



Gull Lake Community Schools
10100 East D Avenue, Richland, MI 49083
Voice 269.548.3425 Fax 269.548.3401
www.gulllakecs.org

Affirmation of Prior Discipline Records

A willful false statement on the affirmation will result in a report to the appropriate authorities.

Check the applicable statement, provide all appropriate information and sign this document. The undersigned affirms that (student's name):

Has not been

Has been

Suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for an act of violence against persons and/or property committed on school premises, to and form a school-sponsored activity.

If you check "has been", explain the circumstances in detail. Include the school name, dates of suspension or expulsion, and a description of the incident-giving rise to the suspension or expulsion.

Date: Student's Signature: Parent's Signature:

Date copy sent for verification: Initials of Gull Lake District Staff Member:

Name of Sending (former) School District:

Sending School - Please check one:

According to our records, we can verify that the information provided above by the parent/student is correct

According to our records, the information provided by the parent/student is not correct.

If the student has been involved in offenses involving weapons, alcohol, drugs, or will full infliction or injury to persons or an act of violence against persons and/or property committed on school premises, at a school-sponsored activity, or on public or private conveyance providing transportation to or from school or a school-sponsored activity, please forward appropriate disciplinary documentation.

Date: Signature of sending District Administrator/Title:



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Authorization to Release/Exchange Information

Client's Name: DOB:

Parent/Guardian's Name:

I, , hereby authorize Dennis A. LeClear, LPC to release and or exchange the following information:

To/With

Verbal exchange of information

Written exchange of information

Specific Information to be Shared/Disclosed:

Assessments

Treatment Plan

Progress Reports

Appointment History

Psychiatric Evaluation

Medications

Medication Management Notes

Test Results

Other

Information NOT to be released:

Reason for disclosure

Coordination of services

Continuity of care

- **This Authorization will expire once the purpose for this disclosure ceases to exist, but no later than one year from the original date of signing unless revoked prior to expiration.**
- I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain Mental Health Services/Treatment.
- I understand that I will need to complete a separate authorization for each individual agency in order to release information about the following serious communicable diseases: HIV, AIDS, ARC, TB and Hepatitis.
- I understand that I may withdraw my authorization at any time. I understand also that such withdrawal of my authorization may not be effective to prevent disclosure of information previously authorized or to stop previous action that has been taken in reliance on this authorization.
- I understand that, if the person or entity receiving this information is not covered by the Federal Privacy Regulations, such information may no longer be protected from further disclosure (unless it is also covered by the Substance Abuse Confidentiality Act – 42 CFR Part 2, further disclosure is prohibited).
- My signature means that I have read this form and/or have had it read to me and explained in language I can understand know what information will be disclosed and give my voluntary consent to its release.

Signature: See Signature Sheet Date:

Witness: Date:



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CONCUSSION AWARENESS

EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

Parents and Student MUST sign and return this form after reading Understanding Concussion

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 Concussion Fact Sheet for Students provided by Gull Lake Community Schools.

Print Participant's Name:

Print Parent/Guardian's Name:

Participant's Signature: See Signature Sheet

Date:

Parent/Guardian's Signature: See Signature Sheet

Date:

Return this form with your student and parent signature. This form must be kept on file for the duration of participation at Gull Lake Community Schools.

Participants and parents: Please review and keep the attached educational materials for future reference.

Understanding Concussion

Some Common Symptoms

Headache	Balance Problems	Sensitive to Noise	Poor Concentration	Not "feeling right"
Pressure in the Head	Double Vision	Sluggishness	Memory Problems	Feeling Irritable
Nausea/Vomiting	Blurry Vision	Haziness	Confusion	Slow Reaction Time
Dizziness	Sensitive to Light	Fogginess	"Feeling Down"	Sleep Problems
		Grogginess		

What is a Concussion

A **concussion is a type of traumatic brain injury** that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

If You Suspect A Concussion

- 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 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	*Can't recall events prior to or after a hit or fall	*Answers questions slowly
*Is confused about assignment	*Is unsure of game, score or opponent	*Loses consciousness (even briefly)
*Forgets an instruction	*Moves clumsily	*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	*Slurred speech	*Loses consciousness (even a brief loss of consciousness should be taken seriously)
*Is drowsy or can't be awakened	*convulsions or seizures	*Weakness, numbness, or decreased coordination
*A Headache that gets worse	*Can't recognise people/places	*Has unusual behavior
*becomes increasingly confused, restless or agitated.	*Repeated vomiting or nausea	

How To Respond to a report of a Concussion

If a student reports one or more symptoms of a concussion after bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a healthcare professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for Months or longer.

