

CLIMAX-SCOTTS ELEMENTARY IS ACCEPTING REGISTRATIONS FOR KINDERGARTEN!

Do you have a child or know of a child who will be five by September 1, 2023? You can register for our Kindergarten program! (If your child will turn 5 between 9/1 – 12/1 of 2023, s/he may still be eligible for K). Climax-Scotts happily accepts School of Choice families.

Registration packets can be picked up at our elementary office at 11250 East QR Ave, Scotts. We invite you to stop in to pick up a packet or go online at www.cssschools.net to access the Pre-K Threes, Pre-K Fours, and Kindergarten registration materials digitally.

What we offer:

- The smallest class sizes in Kalamazoo County
- In partnership with our highly trained educators, we also employ the highest number of trained paraprofessionals so we can provide individualized attention to your child's needs
- Beautiful new facilities including new student & teacher furniture, new playground equipment, new parking lot, new technology, and more due to a community supported bond
- **PBIS (Positive Behavior Intervention & Support)** supports, because we know if we work to keep more positive behaviors in our classrooms and school, we will have decreased negative behaviors and more time-on-task for learning
- Questions? Call our elementary office at 269-497-2102

Scan the QR Code learn more about what Kindergarten at C-S Elementary has to offer!



COME JOIN US TO HEAR OUR PRESENTATION IN PERSON AND TAKE A BUILDING WALK-THROUGH TOUR ON APRIL 6TH, 2023, FROM 5:30 – 6:30 IN THE GYMNASIUM.

The information presented at K Round up is primarily geared towards providing information to parents about our program and giving you a chance to see the school and meet our educators.

If at all possible, please leave your children at home to really get the most out of this informative session!

Students will be able to see their classrooms and meet the teachers at Open House, prior to the start of school.



Clintaw-Scotts Community Schools
11250 East QR Avenue. Scotts, MI 49088; (269) 497-2100
Home of the Panthers



Elementary Registration Required Documents/Forms

- Student's Birth Certificate (Certified Copy)
 - Vision/Hearing Screening (Kindergarten & First Grade)
 - Health Appraisal (Kindergarten)
 - Student's Immunization Records (Official Copy)
 - Student's Social Security Card
 - Parent/Guardian driver's license
 - Proof of Residency
- Current Utility Bill, Insurance Bill/Policy
- Current Mortgage Statement/Rental Agreement/Lease Agreement
- Pay Stub or earnings statement with the name and address of the employee

Required Office Forms

- Student Information Sheet
- Ethnicity/Race/Language Survey
- Dismissal/Release Permissions
- Technology Acceptable Use Agreement
- Concussion Education Information

Additional Forms

- Legal Documents (As Applicable)
- Permission Form for Prescribed Medication (As Applicable)
- Permission Form for Non-Prescribed Medication (As Applicable)
- Free/Reduced Lunch Application (As Applicable)
- 105/105c Form (As Applicable)
- Request for Student Records (As Applicable)

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)	DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street) (City) (ZIP Code) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)	HOME TELEPHONE NUMBER ()
ADDRESS (Number & Street) (City) (ZIP Code) MI	WORK TELEPHONE NUMBER ()

SECTION I - HEALTH HISTORY

<p># Is your child having any of the problems listed below?</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 Allergies or Reactions (for example, food, medication or other)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 Hay Fever, Asthma, or Wheezing</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 Eczema or Frequent Skin Rashes</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 Convulsions/Seizures</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 Heart Trouble</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6 Diabetes</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7 Frequent Colds, Sore Throats, Earaches (4 or more per year)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8 Trouble with Passing Urine or Bowel Movements</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9 Shortness of Breath</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10 Speech Problems</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11 Menstrual Problems</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12 Dental Problems: Date of Last Exam / / .</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (please describe): _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Does your child take any medication(s) regularly?</p> <p>Reason for Medication _____</p> <p>_____/_____/_____ <i>Parent/Guardian Signature</i> <i>Date</i></p>	<p>Birth History:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>If yes, list medications:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____</p>
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SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: ____/____/____	Visual Acuity				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Height _____ Weight _____ Other: _____					
			Muscle Imbalance											
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: ____/____/____	Audiometer				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE Reading: _____					
			Other:											
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: ____/____/____	Sugar				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN Date: ____/____/____ Type: _____ Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm					
			Albumin											
			Microscopic											
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: ____/____/____	Level _____ ug/dl				NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.							

