

Mio AuSable Schools

1110 W. 8th Street, Mio, MI 48647 www.miok12.net

Elementary Office 989-826-2430 Middle School/High School Office 989-826-2481

Dear Parent/Guardian:

Thank you for choosing Mio AuSable Schools for your child's educational journey. We welcome your partnership to help your child reach his or her potential.

The following documents are required for registration for grades K through 5.

Return this enrollment packet to the school office, along with the following:

- •An original birth certificate (the school office will make a copy)
- •A documentation of your residency (utility bill, rent receipt, lease agreement)
- •Immunization record
- •School of Choice application, if applicable
- •Custodial Orders or Guardianship papers, if applicable
- •Special Education IEP, if applicable

Thank you!

Mio AuSable Elementary School

Mio AuSable Schools Registration Form

PLEASE PRINT ALL INFORMATION ON BOTH SIDES OF THIS FORM

STUDENT INFORMATION Da	ate		
Student's Legal Name (Last, First, Middle)			
Name to be used at school	Student's Grade		
Gender: M F Birthdate	Birthplace (City/State)		
Ethnicity: African American Asian Caucasian	Hispanic/Latino Alaskan Native Native Hawaiian		
	purposes and will not be used in any other manner.		
Home Language First Language			
Student's Primary Phone			
Student's Residence Address	City Zip		
Student's Mailing Address	City Zip		
School district you reside in:	Township: Elmer Big Creek Mentor Greenwood		
Student Lives With: (please check) Both Natural ParentsFather OnlyFather/StepmotherMother/StepfatherCourt PlacedOther	Mother OnlyDivorced-Joint CustodyRelativeLegal Guardian		
GUARDIAN INFORMATION			
Guardian 1 Name	Emergency Contact? Yes No		
Relationship to student: (mother, father, etc)	Lives with Student? Yes No		
Martial Status: Married Single Separated Divorced Widow			
Guardian Phone	Guardian Address if different than above		
Guardian Work Place	Guardian Work Phone		
Guardian Email			
Guardian 2 Name	Emergency Contact? Yes No		
Relationship to student: (mother, father, etc)	Lives with Student? Yes No		
Mantial Status, Manufed Single Separated Dispused Widos			
Martial Status: Married Single Separated Divorced Widov Guardian Phone	Guardian Address if different than above		
Guardian Work Place	Guardian Work Phone		
Guardian Email			
Guardian 3 Name	Emergency Contact? Yes No		
Relationship to student: (mother, father, etc)	Lives with Student? Yes No		
Martial Status: Married Single Separated Divorced Widov Guardian Phone	ved Guardian Address if different than above		
Guardian Work Place	Guardian Address if different than above Guardian Work Phone		
Guardian Email			
Guardian 4 Name	F		
Relationship to student: (mother, father, etc)	Emergency Contact? Yes No		
	Lives with Student? Yes No		
Martial Status: Married Single Separated Divorced Widov Guardian Phone	ved Guardian Address if different than above		
Guardian Work Place	Guardian Work Phone		
Guardian Email			

	are authorized to pick up students when GUAI	CDIANS cannot be reached.	
Emergency Contact Name Relationship to student: (mother, father, etc)			
Emergency Contact Phone	(Francis Contact Work Phone		
Emergency Contact Work Place	Emergency Contact Work Phone		
Emergency Contact Name			
Relationship to student: (mother, father, etc)			
Emergency Contact Phone			
Emergency Contact Work Place	Emergency Contact Work Phone		
Emergency Contact Name			
Relationship to student: (mother, father, etc)			
Emergency Contact Phone			
Emergency Contact Work Place	Emergency Contact Work Phone		
HEALTH/MEDICAL INFORMATION			
Allergies or Reactions to:FOOd please list	Medical: Asthma: Parent providing inhaler	to office? YES NO	
Medications	Diabetes		
Other	Convulsions/Seizures Explain Other medical information:		
Parent providing EpiPen to office? YES NO Does your student take any medication regularly? YES I Will your student need to take the medication during the sch	NO Reason for medication ool day? YES NO		
PREVIOUS SCHOOL ATTENDED			
Name of last school attended			
Address, City, Zip			
Phone	Fax		
Former place of residence	<u> </u>		
Special Services received at previous school (please check all that apply)	Special Education ("Permission to Pl Speech Therapy ("Permission to Pl Section 504 Other Explain	ace" form required) ace" form required)	
OTHER CUTI DREN IN HOME			
OTHER CHILDREN IN HOME Full Name	Date of Birth	Grade	
Full Name	Date of Birth	Grade	
Full Name	Date of Birth	Grade	
Full Name	Date of Birth	Grade	
	12000	4.444	
MCKINNEY-VENTO ACT QUESTIONNAIRE	CECTION B. ONLY COMPLETE TE VOIL CHECKED A BOO	V TH CECTEON A	
SECTION AIn a shelterWith more than one family in a house or apartment	SECTION B - ONLY COMPLETE IF YOU CHECKED A BOX IN SECTION A Is the living arrangement checked in Section A the result from a loss of housing or		
In a motel, hotel, car or campsite With friends or family members (other than parent/guardian)	economic hardship? YES NO UNSURE	_	
If you checked a box in Section A, complete Section B.	The student lives with: 1 parent & another adult A relative, friend(s), or oth Alone with no adults An adult that is not the par	• •	
Choices in Section A DO NOT APPLY	OFFICE USE ONLY Student not covered by McKinney-Vent Student covered by McKinney-Vent Follow-up Required	/ento Act o Act	
I affirm that as the legal guardian, all information provided is true ar	d accurate.		
Guardian Signature		Date	

