

# ***WELCOME TO EAST LANSING PUBLIC SCHOOLS!***

## **INFORMATION FOR SCHOOL REGISTRATION**



### **Authorized Person to Enroll -**

The following persons are authorized to enroll students:

- Parent (natural or adoptive)
- Legal guardian – provide court documents at the time of enrollment
- Foster parent appointed by a State agency – provide authorization letter.
- Sponsor for an approved International Exchange Program (prior approval required)

### **In order to enroll in East Lansing School you must provide the following:**

#### **1. Student's Proof of Age**

- Certified birth certificate – translated into English if necessary.

#### **2. The person enrolling the student must present one of the following forms of identification:**

- Driver's license or State ID card (photo ID with address)

#### **3. Residency Verification -** Proof that the family/student lives in the East Lansing School District.

In addition to the photo identification listed above, you must present **ONE** of the following:

- Current utility bill
- Signed lease/rental agreement
- Buy/Sell agreement with closing date
- Current homeowner's insurance policy
- Current residential property tax bill/statement
- Other official mail

#### **About Proof of Residency:**

All documents presented for residency verification must include the name and address of the enrolling parent/guardian.

If the family is residing in the home of another individual the following is required for enrollment:

- Residency affidavit including the signature of the person with whom the family is living.
- Apartment manager's signature (if applicable)
- Two Proofs of Residency for the person with whom the family is living (see above)

#### **4. Immunization/Health Records -**

- You may submit the printout from the State of Michigan Department of Community Health. Immunizations must be up to date, including a tetanus booster within the last ten years and the Meningococcal vaccine.
- If the official printout is not available, you must provide the immunization history and transfer all immunization information onto the page titled Student Immunization Evaluation included in the enrollment packet.

Enrollment packets are available at each individual building – or at the High School Student Services Office during the summer months.



# EAST LANSING HIGH SCHOOL

## "POLICIES IN BRIEF"

(from the ELHS Student Handbook)

**Student Planners:** Students will be issued an East Lansing High School Handbook/Planner. The student academic planner is designed for use as an organizational tool for students. Parents should use the planner as a communication tool to excuse absences or request early release from school. It also serves as a hall pass and should be carried on a daily basis. **Parents and Students are required to review, sign and return the Handbook Signature Page each academic year.**

**PowerSchool Login:** PowerSchool allows parents/guardians and students to view grades, assignments and attendance records.

**Attendance:** To earn credit in a course, absences must not exceed nine (9) per class/per semester.

**Tardies:** Students will be marked tardy if they are more than 10 minutes late for class. Three tardies equal one absence.

**Behavior:** All behavior is expected to be respectful and non-disruptive.

**Electronic Devices:** Use of cell phones and other electronic devices is only allowed before and after school, during passing and during lunch. Devices should be turned off and put away during classtime. The school is not responsible for lost or stolen items.

**Leaving Campus:** All students must sign in and sign out in the main office when arriving and/or leaving campus during the school day (other than lunch).

**School Closing:** Announcements regarding school closings may be found on the District website and through local media. Parents will also be called by our automated parent-notification system at the telephone number listed on file.

**School Dances:** ELHS dances are considered an extension of the school day. Therefore, all rules and regulations shall apply. Dances are restricted to ELHS students (with the exceptions of Homecoming, Winter Formal and Prom when prior approval is required).

**Fighting:** Physical altercations may result in suspension or expulsion for all involved.

**Bullying/Harassment:** Bullying and/or harassment of any kind will not be tolerated and may result in suspension or expulsion.

**Telephone:** Office phones are available for student use during the school day.

**Updating Information:** It is the parent/guardian's responsibility to make sure that all contact information is current and up-to-date at all times.

**East Lansing Public Schools is a tobacco, drug and weapon-free zone.**

**East Lansing Public Schools Website – [elhs.us](http://elhs.us)**



# REQUEST FOR STUDENT RECORDS

## Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Name of School Last Attended: \_\_\_\_\_  
Attention: Student Records

City and State: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Upon receipt please forward the entire cumulative file for the student listed - including, but not limited to, academic, discipline, health, legal, standardized testing and special services to the following school:**

☐ Wm Donley Elementary School  
2961 Lake Lansing Road, Bldg. B  
East Lansing, MI 48823  
Phone: 517-333-7370  
Fax: 517-333-5090

☐ Glencairn Elementary School  
939 N Harrison Road  
East Lansing, MI 48823  
Phone: 517-333-7930  
Fax: 517-333-5091

☐ Marble Elementary School  
729 N Hagadorn Road  
East Lansing, MI 48823  
Phone: 517-333-7860  
Fax: 517-333-5092

☐ Pinecrest Elementary School  
1811 Pinecrest Drive  
East Lansing, MI 48823  
Phone: 517-333-7870  
Fax: 517-333-5093

