

GAYLORD COMMUNITY SCHOOLS 2011-12 STUDENT INFORMATION RECORD

Please print clearly in ink and provide all information requested. Sign, date and return to your student's school.

STUDENT INFORMATION		2011-2012 GRADE <input style="width: 50px; height: 20px;" type="text"/>	
Student's Legal Last Name	First Name	Middle/Suffix (Jr., III)	Preferred First Name
Student's Residence Address	City	Zip Code	
Mailing Address for Student Mailings	City	Zip Code	
Student's Home Phone Number	Gender (M/F)	Date of Birth	Birthplace (City/State/Country)
<small>Please note that if ethnicity and race information is not provided, the US Department of Education requires the school district to provide an answer on your behalf.</small>			
Ethnicity: Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Race: African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/>			
Language spoken at home: English _____ Other _____ School district you currently reside in: _____			
Student Lives With: <i>(Please Check)</i> <input type="checkbox"/> Both natural parents <input type="checkbox"/> Father only <input type="checkbox"/> Host family <input type="checkbox"/> Divorced-joint custody <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother only <input type="checkbox"/> Relative <input type="checkbox"/> Adult student <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Legal guardian <input type="checkbox"/> Court placed			
Names/Relationships of All Adults Residing with Student:			
Student's Residence Is: <i>(Please Check)</i> <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> More than 1 family in house/apartment <input type="checkbox"/> Motel/Car/Campsite <input type="checkbox"/> With friends/family (other than parent/guardian) <input type="checkbox"/> Shelter <input type="checkbox"/> Other _____			
Mother Name		Father Name	
Lives with Student?	Please circle: Yes No	Lives with Student?	Please circle: Yes No
Mother Work Place		Father Work Place	
Mother Work Phone		Father Work Phone	
Mother Cell Phone		Father Cell Phone	
Mother Email		Father Email	
<small>Please complete Stepmother/Stepfather information if applicable:</small>			
Stepmother Name		Stepfather Name	
Lives with Student?	Please circle: Yes No	Lives with Student?	Please circle: Yes No
Stepmother Phone		Stepfather Phone	
Legal Guardian?	Please circle: Yes No	Legal Guardian?	Please circle: Yes No
Custody paperwork on file?	Please circle: Yes No	Custody paperwork on file?	Please circle: Yes No
Parent Living Elsewhere:			
Name	Address	City	State Zip Code

STUDENT ID: RESIDENT STATUS: K-8 HOMEROOM TEACHER:	OFFICE USE ONLY STUDENT UIC: DISTRICT OF RESIDENCE: DISTRICT ENTRY DATE:	<div style="border: 1px solid black; width: 100%; height: 40px; margin: 0 auto;"></div> BUS #
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Last Name _____ First Name _____ Grade _____

Name (Last, First)	Other Children Residing in the Home Birthdate	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEDICAL INFORMATION

Allergies: _____
 _____ Food (Please List)
 _____ Animals
 _____ Medications
 _____ Other _____

_____ Asthma: Parent providing inhaler to office? Yes No
 _____ Diabetes
 _____ Convulsions/seizures Explain _____
 _____ Other Medical Information Explain _____

Parent providing EpiPen to office? Yes No

Medical Authorization and Authorization to Transport in Case of Emergency

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If the physician cannot be reached, the school may make necessary arrangements for the well being of my child.

 Doctor's Name Office Location Address Office Phone

PERSONS AUTHORIZED TO PICK UP CHILD PRIOR TO END OF SCHOOL DAY

If your child is injured, ill or needs to leave school early, we will contact the parents listed on the front of this card first. If parents are unavailable, we will contact the following individuals authorized to pick up your child from school. Your child should know the person. ID may be requested.

_____	_____	_____	_____
Authorized Person	Relationship	Address	Day Phone/Cell
_____	_____	_____	_____
Authorized Person	Relationship	Address	Day Phone/Cell
_____	_____	_____	_____
Authorized Person	Relationship	Address	Day Phone/Cell

Your child will not be released to any unauthorized person.

