

# JONESVILLE COMMUNITY SCHOOLS

## STUDENT REGISTRATION FORM

Has this student ever attended any Jonesville Community School? No  Yes  (Which school?) \_\_\_\_\_

Student's Full Name: \_\_\_\_\_  
Last First Middle

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_ Gender: Female  Male

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ School District of Residence: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Listed  Unlisted  Has student ever had chicken pox? Yes  No

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ County of birth \_\_\_\_\_

Name/Location of Last School Attended: \_\_\_\_\_ Grade Last Attended: \_\_\_\_\_

Has student ever been evaluated for any special services? No  Yes  (If yes, date of last IEP \_\_\_\_\_)

If yes, services evaluated: Spec. Education Classes  Social Work  Hearing  Language  Other \_\_\_\_\_

Ethnicity:  African-American/Black \_\_\_\_\_ %  Hispanic/Latino \_\_\_\_\_ %  
 Arab/Middle Eastern \_\_\_\_\_ %  Native American/Alaskan Native \_\_\_\_\_ %  
 Asian (Including India) \_\_\_\_\_ %  Pacific Islander/Hawaiian \_\_\_\_\_ %  
 Caucasian/White \_\_\_\_\_ %

Student Resides with: Mother \_\_\_\_\_, Father \_\_\_\_\_, Both \_\_\_\_\_, Other \_\_\_\_\_

Guardian Information: Legal Custody: Mother  Father  Both  Other \_\_\_\_\_

### PRIMARY GUARDIANS (Household Address Where Student Primarily Resides – address above)

Primary Guardian #1	Primary Guardian #2/Spouse
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> _____ <input type="checkbox"/>	Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> _____ <input type="checkbox"/>
Name: _____ <small>Last First Middle</small>	Name: _____ <small>Last First Middle</small>
Marital Status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/>	Marital Status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/>
Relationship to student: _____	Relationship to student: _____
2 <sup>nd</sup> Phone: _____ work <input type="checkbox"/> cell <input type="checkbox"/> pager <input type="checkbox"/> other <input type="checkbox"/>	2 <sup>nd</sup> Phone: _____ work <input type="checkbox"/> cell <input type="checkbox"/> pager <input type="checkbox"/> other <input type="checkbox"/>
3 <sup>rd</sup> Phone: _____ work <input type="checkbox"/> cell <input type="checkbox"/> pager <input type="checkbox"/> other <input type="checkbox"/>	3 <sup>rd</sup> Phone: _____ work <input type="checkbox"/> cell <input type="checkbox"/> pager <input type="checkbox"/> other <input type="checkbox"/>
E-Mail Address: _____	E-Mail Address: _____
Date of Birth: _____	Date of Birth: _____
Highest Level of Education: <input type="checkbox"/> K-8 <input type="checkbox"/> Some college <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> High School Diploma <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD	Highest Level of Education: <input type="checkbox"/> K-8 <input type="checkbox"/> Some college <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> High School Diploma <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD
Employer: _____	Employer: _____
Employer Address/Phone: _____	Employer Address/Phone: _____

### SECONDARY GUARDIANS (Any Household Address(es) Where Student DOES NOT Primarily Reside)

Second Guardian #1	Other Guardian #2/Spouse
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> _____ <input type="checkbox"/>	Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> _____ <input type="checkbox"/>
Name: _____ <small>Last First Middle</small>	Name: _____ <small>Last First Middle</small>
Marital Status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/>	Marital Status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/>
Relationship to student: _____	Relationship to student: _____
Street Address: _____	Street Address: _____
City, ST, Zip: _____	City, ST, Zip: _____
Home Phone: _____	Home Phone: _____
2 <sup>nd</sup> Phone: _____ work <input type="checkbox"/> cell <input type="checkbox"/> pager <input type="checkbox"/> other <input type="checkbox"/>	2 <sup>nd</sup> Phone: _____ work <input type="checkbox"/> cell <input type="checkbox"/> pager <input type="checkbox"/> other <input type="checkbox"/>
3 <sup>rd</sup> Phone: _____ work <input type="checkbox"/> cell <input type="checkbox"/> pager <input type="checkbox"/> other <input type="checkbox"/>	3 <sup>rd</sup> Phone: _____ work <input type="checkbox"/> cell <input type="checkbox"/> pager <input type="checkbox"/> other <input type="checkbox"/>
E-Mail Address: _____	E-Mail Address: _____
Date of Birth: _____	Date of Birth: _____
Highest Level of Education: <input type="checkbox"/> K-8 <input type="checkbox"/> Some college <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> High School Diploma <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD	Highest Level of Education: <input type="checkbox"/> K-8 <input type="checkbox"/> Some college <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> High School Diploma <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD
Employer: _____	Employer: _____
Employer Address/Phone: _____	Employer Address/Phone: _____

