



To the Parents of New Students:

Thank you for enrolling your child at Oakridge Public Schools. We are proud of the educational opportunities that we can offer your child. Through well-trained and motivated staff, we are seeing unprecedented growth in student achievement and you and your child are now a part of that plan for your child's success.

Michigan's Missing Children's Act, MCL380.1135 of the Revised School Code, requires that a person enrolling a pupil in school provide the school district with a certified copy of the pupil's birth certificate within 30 days. The law further states that if a person enrolling a student fails to comply with the law, the school district is bound by law to notify the local law enforcement agency for investigation. Please assist us in making certain that your child is fully protected by returning a certified copy of his or her birth certificate to the appropriate school office within 30 days of enrolling your child.

The school district also requires proof of residency be received within 30 days of enrolling a child. The following documents are acceptable as proof of residency as long as the document contains the name of at least one parent or guardian and an address located within the school district boundaries:

- A. Voter registration card
- B. Mortgage document including street address of property and purchaser(s) name(s)
- C. Property deed including street address of property and purchaser(s) name(s)
- D. Current property tax bill
- E. Current utility bill (gas or electric)
- F. Current rental/lease agreement. Handwritten documents will require a landlord statement (see building office secretary for form)
- G. Notarized Residency Affidavit from homeowner with whom parent(s) and student(s) reside. Homeowner will be required to provide one of the above documents along with his/her driver's license.
- H. Court orders or placement papers

Thank you for helping the school district to safely educate your child. We look forward to a great year together.

Respectfully,

Tom Livezey
Superintendent of Schools



STUDENT ENROLLMENT FORM

Gender: Male Female

Student's Last Name (Child's Legal Name as shown on birth certificate) _____ First Name _____ Middle Name _____

() _____

Child goes by _____ Date of Birth _____

Home Phone _____

Home Address:

House # Street Apt/Unit# City Zip County

Mailing Address If Different:

House # Street Apt/Unit# City Zip County

Grade Entering: _____ Expected Start Date: _____

Ethnicity/Race

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

- Yes, Hispanic/Latino – (A person of Cuban, Puerto Rican, Mexican, South or Central American or other Spanish culture or origin, regardless of race)
- No, not Hispanic/Latino

No matter what you selected, please continue to answer the following by marking one box to indicate what you consider your child's primary race to be.

- Am Indian/Alaska Native
- White
- Native Hawaiian/Pacific Islander
- Asian American
- Black/African American
- Hispanic/Latino

Previous Oakridge Student? Yes No

Citizenship

Place of Birth (Country or State): _____

Previous School: _____

Immigration Date, if not born in U.S.: _____

Previous State: _____

Parent/Guardian #1 Information

NOTE: This contact will receive and have access to records

Last name First Name Middle Initial Cell Phone Work Phone Home Phone

Relationship: Father Mother Step Mother Step Father Foster Father Foster Mother Legal Guardian Host Family

Street Address:

House # Street Apt/Unit# City Zip County

Employer:

Email for School Correspondence:

Parent/Guardian #2 Information

Last name First Name Middle Initial Cell Phone Work Phone Home Phone

Relationship: Father Mother Step Mother Step Father Foster Father Foster Mother Legal Guardian Host Family

Street Address:

House # Street Apt/Unit# City Zip County

Employer:

Email for School Correspondence:

Parent/Guardian #2, living at a different address, can receive mailings? Yes No Parent/Guardian May Access Records? Yes No

Receive School Messenger Communications? Yes No

Parent/Guardian #3 Information

Last name First Name Middle Initial Cell Phone Work Phone Home Phone

Relationship: Father Mother Step Mother Step Father Foster Father Foster Mother Legal Guardian Host Family

Street Address:

House # Street Apt/Unit# City Zip County

Employer:

Email for School Correspondence:

Parent/Guardian #3, living at a different address, can receive mailings? Yes No Parent/Guardian May Access Records? Yes No