Examinations and/or Inspections

Essential Findings Deviating from Normal: _____

Exam Date: ____/____/____

SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (Hep B)	1	3	Hepatitis A (Hep A)	1	2
	2			2	3
DTaP/DTP/DT/Td	1	4	Influenza (TIV/LAV)	1	3
	2	5		2	4
	3	6	Meningococcal (MCV4 / MPSV4)	1	2
Tdap	1		Human Papillomavirus (HPV4/HPV2)	1	3
Haemophilus influenzae type b (HIB)	1	3	OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	2	4		1	
Polio (IPV/OPV)	1	3		2	
Pneumococcal Conjugate (PCV7/PCV13)	1	3	3		
	2	4	<i>Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable</i>		
Rotavirus (RV1/RV5)	1	3	*NOTE: According to Public Act 388 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your child's school or local health department.		
	2		Parent/Guardian refused Immunizations: <input type="checkbox"/>		
Measles, Mumps, Rubella (MMR)	1	2	History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____		
Varicella (Chickenpox)	1	2	I certify that the immunization dates are true to the best of my knowledge		
_____ Health Professional's Signature			_____ / / Title Date		

SECTION IV - RECOMMENDATIONS
(Required for Child Care and Head Start/Early Head Start)

Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:

Should the child's activity be restricted because of any physical defect or illness?
If yes, check and explain degree of restriction(s): Classroom Playground Gymnasium Swimming Pool Competitive Sports Other

Other Recommendations

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____ child's name _____'s teeth. As a result of this examination, my recommendation for treatment is:

Dentist's Signature Date

PHYSICIAN'S SIGNATURE

Examiner's Signature Date Examiner's Name (Print or Type) Degree or License

Number & Street City MI ZIP Code Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Departments of Human Services, Education, Community Health, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

GETTING READY FOR KINDERGARTEN

Here is a list of some resources to help prepare your student for their first formal year of school.

Transition to Kindergarten Parent Guides: The Michigan Department of Education has put together a wonderful source that answers many common questions such as: What Will My Child Learn in Kindergarten? What Can I Do At Home? How Can I Help My Child Ease Those First Day Jitters? And many more!



Kindergarten Readiness Checklist: FamilyEducation.com has put together a list of basic skills students can work on mastering while preparing for kindergarten! There is also a Kindergarten Readiness app that has an interactive checklist that includes games and activities.

Fine Motor Skill Practice: Fine motor coordination or small muscle movements involve the hands and fingers. These muscles benefit children in a range of activities from holding a pencil or tying their shoes to opening their milk independently! This source has many creative ways to strengthen fine motor skills!



Get Ready to Read: Are you looking for fun and engaging early literacy activities? This source has online and printable activities to develop reading skills with your student! The activities range from "Beginning", "Making Progress" to "Ready to Read". Download 36 activity cards full of captivating activities to do at home!

Kindergarten Year End Goals

At the end of Kindergarten you will be amazed at all the wonderful things your child will know! They will be reading, writing, problem-solving, and emerging mathematicians! Please see below for the list of Kindergarten Goals that we will be building towards throughout our school year.

How to be Successful in Kindergarten

Social/Emotional Growth Goals...

- ___ Follows directions and completes work
- ___ Shows concern for personal best & sounds
- ___ Responsible for personal/school belongings
- ___ Plays and interacts appropriately with others
- ___ Shows control over emotions appropriate to age

Writing Goals

- ___ Uses letter/sound knowledge to write words
- ___ Prints letters using correct letter formation
- ___ Prints first and last name using correct form
- ___ Correctly uses spaces, punctuation, and letter form in independent writing
- ___ Puts words into meaningful order to create sentences

Language Arts Goals...

- ___ Participates in classroom discussions
- ___ Recognizes all upper/lowercase letter names
- ___ Blends sounds to read words
- ___ Reads and writes all sight words
- ___ Answers questions about a text

Math Goals...

- ___ Counts to 100 by 1s and 10s
- ___ Can sort & identify 2D (flat) & 3D (solid) shapes
- ___ Can add and subtract fluently within 5
- ___ Knows partners of 10 (ex. 9+1, 6+4, 3+7)
- ___ Identifies and writes numbers 0-20
- ___ Compares Groups (can identify equal/greater/less)

Social Studies and Science Goals are mostly assessed through in-class experiments, discussions, and problem-solving challenges. We work to cultivate a **growth mindset** within our students, where children are excited to accept challenges, learn from failure, persevere through difficult tasks and persist in improving every day.

● Additional Resources ●

Our district partnered with several other area schools to help create this very helpful resource.

If you'd like to learn more about ways you can set your child up to become a successful reader, please visit the following website for information & tools.

bit.ly/homereadinghelp

If you have any further questions, please don't hesitate to contact our qualified K team for answers!

