



**Morrice Area Schools**

Big Enough for Excellence, Small Enough to Care.

2024-2025

## **KINDERGARTEN REGISTRATION**

**Wednesday, March 20**

Morning Session 9:30 am

Evening Session 6:00 pm

**FAMILY FUN NIGHT**

**April 18**



**1**

**Verify  
Age**

- Your child must be 5 years old by Sept. 1, 2024

**2**

**Paperwork  
Ready**

- Original Birth Certificate
- Students Immunization Records
- Proof of Vision Screening
- Copy of Parent(s) Drivers License
- Proof of Residency: Utility bill, lease/rental/purchase agreement and/or water bill
- Proof of Dental Assessment

**3**

**Attend  
Registration  
Day**

- March 20, 2024
- Bring paperwork from step 2 and fill out the packet on site

**111 E. Mason St., Morrice**

**517-625-3141**

**longk@morrice.k12.mi.us**



# Morrice Area Schools

111 E. Mason Street, Morrice, MI 48857

**MR. ROBERT POUCH**  
Superintendent

February 2024

Dear Parent of a Future Morrice Kindergartener;

Morrice Area Schools is pleased to announce our Fall 2024 Kindergarten parent orientation and early registration will be held on **Wednesday, March 20th at Morrice Elementary**. We have two sessions available to accommodate your schedule.

Parent Orientation/Registration In-Person Sessions: **9:30 am or 6:00 pm**

We invite you to come meet our dedicated staff and learn about all the exciting offerings for your student at Morrice Elementary including a strong core academic program, technology, physical education, art, and music. Our energetic team is looking forward to meeting you!

Our full-day Kindergarten program is taught by highly qualified teachers and is located in a safe, friendly, neighborhood school setting. Students who are 5 on or before September 1<sup>st</sup>, 2024 may register for Fall 2024 Kindergarten.

Please call our Elementary Office and speak to Mrs. Long at 517-625-3141, if you are unable to attend the parent orientation but still plan to have your student attend Morrice Elementary School for Kindergarten.

The March Registration meeting time is reserved for parents. We will have a student/family event for all incoming kindergarteners on April 18, 2024. This will be a time for families and students to learn about our building and enjoy a family fun activity with our staff.

Feel free to contact me with any questions.

Sincerely,

Bethany Skene  
Morrice Elementary Principal  
skene@morrice.k12.mi.us  
(517) 625-3141

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

Bethany Skene, Principal  
Elementary  
111 E. Mason Street  
Morrice, MI 48857

## **Follow these steps to register your child as an Oriole!**

- Step 1:** Complete the enrollment & emergency Form and the Disclosure of Immunization Form that will be available at the March 20th Registration
- Step 2:** Provide the following:
- ☐ Original Birth Certificate
  - ☐ Students Immunization Records
  - ☐ Copy of Parent(s)/Guardian(s) Driver's License with current address
  - ☐ Proof of Residency - Tax Bill, Utility Bill, Water Bill, or Lease/Purchase Agreement
  - ☐ Proof of a dental assessment
- Step 3:** Attend Registration day with the above requested documents. If you are unable to attend either session please visit Morrice Elementary or Morrice Administration building during normal business hours.

Daniel Nolen, Principal  
Jr/Sr High School  
691 Purdy Lane  
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# Morrice Student Enrollment Form

Parents/Guardians: Please complete both sides of the form, sign, date, and return the form to the school's main office. Note that all fields titled, "Primary Phone" and "E-mail" are used when the district automated alert system is activated for school messages.

## Student Information:

Student Name: (Last First Middle):	Date of Birth:
Student Mobile Phone:	Gender:
Primary Phone:	Grade:
District of Residence:	Country of Birth:
Student's Address:	
Mailing Address: (if different)	
Student Resides with:	

## Parent/Guardian Information:

	Parent/Guardian	Parent/Guardian
Name: (Last First)		
Relationship to Student:		
Street Address: (if different)		
City, State, Zip:		
Primary Phone: (if different)		
Mobile Phone: (if different)		
Day Phone: (if different)		
Employer: (if applicable)		
E-mail Address:		

► Check all that apply: ☐ Regular Education ☐ Special Education ☐ Speech & Language ☐ 504 Plan

☐ Yes ☐ No My child attended Morrice Area Schools previously. If yes, year? \_\_\_\_\_ Name of school: \_\_\_\_\_

☐ Yes ☐ No My child attended a pre-school program prior to entering kindergarten.