To learn more, go to www.cdc.gov/concussion.

Parents and Students Must Sign and Return the Concussion Awareness Educational Material Acknowledgement Form.

Counseling Information Form

Dear Parents,

Is your child struggling at school and/or at home? Are you having difficulty communication with your child or understanding why your child is struggling? There are a wide variety of reasons that a child may exhibit oppositional or disruptive behaviors, symptoms of sadness or depression, and/or anxiety. Counseling by a licensed clinician can assist in resolving the issues your child may be struggling with by creating a Safe environment, listening and understanding your child's perspective, assisting your child in developing insight into their thoughts, behaviors and the resulting consequences, and providing skills training in the areas that may be lacking.

Counseling services are usually covered by most private insurers and Medicaid plans. If you feel that your child would benefit from counseling, during school hours or at my office, please contact Mrs. Walker, at your child's school, complete the information below and the Authorization to Release/Exchange Information form so your child's school may contact me. If you would like more information please call **Dennis LeClear, M.A., M.Ed.**, a Licensed Professional Counselor at 269.370.2899.

Child's Name: DOB:

Parent(s)/Guardian's Name:

Address:

City: State: Zip Code: Phone:

Emergency Contact: Phone:

Primary Insurance: Group ID:

I authorize the Therapist listed above to see my child at school during school hours.

Parent/Guardian's Signature: See signature sheet

Does your child have any food allergies? (Snacks and /or candy are given as incentives for progress toward goals and or objectives):

Is your child currently receiving counseling services?

1.3 Check-In Fines:

Students who graduate early, withdraw, are suspended or expelled, or terminate enrollment at Gull Lake School for any other reason must return their individual school device on the date of termination. If a student fails to return the device at the end of the school year or upon termination of enrollment, that student will be subject to criminal prosecution or civil liability. The student will also pay the cost of the device. Failure to return the device will result in a theft report being filed with the Police Department. Furthermore, the student will be responsible for any damage to the device, consistent with the District's Device Repair Cost and must return the device and accessories in satisfactory condition. The student will be charged a fee for any needed repairs, not to exceed the replacement cost of the device.

2. Taking Care of Your Device

Students are responsible for the general care of the device they have been issued by the school. Devices that are broken or fail to work properly must be reported **immediately** to the GLHS Media Center Help Desk for evaluation and completion of necessary documentation.

2.1 General Precautions:

The device is school property and all users will follow these guidelines and the Acceptable Use Policy for technology.

- Only use a clean, soft cloth to clean the screen, no cleansers of any type.
- Cords and cables must be inserted carefully into the device to prevent damage.
- Device and case must remain free of any writing, drawing, stickers, or labels that are not the property of the Gull Lake School District.
- Device must never be left in an unlocked locker, unlocked car or any unsupervised area.
- Students are responsible for keeping their device's battery charged for school each day.

2.2 Carrying Devices:

The protective case on the device has been designed in accordance with Military Specifications (MILSPEC). This does not mean that the device is indestructible, but rather it is not as easily broken. The screens are still made of glass and will shatter if not treated with care.

Some carrying cases (i.e. backpacks) can hold other objects (such as folders, textbooks and workbooks), but these must be kept to a minimum to avoid placing too much pressure and weight on the device's screen. Most screen breakage occurs from devices being placed in backpacks, which are then tossed, packed tightly, stepped on, tripped over, etc...

2.3 Screen Care:

The device's screen can be damaged if subjected to rough treatment. The **screens are particularly sensitive to damage** from excessive pressure on the screen.

- Do not lean on the top of the device when it is closed.
- Do not place anything near the device that could put pressure on the screen.
- Do not place anything inside the case that will press against the screen.
- Clean the screen with a soft, dry cloth or anti-static cloth. **Use of harsh chemicals WILL damage the screen.**
- Do not "bump" the device against lockers, walls, car doors, floors, etc. as it will eventually break the screen.

3. Using Your Device at School

Devices are intended for use at school each day. In addition to teacher expectations for device use, school messages, announcements, calendars and schedules may be accessed using the device. Students must be responsible to **bring their device to all classes**. All aspects of the Student Code of Conduct and Acceptable Use Policy are applicable to the use of device and other electronic devices.

