

**GAYLORD COMMUNITY SCHOOLS
ENROLLMENT INFORMATION**

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

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 COMMUNITY SCHOOLS
2010-11 STUDENT INFORMATION RECORD**

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

STUDENT INFORMATION			2010-2011 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)
Please select ethnicity and race. 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. Ethnicity: <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic Race: <input type="checkbox"/> 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			
Language spoken at home: English <input type="checkbox"/> Other <input type="checkbox"/> School district you currently reside in: _____			
Mother Name		Father Name	
Mother Daytime Phone		Father Daytime Phone	
Mother Work Place		Father Work Place	
Mother Cell Phone		Father Cell Phone	
Mother Email		Father Email	
Lives with Student?	Please circle: Yes No	Lives with Student?	Please circle: Yes No
Legal Guardian?	Please circle: Yes No	Legal Guardian?	Please circle: Yes No
Custody paperwork on file (if applicable)?	Please circle: Yes No	Custody paperwork on file (if applicable)?	Please circle: Yes No
Student Lives With: <i>Please check one of the following.</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 of All Adults Residing with Student: _____			
Parent Living Elsewhere: Name _____ Address _____ Phone _____			
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 _____			
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. _____			

OFFICE USE ONLY		
STUDENT ID:	STUDENT UIC:	BUS #
RESIDENT STATUS:	DISTRICT OF RESIDENCE:	
K-8 HOMEROOM TEACHER:	DISTRICT ENTRY DATE:	

Last Name _____ First Name _____ Grade _____

Allergies:
 _____ Food (Please List)

_____ Animals
 _____ Medications
 _____ Other _____

MEDICAL INFORMATION

_____ Asthma
 _____ Diabetes
 _____ Convulsions/seizures Explain _____

_____ Other Medical Information Explain _____

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

Your child will not be released to any unauthorized person.

Other children residing in the home:

Name (Last, First)	Birthdate	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 High School

(989) 731-0969 • Fax (989) 731-2585
90 Livingston Boulevard • Gaylord, Michigan 49735

Established 1887
U. of M. accredited since 1905

Guidance Office
Fax (989) 705-3072

Student Records Request

To: _____
Previous School Name & Address

Date: _____

Please fax the following information for enrollment purposes then mail CA60.

Student's Name: _____

Grade: _____ Birthdate: _____ UIC# _____

- _____ Birth Certificate
- _____ Immunization Record
- _____ Transcript, please include 8th grade year
- _____ Withdrawal Grades
- _____ Current MET and IEP or 504
- _____ Current Schedule

Please Note: Parental permission is no longer required when records are requested by authorized school personnel. (According to the Final Regulations-Family Educational Rights and Privacy Act dated June 17, 1976.) Therefore, please furnish us with the above information in order to provide proper placement of this student.

Your cooperation is greatly appreciated.

Gaylord Community Schools
Network/Internet Access Agreement for Students

Please read this document carefully before signing. The signature(s) at the end of this document are legally binding and indicate(s) that the signing party(ies) has (have) read all of the terms and conditions of this policy carefully and understand(s) their significance.

This agreement is entered into this ____ day of _____, 20__, between _____ (hereinafter referred to as "Student") and the Gaylord Community School District (hereinafter referred to as "District"). The purpose of this agreement is to establish guidelines for access by Student to the Internet, electronic mail and electronic bulletin boards (hereinafter referred to as the "Network"). Access to the Network is provided to the Student for educational purposes.

In exchange for the privilege of using the Network, the undersigned agree(s) as follows:

- A. The use of the Network is a privilege, which may be revoked by the District at any time and for any reason or for no reason. Improper use of the Network may also give rise to further disciplinary action consistent with this agreement and/or the student handbook code of conduct.
- B. The Student and his or her parents and/or guardians acknowledge that it is not possible for the District to restrict access to all controversial material on the Network.
- C. The Student and his or her parents acknowledge that the Student does not have a reasonable expectation of privacy in his or her use of the District's Network or any part of it. The District reserves the right to monitor the Network, including but not limited to Internet use and electronic mail.
- D. Network access is provided for educational use by the Student. Use of the Network for commercial purposes or other unauthorized purposes is expressly forbidden.
- E. Network resources are intended for use exclusively by registered users. The Student is responsible for the use of his/her account password and access privileges. Any problems that arise from the use of his/her account are the responsibility of the Student. Use of an account by someone other than the account holder is forbidden and may result in loss of access privileges. Any loss of security in an account password or in access privileges must be reported immediately to an appropriate Network administrator.
- F. Any misuse of Network access privileges may result in suspension or revocation of access privileges and/or disciplinary action as determined by the District. Misuse includes but is not limited to the following:
 - 1. Intentionally accessing or attempting to access files, data, or information without authorization.
 - 2. Impersonating another user on the Network.
 - 3. Activity which is detrimental to the stability and security of the Network, including but not limited to the intentional or negligent introduction of computer viruses and vandalism or abuse of hardware or software.