**Emergency Information:**

If we are unable to contact the parent or guardian, who should be contacted in an emergency?

Emergency contacts must live in the Jonesville area, have a vehicle at home, and have a valid phone number.

Full Name (Title, First, Middle, Last)	Relationship to student	Street Address & Zip	Phone
1.			
2.			
3.			
4.			

Please list any pertinent medical information for this student such as food or drug allergies, allergies to bee stings, physical limitations, asthma, diabetes, epilepsy, any needs for regular medications, etc.:

In the event of an emergency and I am unable to be reached, I authorize the school to seek any medical attention deemed necessary.

Parent Signature \_\_\_\_\_ Physician \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**Siblings in the JCS district this year:**

Do the guardians of this student have any other children that are currently or expected to be enrolled in a Jonesville Community School this year?

Names of any siblings (First, M.I., Last)	Date of Birth	School Attending	Grade
1.			
2.			
3.			
4.			

**Phone Announcements:**

Our school district has a unique communication tool that can be used in the event of an emergency, school delay or general information announcements. Please list a phone number (home or cell) at which you can be notified (It cannot call phone numbers with an extension). # \_\_\_\_\_

I confirm that I am the legal guardian of this student and that the above information I have given is accurate to the best of my knowledge.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

<b>Office Use Only:</b>			
OE Form _____	Resident District _____	District # _____	UIC# _____ Is District Release Needed? Yes No
Birth Certificate _____	Immunization Records _____	Start Date _____	Grade _____ Teacher _____
CC: Teacher _____	Nurse _____	Bus Garage _____	Kitchen _____ Student ID# _____



Jonesville Community Schools  
**Jonesville Middle School**

*Consent for Access to Student Records*

*Phone: 517-849-3210*

*Fax: 517-849-3213*

To: \_\_\_\_\_

Attn: \_\_\_\_\_

Fax Number: \_\_\_\_\_

From: Angie Maddox, Middle School Secretary

**This consent must be signed by a parent or guardian of a minor student or by the student if eighteen years of age or older.**

**Please send the complete cumulative record (including academic, attendance, health, psychological testing and other information pertaining to special needs) for the following student(s) who are now enrolled in our school system.**

Student's Name	Age	Grade	McKinney Vento?	
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

Please mail to: **Angie Maddox**  
**Jonesville Middle School**  
**401 E. Chicago Street**  
**Jonesville, MI 49250**

**I hereby consent to the release of the records for the above named student(s).**

Date	Printed Name of Parent/Guardian	Signature of Parent/Guardian
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# Application for Participation

## Hillsdale County K-12 Public Schools' Open Enrollment Program

Date of Application: \_\_\_\_\_

Must be in the open enrollment window

Resident School District: \_\_\_\_\_

School District of Request: Jonesville Community Schools

Name of Student(s): \_\_\_\_\_

Grade of Student(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please check this box if your child/student does not live in Hillsdale County and does receive special education services.

Reason(s) for Child/Student to be a participant of the Open Enrollment Program:

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### HOLD HARMLESS CLAUSE:

The parent(s) making application for their child/student to be in a Hillsdale County K-12 Public Schools Open Enrollment Program agree to hold harmless each Hillsdale County K-12 public school district, their employees, and their Board of Education members for any decision in the selection process and/or potential participation or actual participation as an Open Enrollment Program child/student relative to academic achievement, co-curricular participation, student discipline related to behavior, and/or all other aspects of participation as a member of a student body.