☐ Whitehills Elementary School  
2961 Lake Lansing Road, Bldg. A  
East Lansing, MI 48823  
Phone: 517-333-7900  
Fax: 517-333-5096

☐ CE MacDonald Middle School  
1601 Burcham Drive  
East Lansing, MI 48823  
Phone: 517-333-7600  
Fax: 517-333-5098

☐ East Lansing High School\*  
Attn: Student Records  
509 Burcham Drive  
East Lansing, MI 48823  
Phone: 517-333-7508  
Fax: 517-333-7559

☐ Red Cedar Elementary  
1110 Narcissus  
East Lansing, MI 48823  
Phone: 517-333-5060  
Fax: 517-333-5061

☐ Special Education Dept.  
MacDonald Middle School  
1601 Burcham Drive  
East Lansing, MI 48823  
Phone: 517-333-7459  
Fax: 517-333-5098  
Email: Monique.Smith@elaps.us

\*please fax unofficial transcript or grade report upon receipt. Thank you

**Sending school please provide:** STUDENT'S UIC# \_\_\_\_\_


Has this student been suspended within the last two years? \_\_\_\_\_yes \_\_\_\_\_no

If yes, please explain:

Has this student ever been expelled? \_\_\_\_\_yes \_\_\_\_\_no

If yes, please explain:

*Parental permission is no longer required when records are requested by authorized school personnel (Family Education Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, No. 18, page 24673).*

		 <b>EAST LANSING PUBLIC SCHOOLS ENROLLMENT INFORMATION</b>			for official use only	Grade	Teacher
		<b>PLEASE COMPLETE ALL INFORMATION ON BOTH SIDES AND PRINT LEGIBLY</b>			Entry Date:		Exit Date:
S T U D E N T	STUDENT'S LAST FIRST MIDDLE			AGE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
	PRESENT ADDRESS		ADDRESS	PREFERRED NAME			
			CITY ZIP	STUDENT BIRTHDATE			
	STUDENT EMAIL				STUDENT CELL PHONE		
	BIRTHPLACE (CITY, STATE, COUNTRY)			U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO		NATIVE COUNTRY	
F A M I L Y  I N F O R M A T I O N	PARENT LIVING WITH STUDENT (1st Contact)		LAST FIRST	FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> STEP PARENT <input type="checkbox"/>			
	E-MAIL ADDRESS		Employer	WORK PHONE & EXT. / CELL PHONE / HOME PHONE			
	PARENT LIVING WITH STUDENT (2nd Contact)		LAST FIRST	FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> STEP PARENT <input type="checkbox"/>			
	E-MAIL ADDRESS		Employer	WORK PHONE & EXT. / CELL PHONE / HOME PHONE			
	GUARDIAN		LAST FIRST	RELATIVE <input type="checkbox"/> COURT PLACEMENT <input type="checkbox"/>			
	E-MAIL ADDRESS		Employer	WORK PHONE & EXT. / CELL PHONE / HOME PHONE			
	OTHER PARENT/GUARDIAN NOT LIVING WITH STUDENT		LAST FIRST	FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> OTHER <input type="checkbox"/>			
	ADDRESS: CITY/STATE/ZIP				DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> JOINT CUSTODY <input type="checkbox"/> OTHER <input type="checkbox"/>		
	E-MAIL ADDRESS		Employer	WORKPHONE & EXT. / CELL PHONE / HOME PHONE			
	<b>SIBLING INFORMATION</b>						
NAME BIRTHDATE SCHOOL			NAME BIRTHDATE SCHOOL				
NAME BIRTHDATE SCHOOL			NAME BIRTHDATE SCHOOL				
E M E R G E N C Y	THE DISTRICT UTILIZES <b>SCHOOLMESSENGER</b> , A RAPID COMMUNICATION SYSTEM THAT ALLOWS FOR IMMEDIATE ALERTS AND MESSAGES IN THE CASE OF DISTRICT UPDATES AND/OR EMERGENCIES. PLEASE PROVIDE UP TO TWO PHONE NUMBERS THAT CAN RECEIVE PRE-RECORDED MESSAGES. BOTH PHONE NUMBERS WILL BE CALLED.						
	MESSAGE PHONE 1.			MESSAGE PHONE 2.			
	IN THE EVENT THAT AN ILLNESS, INJURY OR OTHER SITUATION ARISES WHICH REQUIRES YOUR STUDENT TO LEAVE SCHOOL DURING THE SCHOOL DAY THE PARENT/GUARDIAN WILL BE THE FIRST POINT OF CONTACT. IN THE EVENT THAT YOU ARE NOT AVAILABLE, PLEASE PROVIDE EMERGENCY CONTACT INFORMATION FOR ADULTS <b>OTHER THAN PARENT/GUARDIAN</b> WHO MAY BE CONTACTED AND TO WHOM YOUR STUDENT MAY BE RELEASED.						
	NAME RELATIONSHIP TO STUDENT			HOME PHONE		CELL PHONE	
	NAME RELATIONSHIP TO STUDENT			HOME PHONE		CELL PHONE	
E T H N I C I T Y	RACE AND ETHNICITY: Both Parts A and B in this section must be answered. If either part (A or B) is not answered, the US Department of Education requires the school district to supply an answer on your behalf.						
	PART A: IS THE STUDENT HISPANIC/LATINO?						
	<input type="checkbox"/> NO not Hispanic/Latino						
	<input type="checkbox"/> YES Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin regardless of race)						
	PART B: WHAT IS THE STUDENT'S RACE? Specify primary ethnicity with '1' and secondary with '2' if applicable						
		AMERICAN INDIAN or ALASKA NATIVE				ASIAN OR ASIAN AMERICAN	
		BLACK or AFRICAN AMERICAN				CAUCASION or WHITE	
		HISPANIC OR LATINO				NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	
E D U C A T I O N	HAS STUDENT PREVIOUSLY ATTENDED SCHOOL IN EAST LANSING? <input type="checkbox"/> YES <input type="checkbox"/> NO						
	IF YES, WHICH SCHOOL AND WHEN:						
	MOST RECENT SCHOOL ATTENDED:						
	ADDRESS: CITY/STATE/ZIP						HIGHEST GRADE COMPLETED

