

ONSTED COMMUNITY SCHOOLS

10109 Slee Rd., Onsted, MI 49265

517-467-2174



REGISTRATION INFORMATION PAGE

Elementary, Middle School and High School buildings/offices, along with the Board of Education office, are located at:

10109 Slee Rd., Onsted MI 49265

REGISTER YOUR STUDENT: Registration forms can be printed from this site, completed and returned to:

Onsted Elementary School

Grades K-5

Attention: Beth Grodi

P: (517) 467-7046 X2227

F: (517) 467-5605

Onsted Middle School

Grades 6-8

Attention: Liz George

P: (517) 467-2168 X3240

F: (517) 467-5603

Onsted High School

Grades 9-12

Attention: Gwen Sutka

P: (517) 467-2171 X4226

F: (517) 467-5602

The building offices are open for registration one week after school releases in June and two weeks prior to the beginning of the new school year.

During summer hours, please contact:

Onsted Board of Education Office

Attention: Nancy Reid

P: (517) 467-2173

F: (517) 467-5600

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ENROLLMENT CHECKLIST

Below is a checklist of information needed for enrollment. This information is needed before a student may be officially enrolled and participate in classes.

The student and custodial parents or guardians must reside in the Onsted Community School District. **Proof of residency must be provided by two of the following:**

- | | |
|--|---|
| <input type="checkbox"/> Home purchase agreement | <input type="checkbox"/> Driver's license |
| <input type="checkbox"/> Rental agreement | <input type="checkbox"/> Utility bill with correct name and address |
| <input type="checkbox"/> Voter registration | |

OR

The student and custodial parents or guardians must have completed a School of Choice application.

The Parent/Guardian must be a **LEGAL GUARDIAN** and be able to provide proof of this status (for example, with birth certificate or other legal documents).

Also needed:

- ☐ Certified copy (**raised seal**) of student's birth certificate (this must be presented for enrollment)
- ☐ Up-to-date immunization record (**Immunization requirements can be found in the enrollment package**)
- ☐ Most recent report card (if applicable)
- ☐ Withdrawal slip from previous school (if applicable)
- ☐ Copy of transcript (if applicable)
- ☐ Copy of IEP/MET documents (if applicable)
- ☐ Copy of 504 plan documents (if applicable)



ONSTED COMMUNITY SCHOOLS

Provisional Admittance Request Form

Child's Full Legal Name _____

Date of Birth _____ Current Grade Level _____ Date _____

I request that my child be provisionally admitted to Onsted Community Schools for a (30) day period of time. Prior to expiration of the thirty (30) day period, I promise to provide the following documentation as required by Onsted Community Schools:

- ☐ 1. Certified copy of the above child's birth certificate OR other reliable proof of the child's identity and age, plus a notarized affidavit explaining the inability to produce of a certified copy of the birth certificate.

The Michigan Missing Children's Act (MCL 380.1135) requires that the school district must notify the person enrolling a student that within 30 days he or she must provide the district a certified birth certificate of the enrolling child or any other reliable proof of identification and age along with an affidavit explaining the inability to produce the original of the the child's birth certificate. If a person enrolling a student fails to comply within the 30-day period, then the school district is required to notify the local law enforcement agency.

- ☐ 2. Documentary proof that the child above resides within the district. If the student does not reside within the district, than a School of Choice application must also be on file.

The following documentation MUST be provided before the student is eligible to begin school:

- ☐ 3. Documentary proof that the above child has received all of the following immunizations, as required by the Michigan Department of Public Health:

*Public Act 368, Part 92, 1978, as amended, reads "Children who have not received the required immunizations **WILL BE EXCLUDED** from school until parents provide proof that all required immunizations have been given, or have a waiver on file."*

Hearing/vision screening is also required for incoming kindergarten students, and can be done at the Lenawee County Health Department. Please check with your health care provider to be certain your child has been completely and properly immunized, and bring that record to school. Waivers are available by appointment through the Lenawee County Health Department.