Receive School Messenger Communications? Yes No

Sibling Information	
Name (First and Last)	School Attending

Emergency Contact #1 Information			
First	Last	() Preferred Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work Preferred Phone Type
Relationship to student: <input type="checkbox"/> Sibling <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Grandparent <input type="checkbox"/> Day Care Provider <input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Other			

Emergency Contact #2 Information			
First	Last	() Preferred Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work Preferred Phone Type
Relationship to student: <input type="checkbox"/> Sibling <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Grandparent <input type="checkbox"/> Day Care Provider <input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Other			

Emergency Contact #3 Information			
First	Last	() Preferred Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work Preferred Phone Type
Relationship to student: <input type="checkbox"/> Sibling <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Grandparent <input type="checkbox"/> Day Care Provider <input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Other			

Medical Information			
Does your child have a primary care doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Doctor's Name	() Doctor's Phone	Dentist's Name	() Dentist's Phone
Does your child take any medications regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No Meds administered at home or at school? <input type="checkbox"/> Home <input type="checkbox"/> School			
If yes, please list meds here: _____			
If meds need to be given at school, contact the office for paperwork to have your doctor complete and return to us. (NOTE: This also includes Epi-pens)			
Does your child have any allergies (food, bees, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain: _____			

Does your child wear glasses? Yes No

Insurance Information	
Does your child have medical insurance, MiChild, Healthy Kids, or Medicaid coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does your child have prescription insurance as part of their medical coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give consent for the above medical and insurance information to be shared with the School Community Health Worker and/or School Nurse:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Parent/Guardian	Date
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Services	
Did your child receive special education services at a previous school? If yes, please indicate the type of services (check all that apply)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Special Education Classes <input type="checkbox"/> Speech <input type="checkbox"/> OT/PT <input type="checkbox"/> Social Work <input type="checkbox"/> 504 Plan	

The undersigned hereby acknowledges that the information provided on this form is true and accurate. The undersigned understands that it is his/her responsibility to inform the appropriate school office if and when any of the information set on this form changes. Failure to so inform the district will subject the student to termination of enrollment in Oakridge Public Schools.

Parent/Guardian Signature (Student signature if over 18)	Date
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AFFIDAVIT OF RESIDENCE

New Enrollee

Address Change

School Building Change (K, 4th, 7th & 9th grades)

Parent/Guardian's Name:	
Address:	
City/State/Zip	
Home Phone:	Cell Phone:

Please list below, all students attending Oakridge Public Schools

Student Name	Grade	School Attending	
		<input type="checkbox"/> Early Childhood Center <input type="checkbox"/> Lower Elementary <input type="checkbox"/> Upper Elementary	<input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> Fusion
		<input type="checkbox"/> Early Childhood Center <input type="checkbox"/> Lower Elementary <input type="checkbox"/> Upper Elementary	<input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> Fusion
		<input type="checkbox"/> Early Childhood Center <input type="checkbox"/> Lower Elementary <input type="checkbox"/> Upper Elementary	<input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> Fusion
		<input type="checkbox"/> Early Childhood Center <input type="checkbox"/> Lower Elementary <input type="checkbox"/> Upper Elementary	<input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> Fusion

Please provide one of the following pieces of documentation for proof of residency:

- A. Voter registration card
- B. Mortgage document including street address of property and purchaser(s) name(s)
- C. Property deed including street address of property and purchaser(s) name(s)
- D. Current property tax bill
- E. Current utility bill (gas or electric)
- F. Current rental/lease agreement. Handwritten documents will require a landlord statement (see building office secretary for form)
- G. Notarized Residency Affidavit from homeowner with whom parent(s) and student(s) reside. Homeowner will be required to provide one of the above documents along with his/her driver's license.
- H. Court orders or placement papers

I hereby certify that the student(s) listed above reside with me in the Oakridge Public School District and are therefore eligible to attend school at the above-listed school. The document(s) submitted with this affidavit are, to the best of my knowledge, both true and accurate. I understand that Michigan law requires a school student to attend in his/her resident district, except under specifically-permitted exceptions. I also understand that the Oakridge Public School District may require further proof of residency at any time.