PLEASE COMPLETE ALL INFORMATION ON BOTH SIDES OF THIS FORM							
S P E D	MY STUDENT HAS AN ACTIVE IEP/504 FROM A PREVIOUS SCHOOL DISTRICT (PLEASE PROVIDE A COPY) YES <input type="checkbox"/> NO <input type="checkbox"/>						
	MY STUDENT HAS PREVIOUSLY RECEIVED SPECIAL EDUCATION SERVICES explain _____						
	MY STUDENT HAS NOT PREVIOUSLY RECEIVED SPECIAL EDUCATION SERVICES: CORRECT <input type="checkbox"/>						
L A N G	IS YOUR CHILD'S NATIVE TONGUE A LANGUAGE OTHER THAN ENGLISH? YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER LANGUAGE: _____						
	IS A LANGUAGE OTHER THAN ENGLISH SPOKEN IN YOUR HOME? YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER LANGUAGE: _____						
H O U S I N G	IS THE STUDENT'S CURRENT LIVING SITUATION TEMPORARY? YES <input type="checkbox"/> NO <input type="checkbox"/>						
	IS THIS TEMPORARY LIVING SITUATION DUE TO ECONOMIC HARDSHIP? YES <input type="checkbox"/> NO <input type="checkbox"/>						
	IF YOU ANSWERED YES TO EITHER QUESTION, PLEASE DESCRIBE YOUR CURRENT LIVING SITUATION:						
	<input type="checkbox"/>	In a shelter - name/address of shelter: _____					
	<input type="checkbox"/>	In a hotel/motel					
	<input type="checkbox"/>	In a car					
	<input type="checkbox"/>	At a campsite					
<input type="checkbox"/>	Other location not appropriate for living						
<input type="checkbox"/>	Temporarily with more than one family because we do not have a home of our own						
H E A L T H	ARE THERE HEALTH ISSUES REQUIRING ATTENTION? (ALLERGIES, ASTHMA, ETC.)		EXPLAIN: _____				
	MEDICAL CONCERNS (CONVULSIONS, HEART CONDITION, ETC.)?		EXPLAIN: _____				
	SPECIAL PLACEMENT WITHIN THE CLASSROOM (E.G. VISION, HEARING, ETC.)		EXPLAIN: _____				
	IF THE PARENT/GUARDIAN CANNOT BE REACHED DO YOU APPROVE SERVICE BY HOSPITAL STAFF IN A MEDICAL EMERGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF FAMILY PHYSICIAN		PHONE NUMBER	HOSPITAL PREFERENCE	
S P E C I A L  P E R M I S S I O N S	DURING THE SCHOOL YEAR, FIELD TRIPS AND/OR COMMUNITY BASED INSTRUCTION MAY BE SCHEDULED AS PART OF THE SCHOOL PROGRAM. THESE TRIPS MAY INCLUDE INDIVIDUAL OR GROUP OUTINGS AND TRANSPORTATION MAY BE VIA SCHOOL BUS, PUBLIC TRANSPORTATION OR BY FOOT. ALL TRIPS WILL BE SUPERVISED BY ADULT SCHOOL PERSONNEL. PLEASE INDICATE WHETHER THE SCHOOL HAS YOUR PERMISSION FOR YOUR STUDENT TO PARTICIPATE IN FIELD TRIPS AND/OR COMMUNITY BASED INSTRUCTION AS PART OF THE DISTRICT'S EDUCATION PROGRAM.						
	PLEASE PLACE AN "X" IN THE APPROPRIATE BOX	<input type="checkbox"/>	YES, THE SCHOOL DISTRICT HAS MY PERMISSION FOR MY STUDENT TO PARTICIPATE				
		<input type="checkbox"/>	NO, THE SCHOOL DOES NOT HAVE MY PERMISSION FOR MY STUDENT TO PARTICIPATE				