4. The transmission or voluntary receipt of material which would constitute a violation of federal or state law, including, but not limited to, copyrighted material; harassing, abusive, threatening, or obscene material; material protected as a trade secret; defamatory statements; material which would constitute an invasion of personal privacy, or any material which would reasonably be considered to be discriminatory on the basis of sex, race, national origin or religion.
 5. Use of recreational programs or communications during the school day.
 6. Illegally installing, downloading, copying or using copyrighted software.
 7. Intentionally interfering with the use of the Network by others.
 8. Intentionally wasting Network resources such as disk space, printer ink or paper.
- G. The District does not warrant that the Network will meet any specific requirements that the Student may have, that service will not be interrupted or that information obtained on the Network will be accurate or complete. The District will not be liable for any direct or indirect, incidental or consequential damages (including but not limited to lost data, information or time) sustained or incurred in connection with use of inability to use the Network by the Student. Use of the Network and any information or data obtained through use of the Network is at your own risk.
- H. The Student agrees to delete messages from his or her personal mailbox on a regular basis in order to avoid unnecessary use of disk space.
- I. The Student may not transfer files, shareware or other software from the Internet or electronic bulletin board services. The Student will be liable to pay any costs or fees incurred as a result of any transfers without express permission from the Network Administrator regardless of whether the transfer was intentional or accidental.
- J. The Student must have prior approval from an appropriate Network administrator for any subscriptions with any electronic mail lists or news groups.
- K. Users violating any provisions of this Network Access Agreement face disciplinary action. The District reserves to itself discretion to determine appropriate discipline and will consider the nature and severity of the violation. Possible disciplinary actions include:
1. Suspension or revocation of Network access.
 2. Requiring additional training as a precondition to continued use of the Network.
 3. Financial restitution for any unauthorized expenses or damages.
 4. Confiscation of inappropriate materials.
 5. Additional disciplinary action consistent with the student handbook or code of conduct.
- In addition, the District may refer violations to appropriate law enforcement authorities. Nothing herein shall be construed as providing that the District must find a violation of the agreement in order to suspend or revoke the access privileges of a Student. Use of the Network is a privilege and not a right, and the District reserves discretion to suspend or revoke access privileges for any reason or for no reason.
- L. This Network Access Agreement is subject to change without notice. Any changes to the Network Access Agreement will be posted in an appropriate location on the Network by the Network administrator.

Student/Parent/Guardian Signature Page

In consideration of the privilege of using the Network, I hereby release the District, its employees, agents and individual members of the Board of Education from any and all claims or causes of action arising out of my use or misuse of the Network or Network equipment. I agree to use the Network responsibly and to abide by the rules and regulations set forth herein and as may be added from time to time by the District.

I have reviewed this Network Use Agreement with my parent or legal guardian (or I have reached the age of 19).

Signature of Student

Date

The following section must be completed for all students who have not reached the age of 18.

As the Student's parents or legal guardian, I have read and agree to this Network Access Agreement and have discussed it with my son or daughter. I understand that Network access is a privilege provided for educational purposes. I understand that it is impossible for the District to restrict access to all controversial material. I hereby release the District, its employees and agents and individual members of the Board of Education from any and all claims or causes of action arising out of my use or misuse of the Network or Network equipment. In addition, I agree to indemnify the District for any fees, expenses or damages incurred as a result of my child's use or misuse of the Network or Network equipment.

Signature of Parent or Guardian

Date

Parent's/Guardian's Permission for the Publication of Student Work/Pictures

I understand that from time-to-time the school may wish to publish examples of student projects, photographs of students and other work on an Internet accessible World Wide Web server.

Please circle each response appropriately:

Yes or No My child's work may be published on the Internet.
Yes or No Photographs of my child may be published on the Internet (no name attached).

Name of Student

Signature of Parent or Guardian

Date

Please return this Signature Page to your classroom teacher.

NEW STUDENT – TRANSFER INFORMATION 2010-11

Yes	No	I am interested in participating in athletics this school year.
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To be completed by new student and parents. For internal school use; do not send this form to the MHSAA. This form is designed to assist in researching athletic eligibility at Michigan High School Athletic Association member schools for students in grades 9-12, except those entering the 9th grade for the first time. Consult *MHSAA Handbook* Int. 64 and 76 assist in determining whether residential changes are full and complete. Int. 37 states two current and complete documents are prerequisites for participation: Physical Exam/Consent Form and official school record (transcript) since first enrolling in the 9th grade of any school.