If there are adults who are restricted from seeing your child **by order of a court**, please list them here. We cannot restrict a parent without legal documentation on file at the school. _____

ON EARLY DISMISSAL DAYS OR DAYS WHEN SCHOOL IS CLOSED EARLY DUE TO WEATHER OR OTHER UNEXPECTED CIRCUMSTANCES, PLEASE PROVIDE INSTRUCTIONS AS TO WHERE YOUR CHILD IS TO GO.
 (Please remember zoning rules are to be followed.)

Check **ONE (1)** Choice Below:
 _____ Bus Home as Usual
 _____ Bus to Daycare as Usual ~ **THIS MUST BE PRE-ARRANGED WITH THE BUS GARAGE!**
 Daycare Name _____ Address _____ Phone _____
 _____ Parent will pick up

I affirm that as the parent/legal guardian, all information provided is true and accurate, and that my child and I reside at the listed address. I understand any false information provided by me may subject me to legal penalties for perjury.

 Signature of Parent/Guardian

 Date

**GAYLORD COMMUNITY SCHOOLS
ENROLLMENT INFORMATION**

This form is to be completed for all new GCS students.

Student Name	Grade	School

Previous School Year Information

Name of Previous School	
Street, City, Zip Code of Previous School	
Phone Number of Previous School	
Grade Level at Previous School	
Special Services Student Received at Previous School (please check all that apply)	<input type="checkbox"/> Section 504 <input type="checkbox"/> Special Education ('Permission to Place' form required) <input type="checkbox"/> Other (Please explain)

Has your child ever attended Gaylord Community Schools?

NO							
YES	Date Attended						
	School Building	GHS	GMS	GIS	SME	NOE	Alternative Ed

Has your child ever been suspended or expelled from a school district?

NO		
YES	Date(s) of suspension/expulsion	
	Details of suspension/expulsion	

Proof of Residency Provided

<input type="checkbox"/> Rent Receipt/Rental Agreement	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Voter Registration Card
<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Property Tax Bill	<input type="checkbox"/> Other _____

I declare that I physically reside at:

In order to affirm my residency in the Gaylord Community School District I have presented certain documents with my address to school officials. I declare that these documents are true and accurate and further, I am aware that the deliberate falsification of information for school attendance purposes is unlawful. I further understand that if statements made on this verification form change, I must immediately notify the appropriate Gaylord Community School District official. I agree to accept responsibility for payment of tuition in the event that it is found that I have established residency by using false or inaccurate information.

I verify that all statements made and documents furnished regarding the residence and discipline information about my student are true and accurate.

Printed Name

Signature

Date

Gaylord Intermediate School

240 E. Fourth, Gaylord, MI 49735

Student Information Sheet

Student's Name _____ Birthdate _____
Address _____ Bus Number _____
Teacher _____ Grade _____

Welcome to Gaylord Intermediate School!

In order that we may become better acquainted with your child at the time of initial entrance in our school, we are asking you to provide us with information regarding your child so we may effectively place your child in the best learning environment. The classroom teacher will review this information.

- 1) How does your child spend his/her leisure time? _____

- 2) Are there any subjects or activities in school that your child has a keen interest in? _____
- 3) What type of learning environment motivates your child to do their best? _____

- 4) List your child's academic strengths _____
- 5) List your child's academic weaknesses _____
- 6) What form of classroom discipline do you support for your child? _____

- 7) What would be the main goal that you would like to see your child attain while attending Gaylord Intermediate School? _____

- 8) Is there anything about your child that you feel is important for us to know? _____

- 9) Does your child have any health problems (physical, educational, emotional)? _____
- 10) List any information that you have regarding your child's school performance that has not been covered in questions 1 through 9. _____

GAYLORD INTERMEDIATE SCHOOL
240 E. Fourth Street - Gaylord, MI 49735
Phone (989) 731-0856 Fax-(989) 732-6475

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

TODAY'S DATE _____

Student's Name	Birth Date	Current Grade Level
_____	_____	_____
_____	_____	_____
_____	_____	_____

I authorize release of the following records for the child(ren) listed above:

- | | |
|--|-----------------------------|
| _____ Complete Cumulative | _____ Medical File |
| _____ Confidential Files (I.E.P.C.) | _____ Social Worker Reports |
| _____ Psychological and Diagnostic Reports | |

Has/have the above child(ren) received special education services? () no () yes
If marked yes, please indicate in which area (s) services were provided.