	THE EAST LANSING SCHOOL DISTRICT MAKES A CONCERTED EFFORT TO PROMOTE POSITIVE ACTIVITIES, HONORS AND RECOGNITION OF THE WORK OF OUR STAFF AND STUDENTS. THIS INCLUDES WORKING WITH LOCAL NEWSPAPERS, RADIO AND TELEVISION, AS WELL AS DEVELOPING OUR OWN PUBLICATIONS. AS WE GO ABOUT THIS PROCESS, THERE MAY BE OPPORTUNITIES FOR STUDENTS TO BE INTERVIEWED AND/OR PHOTOGRAPHED. HOWEVER, WE UNDERSTAND THAT SOME PARENTS MAY NOT WISH TO HAVE THEIR STUDENT HIGHLIGHTED. PLEASE COMPLETE THE FOLLOWING INFORMATION TO INFORM US OF YOUR WISHES.						
	PLEASE PLACE AN "X" IN THE APPROPRIATE BOX	<input type="checkbox"/>	YES, THE SCHOOL DISTRICT HAS MY PERMISSION TO INTERVIEW, PHOTOGRAPH AND/OR FILM MY STUDENT FOR USE IN DISTRICT PUBLICATIONS, WEB SITE, VIDEOS, NEWSPAPER, RADIO AND/OR TELEVISION.				
	<input type="checkbox"/>	NO, THE SCHOOL DISTRICT MAY NOT INTERVIEW, PHOTOGRAPH OR VIDEOTAPE MY STUDENT.					
R E S I D E N C Y  A F F I D A V I T	<b>RESIDENCY VERIFICATION AFFIDAVIT</b>						
	ACCORDING TO STATE ATTORNEY GENERAL OPINION #5925, SCHOOL DISTRICTS HAVE THE RIGHT TO ASK ENROLLEES TO PROVE RESIDENCY. BY SIGNING THIS AFFIDAVIT YOU ARE AFFIRMING THAT THE ADDRESS GIVEN ON ENROLLMENT FORMS IS THE LEGAL RESIDENCE OF THE PARENT/GUARDIAN ENROLLING THE STUDENT. IF YOU ARE LIVING IN THE HOME OF ANOTHER PERSON WITHOUT A RENTAL OR LEASE AGREEMENT, THAT PERSON MUST SIGN THIS DOCUMENT AND PROVE THEIR RESIDENCY. VERIFICATION OF RESIDENCY MAY BE MADE WITH ANY TWO OF THE FOLLOWING (COPIES PLACED IN STUDENT'S FILE). IF YOU LIVE IN MSU HOUSING, THE FIRST PAGE OF YOUR LEASE WITH THE MSU HOUSING STAMP ON IT WILL BE USED TO VERIFY RESIDENCY.						
	DRIVER'S LICENSE OR VOTER'S REGISTRATION (counts as one)	LEASE AGREEMENT	PURCHASE AGREEMENT	MOVING BILL	UTILITY BILL	INSURANCE BILL	OTHER (SPECIFY)
	IF YOU ARE ENROLLING AS A RESIDENT STUDENT AND THE DISTRICT LEARNS THAT THE STUDENT AND THE PARENT/GUARDIAN LIVE OUTSIDE THE BOUNDARIES OF THE EAST LANSING PUBLIC SCHOOL DISTRICT, THE STUDENT WILL BE EXCLUDED IMMEDIATELY FROM THE DISTRICT. FURTHERMORE, THE DISTRICT WILL REQUIRE PAYMENT OF TUITION FOR THE TIME IN ATTENDANCE AS A NON-RESIDENT AND WILL TAKE ANY LEGAL STEPS TO RECOVER SAME. FINALLY, THE FALSIFICATION OF DOCUMENTS WILL RESULT IN A FILING OF A COMPLAINT WITH THE APPROPRIATE LAW ENFORCEMENT AGENCY FOR CRIMINAL PROSECUTION AGAINST ALL PARTIES INVOLVED.						
	X _____ SIGNATURE OF PARENT/GUARDIAN						
X _____ SIGNATURE OF PERSON WITH WHOM RESIDING (if applicable)							
S I G N	I HEREBY AFFIRM THAT ALL INFORMATION GIVEN IS TRUE AND ACCURATE, THAT I WILL NOTIFY THE SCHOOL OF ANY CHANGES. I AM AWARE THAT THE SCHOOL HAS THE RIGHT TO REQUIRE VERIFICATION OF ANY AND ALL INFORMATION.						
	X _____ SIGNATURE OF PARENT/GUARDIAN						
_____ DATE							