3.1 Devices Left at Home:

If students leave their device at home or lose device privileges, they are responsible for getting the course work completed as if they had their device present.

3.2 Device Undergoing Repair:

Loaner devices **may** be issued to students when they leave their device for repair. Parents/students will be expected to sign a repair form and acknowledge damages and potential cost. There **may** be a delay in receiving a loaner device.

3.3 Charging Your Device

Devices must be brought to school each day in a fully charged condition.

3.4 Screensavers:

- Inappropriate media may not be used as a screensaver or background photo.
- Presence of violent guns, violent weapons, pornographic materials, inappropriate language, alcohol, drug, tobacco, and gang related symbols or pictures will result in disciplinary actions.

3.5 Sound, Music, Games or Programs:

- Sound must be muted at all times unless permission is obtained from the teacher for

instructional purposes.

- Music that is downloaded legally is allowed on the device and can be used at the discretion of the teacher.

3.6 Home Internet Access:

Students are allowed to set up wireless networks on their device. This will assist them with device use while at home. Printing at home will require setup. The Acceptable Use Policy will apply to the use of the District's device even when a student takes the device off-campus and accesses the Internet.

4. Managing Your Files & Saving Your Work

4.1 Saving to the Device/Home Directory:

It is recommended students utilize cloud based storages, such as Google Apps and Google Drive. It is the student's responsibility to ensure that work is not lost due to mechanical failure or accidental deletion. Device malfunctions are not an acceptable excuse for not submitting work.

5. Acceptable Use

The use of the Gull Lake School District's technology resources is a privilege, not a right. The privilege of using the technology resources provided by the Gull Lake School District is not transferable or extendible by students to people or groups outside the district and terminates when a student is no longer enrolled in the Gull Lake School District. All users should be aware of the responsibilities associated with efficient, ethical, and lawful use of technology resources. **Students shall have no expectation of privacy when using their device or in the contents of their device.**

The District's device and network is not an invitation to users for dissemination of information in a "public forum." The district will maintain its technology resources, including the device, as a "nonpublic forum." A "nonpublic forum" is an area, which is neither traditionally open to public expression nor designated for such expression by the government. The district owns the information contained in its technology resources, like the device, and may take steps to monitor and regulate the content contained in the agreement.

If a person violates any of the User Terms and Conditions, privileges may be terminated, access to the school district technology resources may be denied, and the appropriate disciplinary action shall be applied. The Gull Lake School District's Acceptable Use Policy as well as the Student Handbook shall be applied to student infractions.

When applicable, law enforcement agencies may be involved. Violations may result in disciplinary action up to and including suspension/expulsion for students

5.1 Parent/Guardian Responsibilities:

- Talk to your children about values and the standards that your children should follow on the use of the Internet just as you do on the use of all media information sources such as television, telephones, movies, and radio.
- Should you want your student to opt out of having a device, you will need to sign the Device Agreement Form indicating this and understand that your student is still responsible for meeting the course requirements.

5.2 School Responsibilities:

- School will provide Internet blocking of inappropriate materials as able.
- School will provide network data storage areas. These will be treated similar to school lockers. Gull Lake School District reserves the right to review, monitor, and restrict information stored on or transmitted via Gull Lake School District owned equipment and to investigate inappropriate use of resources.
- School will provide staff guidance to aid students in doing research and help assure student compliance of the Acceptable Use Policy.

5.3 Student Responsibilities:

Students will use computer/devices in a responsible and ethical manner.

- Students will use their device in a manner consistent with the Board of Education's Policies 7540 and 7540.03, Acceptable Use Policy, the Student Handbook, and this Agreement.
- Students will use all technology resources in an appropriate manner so as not to damage school equipment. This "damage" includes, but is not limited to, the loss of data resulting from delays, non-deliveries, miss-deliveries or service interruptions caused by the student's own negligence, errors or omissions. Use of any information obtained via Gull Lake School District's designated Internet system is at your own risk. Gull Lake School District specifically denies any responsibility for the accuracy or quality of information obtained through its services.
- Students will help the Gull Lake School District protect its computer system/devices by contacting an administrator about any security problems they may encounter.
- Students will monitor all activity on their account(s).