I requested that the information be kept confidential; used for professional reasons only and not be released to another individual or organization unless authorized by me. I understand that I have the right to inspect or receive a copy of the school records that are released.

Signature of parent or guardian

Parental permission is no longer required when records are requested by authorized school personnel in compliance with "Federal Education Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol 41, No. 11, Page 2465".

NOTE: The Michigan Attorney General ruled on April 23, 1982 that a school district may not withhold records of a student who transfers to another district if the student has an outstanding obligation to the school district.

INFORMATION TO BE RELEASED FROM:

SCHOOL DISTRICT _____

NAME OF SCHOOL _____

ADDRESS OF SCHOOL _____

CITY _____ STATE _____

PHONE() _____ FAX() _____

Gaylord Community Schools

An NCA Accredited School District

Dear Parents,

Keeping you informed and involved helps to assure student safety and improve student success. We want to reach our families quickly and effectively. This is why the Gaylord Community Schools is trying a new system called Instant Alert for Schools.

Within minutes, school officials can use Instant Alert to deliver a message to you by telephone, cell phone, pager, e-mail or PDA in any combination. Instant Alert will be used to notify you of school cancellations as well as activities and/or schedule changes.

Instant Alert is Internet based, allowing each family to maintain a secure, password-protected online profile. When you log on, you will receive instructions for accessing the system and updating your family's profile. You can log onto your profile anytime to update your contact information. Maintaining the accuracy of your profile will increase the ability of the school to keep you informed.

Your online profile will enable you to :

- * Input additional contact information -- email address, cell phone, work phone, etc.
- * Send yourself a test text message to make sure your text messaging information is correct.
- * Add contact information for other caretakers of your children, such as grandparents or neighbors.
- * Access a history of all the alerts you have received in the past.

The system is now ready for you to use at <https://instantalert.honeywell.com/>. I encourage you to take advantage of this opportunity. If you need assistance with your profile please contact your child's school. If you do not have access to a computer, please feel free to come to my office in the Board of Education building to use our facilities.

Sincerely,

Cheryl A. Wojtas
Superintendent

**Gaylord Community Schools
TRANSPORTATION REGISTRATION
Bus Garage - 989-705-3022**

Date _____
School _____

Child's Name _____ Grade _____ Sex _____

Residential Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Home Phone _____

First Parent's Name _____ Work Phone _____

Second Parent's Name _____ Work Phone _____

Emergency Contact _____ Emergency Phone _____

Transportation Desired (We can accommodate one Pick Up and one Drop Off location.)

Will your child be riding to/from home? AM _____ PM _____

Will your child be riding to/from a Day Care? AM _____ PM _____

Day Care Information: Name _____

Address _____

Phone _____

Special Needs _____

**If your needs change, please notify both the School and Bus Garage.
It may take up to 3 days to arrange transportation after receiving this card.**

Gaylord Community Schools

An NCA Accredited School District

GCS Parent/Guardian

Dear Parent/Guardian:

Children need healthy meals to learn. Gaylord Community Schools offers healthy meals every school day. Students may buy lunch for \$1.80(K-6) \$2.10(7-8) \$2.35(9-12) and breakfast for \$1.30. Your children may qualify for free meals or for reduced price meals. We sell reduced price lunches for \$.40 and breakfasts for \$.30. If a doctor has determined that your child has a disability, and the disability would prevent the child from eating the regular school meal, the school will make *any substitution prescribed by a licensed physician* at no extra charge. The physician's statement, including prescribed diet and/or substitution, must be submitted to the food service department at your school. For further information, please call: [Sandra Matelski 989-705-3040].