Parent/Guardian's Signature

Date



STATE BOARD OF EDUCATION APPROVED HOME LANGUAGE SURVEY*

Oakridge 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 the 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: _____

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

Yes No What is that language? _____

Signature of Parent or Guardian

Date

Address

City

Zip

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

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



STUDENT EDUCATION TECHNOLOGY ACCEPTABLE USE AND SAFETY AGREEMENT

To access and use the District's Education Technology, including a school-assigned e-mail account and/or the Internet at school, students under the age of eighteen (18) must obtain parent permission and sign and return this form. Students eighteen (18) and over may sign their own forms.

Use of the Education Technology is a privilege, not a right. The District's Education Technology, including its Internet connection and online educational services, is provided for educational purposes only. Unauthorized and inappropriate use will result in a cancellation of this privilege and possibly further disciplinary action.

The Board has implemented technology protection measures, which protect against (e.g. block/filter) Internet access to visual displays/depictions/materials that are obscene, constitute child pornography, or are harmful to minors. The Board also monitors online activity of students in an effort to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. Nevertheless, parents/guardians are advised that determined users may be able to gain access to information, communication, and/or services on the Internet that the Board has not authorized for educational purposes and/or that they and/or their parents/guardians may find inappropriate, offensive, objectionable or controversial. Students accessing the Internet through the school's computers assume personal responsibility and liability, both civil and criminal, for unauthorized or inappropriate use of the Internet.

The Board has the right, at any time, to access, monitor, review and inspect any directories, files and/or messages residing on or sent using the Board's Education Technology. Messages relating to or in support of illegal activities will be reported to the appropriate authorities. Individual users have no expectation of privacy related to their use of the District's Education Technology.

Please complete the following information:

Student User's Full Name (please print): _____

School: _____ Grade: _____

Parent/Guardian's Name: _____

Parent/Guardian

As the parent/guardian of this student, I have read the Student Education Technology Acceptable Use and Safety Policy and Guidelines, and have discussed them with my child. I understand that student access to the Internet is designed for educational purposes and that the Board has taken available precautions to restrict and/or control student access to material on the Internet that is obscene, objectionable, inappropriate and/or harmful to minors. However, I recognize that it is impossible for the Board to restrict access to all objectionable and/or controversial materials that may be found on the Internet. I will not hold the Board (or any of its employees, administrators or officers) responsible for materials my child may acquire or come in contact with while on the Internet. Additionally, I accept responsibility for communicating to my child guidance concerning his/her acceptable use of the Internet - i.e., setting and conveying standards for my daughter/son to follow when selecting, sharing and exploring information and resources on the Internet. I further understand that individuals and families may be liable for violations.

To the extent that proprietary rights in the design of a website hosted on Board-owned or leased servers would vest in my child upon creation, I agree to assign those rights to the Board.

Please check each that applies:

- I give permission for the Board to issue an Internet/e-mail account to my child.
- I give permission for my child's image, audio, and/or video to be published online for school related purposes provided only his/her first name is used.
- I give permission for the Board to transmit "live" images of my child over the Internet for school related purposes.
- I authorize and license the Board to post my child's class work on the Internet without infringing upon any copyright my child may own with respect to such class work. I understand only my child's first name will accompany such class work.

Parent/Guardian's Signature: _____ Date: _____

Student

I have read and agree to abide by the Student Education Technology Acceptable Use and Safety Policy and Guidelines. I understand that any violation of the terms and conditions set forth in the Policy and Guidelines is inappropriate and may constitute a criminal offense and/or may result in disciplinary action. As a user of the Board's Education Technology, I agree to communicate over the Internet and through the Education Technology in an appropriate manner, honoring all relevant laws, restrictions and guidelines.