- ☐ Onsted Community Schools uses an automated alert messaging system. I acknowledge that I am authorized to make decisions regarding automated call and text messaging made to the phone numbers provided on this enrollment form. By checking this box I agree to receive automated alert messages.

- ☐ I do NOT consent to receive any automated alert messages from Onsted Community Schools.

I understand that in the event that I fail to provide the above information in a timely fashion, Onsted Community Schools may elect to withdraw provisional expiration of the above thirty (30) day period. I have received a copy of this form and am advised to direct any questions I may have to the Guidance Office.

I understand all of the above requirements and understand that my signing this form is a promise to meet these requirements in a timely fashion, and to the best of my ability.

Date _____

Parent's Full Name (Please Print) _____

Parent Signature _____

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REGISTRATION/EMERGENCY FORM

Student Name: _____
Full Legal Last Name Full Legal First Name Middle Initial

Street Address: _____ P.O.: _____

City: _____ Zip: _____

Phone Number: _____ Listed: ☐ Yes ☐ No

Other Last Name Student may use: _____

Enroll in Grade: _____ Gender: Male Female

Birthdate: _____ Age: _____
Month/Day/Year

Birth Place _____
City/State

Adult MALE Residing in the Home: _____

Relationship to Child: _____ Place of Employment: _____

Work Phone: _____ Cell Phone: _____

E-Mail: _____

Adult FEMALE Residing in the Home: _____

Relationship to Child: _____ Place of Employment: _____

Work Phone: _____ Cell Phone: _____

E-Mail: _____

Parent Living Elsewhere: _____

Relationship to Child: _____

Work Phone: _____ Cell Phone: _____

E-Mail: _____

Address: _____

Dual mail: Yes No

Emergency Contact: Yes No

Is contact allowed? Yes No

Not allowed per court order. Copy of court order must be provided.

Law entitles non-custodial parents the right to receive mailings upon request.

DO NOT FILL OUT OR MARK OFFICE USE ONLY

Student Number _____

Entry Date _____

Entry Code _____ Prev LEA _____

Birth Cert Y N YOG _____

School of Choice: Yes No

Home School # _____

Immunization(s) Yes No

Lunch App: Yes No

Student Records: Req'd _____

Rec'd _____

Spec Ed Records: Req'd _____

Rec'd _____

NON-RESIDENT STATUS:

Dual Residency

School of Choice

District Release

COPY DISTRIBUTION (as needed)

Special Ed. Department

ELL/Migrant/Title III Coordinator

Homeless Student Coordinator

504 Coordinator (by building)

Title I Coordinator

Child lives with...

Both parents in home

Father only

Mother only

Divorced, Joint Custody

Divorced, Sole Custody (office must have legal documentation on file)*

Legal guardian*

Other*: _____

Court placed*: _____

Relative*: _____

Foster home*

* Copies of court documents required

Race and Ethnicity Code: *Both Part A and Part B of this question must be answered:*

Part A: Is this student Hispanic/Latino? (Choose only one)

☐ No, not Hispanic/Latino

☐ Yes, Hispanic/Latino: A Person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin regardless of race. The term "Spanish origin" can be used in addition to "Hispanic/Latino or Latino."

The above part of the question is about ethnicity, not race. No matter which box you selected above please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.

Part B: What is the student's race? (Choose one or more)

☐ White (Caucasian)

☐ Hispanic/Latino

☐ Asian American

☐ American Indian/Alaskan

☐ African-American

☐ Native Hawaiian/Pacific Is.

Note: Both parts A and B must be completed. We encourage you to select an answer for both parts. If either part A or B is not answered, the U.S. Department of Education requires the school district to supply and answer on your behalf.