## QUESTIONNAIRE REGARDING STUDENTS WITH IEP OR 504 PLAN

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

PREVIOUS SCHOOL: \_\_\_\_\_

☐ My student has an active IEP from a previous school district. ***In order to schedule properly, it would be helpful to have a copy of the most recent IEP.***

☐ My student has a current 504 Plan at a previous school district. ***In order to schedule properly, it would be helpful to have a copy of the most current 504 Plan.***

☐ My student has previously received Special Education services. Please explain these services and when they ended. ***It would be helpful to have a copy of the exited IEP.***

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☐ My student has not previously received Special Education services/504 plan.

PARENT NAME: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## English Language Student Profile & Home Language Survey

(This form will be used to help determine your child's eligibility to receive additional English Language support.)

- |            |                          |
|------------|--------------------------|
| Donley     | <input type="checkbox"/> |
| Glencairn  | <input type="checkbox"/> |
| Marble     | <input type="checkbox"/> |
| Pinecrest  | <input type="checkbox"/> |
| Whitehills | <input type="checkbox"/> |
| MMS        | <input type="checkbox"/> |
| ELHS       | <input type="checkbox"/> |

Student Name \_\_\_\_\_ Gender ☐ M ☐ F U.S. Citizen: ☐ Y ☐ N

Is your child's native language a language other than English? ☐ Y ☐ N

If yes, what language? \_\_\_\_\_

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

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

☐ Y ☐ N If yes, what language? \_\_\_\_\_

If you answered yes to either question, please fill out the rest of the form.

Name to be used in School \_\_\_\_\_

Has your child ever attended a US school? ☐ Y ☐ N

Birth Date (month/day/year) \_\_\_\_\_

Date entered the U.S. \_\_\_\_\_

# of years schooled in U.S. \_\_\_\_\_

First date entered U.S. schools? (Month/Day/Year) \_\_\_\_\_

Current Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

# of years of formal education (K-12) \_\_\_\_\_

# of years child attended pre-school in the U.S. \_\_\_\_\_

Country of birth \_\_\_\_\_

Do you have refugee status? ☐ Y ☐ N

Child's length of English Instruction \_\_\_\_ Years \_\_\_\_ Months

Is your child able to read/write in his/her first language? ☐ Y ☐ N

Did your child have difficulties acquiring his/her first language? \_\_\_\_\_

Please list the names & ages of other children in your family \_\_\_\_\_

How long do you plan to stay in East Lansing? \_\_\_\_\_

### Parent(s) and/or Guardian(s):

**Mother** \_\_\_\_\_

**Father** \_\_\_\_\_

English Proficiency: None \_\_\_\_ Some \_\_\_\_ Fluent \_\_\_\_

English Proficiency: None \_\_\_\_ Some \_\_\_\_ Fluent \_\_\_\_

Language spoken at home \_\_\_\_\_

Language spoken at home \_\_\_\_\_

Country of Birth \_\_\_\_\_

Country of Birth \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Office Use Only

Teacher \_\_\_\_\_ Grade \_\_\_\_\_ Enrollment Date \_\_\_\_\_

## Educational Material for Parents and Students (Content Meets MDCH Requirements)

Sources: Michigan Department of Community Health, CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

### UNDERSTANDING CONCUSSION

#### Some Common Symptoms

Headache	Balance Problems	Sensitive to Noise	Poor Concentration	Not "Feeling Right"
Pressure in the Head	Double Vision	Sluggishness	Memory Problems	Feeling Irritable
Nausea/Vomiting	Blurry Vision	Haziness	Confusion	Slow Reaction Time
Dizziness	Sensitive to Light	Fogginess	"Feeling Down"	Sleep Problems
		Grogginess		

#### 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 fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding", "getting your bell rung", or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

#### IF YOU SUSPECT A CONCUSSION:

- 1. SEEK MEDICAL ATTENTION RIGHT AWAY** – A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don't hide it, report it. Ignoring symptoms and trying to "tough it out" often makes it worse.
- 2. KEEP YOUR STUDENT OUT OF PLAY** – Concussions take time to heal. Don't let the student return to play the day of injury and until a health care professional says it's okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
- 3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION**—Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

#### SIGNS OBSERVED BY PARENTS:

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

#### 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 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/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

#### HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects 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.

To learn more, go to [www.cdc.gov/concussion](http://www.cdc.gov/concussion).

**Parents and Students Must Sign and Return the Educational Material Acknowledgement Form**



# CONCUSSION AWARENESS

## EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below I acknowledge, in accordance with Public Acts 342 and 343 of 2012, that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by East Lansing Public Schools.

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Student/Participant Name Printed

---

Student/Participant Signature

---

Date

---

Parent/Guardian Name Printed

---

Parent/Guardian Signature

---

Date

Return this signed form to East Lansing High School which must keep on file for the duration of participation or age 18.

Participants and parents please review and keep the educational materials available for future reference.