Student's Signature: _____ Date: _____

Teachers and building principals are responsible for determining what is unauthorized or inappropriate use. The principal may deny, revoke or suspend access to and use of the Education Technology to individuals who violate the Board's Student Education Technology Acceptable Use and Safety Policy and related Guidelines, and take such other disciplinary action as is appropriate pursuant to the Student Code of Conduct.

Rev.
5/14
8/14
4/15
9/15/15



District Permission/Notification Form

Student Name: _____

Grade: _____

Parental Permission for Media Release

If your child is photographed as part of a school-related activity, we would like your permission to use the photo in materials the school district develops for our school and community communications. (Example: School Facebook, District Website, newsletters, etc.)

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

Parent/Guardian Initials: _____

Field Trips Permission

My child has permission to go on all supervised class excursions connected with the school and may ride the bus when it is used for transportation. I waive all responsibility of Oakridge Public Schools for any damage which may occur to my child or my child's property while participating in any field trip activities. This includes the time of transportation to and from the activity. I accept full responsibility for any personal and/or property damage done by my child.

Parent/Guardian Initials: _____

Emergency Care Permission

In case of serious illness or injury, I hereby request and give my full consent for authorized school personnel to transport my child directly to the nearest hospital, or send by ambulance if need, and I will assume all financial obligations. I further authorize any licensed physician or dentist and/or hospital to provide necessary treatment. I understand this health information can be shared when it is educationally relevant for academic progress, necessary for providing health services including emergency care, or essential to ensure the protection of other students and school personnel.

Parent/Guardian Initials: _____

Pesticide Notification

As part of the Oakridge Community School's pest management program, pesticides are occasionally applied. You have the right to be informed prior to any pesticide application made to the school grounds and buildings. In certain emergencies, pesticides may be applied without prior notice, but you will be provided notice following any such application. If you need prior notification, please select the appropriate box(es) and initial _____:

- I wish to be notified prior to a scheduled pesticide treatment inside of the classrooms.
- I wish to be notified prior to a scheduled pesticide treatment on the outside grounds.
- Both of the above.

Parent/Guardian Printed Name

Phone number for notification call

Parent/Guardian Signature

email address

OAKRIDGE PUBLIC SCHOOLS TRANSPORTATION FORM

Attention Parent/Guardian: Please renew this form each year so that we have the most up to date information for your students. All information from the previous year will be deleted.
Return completed form for each student by the last day of school.

New Enrollee **Change of Address** **Change of stop location** **New School Year**

Student First Name: _____ Last Name: _____ MI: _____

School: _____ Grade: _____ Gender: _____

Home Address: _____ City: _____ Zip: _____

Parent/Guardian: _____ Parent/Guardian: _____

Cell Phone: _____ Work Phone: _____ Cell Phone: _____ Work Phone: _____

Morning Pick Up Location: (circle one) **HOME** **ALTERNATE SITE** **NO TRANSPORTATION**

Alternate Site Address: _____ City: _____ Zip: _____

Contact Person: _____ Phone: _____

Afternoon Drop-Off Location: (circle one) **HOME** **ALTERNATE SITE** **NO TRANSPORTATION**

Alternate Site Address: _____ City: _____ Zip: _____

Contact Person: _____ Phone: _____

Half Day Drop-Off Location: (circle one) **HOME** **ALTERNATE SITE** **NO TRANSPORTATION**

Alternate Site Address: _____ City: _____ Zip: _____

Contact Person: _____ Phone: _____

To help us assist students, please indicate any behavior/health/allergy concerns and actions to be taken. Use back if needed:

Transportation Information: There will be **no major changes** to bus stops or bus routes from July through October. This time is needed to establish bus stops, times, and to effectively communicate any changes to parents and students. You may obtain and return a Student Transportation form from the school office, bus driver, transportation office or district website. If you have any questions, call the Transportation Office at 231-865-3196, select option 1.