If Multiracial, please list in preference order together with percentage breakdown:

1) _____% 2) _____% 3) _____%

Local Emergency Contacts (In Addition to Parents/Guardians):

Emergency Contact Person: _____ **Relationship:** _____

Phone Number: _____ **Cell Phone** _____ **Work Phone:** _____

Emergency Contact Person: _____ **Relationship:** _____

Phone Number: _____ **Cell Phone** _____ **Work Phone:** _____

Emergency Contact Person: _____ **Relationship:** _____

Phone Number: _____ **Cell Phone** _____ **Work Phone:** _____

Other children who reside in the home:

Name	Birth date	Grade	Relationship to Child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I affirm, that as the parent/legal guardian, all information provided above is true and accurate, and that my child and I reside at the listed address. If I am unable to provide documentation within 30 days of enrollment my child may not attend Onsted Community Schools until proof of such documents are obtained. I understand any false information provided by me, may subject me to legal penalties for perjury.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Educational Services Information

Please check all services that your child has received at his/her previous school(s)

Section 504 services. If checked, attach a copy of current 504 plan document.

Special education services. If checked, attach a copy of most recent IEP/MET document.

Date of last IEP: _____

What services were being provided? _____

Bilingual Services/Limited English Proficient Services

Migrant Education Services

Title I Services

☐ Alternative Education:

Drop out

Pregnant/Parent

Expulsion/Suspension

Home Language Information

Is your child's first language (or native tongue) a language other than English? Yes No

If yes, what language: _____

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

Yes No

If yes, what language: _____

Previous School Information

Has your child ever attended an Onsted school before? Yes No When? _____

Previous school(s) attended: _____

Address: _____

Has your child been suspended or expelled by a Principal, Superintendent, Hearing Officer, or Board of Education for a semester or more OR has your child voluntarily withdrawn from a district with such disciplinary action pending?

Yes No

If yes, explain: _____

Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help school staff determine what residency and other documents are necessary for enrollment of this student.

The student lives in the following situation:

- ☐ Owner-occupied home
- ☐ Rental unit
- ☐ Emergency shelter or transitional housing*
- ☐ Motel/hotel*
- ☐ Campground*
- ☐ Public or private place not designed for or ordinarily used as regular sleeping accommodation for humans, including cars, parks, public spaces, abandoned buildings, substandard housing, and bus or train stations*
- ☐ Awaiting foster care placement and living in a temporary situation*
- ☐ Long-term, stable, cooperative living arrangement
- ☐ Temporary, shared housing with friends, family or others due to:
 - ☐ Loss of personal housing* (due to reasons such as eviction, inability to pay rent, destruction or damage to home, abuse or neglect, unhealthy conditions, parental abandonment or incarceration)
 - ☐ Economic hardship*
 - ☐ Other, similar reason: _____*

* Living in these situations may qualify you for services, including immediate enrollment, transportation, school supplies, and educational advocacy and community referrals.

If you are living in temporary shared housing, please answer the following questions.

1. Is the living situation intended to be temporary or long-term? _____
2. How long have you lived there? _____
3. Do you consider yourself a guest in the home? ☐ Yes ☐ No
4. Are you paying rent? ☐ Yes ☐ No
5. Are you looking for another place to live? ☐ Yes ☐ No
6. Do you plan to move out soon? ☐ Yes ☐ No
7. Does the student have a legal right to be in the home? ☐ Yes ☐ No
8. Can the student or family be asked to leave at any time with no legal recourse?
☐ Yes ☐ No
9. Did the student move into the home as an urgent measure to avoid being on the street or in another precarious situation? ☐ Yes ☐ No
10. How many people live in the home? _____ How many bedrooms are there? _____
11. Where does the student sleep? _____

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Residency Verification Affidavit

According to State Attorney General Opinion No. 5925, school districts have the right to request proof of pupil residency. By signing this affidavit, you are affirming that the address given on all enrollment forms is the legal residence of the parent or guardian enrolling the student and is the residence of the student. If you are living in the home of another person without a rental or lease agreement, that person must sign this document and prove their residency.

Verification of residency may be made with two (2) of the following: (Check which is used)

<input type="checkbox"/> Driver's License, State I.D. or Voter Registration	<input type="checkbox"/> Purchase Agreement (if it denotes residency)	<input type="checkbox"/> Moving Bill
<input type="checkbox"/> Insurance Forms	<input type="checkbox"/> Property Tax Payment	<input type="checkbox"/> Utility Bill
<input type="checkbox"/> Lease Agreement	<input type="checkbox"/> Mortgage Receipt	<input type="checkbox"/> Other (specify)

PLEASE READ CAREFULLY

Should the district learn that this is not the residence and that the parent lives outside the boundaries of the Onsted Community School District, the student will be PROHIBITED from attending Onsted Community Schools. Further, the district will require payment of tuition for the time in attendance as a non-resident and will take any legal steps to recover the same.