Allison Charles
allison.charles@cssschools.net

Emily Davis
emily.davis@cssschools.net

Communication Skills in: *Kindergarten*

LISTENING

- Follows 1-2 simple commands in a sequence.
- Listens to & understands age appropriate stories read aloud.
- Follows a simple conversation

SPEAKING

- Understood by most people
- Answers simple "yes/no" questions
- Answers open-ended questions (e.g., "What did you have for lunch today?")
- Retells a story or talk about an event
- Participates appropriately in conversations
- Shows interest in and start conversations

READING

- Knows how a book works (e.g., read from left to right and top to bottom in English)
- Understands that spoken words are made up of sounds
- Identifies words that rhyme (e.g., cat and hat)
- Compares and matches words based on their sounds
- Understands that letters represent speech sounds and match sounds to letters
- Identifies upper- and lowercase letters
- Recognizes some words by sight
- "Reads" a few picture books from memory
- Imitates reading by talking about pictures in a book

WRITING

- Prints own first and last name
- Draws a picture that tells a story and label and write about the picture
- Writes upper- and lowercase letters (may not be clearly written).

You're on your way to K!

The transition to kindergarten is respected as a major milestone not only for the child, but for his or her family as well. The attitude towards school and learning that the child carries with them for life is often determined by this very first experience with school. A smooth transition to kindergarten can help make sure your child is successful in school.

The information provided below is designed to help you prepare your children for their school experience.

You bet, I'm ready for K!

Personal Needs Without help, can they...

- Put on and take off coat
- Tie their own shoes
- Wash their hands
- Snap, button, zip, and buckle

Social Skills Can they ...

- Listen to an adult & follow simple instructions
- Cooperate with other children
- Sit for short periods of time
- Follow simple two-step directions

Intellectual Skills Do your children...

- Sit and listen to a story
- Hold a book upright and turn the pages
- Know their first and last name
- Tell and retell familiar stories
- Know colors, shapes and sizes
- Counts 0-10

Intellectual Skills {continued}

- Saying the ABC's
- Holds scissors & pencil appropriately
- Recognizes and writes first name (remember-use capital letter for the first letter in a name.) M-a-t-t, not M-A-T-T
- Recognizes the letters within their name

To help with a smooth transition into kindergarten you can follow these additional helpful ideas, provide opportunities to play with other children, teach your children socially acceptable ways to disagree, and encourage social values such as helpfulness, cooperation, sharing and concern for others.

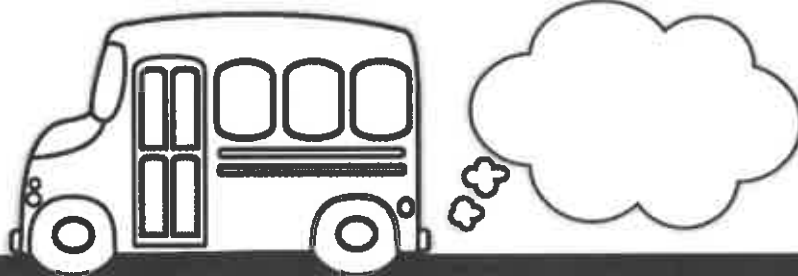
•Additional Resources•



The Leap Frog Letter Factory DVD is a fun and engaging way to teach children the letters and the sounds of the alphabet.



Starfall.com has several free educational videos and games for teaching children the letters of the alphabet, and more!





Climax-Scotts Community Schools

Where Students Are More Than A Test Score!

Dear Parents/Guardians,


Welcome Back! The first day of school is here and once again we are asking you to fill out our back-to-school forms for our records. We understand this process can take some time, but we appreciate your patience in helping us update your child's information. Please complete these forms and submit by the end of the first week of school.


 The **Gold** letter is our **Student Attendance Information**. You must contact the office if your child is going to be absent. We need as many details you can provide as we must record and report absences.


 The **Yellow** letter is our **PBIS** statement. Positive Behavior Intervention and Support is our motivational program.

The **Ivory** colored form is our **Student Information Form**. This is the go-to form for all communication with parents. It also has very important permissions we require. ***This is to be completed and signed by parent/guardian.***

 The **Purple** colored form is our **Race/Ethnicity Survey**. Our student information system requires this information. ***This is to be completed and signed by parent/guardian.***

 The **Bright Pink** colored form is our **Dismissal/Release Permissions Form**. This determines who your child will or will not be released to during the school year, which student will be walking home from school or which student is designated to be picked up after school on a regular basis. This form gives us instruction on where your child should go in case of an emergency. The Bus Transportation request is used to update the Bus Garage on any changes or clarify drop off/pick up locations. ***This form needs to be completed and signed by parent/guardian. If you have adds or deletions during the year a new form will need to be fill out.***

 The **Green** colored form is our **Technology User Agreement Form**. This agreement allows your child to access electronic devices, computer-based technologies, and Internet Services. Please review with your student. ***This is to be completed and signed by both student and parent/guardian.***

 The **Orange** form is our **Concussion Information Form**. It provides information, symptoms, and treatment of head injuries. Please read with your child and explain all injuries, especially injuries to the head, neck, or shoulders, need to be reported to an adult. ***This is to be completed and signed by both student and parent/guardian.***

School Hours are from **8:40AM until 3:45 PM**. Please remember to drive safely while dropping off your students and picking them up.