East Lansing High School  
509 Burcham Drive  
East Lansing, MI 48823  
Phone: 517-333-7500

## East Lansing 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, 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 East Lansing Public Schools – East Lansing High School - 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 \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Today's Date: \_\_\_\_\_



# EAST LANSING PUBLIC SCHOOLS STUDENT IMMUNIZATION EVALUATION

(Michigan Law Requirements)

**You must provide a copy of the print out from the Michigan Department of Community Health or provide your student's complete immunization history and transfer all information onto this form.**

Student Name \_\_\_\_\_ Date \_\_\_\_\_


MICR # (if known) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Proof of immunizations must be on record with the school in order for any student to attend. All doses of vaccines must be given with appropriate spacing between doses and at appropriate ages to be considered valid.

<u>Immunization</u>	<u>Date(s) Received</u>	
<b>DPT</b> (Diphtheria, Tetanus, Pertussis) Minimum of four doses required and Booster within last 10 years	1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____ Extra _____ _____	
	10-Year Tdap (Booster) _____	
<b>POLIO</b> Minimum of three doses required	1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ Extra _____ _____	
<b>MMR</b> (Measles, Mumps, Rubella) Two doses required and given after 12 months of age	1 <sup>st</sup> _____ 2 <sup>nd</sup> _____	
<b>HEPATITIS B</b>	1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____	One month after first Five months after second
<b>VARICELLA</b> (Chicken Pox) Required beginning 2002/03 school year. One dose given after 12 months of age and prior to 13 <sup>th</sup> birthday or reliable history of disease.	1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ Had the Chicken Pox disease _____ (year)	You must provide either proof of immunizations or past history of the disease
<b>MENINGOCOCCAL</b> (Meningitis) Required beginning 2010/11 school year.	1 dose _____	

# SCHOOLS VACCINES REQUIRED FOR SCHOOL ENTRY IN MICHIGAN

Whenever children are brought into group settings, there is a chance for diseases to spread. Students must follow state vaccine laws in order to attend school. These laws are the minimum standard to help prevent disease outbreaks in school settings. The best way to protect students in your care from other serious diseases is to promote the recommended vaccination schedule at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines). Encourage parents to follow CDC's recommended schedule; by doing so, school requirements will be met.



	All Kindergarteners and 4-6 year old transfer students	All 7th Graders and 7-18 year old transfer students
<b>Diphtheria, Tetanus, Pertussis (DTP, DTaP, Tdap)</b>	4 doses DTP or DTaP 1 dose must be at or after 4 years of age	4 doses D and T or 3 doses Td if 1st dose given at or after 1 year of age 1 dose Tdap at 11 years of age or older upon entry into 7th grade or higher
<b>Polio</b>	4 doses 3 doses if dose 3 was given at or after 4 years of age	
<b>Measles, Mumps, Rubella (MMR)*</b>	2 doses at or after 12 months of age	
<b>Hepatitis B*</b>	3 doses	
<b>Meningococcal Conjugate (MenACWY)</b>	None	1 dose at 11 years of age or older upon entry into 7th grade or higher
<b>Varicella (Chickenpox)*</b>	2 doses at or after 12 months of age or Current lab immunity or History of varicella disease	

During disease outbreaks, incompletely vaccinated students may be excluded from school. Parents and guardians choosing to decline vaccines must obtain a certified non-medical waiver from a local health department. Read more about waivers at [www.michigan.gov/immunize](http://www.michigan.gov/immunize).

\*If the student has not received these vaccines, documented immunity is required.

All doses of vaccines must be valid (correct spacing and ages) for school entry purposes.

Updated March 1, 2017





# TRANSPORTATION FORM

School of Attendance: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Grade: \_\_\_\_\_ New Student: \_\_\_\_\_ Returning Student: \_\_\_\_\_ Change: \_\_\_\_\_

Transportation Request: \_\_\_\_\_ Start Date: \_\_\_\_\_

AM: \_\_\_\_\_ PM: \_\_\_\_\_ NO TRANSPORTATION IS NEEDED: \_\_\_\_\_

## STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City and Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City and Zip: \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## District Information – Office Use Only

Date Submitted to Ingham ISD: \_\_\_\_\_ (Fax# 517-676-4295 or email to [transportation@inghamisd.org](mailto:transportation@inghamisd.org))

## Ingham Intermediate – Office Use Only

Qualifies for Transportation Services: \_\_\_\_\_ Yes \_\_\_\_\_ No Reason: \_\_\_\_\_

	Bus Stop	Times	Route #	Animal & Bus #
Morning:				
Afternoon:				