Student(s) Name

Date

Parent or Guardian Signature

Date

Signature of Person With Whom Residing (If Applicable)

Date

Street Address

City/State/Zip

Signature of Staff Person Enrolling Student

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Phone: (517) 467-2174



REQUEST FOR TRANSFER OF CUMULATIVE SCHOOL RECORDS

This form is provided by Onsted Community Schools for the purpose of obtaining or releasing a student's school records. By signing this release, a parent, legal guardian, or the student involved who is over 18 years of age, will expedite the transfer of all educational records including, but not limited to health and immunization, special services records- psychological and diagnostic testing and current IEP, a transcript of academic grades, the student's last report card and/or grades to date of withdrawal.

Student Name _____ Grade _____ Date of Birth _____

Former School Name _____ Phone # _____

Address _____ Fax # _____

PLEASE SEND RECORDS TO:

_____ Onsted Elementary School, ATTN: Beth Grodi	P: (517) 467-7046 x2227	F: (517) 467-5605
_____ Onsted Middle School, ATTN: Liz George	P: (517) 467-2168 x3240	F: (517) 467-5603
_____ Onsted High School, ATTN: Kristy Suiter	P: (517) 467-2171 x4226	F: (517) 467-5602

*All schools are located at the address listed above.

1st Request _____ 2nd Request _____ 3rd Request _____ Date Received _____

I hereby authorize the transfer of all school records as defined for the above named student.

Parent/Guardian/Adult Student/Counselor/Secretary Signature* Date _____

*It is not necessary for parents to sign a release when records are being passed from public school to public school.

If Special Education Records are kept at another location (i.e. Intermediate School District Office, Special Education Office, etc.) please forward a copy of this release so that services may be continued without interruption.

If there are any concerns that we should be aware of and would help make the proper class placement for this student, please call the applicable building.

STUDENT HEALTH HISTORY

Onsted Community Schools

Student's Last Name _____ First _____ Middle _____ Birth date _____ Grade _____ M ☐ F ☐

Doctor: _____ Phone # _____ Dentist: _____ Phone # _____

HEALTH INFORMATION ABOUT YOUR CHILD

➡➡ ☐ NO KNOWN HEALTH PROBLEMS

>>>>>>>>>>>>>>> Check only those that apply and return to school office <<<<<<<<<<<<<<<

☐ ADHD: Requires medication? Yes ☐ No ☐ Name of medication _____
Given at school? Yes ☐ No ☐ MD's name/phone _____

☐ *Asthma: Requires medication/inhaler? Yes ☐ No ☐ Daily? ☐ As Needed? ☐ With exercise? ☐
Name of medication _____ given at school? Yes ☐ No ☐

☐ *Allergic reactions: To what? _____ Hives/rash? Yes ☐ No ☐
(Severe) Breathing difficulty? Yes ☐ No ☐ has epipen? Yes ☐ No ☐
MD's Name/Phone: _____

☐ Clinical Depression: Requires medication? Yes ☐ No ☐ Name of medication? _____
Given at school? Yes ☐ No ☐ MD's name/phone: _____

☐ ***Diabetes:** Type I ☐ Type II ☐ Medications? Oral ☐ Injection ☐ Given at school? Yes ☐ No ☐ Pump? ☐
Name of medication _____ MD's name/phone: _____

☐ Ear Problems: Frequent infections? Past ☐ Present ☐ Permanent hearing loss? ☐ Date of last exam? ☐
Hearing aid? Left ☐ Right ☐ Both ☐ MD's name/phone: _____

☐ ***Seizure Disorder:** Date of last seizure _____ Requires medication? Yes ☐ No ☐
Name of medication _____ MD's name/phone: _____

☐ Heart problems: Diagnosis: _____ MD's name/phone: _____
Medications? Yes ☐ No ☐ At Home? ☐ At School? ☐ Physical restrictions? Yes ☐ No ☐

☐ Hospitalization: Explain:

☐ Orthopedic: Corrective shoes/braces? ☐ Crutches? ☐ Wheelchair? ☐ Physical therapy?
☐ conditions: CCS? ☐ Other physical limitations?

