____ County _____

Township _____ Email Address _____ Primary Language _____

Is either parent active in the military? _____ Has student ever been suspended or expelled from another school? _____

Has student received Special Education Services: (check all that apply) Title 1 _____ Speech _____ Special Education _____

STUDENT RESIDES WITH: { } Both Parents { } Mother { } Father { } Guardian/Ward of the Court { } Other { } Step-Parent

Primary Guardian _____ Relationship to child _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Spouse/Significant Other _____ Relationship to child _____

Cell Phone _____ Work Phone _____ Employer _____

If divorced, is there joint custody? _____ If no, explain restrictions regarding visitation if any, and provide documentation.

If there is joint custody and student lives in another household part time, please complete this next section:

Guardian _____ Relationship to child _____

Cell Phone _____ Employer _____ Work Phone _____

Spouse/Significant Other _____ Relationship to child _____

Cell Phone _____ Work Phone _____ Employer _____

If there are any siblings or step-siblings, please indicate their name, grade and school currently attending:

Name Current School Grade Name Current School Grade

MEDICAL INFORMATION:

Does your child take any medication regularly? _____ If yes, what medication? _____

Reason for medication _____ Any allergies: _____

Medication for allergies: _____ Reacts to bee stings: _____ Has Asthma: _____

Explain anything additional we should know about your child (i.e. special programs, behavior or physical concerns, medical concerns)

(Please use the back if additional space is required.)

IN CASE OF ILLNESS/INJURY: In case of illness or injury, list two and please do NOT include yourself or spouse.

Name _____ Name _____

Phone _____ Phone _____

Relationship to Child _____ Relationship to Child _____

NOTE: It is your responsibility to notify the school of any changes to the information contained in this form.

MORE ON BACK



**Pathfinder Elementary School
FIELD TRIP ACKNOWLEDGEMENT/RELEASE FORM**

The child described above has my permission to participate in and attend any school sponsored field trip for the school year _____. I understand that when there is a school sponsored trip, my child will be accompanied by, and will be under the direct supervision of school personnel. I agree that the school and/or school personnel are not to be held liable for damages caused by my child or any accident or injury sustained by said child. I also understand that I may or may not be notified prior to a field trip taking place. I certify that I am the parent/legal guardian and have legal custody of the above student and that all the information on this form is correct. If emergency medical procedures or treatments are required during the trip, I authorize and consent to the school personnel in charge taking, obtaining, or consenting to the procedures or treatment in his/her discretion and treatment of the student by physicians, medical personnel, and hospitals.

MEDIA RELEASE

If your child is photographed as part of a school related activity, we would like your permission to use the photo in material the school district develops for your school and community communications. (Example: School Matters, Yearbook, Pathfinder, publications, newspaper, etc.)

____ Yes, I give permission to use my child's photo. ____ No, I do not give permission to use my child's photo in school related publications.

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

Date: _____

Fremont Public Schools Student Residency Questionnaire

This questionnaire is intended to address the McKinney –Vento Homeless Assistance Act.

Student Name: _____ Grade: _____ Birth Date: _____ Sp. Ed.: **yes** or **no**

Has student previously received McKinney Vento/Transitional Youth/Homeless Youth services? _____

If yes, please indicate the school district providing _____ School Year of Service _____

Where is the student currently living? Check one.

In an emergency shelter

In a motel/hotel

Foster Placement:

Date of Placement _____

In a camper/trailer

Unsheltered

With another family/friend – Doubled up-

Due to Economic/Financial Reasons

None of the above, we **rent** or **own** (If this is the case, you **do not need to complete** the remainder of this form.)

The student lives with:

A parent or legal guardian

Parent/Legal Guardian Name: _____

Address: _____ City: _____ ZIP: _____

Phone #'s : _____

A relative, friend or other adult who does not have legal guardianship

Non-Parent/Non-Legal Guardian student is living with: _____

Address: _____ City: _____ ZIP: _____

Phone #'s : _____

Alone without an adult

Siblings:

Name: _____ Grade: _____ Birth Date: _____ Sp. Ed.: **yes** or **no**

_____ Grade: _____ Birth Date: _____ Sp. Ed.: **yes** or **no**

_____ Grade: _____ Birth Date: _____ Sp. Ed.: **yes** or **no**

_____ Grade: _____ Birth Date: _____ Sp. Ed.: **yes** or **no**

SCHOOL USE ONLY

The student is homeless according to the McKinney-Vento Homeless Assistance Act: Yes _____ No _____