Parent Notified	Dean Trans. Notified

# NEW STUDENT FORM **2021-22** – For students who change schools after starting 9th grade

YES ☐ NO ☐

## I AM INTERESTED IN PARTICIPATING IN ATHLETICS

**To be completed by new students, parents and former school.** This form is intended to assist schools in compiling information to determine eligibility under MHSAA Regulations. Provide copies in new student packets and as soon as possible the form should be submitted to the athletic director for evaluation. The AD may then contact the MHSAA for assistance. Consult Int. 65 and 77 or the Residential Change Check List on MHSAA.com (Schools → Parents → Regulations Summary) to assist in determining if residential changes are full and complete. **Int. 37 states two current and complete documents are prerequisites for participation: Physical Exam/Consent Form or Health Questionnaire/Consent Form and official school record (transcript) since first enrolling in the 9<sup>th</sup> grade of any school.**

SECTION COMPLETED BY SCHOOL & STUDENT – CHECK TRANSCRIPT	- Official enrollment date (in school records & attending one or more classes) →	
	- Number of classes for which credit has been given in the previous academic term →	
	- Number of potential classes for a full-time student in the previous high school →	
	- Number of semester's and/or trimesters in grades 9-12 COMPLETED to date →	
	- In what school year did the student END the 8th grade (and BEGIN grade 9th) →	
	- Has the student REPEATED any grade 9-12? →	

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

CURRENT (NEW) ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF RESIDENCE CHANGE INTO CURRENT (NEW) ADDRESS \_\_\_\_\_

CURRENT (NEW) PUBLIC SCHOOL DISTRICT IN WHICH YOU RESIDE \_\_\_\_\_

NEW ADDRESS IS IN A DIFFERENT PUBLIC SCHOOL DISTRICT (OR ATTENDANCE AREA OF A MULTI-HIGH-SCHOOL DISTRICT) ☐ Y ☐ N

OLD HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FORMER RESIDENCE (CHECK ALL THAT APPLY) ☐ VACANT ☐ SOLD ☐ RENTED ALL BELONGINGS MOVED? ☐ Y ☐ N

FORMER PUBLIC SCHOOL DISTRICT OF RESIDENCE \_\_\_\_\_

PARENT(S) OR GUARDIAN(S) \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

1. The last school the student attended \_\_\_\_\_

2. While enrolled at former school, the student lived with \_\_\_\_\_  
(List ALL people & their relationship to the student - parents, siblings, or others)

☐ YES ☐ NO The student lived with the above for at least 30 days during the most recent previous academic term.

3. The student NOW lives with \_\_\_\_\_  
(List ALL people & their relationship to the student - parents, siblings, or others)

### SELECT THE APPROPRIATE ANSWER

4. 9 10 11 12 Circle the highest grade in which the student was enrolled at any previous school.
5. ☐ YES ☐ NO School previously attended was a nonpublic or charter school.
6. ☐ YES ☐ NO Student is a "Ward of the Court/State" and was placed in this school district by court order.
7. ☐ YES ☐ NO Student is an international student enrolling from a foreign country. **Select VISA:** ☐ F1 ☐ J1
- 7a. ☐ YES ☐ NO Student is from an MHSAA Approved International Student Program (AISP).  
Program Name: \_\_\_\_\_ Program is listed on MHSAA.com ☐ Y ☐ N
8. ☐ YES ☐ NO Student's previous school has been closed, dissolved or reorganized. (see Int. 64 & 90)
9. ☐ YES ☐ NO Student's parents are DIVORCED. If divorced, give exact decree date: **Month** \_\_\_\_ **Day** \_\_\_\_ **Year** \_\_\_\_
10. ☐ YES ☐ NO Student is 18 or under; or the 19th birthday is on or after Sept. 1st of this school year.
11. ☐ YES ☐ NO Last year, the student lived at a boarding school, or while enrolled out of state attended a sports academy.
12. ☐ YES ☐ NO Student is 18 and moved into this district WITHOUT his or her parents.
13. ☐ YES ☐ NO Student participated in a cooperative program involving his/her previous school and our school.
14. ☐ YES ☐ NO Student wishes to discuss her/her situation with the athletic director.

OVER →

## VERIFICATION OF PREVIOUS HIGH SCHOOL SPORTS PARTICIPATION

15. List ALL high school sports the student participated in (game/meet or scrimmage at any level) in the most recent previous school year and, if the transfer occurs after the school year started, list any sports participated in at any level during the current school year. List the year next to the sport played (e.g. 2020-21).

FALL	WINTER	SPRING

16. List the sport(s) in which the student desires to participate in during the next 12 months at the new school:

• \_\_\_\_\_ • \_\_\_\_\_ • \_\_\_\_\_ • \_\_\_\_\_

Unless a student meets one of the 15 stated Exceptions, the student is INELIGIBLE for participation in any of the sports listed above (item #15) during the **2021-2022** school year. Students are eligible for participation in sports NOT listed above (item #15).