☐ PTSD (Post Traumatic Stress Disorder): Requires medication? Yes ☐ No ☐
 Name of medication _____ Given at school? Yes ☐ No ☐
 MD's name/phone: _____

☐ Vision problems: Wears glasses? ☐ Contacts? ☐ Reading only? ☐ All the time? ☐ Date of last exam:

☐ Taking medication For what condition? _____
 for other reasons: Name of medication _____ Dose & frequency _____
 Given at school? Yes ☐ No ☐ MD's name/phone: _____

Please list other important health or behavior information:

Students taking medication at school need medication in original container with written permission from the physician and parent or legal guardian. This form must be on file with the school before medication can be given.

* Parent Signature: _____ Date: _____

Parent's Name & Phone: _____

Parent's Name & Phone: _____

Emergency Contact's Name & Phone: _____

PARENTS

VACCINES REQUIRED FOR SCHOOL ENTRY IN MICHIGAN

Whenever children are brought into group settings, there is a chance for diseases to spread. Children must follow state vaccine laws in order to attend school. These laws are the minimum standard to help prevent disease outbreaks in school settings. The best way to protect your child from other serious diseases is to follow the recommended vaccination schedule at www.cdc.gov/vaccines. Talk to your health care provider to make sure your child is fully protected.



	All Kindergarteners and 4-6 year old transfer students	All 7th Graders and 7-18 year old transfer students
Diphtheria, Tetanus, Pertussis (DTP, DTaP, Tdap)	4 doses DTP or DTaP 1 dose must be at or after 4 years of age	4 doses D and T or 3 doses Td if 1st dose given at or after 1 year of age 1 dose Tdap at 11 years of age or older upon entry into 7th grade or higher
Polio	4 doses 3 doses if dose 3 was given at or after 4 years of age	
Measles, Mumps, Rubella (MMR)*	2 doses at or after 12 months of age	
Hepatitis B*	3 doses	
Meningococcal Conjugate (MenACWY)	None	1 dose at 11 years of age or older upon entry into 7th grade or higher
Varicella (Chickenpox)*	2 doses at or after 12 months of age or Current lab immunity or History of varicella disease	

During disease outbreaks, incompletely vaccinated students may be excluded from school. Parents and guardians choosing to decline vaccines must obtain a certified non-medical waiver from a local health department. Read more about waivers at www.michigan.gov/immunize.

*If the child has not received these vaccines, documented immunity is required.

All doses of vaccines must be valid (correct spacing and ages) for school entry purposes.

Updated March 1, 2017



Concussion Information

A new law, the Michigan Sports Concussion Law, goes into full effect on June 30th, 2013. This law impacts PE teachers and coaches, among others (recess supervisors). Please share this link with your schools' administration, PE teachers, athletic director, coaches, and school-based health center staff. It requires PE teachers and coaches to complete a 30 minute training on concussions...as well as having other requirements.

Here are some resources for you:

1) The Michigan Sports Concussion Law MDCH link. The link provides a wealth of knowledge including printable educational materials and many resources and other links. Check out the MDCH Fact Sheet for Schools. www.michigan.gov/sportsconcussion/

2) Link to Concussion Vital Signs. It provides a survey to assess a baseline for students to help assess whether or not a concussion has occurred following an injury.
<http://www.concussionvitalsigns.com/>

3) Here is a free online concussion training site:
<http://www.uofmhealth.org/medical-services/concussion-education>

4) Link to an iPhone app for concussion tracking:
<http://www.uofmhealth.org/news/archive/201210/tracking-concussion-recovery-easy-picking-your-phone-new-app>