Thank you so much for your help. We are excited for another great year at Climax-Scotts Elementary!

Sincerely,

Teri Peters
Elementary Principal



Student Attendance



Daily school attendance is a key factor in your child's education. Every school day offers new learning opportunities and experiences that will shape your child and help strengthen their abilities. This will expand their future educational opportunities and career choices. **Excessive absences and tardies, whether excused or unexcused, require contact with the county's school truancy officer.**

When your child is well, it is vital that s/he attend school for the entire school day. If your child is coughing or sneezing excessively, vomiting, has a fever, a rash, discharge from the eyes, ears, or nasal passages, has lice or any infestation, or is unable to control bowel function, s/he needs care and must be absent from school. Some absences require a doctor's note before returning to class to safeguard the health of classmates.

If your child must be absent for any part of the scheduled school day, the school is required by law to record and report any absence due to illnesses to the County Health Department. Please notify the school office at your earliest opportunity if your child is going to be absent.

You can phone the office at (269) 497-2101 or email the school secretary at jennifer.selby@cssschools.net. Please include the reason for the absence. If the absence is due to illness, include the symptoms and diagnosis from your doctor. The school will contact you if we need more information about the absence.

Thank you in advance for your support of our efforts to protect the health and well-being of each child.

Teri

Teri Peters
Principal; C-S Elementary
11250 East QR Ave
Scotts, MI 49088
teri.peters@cssschools.net



Climax-Scotts Community Schools

Where Students Are More Than A Test Score!

Climax-Scotts Elementary is a PBIS School! *Positive Behavior Intervention & Support*

We have several ways to motivate our students to make good choices and earn privileges! Our belief is that making good choices throughout the entire campus allows teachers to spend more time on instruction and less time on negative behaviors.

How We Support Positive Behavior

- When we “catch you being good” you get a PURRS (*Panthers Using Respect, Responsibility & Safety*) ticket along with a sentence of positive praise.

What Do You Do With The Ticket?

- At the end of the week your teacher will draw two Panther PURRS winners to come to the office to choose from the treasure chest.
- On Fridays teachers hold “Fun Fifteen” in which all student in class who have avoided any referrals get to do something fun with their classmates for fifteen minutes.

What If You Are A Great Panther All Month?

If you have remained referral-free for majors and have received not more than one minor:

- You earn 30 minutes of an all-school reward!
- Two students are drawn to choose a friend and come to the office to enjoy Pizza with the Principal, Mrs. Peters. We have pizza, pop and dessert!
- You earn a certificate and your picture goes up in the hallway!



CLIMAX-SCOTTS ELEMENTARY SCHOOL
REGISTRATION FORM

Please fill out all information as you would like it to be in the system. Please write legibly.

Student Name _____ D.O.B _____ Grade: _____
First Middle Last

Student Physical Address _____ City/Zip Code _____

Student Mailing Address (if different) _____ City/Zip Code _____

Student Cell Number _____ Student Email Address _____

Parent/Guardian #1

Parent/Guardian Full Name _____ Relationship to student _____

Physical Address (write "same" if same as student) _____

Mailing Address (if different or write "same" if same as student) _____

Home phone _____ Cell Phone _____ Email Address _____

Name of Employer _____ Work Phone _____

Do you have custody of student? Yes ___ No ___ (must be listed on birth certificate or have court documentation, if yes)

Check all that apply: Lives with ___ School pickup ___ Emergency Contact ___ Receives Student Mail ___

Parent/Guardian #2

Parent/Guardian Full Name _____ Relationship to student _____

Physical Address (write "same" if same as student) _____

Mailing Address (if different, write "same" if same as student) _____

Home phone _____ Cell Phone _____ Email Address _____

Name of Employer _____ Work Phone _____

Do you have custody of student? Yes ___ No ___ (must be listed on birth certificate or have court documentation, if yes)

Check all that apply: Lives with ___ School pickup ___ Emergency Contact ___ Receives Student Mail ___

Student resides with: _____ Is there an official legal custody judgement? Yes No
if "yes" provide a certified copy of the document for the office
Are there any unusual living circumstances or housing issues/difficulties? Yes No If "yes" please fill out the housing questionnaire.