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?
No. Complete the application to apply for free and reduced price school meals. Use one Free and Reduced Price School Meals Family Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: [Sandra Matelski, Food Service Director, 615 South Elm Street, Gaylord Michigan].
2. WHO CAN GET FREE MEALS?
Children in households getting Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR), can get free meals regardless of your income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.
3. CAN FOSTER CHILDREN GET FREE MEALS?
Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
4. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS?
Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call [989-705-3080]. Please ask for the homeless liaison or migrant coordinator to see if your child(ren) qualify.
5. WHO CAN GET REDUCED PRICE MEALS?
Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Guidelines.
6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?
Please read the letter you got carefully and follow any instructions if provided. Call the school at [989-705-3040] if you have questions.
7. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?
Yes. Your child's application is only good for that school year and for the first few days of this school year. You *must* send in a new application unless the school told you that your child is eligible for the new school year.
8. I GET WOMEN, INFANTS, & CHILDREN (WIC). CAN MY CHILD(REN) GET FREE MEALS?

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$20,147	\$1,679	\$840	\$775	\$388
2	\$27,214	\$2,268	\$1,134	\$1,047	\$524
3	\$34,281	\$2,857	\$1,429	\$1,319	\$660
4	\$41,348	\$3,446	\$1,723	\$1,591	\$796
5	\$48,415	\$4,035	\$2,018	\$1,863	\$932
6	\$55,482	\$4,624	\$2,312	\$2,134	\$1,067
7	\$62,549	\$5,213	\$2,607	\$2,406	\$1,203
8	\$69,616	\$5,802	\$2,901	\$2,678	\$1,339
*Each additional household member add:	\$7,067	\$589	\$295	\$272	\$136

APPLICATION INSTRUCTIONS:

Your children may qualify for free and reduced price school meals if your household income falls within the limits on this chart.

IF YOUR ENTIRE HOUSEHOLD GETS FAP, FIP, OR FDP, FOLLOW THESE INSTRUCTIONS:

- Part 1: Skip this part.
- Part 2: List the name and case number for any household member (including adults) receiving FAP, FIP, or FDP.
- Part 3: List child(ren)'s name, grade, and building.
- Part 4: Skip this part.
- Part 5: Sign and date the form. A Social Security Number is not necessary.
- Part 6: Answer this question.

If you are applying for a homeless, migrant, or runaway child, check the appropriate category and contact your Homeless Liaison or Migrant Coordinator. Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

IF YOU ARE APPLYING FOR ONLY FOSTER CHILD(REN), FOLLOW THESE INSTRUCTIONS:

- Part 1: Skip this part.
- Part 2: Skip this part.
- Part 3: List the foster child(ren)'s name, circle Yes for foster child, and list grade and building.
- Part 4: Skip this part.
- Part 5: Sign and date the form. A Social Security Number is not necessary.
- Part 6: Answer this question.

FOLLOW THESE INSTRUCTIONS FOR ALL OTHER HOUSEHOLDS: (Includes households with WIC, homeless, migrant, runaway, and households with both foster and non-foster children.)

- Part 1: Complete if applicable.
- Part 2: Skip this part.
- Part 3: Follow these instructions to report ALL household members:
 - Column 1 - Names: List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends). You *must* include yourself and all children living with you. Be sure to include all children. Attach another sheet of paper, if needed.
 - Column 2 - Circle Yes if Foster Child: Circle Yes if applicable.
 - Column 3 - Grade: Fill in the grade for each child attending school.
 - Column 4 - Building Name: Fill in the building name for each child attending school.
- Part 4: GROSS INCOME: Use this section to report all income in your household from the previous month: Next to each person's first and last name, list each type of income received last month. *Next to the amount, circle how often the person got it (weekly, every 2 weeks, twice a month, or monthly).*
 - o All persons must claim some income, or indicate that they receive no income. If a person, including any child listed in part 3, does not have any income, then \$0 *must* be circled in the column labeled "Circle if NO Income."
 - o *Earnings from Work:* List the gross income each person earned from work. This is not the same as take-home pay. *Gross income is the amount earned before taxes and other deductions.* Net income should *ONLY* be reported for self-owned business, farm, or rental income.
 - o *Welfare, Child Support, and Alimony:* List the amount each person received last month.
 - o *Pensions, Retirement, and Social Security:* List the amount each person received last month.
 - o *All Other Income:* All Other Income includes Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Department of Veterans Affairs (VA) benefits, disability benefits, regular contributions from people who do not live in your household, personal income from foster children, and *any other income.*
- Part 5: An adult household member *must* sign and date the form, list the last four (4) digits of their *Social Security Number*, or check the box "I do not have a Social Security Number."