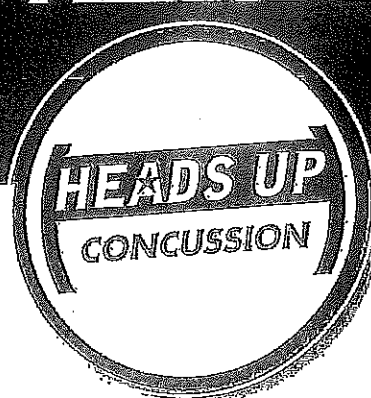
5) Also, please review the attached memo from MHSAA for information regarding Michigan's Concussion Law. Please note that MHSAA goes above the law in requiring an MD or DO to examine the injured athlete before they can return to a game. The law says "a medical professional" must okay the student before returning to play. This memo can also be found at <http://www.mhsaa.com/Portals/0/Documents/health%20safety/concussionlaw13.pdf>.

There are two places that coaches/PE teachers could go to complete the concussion certification training.

<http://www.cdc.gov/concussion/HeadsUp/Training/index.html>

<http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000>

Hope these resources are useful as we work together to keep kids safe!



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to 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.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY PARENTS/GUARDIANS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes





Concussion Fact Sheet Acknowledgment

Student Name: _____ Teacher: _____

I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the attached Concussion Fact Sheet for students provided by Onsted Community Schools.

Student Signature

Grade

Date

As the parent or guardian of this student, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the attached Concussion fact Sheet for Parents provided by Onsted Community Schools.

Parent/Guardian Signature

Date

Please sign and return this form to the student's teacher.



ONSTED COMMUNITY SCHOOL

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Acceptable Use Policy Agreement For Technology

I have discussed this policy with my parent/guardian, and understand my rights and responsibilities. I agree to use Onsted's technology appropriately and to follow the guidelines and spirit of this Acceptable Use Policy.

Student's Name (please print)

As the parent or guardian of this student, I have read the Acceptable Use policy for technology at Onsted School and have discussed it with my child. I understand that this access is designed for school-related purposes. I hereby give permission for my child to have access to Onsted's technology resources.

Parent/Guardian's Name (please print)

Signature

Date

Onsted Elementary

Media & Field Trip Release



I understand and agree that:

- ✓ Newspaper photographers may ask to take pictures of student activities. I give permission for my child to appear and to be named in newspaper photographs, Onsted's website and newsletters.
- ✓ Lenawee Intermediate School District (L.I.S.D) photographers may ask to take pictures of student activities. I give permission for my child to appear and to be named in newspaper photographs, Onsted and L.I.S.D websites and newsletters.
- ✓ My child's class may be taking field trips during the school year. When field trips require transportation, my child will be transported only by Onsted School transportation. I give permission for my child to participate and ride Onsted School buses, vans, etc.
- ✓ My child may take walking field trips within the Village of Onsted. My child's teachers will notify me of these dates throughout the year if a trip is taken. Additional permission slip is not required at the time of the trip.
- ✓ There are times during the school year when parents and room mothers require a class list of students names, phone numbers and/or address for various reasons such as, classroom events birthday parties, etc. I give permission for my child's name, phone number, and/or address to be distributed on a class list or school directory.

By signing this form, you are giving Onsted Elementary permission for all of the above activities for the period of time that your child is enrolled in this district.

Parent/Guardian Signature

Date

Student's Name

Teacher

ONSTED ELEMENTARY SCHOOL

10109 Slee Road
Onsted, Michigan 49265



ROCK WALL / PERMISSION TO PARTICIPATE

Dear Parent or Guardians,

We are proud to say that we have a horizontal rock wall here at Onsted Elementary. Students will be able to participate as part of our physical education program. The purchase of the rock wall was made possible by students and their families, staff, friends and community members from proceeds of the annual PTO Jog-A-Thon.

Indoor climbing is one of the fastest growing activities today. It simultaneously develops coordination, strength, flexibility and cardiovascular fitness. Additionally, important life skills like problem solving, goal-setting, perseverance, inner confidence and patience can be learned.