If YES, the following enrollment requirements are waived under the McKinney-Vento Homeless Assistance Act:

proof of residency

supervision of parental/legal guardian

proof of immunizations (attendance may be delayed until proof is produced or first round of shots is administered)

proof of birth record

student records and transcripts

Staff Signature/Title: _____ Date: _____

RESIDENCY VERIFICATION STATEMENT

Student Name: _____

Address: _____

According to State Attorney General Opinion No. 5925, school districts have the right to ask new enrollees to prove residency. By signing this affidavit you are affirming that the address given on the student enrollment information is the legal residence of the parent/guardian enrolling the student and is the residence of the student.

Verification of residency may be made with any two of the following:
(School personnel with initial which is used for verification)

- _____ Driver's license or voter registration (counts as one)
- _____ Purchase agreement (if it denotes residency)
- _____ Lease agreement
- _____ Utility Bills
- _____ Moving Bills
- _____ Other: _____

*Failure to meet the residency requirement will result in the student not being able to attend school until such verification is received in the school office.

Ruther, should the school district at any time learn that this is not the actual residence and that the parent and student live outside the boundaries of the Fremont Public School District, the student will immediately be dropped from the attendance roster. Also, should the district determine that there was an attempt on the part of the parent or student to defraud the school district of entitled tuition, restitution will be sought. In doing so, the district may file charges with the appropriate authorities for prosecution and to recover the lost tuition and resultant legal fees.

By signing below you indicate that you have read and understand this document.

STATE BOARD OF EDUCATION APPROVED HOME LANGUAGE SURVEY*

The Fremont Public School District 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 380.1152-380.1157 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.

Student's Grade: _____ Age: _____

School Building: _____

1. Is your child's native tongue a language other than English? YES () NO ()

What is that Language? _____

2. Is the primary language¹ used in your child's home/environment a language other than English? YES() NO()

What is that language? _____

Signature of Parent/Guardian: _____

Signature of person with whom residing (only if applicable): _____

Date: _____ Signature of Staff Person enrolling student: _____

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

*Translation of this survey form in Spanish, Arabic, French, Italian and Ojibwa is available at the Office of Field Services at 517-373-6066



Student Centered – Learning Focused
World Ready

Fremont Public Schools

Pathfinder Elementary

Jodi Ferris, Principal

109 W. 44th Street

Fremont, MI 49412

Phone: (231) 924-7230

Fax: (231) 924-7231

email: jferris@fremont.net

(Date)

To: _____

SUBJECT: REQUEST FOR STUDENT RECORDS

The following students have enrolled in our school:

<u>Name</u>	<u>Grade</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please Send:

Cumulative Folder, Test Results, Health Record, Etc.

Confidential Files (if applicable, i.e., Psychological Report, Social Work Reports, Diagnostic Test Results, etc.)

If student receives special ed. services, please fax the following IMMEDIATELY:

IEP, Special Ed. Qualifying Reports (MET)

I authorize the release of the information requested above to Fremont Public Elementary Schools.

(Signature of Parent or Guardian)

(Date)

PLEASE FORWARD RECORDS TO:

Pathfinder Elementary

109 West 44th

Fremont, MI 49412

Thank you for your assistance and early attention to this request.

Parent & Athlete Concussion Information Sheet

State Law requires all students participating in physical education class have this document signed and maintained in their school records. If this document is not signed and returned the child cannot participate in physical education.

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 an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head body, s/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 Athlete:

- Headache or "pressure" in 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 Coaching 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 prior to hit or fall
- Can't recall events after hit or fall

Did you know?

- Most concussions occur without loss of consciousness.
- Athletes 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.

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. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Loses consciousness (even a brief loss of consciousness should be taken seriously)
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Slurred speech

What should you do if you think your athlete has a concussion?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete 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 athletes with a concussion recover quickly and fully, some will have symptoms that last for day, or even weeks. A more serious concussion can last for months or longer.

Why should an athlete report their symptoms?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he 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 athletes can result in brain swelling or permanent damage to their brain. This can even be fatal.

Student-Athlete Name (Printed): _____ (Signed) _____

Date: _____

Parent/Guardian Name (Printed): _____ (Signed) _____

Date: _____

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