THIS SECTION COMPLETED BY SCHOOL & STUDENT	Number of classes for which credit has been given in the previous academic term: _____
	Number of potential classes for a full-time student in our high school: _____
	Official enrollment date (in school books & attending one or more classes) ____/____/____
	Number of semester's ____ and/or trimesters ____ in grades 9-12 completed to date.
	In what school year did the student end the 8 th grade (and begin grade 9)? 20__ - 20__.
	Has the student repeated any grade 9-12? Yes ____ No ____

STUDENTS NAME _____ GRADE _____ BIRTHDATE ____/____/____

PHONE: _____ EMAIL: _____

CURRENT (NEW) ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF RESIDENCE CHANGE INTO CURRENT (NEW) ADDRESS _____

CURRENT (NEW) PUBLIC SCHOOL DISTRICT IN WHICH YOU RESIDE _____

OLD HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

OLD PUBLIC SCHOOL DISTRICT OF RESIDENCE _____

PARENT(S) or GUARDIAN(S) _____ Phone: _____

1. The last school the student attended: _____
2. While enrolled at former school, the student lived with _____
(Note all people: Parents, guardians, siblings, or others)
- YES NO The student lived with the above for at least 30 days during the most recent previous academic term.
3. The student now lives with _____
(Note all people: Parents, guardians, siblings, or others)

CIRCLE THE CORRECT ANSWER:

4. 8 9 10 11 12 Circle the highest grade in which the student was enrolled at the previous school.
5. YES NO The school previously attended is a nonpublic, private or parochial school.
6. YES NO The student is a "Ward of the Court/State" and was placed in this school district by court order.
7. YES NO The student is a foreign exchange student. COUNTRY _____ VISA: F-1 J-1
- 7a. Name of Exchange Program _____
- 7b. YES NO The program is on the current CSIET Approved Listing.
8. YES NO The student's previous school has been closed, dissolved or reorganized (See Int. 63 & 86)
9. YES NO The student's parents are divorced. If divorced, give decree date: Month _____ Year _____
10. YES NO The student is 18 or under; if 19 his/her birthday is on or after Sept. 1 of this school year.
11. YES NO Last year, the student was a student at a boarding school, or while enrolled out of state attended a sports academy.
12. YES NO The student is 18 and moved into this district without parents.
13. YES NO The student is a 9th or 10th grader and has not participated in any MHSAA sponsored sport.
14. YES NO The student participated in a cooperative program involving his/her previous school and our school
15. YES NO The student wishes to discuss her/her situation with the athletic director.

OVER

**THIS FORM MUST BE GIVEN TO THE ATHLETIC DIRECTOR OR PRINCIPAL FOR IMMEDIATE EVALUATION
STUDENT OR PARENTS - DO NOT WRITE BELOW THIS LINE**

School Administrators should complete the following:

The eligibility status of this student at _____ High School is checked below.

- ____ This student is IMMEDIATELY ELIGIBLE to participate in interscholastic athletics.
- ____ This student will be eligible upon completion and processing of the Educational Transfer Form.
- ____ There is a question about the eligibility of this student and he/she may not participate in interscholastic athletics until written permission is given by the Principal.
- ____ This student is NOT ELIGIBLE to participate in interscholastic athletics.
- ____ This student may be ELIGIBLE effective ___/___/___

SIGNED: _____
Athletic Director

DATE: _____

SIGNED: _____
Principal

DATE: _____

DO NOT SEND THIS FORM TO THE MHSAA
This form is intended for local use only – MAY BE DUPLICATED

This form was designed to assist schools in compiling information to determine eligibility under MHSAA Regulations. It is not possible to immediately and unconditionally determine eligibility.

Schools should fill in their school name at the top this page and provide copies of forms to be included in the enrollment material. Schools should make this form available in the guidance, administration and athletic offices. Request that the form be submitted as soon as possible after enrollment, to the athletic director for his/her evaluation. Schools may meet with students and parents to further clarify eligibility issues. Schools may contact the MHSAA for assistance.

Assistance in Applying the MHSAA Transfer Rule and Interpretations

The reverse side of this form is based upon the following MHSAA Regulations, Sections and Interpretations. Administrators should consult the *MHSAA Handbook* and then, if necessary, the MHSAA staff to assist in processing a new student transfer. The only interpretations that are official are those received in writing.

The boxed information is intended to provide evidence to address Regulation I, Section 2 (age eligibility), Section 4 (maximum enrollment), Section 7 (previous academic term record), and Section 9(A) (transfer student). A transfer student must be enrolled prior to set dates to participate in MHSAA tournaments (eg. before Oct. 1 for Fall sports).

