

MORRICE AREA SCHOOLS

New Student Enrollment Check List

You will need to bring the following to register for school:

- _____ Completed Registration Packet
- _____ Parent Driver's License or Michigan ID with correct address
- _____ Proof of residency (Morrice residents only) Please bring one of the following documentation for proof of residency; original rental lease, mortgage payment receipt, utility bill or your property tax bill. We cannot accept hand written leases, cell phone bills, or vehicle information as proof of residency.

If you do not reside in the Morrice School District you must submit a State Schools of Choice application.

- _____ Students' Original Birth Certificate
- _____ Proof of Immunizations
- _____ Proof of Vision Exam (Kindergarten only)
- _____ Copy of Report Card (Kindergarten – 8)
- _____ Copy of current Transcript (9-12)
- _____ Copy of student's current IEP (if applicable)
- _____ Custody or court documents (if applicable)
- _____ State Schools of Choice Application (if applicable)



Morrice Area Schools
Student Enrollment/Emergency Information Form
 2022-2023

Enter Date :

Student Information

Current

Corrections

Student (Last, First, Middle)		
Grade		
Date of Birth		
Gender		
Home Phone (for Attendance calls)		
Country of Birth		
Student Cell Phone		
Student's Address		
Mailing Address (if different)		
Previous Address		
Parent/Guardian email (for SchoolMessenger emails)		
Are Dual Mailings Required? ____ Yes ____ No		
Busing provided for Morrice Area students only	Is busing needed? ____ Yes ____ No	
Language Spoken By Student		
Language Spoken By Parent(s)		
Student Resides With		

Mother			Father		
Phone:			Phone:		
Phone Type:			Phone Type:		
Email:			Email:		

Emergency Contacts

Name (Current)	Relationship (Current)	Phone (Current)	Name (Corrections)	Relationship (Corrections)	Phone (Corrections)

Race and Ethnicity

NOTE: Both parts A and B **MUST** be completed. We encourage you to select and answer for **both** parts. If either part (A or B) is not answered, the U.S Department of Education **requires** the school district to supply an answer on your behalf.

Part A: Is this student Hispanic/Latino? (Choose only one)
 ____ No, not Hispanic/Latino
 ____ Yes, Hispanic/Latino

The above part o the question is about ethnicity, not race. No matter which box you select above, **please continue to answer Part B** by marking one or more races to indicate what you consider your student's race to be.

Part B: What is the student's race? (Choose one or more)

____ American Indian or Alaskan Native
 ____ Asian
 ____ Black or African American
 ____ Native Hawaiian or Other Pacific Islander
 ____ White

MICHIGAN LAW ALLOWS EDUCATIONAL RECORDS TO BE SHARED WITH BOTH PARENTS, REGARDLESS OF MARITAL STATUS, UNLESS A COURT ORDER DICTATES OTHERWISE. A COPY OF THE COURT ORDER IS REQUIRED REGARDING CUSTODY, GUARDIANSHIP, RESTRAINING ORDERS, ETC.
 Please complete the back side of the form.

Physician's Name: _____

Physician's Phone Number: _____

In case of emergency, I authorize the school to seek medical attention for my child. Yes No

In cases where first aid is needed, I authorize MAS to provide such care. Yes No

Please provide any other health information the school needs, including allergy, medical alert info, or any other medical conditions.

Please complete the box below for **all students**

Permission for field trips: Yes No

In case of an emergency school closing and students are released early, my child has been instructed to:

Ride the bus home

Walk home

Walk/ride the bus to the following address _____

Name of person at above address _____ Phone Number _____

I authorize MAS to release test information and/or transcripts to educational institutions Yes No

I authorize MAS to release information to armed forces Yes No

I authorize MAS to release student directory information Yes No

I authorize MAS to release student photo. Yes No

I authorize the full use of Google G Suite for Education Yes No

I authorize use of technology at school Yes No

I have read the student handbook. Yes No

Do you currently find yourself in any of the situations below:

Children and immediate family have moved in with other relatives or friends (Without a temporary arrangement family would be without a home or shelter)

Living in a shelter

Living in a hotel/motel

Foster child

Living in a makeshift shelter such as a car, tent, abandoned building, etc. or living on the street

Signature of Parent or Legal Guardian _____ Date _____

It is the policy of the Morrice School District that no person shall pass on the basis of sex, race, color, national origin, or handicap be excluded from participation in, be denied the benefits of, or be subjected to discrimination as a student in Morrice Public Schools or any of its programs or activities.



Morrice Area Schools

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

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

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

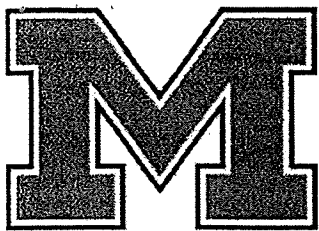
You may withdraw your consent to share this information in writing at any time.

I authorize Morrice Elementary School to release my child's immunization record and personally identifiable information 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: _____



Morrice Area Schools

MR. ROBERT POUCH
Superintendent

111 E. Mason Street, Morrice, MI 48857

Request for Student Records

Permission is granted for you to release the records of:

Name: _____ Grade _____ Birthdate _____

Transferred from:

Name of School: _____

Address _____

The student named above is now enrolled in Morrice Area Schools. Please send the student's official school records, including complete medical records, all psychological and confidential information (Special Education records, etc.), semester grades at the time of withdrawal, and career Portfolio.

Please send records to:

Morrice Elementary School
111 E. Mason Street
Morrice, MI 48857
Phone: 517-625-3141 Fax: 517-625-8713

Morrice Jr/Sr High
691 Purdy Lane
Morrice, MI 48857
Phone 517-625-3143 Fax: 517-625-8935

Is your child presently receiving Special Education services or 504 educational accommodations?

() Yes () No

I hereby authorize the release of all pertinent records and information to Morrice Area Schools.

Date Parent/Guardian/Registrar

Checklist of information to be sent to Morrice Area Schools:

- _____ CA-60 Records
- _____ Special Education File (Psychological, etc.)
- _____ Drop Slip with Grades to Date
- _____ MEAP Test Scores for State of Michigan Endorsed Diploma
- _____ Portfolio

Jr/Sr High School
691 Purdy Lane
Morrice, MI 48857

Daniel Nolen
Principal

Elementary
111 E. Mason Street
Morrice, MI 48857

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.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

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