If yes, name of last school attended (including preschool): \_\_\_\_\_

☐ Yes ☐ No Has your child been suspended or expelled by the Board of Education of any district?

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

☐ Yes ☐ No Is busing needed?

**Medical/Special Needs:** (Please check and describe any medical condition, medication or disability that would be important for the school to know.)

- ☐ Asthma - \_\_\_\_\_
- ☐ Diabetes - \_\_\_\_\_
- ☐ Seizures - \_\_\_\_\_
- ☐ Seasonal Allergies - \_\_\_\_\_
- ☐ Allergic Reactions (i.e., insect bites, bees, etc) - \_\_\_\_\_
- ☐ Other - \_\_\_\_\_

Provide any other information you feel will assist the school, including health or other conditions: (If more space is needed, please attach information.)

## Emergency Information: (Other than the Parents/Guardians)

	Emergency Contact #1	Emergency Contact #2	Emergency Contact #3
Name:			
Relationship:			
Day Phone:			

➔ Please complete, sign and date the back page! ➔

**Siblings:** (Other children from oldest to youngest)

Name (Last, First)	Birthdate	School / District	Name (Last, First)	Birthdate	School / District
1)			5)		
2)			6)		
3)			7)		
4)			8)		

**Race and Ethnicity:** (Part A and Part B MUST be both be completed. Please select an 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 of the question is about ethnicity, not race. No matter which box you selected above, please continue to answer Part B by marking one or more boxes 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 Native Alaskan
 ☐ Asian
 ☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander
 ☐ White

**Language:** ☐ Yes ☐ No My child's native tongue is a language other than English.

If yes, that language is: \_\_\_\_\_

☐ Yes ☐ No My child's primary language\* used in their home or environment is a language other than English.

If yes, that language is: \_\_\_\_\_

*\*The term "primary language" means the dominant language used by a person for communication.*

**Living Circumstances:** Do you currently find yourself in any of the situations below?

- ☐ In a shelter  
☐ Living with friends or other family members due to loss of housing or economic hardship  
☐ In a hotel/motel living in other locations (e.g. in a car, park, bus, train, or campsite)  
☐ Foster care placement  
☐ Other (please describe): \_\_\_\_\_

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

- ☐ Drive self
 ☐ Walk to the following address: \_\_\_\_\_  
☐ Ride the bus
 ☐ Walk-to Name: \_\_\_\_\_  
☐ Wait to be picked up
 ☐ Walk-to Day Phone: \_\_\_\_\_  
☐ Walk home

**Permissions:**

- ☐ Yes ☐ No I authorize MAS to release my student's name in school publications (i.e., honor roll, programs and media).  
☐ Yes ☐ No I authorize MAS to release my student's contact information (name, address, phone, and email) to third parties (i.e., drivers education).  
☐ Yes ☐ No I authorize MAS to release my student's photo and video image.  
☐ Yes ☐ No I authorize MAS to release my student's contact information to the U.S. Armed Forces.  
☐ Yes ☐ No I authorize MAS to release my student's transcript and scores to educational institutions.  
☐ Yes ☐ No I give permission to attend field trips.

**Guardianship:**

- In the case of separated or divorced parents, are there any legal restrictions on the release of the child or information to either parent or step-parent?
- If yes, please explain below/ and provide court documentation to the school office.

\_\_\_\_\_

\_\_\_\_\_

---> Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*It is the policy of the Morrice Areas Schools that no person shall 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 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.

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*I authorize Morrice Elementary / High 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: \_\_\_\_\_



## 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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# HEADS UP

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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).