

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:	<input type="checkbox"/> African-American/Black _____ %	<input type="checkbox"/> Hispanic/Latino _____ %
	<input type="checkbox"/> Arabic/Middle Eastern _____ %	<input type="checkbox"/> Native American/Alaskan Native _____ %
	<input type="checkbox"/> Asian (including India) _____ %	<input type="checkbox"/> Pacific Islander/Hawaiian _____ %
	<input type="checkbox"/> Caucasian/White _____ %	

Guardian Information: Legal Custody: Mother Father Both Other _____

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

Primary Guardian #1

Title: Mr. Mrs. Ms. Miss Dr. _____
 Name: _____
Last First Middle
 Marital Status: Married Divorced Single Widowed
 Relationship to student: _____

Primary Guardian #2/Spouse

Title: Mr. Mrs. Ms. Miss Dr. _____
 Name: _____
Last First Middle
 Marital Status: Married Divorced Single Widowed
 Relationship to student: _____

2nd Phone: _____
 work cell pager other

3rd Phone: _____
 work cell pager other

2nd Phone: _____
 work cell pager other

3rd Phone: _____
 work cell pager other

E-Mail Address: _____

Date of Birth: _____

Highest Level of Education : K-8 High School Diploma
 Some college Associate's Degree
 Bachelor's Degree Master's Degree PhD

Employer: _____

Employer Address/Phone: _____

E-Mail Address: _____

Date of Birth: _____

Highest Level of Education : K-8 High School Diploma
 Some college Associate's Degree
 Bachelor's Degree Master's Degree PhD

Employer: _____

Employer Address/Phone: _____

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

Second Guardian #1

Title: Mr. Mrs. Ms. Miss Dr. _____
 Name: _____
Last First Middle
 Marital Status: Married Divorced Single Widowed
 Relationship to student: _____

Street Address: _____

City, ST, Zip: _____

Home Phone: _____

2nd Phone: _____
 work cell pager other

3rd Phone: _____
 work cell pager other

E-Mail Address: _____

Date of Birth: _____

Highest Level of Education : K-8 High School Diploma
 Some college Associate's Degree
 Bachelor's Degree Master's Degree PhD

Employer: _____

Employer Address/Phone: _____

Other Guardian #2/Spouse

Title: Mr. Mrs. Ms. Miss Dr. _____
 Name: _____
Last First Middle
 Marital Status: Married Divorced Single Widowed
 Relationship to student: _____

Street Address: _____

City, ST, Zip: _____

Home Phone: _____

2nd Phone: _____
 work cell pager other

3rd Phone: _____
 work cell pager other

E-Mail Address: _____

Date of Birth: _____

Highest Level of Education : K-8 High School Diploma
 Some college Associate's Degree
 Bachelor's Degree Master's Degree PhD

Employer: _____

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 _____

Office Use Only:			
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 High School
460 Adrian 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

Jonesville High School

Guidance Office
460 Adrian Street
Jonesville, Michigan 49250
Phone (517)849-9934
Fax (517)849-2755

Robert Drake
Counselor

Date _____

To: _____

REGARDING:

Students Name	Grade	Birthdate	Is Student McKinney Vento? (homeless) Y/N
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please send the permanent (CA60) cumulative records on the above named student(s). Also include all confidential materials (including psychological, social work, health and other pertinent information). If the confidential file is with an agency other than the local school, the name and address of that agency would be appreciated. The information is to be used for education planning and placement purposes only.

Thank you,

Jonesville Counseling Department

It is will full knowledge and consent that I release the permanent (CA60) cumulative records and confidential materials on the above named student(s) to:

Records Clerk
Jonesville High School
460 Adrian Street
Jonesville Michigan 49250-1195

Date _____ Parent/Guardian or Student (if over 18) _____

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.

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 Signature

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.