Parent/Guardian Signature _____

Date _____

For Transportation Office Use Only:

Initiation Date: _____

Return Call Made By: _____ Spoke With: _____

Date: _____

Transfinder Sent to School Copy to Driver Notified Parent Printed Copy of Route



STUDENT LIVING SITUATION QUESTIONNAIRE

School: _____ Grade: _____ Date: _____

Student Name: _____ Birth date: _____ Foster Child: ___*Yes ___ No

*If foster child, how long has the child been in the current home? _____

Please list all of your preschool and school-aged children currently living with you: (continue on back if more space is needed)

Name: _____ Birth date: _____ School Bldg: _____ Grade: _____

Name: _____ Birth date: _____ School Bldg: _____ Grade: _____

Name: _____ Birth date: _____ School Bldg: _____ Grade: _____

Information provided on this form is confidential.

What is your current living situation? (Based on your situation, your child may be eligible for additional services)

___ **I own or rent my own home/apartment.** If yes, **STOP** here...you do not need to answer any additional questions. If no, continue...

___ **Sharing the housing of other persons due to:** (check one)

___ Loss of housing due to eviction, foreclosure, or other economic hardship

Explain: _____

___ Long-term, cooperative living arrangement to save money or a similar reason

___ **At a motel, hotel, campground or similar setting due to:** (check one)

___ Lack of alternative adequate accommodations

___ A convenient living arrangement, or waiting for apartment or house to be ready

___ **In an emergency or transitional shelters (domestic violence or homeless shelters or transitional housing)**

___ **In a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans**

___ **In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar setting**

How long do you anticipate living at this location? _____

Current Address: _____ City: _____ Zip: _____

Phone Number(s): _____

Date: _____

Parent/Guardian/Unaccompanied Youth Signature

OFFICE USE ONLY: ___ McK-V ___ UnY ___ FC *If checked, complete referral form.*

PLEASE READ, SIGN THE BACK,
AND RETURN TO SCHOOL

PARENT AND 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, s/he should be kept out of 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.

DID YOU KNOW?

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

SYMPTOMS REPORTED

BY STUDENT:

- 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

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

Michigan Department
of Community Health

MDCH

Rick Snyder, Governor
James K. Haveman, Director

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

WHAT SHOULD YOU DO IF YOU THINK YOUR STUDENT HAS A CONCUSSION?

1. If you suspect that a student has a concussion, remove the student 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 concussions, say s/he is symptom-free and it's OK to return to play.
2. Rest is the 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 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, 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 student/athletes 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

JOIN THE CONVERSATION  www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO

For best results, CDC's Heads Up Program Group strongly suggests a grant to the CDC Foundation to fund a National Operational Committee on Student Athlete Safety, Equipped with SAF



REQUEST FOR STUDENT RECORDS

This form is to be completed by the Parent/Guardian and forwarded to any previous school the child attended.

Date: _____

To: _____
Name of Previous School

Address

The following student(s) has enrolled in our school. Please send ALL school records and CA60 (transcript of grades and credit including exit grades/grades to date/grades earned this year, immunization record, birth certificate, UIC Code), as well as Special Education Records (i.e. psychological, speech, and/or social work, most recent IEPC) and health records.

Child's Name	Grade	Birth Date

Please send the above information to:

<input type="checkbox"/>	Oakridge Lower Elementary	120 North Park Street • Muskegon, MI 49442 • 788-7600	Fax: 231.788.7614
<input type="checkbox"/>	Oakridge Upper Elementary	481 S. Wolf Lake Road • Muskegon, MI 49442 • 788-7500	Fax: 231.788.7514
<input type="checkbox"/>	Oakridge Middle School	251 S. Wolf Lake Road • Muskegon, MI 49442 • 788-7400	Fax: 231.788.7414
<input type="checkbox"/>	Oakridge High School/Fusion	5493 E. Hall Road • Muskegon, MI 49442 • 788-7300	Fax: 231.788.7314

Parent Signature: _____ Date: _____

In accordance with the Final Regulations-Family Education Rights and Privacy Act, dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within the educational institution and officials of other schools in school systems in which the student may intend to enroll, may receive a student's record without written consent for such release.