**Today's Date** \_\_\_\_\_ **IN THE PAST 12 MONTHS?**

17. YES NO While at the **previous high school the student was coached by** any member of our high school's coaching staff (current or incoming). If yes, indicate the name of the coach(es) and sport(s):

\_\_\_\_\_

## RECOMMENDED VERIFICATION & COMMUNICATION BETWEEN SCHOOLS

**By my signature below I state that the above is true and accurate. I also understand that contests the student participates in may be forfeited to opponents if the information submitted is not accurate:**

\_\_\_\_\_  
STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NEW SCHOOL ATHLETIC DIRECTOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SCHOOL NAME + EMAIL OR FAX

## TO PREVIOUS SCHOOL A.D. - PLEASE SIGN AND RETURN TO A.D. AT THE STUDENT'S NEW SCHOOL

**Exchange this form between athletic directors for students who wish to play the same sport as played previously. The previous school athletic director indicates that to the best of their knowledge the above is true and accurate:**

\_\_\_\_\_  
PREVIOUS SCHOOL ATHLETIC DIRECTOR

\_\_\_\_\_  
DATE

Form Returned to NEW School: \_\_\_\_\_

\_\_\_\_\_  
DATE

**Notes if previous AD declines to sign:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ALERT!** The Sport Specific Transfer Rule states: ANY sport a student played in **2020-21** determines eligibility in **2021-22** should the student transfer and not meet one of the 15 stated Exceptions.

# THIS PAGE FOR INTERNAL SCHOOL USE

## Do NOT send any page of this form to the MHSAA

Return the completed form to the School Athletic Director who should complete the following:

The eligibility status of \_\_\_\_\_ at \_\_\_\_\_ High School is checked below.

- ☐ This student is IMMEDIATELY ELIGIBLE to participate in interscholastic athletics.
- ☐ This student will be eligible upon completion and processing of the Educational Transfer Form.
- ☐ There is a question about the eligibility of this student, and he/she may not participate in an interscholastic scrimmage or contest until written permission is given by the school and the MHSAA.
- ☐ This student is NOT ELIGIBLE to participate in interscholastic athletics.
- ☐ This student may be ELIGIBLE effective \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
ATHLETIC DIRECTOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINCIPAL

\_\_\_\_\_  
DATE

### Assistance in Applying the 2021-22 MHSAA Transfer Rule and Interpretations

Page 1 and 2 of this form is based upon the following MHSAA Regulations, Sections and Interpretations. Administrators should consult the *MHSAA Handbook* and then, if necessary, the MHSAA staff to assist in Processing a new student transfer. The only interpretations that are official are those received in writing.

This boxed information is intended to provide evidence to address Regulation I, Section 2 (age eligibility), Section 4 (maximum enrollment), Section 7 (previous academic term record), and Section 9(A-F) (transfer student). **A transfer student must be enrolled prior to Oct 1 to participate in fall MHSAA tournaments, Feb 1 winter tournaments or May 1 for spring tournaments.** See Reg. I, Section 9 [F].

The CAPITALIZED INFORMATION on residence relates to Regulation I, Section 9 exceptions regarding residence change "from one public school district to a different public school district." Exceptions: 1, 2, 3, 4, 5, 8, & 12 and Int. 90.

- Line 1: Indicates type of school: public, nonpublic or charter school.
- Lines 2-3: Regulation I, Section 9(A), Exception 1, (30 days) Interpretations 65 and 90.
- Line 4: Determine grade level. Regulation I, Section 9(A), Exceptions 10 and 11.
- Line 5: Verification of line 1 and Interpretation # 62 (school of residency).
- Line 6: Regulation I, Section 9(A), Exception 3.
- Line 7: Regulation I, Section 9(A), Exception 4. J-1 or F -1 Visa International Students See Interpretations 83-89 and MHSAA.com for Approved International Student Program (AISP) listing.
- Line 8: Regulation I, Section 9(A), Exception 6, (also see Interpretations 65, and 90)
- Line 9: Regulation I, Section 9(A), Exception 8 (allowed one time → Must use "Educational Transfer Form"). Student moving between parents who never married see Interpretation 92 and include documentation.
- Line 10: Regulation I, Section 2.
- Line 11: Regulation I, Section 9(A), Exception 2 (Int. 62, 63) or Exception 1 (Int. 67 - out-of-state sports academy).
- Line 12: Regulation I, Section 9(A), Exception 12 (allowed ONE time → Must use "Educational Transfer Form").
- Line 13: Regulation I, Section 9(C), Former school must concur and student must have participated in the co-op.
- Line 14: Acknowledges that the student or parents need to discuss the matter of eligibility further.
- Lines 15-16: Regulation I, Section 9(B) Checks history of sports participation during the most recent previous school year. See section 9(B) Sports Specific Eligibility.
- Line 17: Section 9(E.5) the Athletic Related Transfer Regulation (Links Rule). Checks enrolling at a school where a coach from the former school has been recently hired in the previous 12 months.

**ALERT!** The Sport Specific Transfer Rule states: ANY sport a student played in 2020-21 determines eligibility in 2021-22 should the student transfer and not meet one of the 15 stated Exceptions.