The CAPITALIZED INFORMATION on residence relates to Regulation I, Section 9 exceptions regarding residence change "from one public school district to a different public school district." Exceptions: 1, 2, 3, 4, 5, 8, and 12.

- Line 1: Indicates type of school: public, nonpublic or charter school.
- Lines 2/3: Regulation I, Section 9(A), Exception 1, (30 days) Interpretations 64 and 76.
- Line 4: Determine grade level. Regulation I, Section 9(A), Exceptions 10 and 11.
- Line 5: Verification of line 1 and Interpretation # 61.
- Line 6: Regulation I, Section 9(A), Exception 3.
- Line 7: Regulation I, Section 9(A), Exception 4. J-1 VISA usually (not always) provides eligibility. The F-1 VISA is not issued to exchange students. See Interpretations 82-85 and mhsaa.com for CSIET listing.
- Line 8: Regulation I, Section 9(A), Exception 6, (also see Interpretations 63 and 86)
- Line 9: Regulation I, Section 9(A), Exception 8 (allowed one time. See Educational Transfer Form on mhsaa.com). If student is moving between parents who never married see Interpretation 88.
- Line 10: Regulation I, Section 2.
- Line 11: Regulation I, Section 9(A), Exception 2 or Exception 1, Interpretations 60 & 66 (out-of-state sports academy).
- Line 12: Regulation I, Section 9(A), Exception 12 (allowed one time. See Educational Transfer Form).
- Line 13: Regulation I, Section 9(B). Subvarsity for 9th or 10th grade students with no athletic participation.
- Line 14: Regulation I, Section 9(C). Former school must concur and student must have participated in the co-op.
- Line 15: Acknowledges that the student or parents need to discuss the matter of eligibility further.

PERMISSION FOR PLACEMENT

School District _____

Telephone _____

TEMPORARY SERVICES IN _____

(Program/Service)

Program/Service _____ Student (PRINT) _____
Location _____ Birthdate _____ Grade _____ Gender _____
Starting Date _____ Address _____
Sp. Ed. Teacher _____
District of Residence _____ Telephone _____
Parent Name (PRINT) _____

CERTIFICATE OF ELIGIBILITY:

At the time of the last IEPT meeting held at _____
on (date) _____, this student was determined eligible for special education with the disability
_____, Rule Number 340.17 _____.

This information was obtained by _____ on (date) _____
 Telephone Letter Parent/Guardian

A copy of the IEP and Multidisciplinary Evaluation Team report:
 Is attached Was requested on (date) _____

Most recent IEP and MET are required by the COP ESD office.
If records are not received within twenty (20) school days, please inform the ESD Director of Special Education.
Copies of all Special Education records received by the school should be forwarded to the ESD. Records not received
within thirty (30) school days will require the evaluation procedure to be initiated.

EXPLANATION OF SERVICES:

Temporary placement is made in the above program/services until an Individualized Educational Program Team
(IEPT) meeting can be held to determine the best educational program. The IEPT meeting will be held within thirty
(30) school days from the time of placement. At this meeting, the results of evaluations will be discussed and a
decision will be reached determining needed programs and services. You will be invited to attend this meeting.

Number of hours per week placed in special education classroom _____

(Complete hours for all services that apply)

Number of hours per week per ancillary service(s): SLI _____ OT _____ PT _____
(Appropriate ancillary staff MUST initial here) _____ _____ _____

Number of hours per week per ancillary service(s): SSW _____ TC/VI _____ TC/HI _____
(Appropriate ancillary staff MUST initial here) _____ _____ _____

PERMISSION FOR PLACEMENT:

Parent/Guardian

Date

Principal or Administrative Representative

Date

Gaylord High School

90 Livingston Blvd.

Gaylord, MI 49735

(989) 731-0969

(989) 731-2585 – FAX

gaylordschools.com (District website)

gaylordhighschool.com (High School website)

This enrollment packet must be complete before a student can enroll at Gaylord High School

- _____ Birth Certificate – a photo copy is NOT acceptable
- _____ Current immunization records
- _____ Proof of residency – form completed with copies attached
- _____ Enrollment form, front and back, with all information completed and signed by parent/guardian. We must have at least one working phone number where you can be reached in case of emergency during the school day.
- _____ Transcript – or copy of last report card if student is a freshman
- _____ If special needs, a copy of latest IEPC and temporary placement form signed by parent
- _____ Athletic eligibility form (optional)
- _____ Technology form completed
- _____ Free and reduced lunch form if applicable
- _____ Transportation registration
- _____ Medication form if necessary

If your student will be riding a school bus, please contact the bus garage at 7045-3022 to arrange your child's bussing. They will tell you when and where your child will be picked up and dropped off each day and what bus to take home after school.

Administrator

Counselor

Date

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.**