Emergency Contact #1

Emergency Contact's Full Name _____ Relationship to student _____

Home phone _____ Cell Phone _____ Work Phone _____

Okay to release student to their custody if we are unable to reach you? Yes No

Emergency Contact #2

Emergency Contact's Full Name _____ Relationship to student _____

Home phone _____ Cell Phone _____ Work Phone _____

Okay to release student to their custody if we are unable to reach you? Yes No

Turn Over

Siblings (please list all siblings school aged):

Name _____	Grade _____
Name _____	Grade _____
Name _____	Grade _____
Name _____	Grade _____

Emergency Treatment: I, the undersigned parent/guardian, give my consent for my student to be released to me or my spouse or the friend/relative I have so designated and/or to be taken by ambulance to the nearest hospital in case of emergency. I understand that Climax Scotts Community Schools do not provide accident medical/dental coverage for students for the injuries/illnesses occurring at school. I understand that I may voluntarily purchase a student accident insurance plan. I further acknowledge that I am financially responsible for medical, dental, ambulance, or other health care expenses or transportation of my child, which might occur because of an illness/injury. Parent Initial _____

Preferred Hospital _____ Allergies _____

Medications _____

Medical Concerns _____

Consent to receive over the counter medication: I give permission for my child to receive from the office, as directed with my note of instructions, over the counter (non-prescription) medication that I have provided. Yes ___ No ___

Okay to be given to my child by the office: Tylenol (or substitute) Yes ___ No ___ ibuprofen (or substitute) Yes ___ No ___
Parent Initial _____

Picture Release Consent: I give consent for my child's picture to be used in school/community publications as deemed appropriate by the school. Yes ___ No ___ (fill out form in office if NO) Parent Initial _____

Permission for Educational Travel: I give permission for my child to go on any trip which the school may sponsor for its groups/classes. Yes ___ No ___ Parent Initial _____

Permission for Technology Resources: I have read the technology code of ethics with my student and give permission for my child to use district technology resources. I also understand that we will be charged for any lost/broken/damaged devices assigned to my student. Yes ___ No ___ Parent Initial _____

Do you currently have sufficient Wi-Fi access at home? Yes ___ No ___

Residency Verification: My child resides within the Climax-Scotts School District. Yes ___ No ___
(If "no" above) I have filed a "Schools of Choice" form or Release letter to the Superintendent's Office Yes ___ No ___
Parent Initial _____

I affirm and attest that the above information that I, the parent/legal guardian, of _____, is true and accurate and that my child and I reside at the address I have provided.

Parent/Guardian Signature: _____ Date: _____

Office Use Only

Date Received: _____ By: _____

Date Entered into System: _____ By: _____



Home Language & Background Survey

Name of the Student: _____ Date of Birth: _____

Grade: _____

Part A: Home Language Survey (Required by State of Michigan)¹

Is your child's native tongue a language other than English?

Yes No What is that language? _____

Is the primary language used in your child's home or environment a language other than English?

Yes No What is that language? _____

Was the student born outside the United States?

Yes No If yes, where was the student born? _____

Part B: Race/Ethnicity (Optional)

Is your student Hispanic/Latino? (Choose only one)

- No, not Hispanic/Latino
- Yes, is Hispanic/Latino

What is the race of your student?

Mark the box or boxes that indicate the race that you consider your student:

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

Part C: Please list the name(s) and date(s) of birth of other children at home?

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Signature of Parent or Guardian

Date

¹ 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.

BUS ASSIGNMENT

AM Driver _____ # _____
PM Driver _____ # _____

CS COMMUNITY SCHOOLS DISMISSAL/RELEASE PERMISSIONS

If changes occur during the school year, please complete a new form as soon as possible

for transportation dept use only

Student Name	Grade	Teacher/Homeroom

Parent/Guardian Names _____ Primary Phone _____
Home Address _____ Alternate Phone _____

DAILY RELEASE INFORMATION

Bus Transportation

Morning Pickup Address:

Number _____ Street _____ City _____ Who Lives Here? _____

Afternoon Drop Address:

Number _____ Street _____ City _____ Who Lives Here? _____

Walk Home from School/Regular Pick Up

- I allow my child(ren) to walk to _____ after the buses dismiss at the end of the day, or when school has a scheduled half day. At the elementary, I understand s/he will be released from the Panther Pickup Room after the busses leave the area.
- My child(ren) will be a regular after school pick up and I understand elementary students will be waiting for me in the Panther Pickup Room to be signed out.