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

Address of Parent/Guardian: \_\_\_\_\_

\_\_\_\_\_

Telephone Number of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Jonesville MIDDLE School  
401 E. CHICAGO ST  
Jonesville MI 49250

**AFFIRMATION OF PRIOR DISCIPLINE RECORD**

DIRECTIONS: Check the applicable paragraph, provide all appropriate information and sign this document.

Paragraph 1:

\_\_\_\_\_ The undersigned affirm that \_\_\_\_\_ has not been suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

Paragraph 2:

\_\_\_\_\_ The undersigned affirms that \_\_\_\_\_ has been suspended or expelled from a public or private school in Michigan or another state or for one or more offenses involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for an act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

If you checked paragraph 2, explain the circumstances in detail. Include the school name, dates of suspension or expulsion and a description of the incident giving rise to the suspension or expulsion.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



Name of sending (former) School District: \_\_\_\_\_

Sending School - Please check one: \_\_\_\_\_ According to our records, we can verify that the information provided above by the parent/student is correct.  
\_\_\_\_\_ According to our records, the information provided above by the parent/student is not correct.

The student has been involved in offenses involving weapons, alcohol or drugs, or willful infliction of injury to persons or act of violence against persons and/or property committed on school premises, at a school sponsored activity, or on a public or private conveyance providing transportation to or from school or a school sponsored activity, please forward appropriate disciplinary documentation.

\_\_\_\_\_  
SIGNATURE OF SENDING DISTRICT ADMINISTRATOR TITLE DATE

STATE BOARD OF EDUCATION APPROVED  
HOME LANGUAGE SURVEY \*

The Jonesville Middle School 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 380.1152 - 380.1157 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<sup>1</sup> used in your child's home or environment a language other than English?  
 Yes  No What is that language? \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup>Primary language" means the dominant language used by a person for communication.

\* Translation of this survey form in Spanish, Arabic, French, Italian and Ojibwa is available at the Office of Field Services at 517-373-6066.

**Jonesville Community Schools**

*Jonesville Middle School*

**CONSENT FOR TREATMENT AND OVER-THE-COUNTER MEDICATION USE**

THE FOLLOWING INFORMATION IS NECESSARY FOR ANY STUDENT TO RECEIVE FIRST AID OR USE OVER THE COUNTER MEDICATIONS IN SCHOOL. **PLEASE FILL IN ALL AREAS INCLUDING HEALTH UPDATE ON BACK.**

STUDENT	BIRTHDATE
ADDRESS	HOME TELEPHONE
PARENT(S)/GUARDIAN(S)	TEACHER

1. I authorize for my child named above to receive any necessary first aid.
2. I will notify the school immediately if there is any change in my child's health status that would affect the use of medication.
3. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

The school nurse or staff under direction of the nurse will apply petroleum jelly, calamine lotion, hydrocortisone cream, and burn gel as needed for rashes, cuts, minor burns and skin abrasions. Ora-Jel will be applied for minor mouth sores/pain. Peppermint or TUMS will be provided for stomach aches. Cough drops will be given for minor sore throats without fever.

PLEASE CHECK EACH BOX indicating medication(s) your child may receive.

- Acetaminophen (Tylenol)
- Ibuprofen (Motrin/Advil)
- Diphenhydramine (Benadryl)

PARENT SIGNATURE	DATE
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	WORK PHONE	CELL PHONE	E-MAIL
MOTHER			
FATHER			
STEP-MOTHER			
STEP-FATHER			
OTHER			

Preferred method of contact:       Work    Cell    E-mail    Other

Who to call if my child needs to go home during school hours and **we are unable to reach the parents.**

NAME	PHONE	RELATIONSHIP





## 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:

- 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.
- 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.
- 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 \_\_\_\_\_

\_\_\_\_\_ Sponsoring Organization

\_\_\_\_\_  
Participant Name Printed

\_\_\_\_\_  
Parent or Guardian Name Printed

\_\_\_\_\_  
Participant Name Signature

\_\_\_\_\_  
Parent or Guardian Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Return this signed form to the sponsoring organization that 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.