...

Mio AuSable Schools Transportation Form

	Date		
Will your student need transportation to/from school?	YES	NO	If YES, please fill out below
Transportation is only available from the students registered HOME There are no bus passes allowed in the district at any time.	address.		
Transportation Request:NEW to district	HOI	ME add	ress change
Do you have other siblings enrolled at Mio AuSable Schools?	YES NO	0	
STUDENT INFORMATION			
Student's Name (Last, First, Middle)			Grade
Gender M F			
Student's Residence Address	City	/	Zip
Nearest intersection to residence address			
Guardian Name Guardian	Phone		
If your transportation needs change, a new transportation form mu It may take up to 3 school days to arrange for busing.	st be complet	ed.	
Kindergarten students must have an adult with them at the bus stop present at the bus stop, the kindergarten student will not be allowed ble for picking up the student at the end of the bus route.	op. For the safed to exit the	ety of to bus and	he students, if no adult is the parent will be responsi-
Riding the bus is a privilege. Students who misbehave or in any wa bus privileges.	y jeopardize t	:he safe	ty of others may lose their
OFFICE USE ONLY			
BUS #			
STOP			
START DATE			
NOTES			

Mio AuSable Schools

Release of Student Records

Previous School			
Previous School Address			
Student Name			
Birthdate		Grade	
Please	send the above named student's	complete school records including	ng:
Official adminis	trative record, CA-60		
•Official transcri	pt (High School)		
•Standardized a	chievement, aptitude and intellig	ence test scores	
•Special educati	on records (IEPC, diagnostic repo	orts, medical records)	
•Any other appli	cable student records		
Signature of Parent/Guardi	an	Date	
	OFNID ALL DEG	ODD TO	
	SEND ALL REC	ORDS TO:	
1 M 9	lio AuSable Elementary School 110 W. 8th Street lio, MI 48647 89-826-2430 phone 89-826-2417 fax	Grades K-5	
1 M 9	lio AuSable High School 110 W. 8th Street lio, MI 48647 89-826-2481 phone 89-826-2416 fax	Grades 6-12	

For Office Use Only: Date Sent: _____ Date Received: ____

STATE BOARD OF EDUCATION APPROVED HOME LANGUAGE SURVEY*

Mio AuSable 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 bilingual instruction according to Sections 380.1151 – 380.1158 of the School Code of 1976, 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: (please circle)	Elementary or	Middle School/High School		
Is your child's native tongue a lang What is that language?		glish? Yes No		
Is the primary language used in yo What is that language?		environment a language other t	han English?	Yes No
Signature of Guardian]	Date	

Mio AuSable 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.

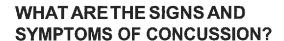
Sharing immunization and personally identifiable information including the students name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 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 in	formation in writing at any time.
of Health and Human Services and Local Health to improve the quality and timeliness of immuni	child's immunization record to the Michigan Department Department. I understand this information will be used ization services and to help schools comply with Michi- nation and limited personally identifiable information
Student's Name:	Date of Birth:
Signature of Parent/Guardian or Eligible Student:	Date:
Printed Parent/Guardian Name:	

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.

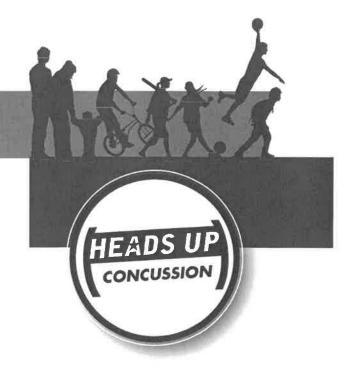


Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

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 YOUTHINK YOUR ATHLETE HAS A CONCUSSION?

- 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.
- 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.

STUDENT-ATHLETE NAME PRINTED		
STUDENT-ATHLETE NAME SIGNED		
DATE		
DATE		
PARENT OR GUARDIAN NAME PRINTED		
PARENT OR GUARDIAN NAME SIGNED		
DATE		
DATE		





TO LEARN MORE GO TO >> 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).