EMERGENCY RELEASE INFORMATION

The district requires release information on each child in case of unplanned early dismissal due to severe weather or emergencies. In the event of an emergency dismissal, the student(s) listed above will:

- Ride the bus as usual
- Walk, drive, or ride bike as usual
- Be picked up by the parent/guardian listed above, who can be contacted during the school day at:
 - o Phone Number _____
 - o Email _____
- Be picked up by the friend or relative named below:
 - o Name and Relationship to student(s) _____
 - o Phone number for contact during the school day _____
- Follow a different plan (*please give detailed instructions below*)
 - o _____
 - o _____

I verify that I have reviewed this plan and these instructions with my child and s/he understands what procedure is to be followed in the event of an early dismissal due to weather or other emergencies. Initial here

RELEASE PERMISSIONS

In an effort to help ensure the safety of our students, parents are required to provide the following permissions in the event someone other than the legal parent/guardian picks up a child from school. **Please note: students will not be release to anyone who is not listed below. If you need to update your list during the school year, you must come to the office to do so. Verbal additions or deletions will not be accepted. For each permission, please provide their name and relationship to the child.**

YES! My child(ren) can be released to:	NO! My child(ren) cannot under any circumstance release to:

Parent/Guardian Signature #1 _____ Date _____ Parent/Guardian Signature #2 _____ Date _____

CLIMAX SCOTTS COMMUNITY SCHOOLS EDUCATIONAL DEVICE ACCEPTABLE USE AGREEMENT – STUDENT

This agreement covers access to and use of electronic devices (personal or otherwise), computer-based technologies, and Internet services.

Climax Scotts Community Schools gives student accounts to access the Educational Network. This document contains the terms and conditions of use that a student agrees to follow when using technology provided by Climax Scotts Community Schools. "Student" is defined as any individual attending any educational institution served by CSS.

Purpose and Acceptable Use

- Use of any student account must be in support of education and research, and consistent with the educational objectives of CSS. The Superintendent of CSS and his designees, may at any time make determinations that particular uses are or are not consistent with the purpose of CSS.
- The term "educational purpose" includes classroom activities, career development, and limited, high-quality, self-discovery activities.
- CSS retains the right to place reasonable restrictions on the material users access or post through the use of technology. In accordance with the Children's Internet Protection Act, CSS has implemented Internet filtering software to help deter access to "non-educational" websites. In addition, users are expected to abide by the rules set forth by CSS and all applicable Federal and State laws.
- This policy places restrictions on accessing inappropriate material. However, there is a wide range of material available on the Internet, which may not be appropriate for students. It is not practical or possible for CSS to monitor and enforce the wide range of social values represented on the Internet. CSS recognizes that parents bear primary responsibility in specifying to their child(ren) what is not acceptable for their child(ren) to access through CSS technology.
- Access to CSS Technology is a privilege. Users must be considerate to other users.
- The district will provide each student with a login ID and password for accessing the networks. The student will protect the password, provide for its security and will not share this information with other students.

Unacceptable Use

Using the guiding statement of "educational purpose", some specific examples of prohibited use are shown below. However, this policy does not attempt to demonstrate all behaviors. Behaviors that are considered unacceptable may result in termination of Internet access and/or the general use of technology as provided by the CSS. Depending upon the severity of a user's inappropriate action(s), disciplinary action of up to and including student expulsion may occur as decided by CSS. The following examples are considered unacceptable:

- Users will not provide or purchase products or services through CSS technology.
- Use of obscene, profane, lewd, abusive, threatening, discriminatory, harassing, or bullying language is prohibited.
- CSS prohibits access to or posting of material that is pornographic, advocates illegal acts, purchasing of drugs, violence related or discrimination towards other people (hate literature). For student users, a special exception may be made for hate literature if the purpose of such access is to conduct research and the monitoring teacher approves access.
- Users who can identify a security problem on the CSS Technology Systems must notify CSS Teacher or Administrator and not demonstrate the problem to other users.
- Plagiarism and copyright infringement is prohibited. Users shall not take ideas or writings of others and present them as if they were their own. Respect the rights of copyright holders.
- CSS highly encourages users not to transmit personal information about himself/herself or others, such as their: name, address, phone number, or school address. For personal safety, users should not arrange to meet anyone contacted over the Internet in person.

- Unauthorized access to CSS Technology Systems or any other computer system through or going beyond intended authorized access is prohibited. Users shall not access another person's material, information or files without permission.
- Users agree not to intentionally attempt to disrupt CSS Technology Systems or destroy data accessible through CSS systems by spreading computer viruses or by any other means.

Using a Device Outside of School

The student device is WI-FI ready and will connect to any WI-FI network, whether at home, school, or inside a business or public network. All Internet traffic, regardless of where the device is connected, will be filtered through the District's Internet filter. If a student attempts to 'by-pass' this function, their technology privileges will be suspended, asked to forfeit their device to Administration, and/or disciplinary action.

Repairing or Replacing a Device

All repairs and replacements must be arranged through Climax Scotts Community Schools. If your device is lost, damaged, or having technical issues, please report this to your teacher or office staff immediately. User will be responsible for any damaged or broken devices.