At its highest point, the wall measures eight/ten feet and is 20 feet long. Participants climb horizontally (traverse) across the wall and their feet should never be higher than three/four feet off the ground. Your child will be informed of safety rules and will climb under careful supervision of an adult instructor at all times.

As a safety measure, there is a general purpose mat that lies beneath the rock wall. The mat will not completely eliminate the possibility of injury. Because of the nature of the sport of climbing, the possibility of injury is inherent. This mat CANNOT and DOES NOT eliminate this hazard entirely.

In order for your child to participate on our climbing unit, we must have a signed permission slip. Should you have any questions regarding this exciting educational opportunity, please do not hesitate to call the office or stop in and see the rock wall at your convenience.

Thank you,

Mrs. Davis
Onsted Elementary Principal

-----Please return the completed form to your teacher-----

PERMISSION TO PARTICIPATE ON THE CLIMBING ROCK WALL

_____ (PRINT student name) has my permission to participate in the climbing rock wall at Onsted Elementary school. I understand that this activity involves some risk of injury and I will stress the importance of following the class safety rules when we discuss this activity at home.

Signature of Parent/Guardian

Date

2017-2018 Teacher



MDE Recommends

Michigan Department of Education
<http://www.michigan.gov/studentissues>

KINDERGARTEN ENROLLMENT and ALTERNATIVE KINDERGARTEN PROGRAMS

The sections of the *Revised School Code* that address this issue are contained in the Michigan Compiled Law under MCL 380.1147 and 388.1606.

Enrollment Age

Michigan law entitles a resident child who is at least five years of age on or before December 1 to enroll in kindergarten until the 2013-2014 school year [MCL 380.1147]. For the 2013-2014 school year, a child who resides in the school district may enroll in kindergarten if the child is at least 5 years of age on November 1, 2013. For the 2014-2015 school year, a child who resides in the school district may enroll in kindergarten if the child is at least 5 years of age on October 1, 2014. Beginning with the 2015-2016 school year, a child who resides in the school district may enroll in kindergarten if the child is at least 5 years of age on September 1 of the school year of enrollment. For the district to be eligible to count the pupil in membership and receive state aid, the pupil must meet these age requirements [MCL 388.1606(4)].

Note: The ages prescribed above for a child's eligibility for enrollment in a school district also apply to a child's eligibility to enroll in a public school academy.

Exceptions Provided for Enrollment Age

If a child residing in the school district is not 5 years of age on the enrollment eligibility dates listed above, but will be 5 years of age not later than December 1 of a school year, the parent or legal guardian of that child may enroll the child in kindergarten for that school year if the parent or legal guardian notifies the school district in writing not later than June 1 before the beginning of the school year that he or she intends to enroll the child in kindergarten.

If a child becomes a resident of the school district after June 1, the child's parent or legal guardian may enroll the child in kindergarten for that school year if the parent or legal guardian submits this written notification to the school district not later than August 1 before the beginning of that school year.

A school district that receives this written notification may make a recommendation to the parent or legal guardian that the child is not ready to enroll in kindergarten due to the child's age or other factors. However, regardless of this recommendation, the parent or legal guardian retains the sole discretion to determine whether or not to enroll the child in kindergarten.

If a school district or public school academy enrolls any children in kindergarten for a school year under subsection (3), the school district or public school academy shall notify the department of the number of those children enrolled by not later than December 31 of that school year.

Note: Districts are not required to enroll a child in kindergarten until the child meets the age eligibility of the school year of enrollment as described above. If a district did agree to enroll a four-year old, the district would not be able to claim the child for state school aid purposes.

Alternative Kindergarten Programs

The Michigan Attorney General ruled in an opinion cited as 1987 OAG 6467 that when a child is qualified by residence and age to attend kindergarten, the school district is obligated to accept the child's enrollment in kindergarten despite any recommendation of school district personnel that the child attend an alternative developmental kindergarten program.

This information is provided as a service of the Michigan Department of Education and is distributed with the understanding that the Department is not engaged in rendering legal advice. Those individuals desiring or requiring legal advice should seek the services of an attorney.

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