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1 - If the child you are applying for is homeless, migrant or a runaway, check the appropriate category and verify with the district/school Homeless Liaison or Migrant coordinator at _____
 Homeless _____ Migrant _____ Runaway _____ List the Child's Name, Grade, and Building in Part 3.

Part 2 - If any member of your household received Food Assistance Program (FAP), Family Independence Program(FIP), or FDIPIR, provide the name and case number for the person who receives benefits.
 Name: _____ Case Number: _____
 Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers
 If a case number is provided only students need to be listed in Part 3.

Part 3 - Household Names - List below all people living in your household, students and non-students, foster children, related or unrelated. For example, grandparents, other relatives, and/or friends, including yourself and children who live with you, must be listed.

1	Names	Circle Yes if Foster Child	Grade (if applicable)	Building Name (if applicable)	Circle if NO Income	Earnings from Work (before any deductions and taxes)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income	
						weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks
Example:	Jane Doe	Yes			\$0	\$600	monthly			\$250	monthly		
2		Yes			\$0		monthly						
3		Yes			\$0		monthly						
4		Yes			\$0		monthly						
5		Yes			\$0		monthly						
6		Yes			\$0		monthly						
7		Yes			\$0		monthly						
8		Yes			\$0		monthly						

Part 5 - Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date).

If Part 4 is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a social security number box". See Privacy Act Statement on the back of this page.
 I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will get federal funds based on the information I give. I understand that sponsor officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X _____ Print Name: _____ Date: _____

Last Four (4) Digits of Adult Social Security Number: XXX-XX-_____
 I do not have a Social Security Number

Home/Cell Phone	Work Phone	City	Email Address
		Zip Code	County

By providing your email address you may be notified via email of your eligibility for free and reduced price school meals.

Part 6 - Child's Racial/Ethnic Identity (optional)

Check One or More Racial Identities:

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

Check One Ethnic Identity:

- Hispanic or Latino
- Neither Hispanic or Latino

Privacy Act Information: Social Security Number _____

The Richard B. Russell School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four (4) digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child, list a FAP or FIP case number or other FDPIR identifier for your child, or indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

VERIFICATION - FOR SCHOOL USE ONLY

Date Selected for Verification: _____ Confirming Officials Signature: _____ Response Due from Household: _____ FAP/FIP/FDPIR/Foster Eligibility: _____ Confirmed: _____ Department of Human Services Notice of Eligibility _____	Date Follow-up/Second Notice: _____ Follow-up Official's Signature: _____ Verification Official's Signature: _____ Income _____ Wage Stub _____ Written Documents _____ Collateral Contact _____ Agency Records _____ Other _____ Verification Result _____ Free to Reduced _____ Free to Paid _____ Reduced to Free _____ Reduced to Paid _____ No Change _____ Reason for Eligibility Change: _____ Income _____ Household Size _____ Refused to Cooperate _____ Other _____
<p>APPROVAL/DISAPPROVAL - FOR SCHOOL USE ONLY</p> Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12	

Household Size: _____ Total Gross Income: \$ _____ Weekly _____ Every 2 Weeks _____ Twice a Month _____ Monthly _____ Annual _____	Reason for Denial: _____ Income Too High _____ Incomplete Application _____ Other (specify) _____ Number of Children Free _____ Number of Children Reduced _____ Number of Children Paid _____ Temporary Free - Time Period: _____ (expires after _____ days)
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Determining Officials Signature: _____ Date: _____ Date Dropped/Withdrawn: _____