The following chart represents the replacement costs for lost or damaged devices:

Repair/Replacement:	Cost:
Total Device Replacement	\$195
Screen	\$50
Key Pad	\$45
Power Charger/Cable*	\$15

Liability

- CSS makes no warranties or assurances of any kind, whether expressed or implied that the functions or services provided by or through CSS will be error-free or without defect. CSS will not be responsible for any damage users may suffer, including, but not limited to, loss of data resulting from delays, non-deliveries, missed-deliveries or service interruptions caused by Climax Scotts Schools negligence, user error or omission. CSS does not guarantee and is in no way responsible for the accuracy or quality of information obtained through or stored on the CSS Technology System. Use of any information obtained is at the user's own risk. CSS shall not be responsible for any financial obligations arising from the user's unauthorized use.
- CSS will not be responsible for any financial obligations arising from the user's use of CSS Technology Services to purchase personal product(s) or service(s).

Signature Page

I hereby release CSS, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising out of my use of, or inability to use CSS Technology, including, but not limited to claims that may arise from unauthorized use of the system.

I have carefully read and fully understand the terms and conditions of this agreement. I agree to follow the terms and conditions in this agreement. I understand that if I violate any of the terms or conditions of this agreement my account can be terminated and I may face other disciplinary measures.

I further understand that I am responsible for any financial obligations arising from my unauthorized use of CSS Technology to purchase products or services.

I hereby give consent to CSS for the interception of my electronic communications as it deems necessary for compliance with this agreement and any applicable laws.

Student Signature

Student First Name M.I. Last Name Grade Date of Birth
(Please Print)

Student User Signature Date

Home Phone Home Address

Parent/Guardian Signature

I hereby give consent to CSS to intercept my child's electronic communications as it deems necessary for compliance with this agreement and any applicable laws.

I hereby release CSS from any and all claims and damages of any nature arising out of my child's use of, or inability to use CSS Technology systems, including, but not limited to claims that may arise from unauthorized use of the system.

I understand it is impossible to restrict my child's access to all potentially controversial materials. I agree not to hold CSS responsible for any information or materials acquired by my child through the Climax Scotts Schools' Technology.

I understand and agree that I am fully responsible for any financial obligations arising from my child's use or unauthorized use of CSS Technology Services to purchase products or services.

I hereby give my permission to issue an account for my child and certify that the information contained on this form is correct.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature Date

Do you currently have sufficient WiFi access at home? _____

Device Serial Number _____ CSS Tag# _____

Educational Material for Parents and Students (Content Meets MDCH Requirements)

Source: Michigan Department of Community Health, CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

UNDERSTANDING CONCUSSION

Some Common Symptoms

Headache
Pressure in the Head
Nausea/Vomiting
Dizziness

Balance Problems
Double Vision
Blurry Vision
Sensitive to Light

Sensitive to Noise
Sluggishness
Headache
Fogginess
Grogginess

Poor Concentration
Memory Problems
Confusion
"Feeling Down"

Not "Feeling Right"
Feeling Irritable
Slow Reaction Time
Sleep Problems

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:

- 1. 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.
- 2. 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.
- 3. 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
- Loss of 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 extra 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.oda.gov/concussion

Parents and Students Must Sign and Return the Educational Material Acknowledgment 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 Gilman-Scotts Community Schools
Sponsoring Organization

Participant Name Printed -- (Student)

Parent or Guardian Name Printed

Participant Name Signature -- (Student)

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.

REQUEST FOR SPECIAL DIETARY NEEDS ACCOMMODATIONS INSTRUCTIONS

1. **School/Sponsor Name:** Print the name of the school or Sponsor that is providing the form to the family.
2. **Site Name:** Print the name of the site where meals will be served (e.g., XYZ School, XYZ Child Care Center, etc.)
3. **Site Telephone:** The telephone number of site where meal will be served. See #2.
4. **Name of Participant/Student:** Print the name of the child or adult participant to whom the information pertains.
5. **Participant Age:** Print the age of the participant. For infants, please use date of birth.
6. **Check One:**
 - A. Check box to indicate participant has a disability/medical condition which restricts their diet (example: Celiac disease, peanut or tree nut allergy, etc.) *or*
 - B. Participant is requesting a special dietary accommodation due to religious, cultural or personal preference (example: Vegan diet; Hindu; Jewish dietary pattern; Islamic dietary pattern, etc.).
7. **Food(s) to be omitted and suggested substitution(s) (Required):** List specific foods that must be omitted. For example: "exclude pork." Suggest foods to include in the diet. For example: "Substitute beef, poultry, eggs, beans/legumes."
8. **Brief description of how exposure to this food affects participant:** Describe how exposure to the allergen(s) and/or food(s) affects the participant. For example: "Exposure to peanuts causes a life-threatening reaction" or "pork is not allowed under Islamic dietary law".
9. **Diet prescription and/or accommodation:** Describe a specific diet or accommodation that has been prescribed by a licensed physician. For example: "All foods must be either in liquid or pureed form. Participant cannot consume any solid foods."
10. **Indicate Texture:** Check a box to indicate the type of texture of food that is required. If the participant does not need any modification, check "Regular."
11. **Adaptive Equipment:** Describe specific equipment required to assist the participant with dining. Examples may include sippy cup, large handled spoon, wheel-chair accessible furniture, etc.
12. **Signature of Parent/Guardian/Participant:** Signature of parent/guardian or adult participant requesting the accommodation.
13. **Printed Name:** Print name of parent/guardian or adult participant completing the form.
14. **Telephone:** Telephone number of parent/guardian or adult participant.
15. **Date:** Date parent/guardian or adult participant signs form.
16. **Signature of Medical Professional:** Signature of medical professional.
17. **Printed Name with Credentials:** Printed name of licensed medical professional, including professional credentials.
18. **Telephone:** Telephone number of licensed medical professional.
19. **Date:** Date medical professional signs form.

Nondiscrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) (http://www.ascr.usda.gov/complaint_filing_cust.html) online, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: 202-690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

**Michigan Department of Education
Office of Health and Nutrition Services**

CACFP REQUEST FOR SPECIAL MEALS and/or ACCOMMODATIONS

The information on this form should be updated as necessary to reflect the current needs of the participant.

1. School/Sponsor Name:	2. Site Name:	3. Site Telephone:									
4. Name of Participant/Student:		5. Participant Age:									
<p>6. Check One (Refer to instructions on reverse side of this form):</p> <p><input type="checkbox"/> A. Participant has a disability* or a medical condition which requires a special meal or accommodation. Program operators are required to make reasonable substitutions to meals for participants with a disability/medical condition that restricts their diet on a case-by-case basis when signed by a licensed medical professional. A licensed physician (MD or DO), physician's assistant (PA), or nurse practitioner (NP) must sign this request.</p> <p><input type="checkbox"/> B. Participant is requesting a special meal or accommodation due to religious, cultural or personal preference. Any substitutions must fully meet the meal pattern. Program operators are encouraged to make reasonable substitutions to meals on a case-by-case basis but are not required to do so. A parent/guardian or adult participant may sign this request.</p> <p><small>*Disability Definition: The Americans with Disabilities Act (ADA) Amendment Act defines a person with a "disability" as any person who has a physical or mental impairment which substantially limits one or more "major life activities," has a record of such impairment, or is regarded as having such impairment "Major life activities" include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. Major life activities also include the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. USDA Policy Memorandum on Modifications to Accommodate Disabilities in the CACFP and SFSP.</small></p>											
<p>7. Foods to be omitted and substitutions (required): Please list specific foods to be omitted and suggested substitutions. Attach a sheet with additional information as needed.</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">A. Food(s) To Be Omitted:</td> <td style="width:50%; border: none;">B. Suggested Substitution(s)</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>				A. Food(s) To Be Omitted:	B. Suggested Substitution(s)	_____	_____	_____	_____	_____	_____
A. Food(s) To Be Omitted:	B. Suggested Substitution(s)										
_____	_____										
_____	_____										
_____	_____										
<p>8. Brief description of how exposure to this food affects participant:</p> 											
<p>9. Diet prescription and/or accommodation (please describe in detail to ensure proper implementation- use extra pages as needed; see instructions on reverse side) if applicable:</p> 											
<p>10. Indicate Texture:</p> <p style="text-align: center;"> <input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed </p>											
<p>11. List Adaptive Equipment If required:</p> 											
12. Signature of Parent/Guardian/Participant:	13. Printed Name:	14. Telephone:	15. Date:								
16. Signature of Medical Professional:	17. Printed Name: (include credentials)	18. Telephone:	19. Date:								

PARENTAL REMINDER:

Reusable Water Bottles need to be brought from home, please. We do not have cups or bottles available for the students in the classrooms.



We have faucets for the children to refill their bottle at school. Please also remember to put your student's name on it. Thank You
!

WATER NEWS!

Water bottles are available to purchase during your child's breakfast and lunch periods. Water bottles are \$1.00 each. If you would like your child to be able to purchase water using their meal account, please scan this form and return to the elementary school kitchen.

There needs to be money in your child's account to charge, otherwise, they need to bring in \$1.00 with them. (If your child is already charging, they cannot get a water unless they have \$1.00 in hand.) **Water is not free with breakfast or lunch.**

Thank you!

My child(ren) has permission to purchase water bottles charging their meal account

Student name _____

Parent signature _____

Teacher _____



Climax-Scotts Community Schools

Where Students Are More Than A Test Score!

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 Climax-Scotts Community Schools 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: _____