



## Student Registration Form

School Use Only:

Student #:	_____
UIC #:	_____
<input type="checkbox"/> MICR	<input type="checkbox"/> Honeywell
<input type="checkbox"/> Notified Specials Teachers	
Homeroom:	_____

### Student Information: Please print

Last:	First:	Middle:
Address (no PO Boxes):		
City:	State: Michigan	Zip:
County of Residence: <input type="checkbox"/> Barry <input type="checkbox"/> Eaton <input type="checkbox"/> Ionia <input type="checkbox"/> Kent		Township of Residence:
Mailing Address (if different):		
Home Phone:		Birth City:
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth date:      /      /
		Grade Entering:

### SPECIAL NEEDS of new student enrolling if any:

(circle all that apply)    Vision    Hearing    Speech    Allergies    Special Education    Medications

### Medical Conditions:

Did student have an IEP at previous school?    ☐ Yes    ☐ No    *If yes, complete the Permission to Place form attached to enrollment packet.*

### Ethnicity

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

☐ No, not Hispanic/Latino

☐ Yes, Hispanic/Latino-(A person of Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture or origin, regardless of race.)

### Race

The question to the left is about ethnicity, not race. No matter what you selected, **please continue to answer the following** by marking one or more boxes indicated what you consider your student's race to be.

☐ American Indian/Alaska Native    ☐ Native Hawaiian/Pacific Islander    ☐ White

☐ Asian American    ☐ Black/African American

Michigan's Bilingual  
Education Law Information:  
380.1152-380.157 School  
Code '95

Is your child's native tongue a language other than English?    ☐ Yes    No ☐ *If yes, what is it?*

Is the primary language used in your child's home or environment a language other than English?    ☐ Yes    No ☐ *If yes, what is it?*

<b>Family Information:</b> (check the best answer)	Own or Rent	Living w/ another family	Shelter	Hotel/Motel	Unknown	Other Location	Temporary Location
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Student resides with:

Name

Relationship

<b>Father's Name:</b>	Birth date:
Address:	
City:	State:      Zip:
Home Phone:	Work Phone:
Cell Phone:	E-Mail Address:
Employer & Occupation:	

<b>Mother's Name:</b>	Birth date:
Address:	
City:	State:      Zip:
Home Phone:	Work Phone:
Cell Phone:	E-Mail Address:
Employer & Occupation:	

<b>Step-mother, Court Appointed Guardian or Case Worker Information if applicable:</b>			
Name:		Birth date:	
Address:			
City:	State:	Zip:	
Home Phone:		Work Phone:	
Cell Phone:	E-Mail Address:		
Employer & Occupation:			

<b>Step-father, Court Appointed Guardian or Case Worker Information if applicable:</b>			
Name:		Birth date:	
Address:			
City:	State:	Zip:	
Home Phone:		Work Phone:	
Cell Phone:	E-Mail Address:		
Employer & Occupation:			

<b>Emergency Information:</b> (Family member/friend to contact after your home/work has been tried.)			
Name:	Relationship:	Phone #:	
Name:	Relationship:	Phone #:	
Name:	Relationship:	Phone #:	

Please list all children in the family even if they are not in school.

Name:	Grade:	Birth date:
Name:	Grade:	Birth date:
Name:	Grade:	Birth date:
Name:	Grade:	Birth date:
Name:	Grade:	Birth date:
Name:	Grade:	Birth date:

<b>Transportation Information</b>				
Will this student ride the bus to school from	Home	Childcare	Neither	(please circle one)
Will this student ride the bus from school to	Home	Childcare	Neither	(please circle one)
<i>If applicable:</i>				
Childcare Provider's Name:			Phone:	
Address (NO PO Boxes):			City/Zip:	
<b>Parent/Guardian Signature:</b>				Date:
FOR SCHOOL USE ONLY:				
School assigned to:	LHS	LMS	LES	LECC
Sent to School & Transportation:	____ / ____ / ____			
Parent anticipating call with information for schooling and transportation information?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Transportation	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	School	

# PARENT & ATHLETE 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 an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or 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.

### 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.



## 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



## 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
- 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 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 the 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 days, 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. They can even be fatal.

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STUDENT-ATHLETE NAME PRINTED

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STUDENT-ATHLETE NAME SIGNED

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DATE

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PARENT OR GUARDIAN NAME PRINTED

---

PARENT OR GUARDIAN NAME SIGNED

---

DATE

JOIN THE CONVERSATION ➞ [www.facebook.com/CDCHeadsUp](https://www.facebook.com/CDCHeadsUp)

The logo features the words "HEADS UP" in a bold, white, sans-serif font. The text is set against a dark, curved background that resembles a banner or a stylized helmet. A small white star is positioned between the words "HEADS" and "UP".

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](https://www.cdc.gov/concussion)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).



# LAKEWOOD PUBLIC SCHOOLS

## Consent for Disclosure of Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the students name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

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*I authorize LAKEWOOD 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: \_\_\_\_\_

## HOME LANGUAGE SURVEY

Dear Parent or Guardian,

The Lakewood 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?

This Home Language Survey has been developed for the purpose of identifying students who may need support in English in order to develop English language proficiency that will allow them to master grade level curriculum. Your child may be given an English language proficiency screener, W-APT, in order to identify their English language proficiency. If the W-APT screener identifies the need for your child to receive ESL services, you will receive a Parent Notification Letter and an explanation of those instructional services.

Thanks you very much for your cooperation.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School Building: \_\_\_\_\_

1. Is your child's native (first) tongue a language other than English?

☐ Yes      ☐ No      What is the other language? \_\_\_\_\_

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

☐ Yes      ☐ No      What is the other language? \_\_\_\_\_

Parent Name (please print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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