- Students should always turn off and secure their device after they are done working to protect their work and information.
 - If a student should receive email containing inappropriate or abusive language or if the subject matter is questionable, he or she is asked to print a copy and turn it into the office.
 - Comply with trademark and copyright laws and all license agreements. Ignorance of the law is not immunity. If you are unsure, ask a teacher or parent.
-
- Plagiarism is a violation of the Gull Lake High School Student Handbook. Give credit to all sources used, whether quoted or summarized. This includes all forms of media on the Internet, such as graphics, movies, music, and text.

5.4 Student Activities Strictly Prohibited:

- Illegal installation or transmission of copyrighted materials.
- Any action that violates existing Board policy or public law.
- Sending, accessing, uploading, downloading, or distributing offensive, profane, threatening, pornographic, obscene, or sexually explicit materials.
- Use of sites selling term papers, book reports and other forms of student work.
- Messaging or content sharing services of any kind for non-school related activities.
- Internet/computer games during instructional time. ▪ Installation of profiles, applications, or connections that intentionally bypass the district's network including but not limited to virtual private networks or proxies.
- Spamming – sending mass or inappropriate emails.
- Gaining access to another student's accounts, files, and/or data.
- Use of the school's Internet/email accounts for financial or commercial gain or for any illegal activity.
- Inappropriate use of anonymous and/or false communications such as Facebook, Twitter, Snapchat, Yik Yak, etc.
- Students are not allowed to give out personal information, for any reason, over the Internet.

This

includes, but is not limited to, setting up Internet accounts including those necessary for chat rooms, eBay, email, etc.

- Participation in credit card fraud, electronic forgery or other forms of illegal behavior.
- Vandalism (any malicious attempt to harm or destroy hardware, software, or data, including, but

not limited to, the uploading or creation of computer viruses or computer programs that can infiltrate computer systems and/or damage software components) of school equipment will not be allowed.

- Transmission or accessing materials that are obscene, offensive, threatening or otherwise intended to harass or demean recipients.
- Bypassing the Gull Lake Community School's web filter through a web proxy.

- Use or possession or hacking software is strictly prohibited and violators will be subject to disciplinary action. Violation of applicable state or federal law will result in criminal prosecution and/or disciplinary action by the District.
- Passwords should be used for security purposes, but must be disabled when asked by a Gull Lake Community School Staff Member.

5.5 Device Care:

Students will be held responsible for maintaining their individual device and keeping them in good working order. Students will be responsible for damages to their device.

- **Devices must be charged.**
- Only labels or stickers approved by the Gull Lake School District may be applied to the device.
- Devices that malfunction or are damaged must be reported to the GLHS Media Center Help Desk. The school district will be responsible for repairing devices that malfunction. Devices that have been damaged will be repaired with the cost being borne by the student. Students will be responsible for the entire cost of repair or be responsible for full replacement cost.
- Devices that are stolen or lost must be reported immediately to the Main Office or Media Center Help Desk. Devices not recovered will require a report filed with the Police Department.

5.6 Student Discipline:

If a student violates any part of the above guidelines, he or she will be subject to consequences as listed in the Acceptable Use Policy and the Gull Lake High School Student Handbook. Devices are a privilege; students misuse will result in restrictions and/or loss of device use.

6. Protecting & Storing Your Device

6.1 Device Identification:

Student devices will be labeled in the manner specified by the school. Devices can be identified in the following ways:

- Record of serial number and correlated asset tag.
- Gull Lake School label.

6.2 Storing Your Device:

Gull Lake Community Schools recommends the student use their locker to secure and store their device. Nothing should be placed on top of the device when stored in their locker. Students are encouraged to take their device home every day after school, regardless of whether or not

they are needed. Devices should not be stored in a student's vehicle at school or at home. If a student needs a secure place to store their device, they may check it in for storage with the HelpDesk in the Media Center. **Do NOT leave your device in a place that is experiencing extreme hot or cold conditions (i.e. car in summer or winter). Extreme heat will damage the unit itself. Extreme cold will cause severe screen damage.**

6.3 Devices Left in Unsupervised Areas:

Under no circumstances should devices be left in unsupervised areas. Unsupervised areas include the school grounds and campus, the lunchroom, computer lab, locker rooms, library, unlocked classrooms, dressing rooms and hallways. Any device left in these areas is in danger of being stolen. If a device is found in an unsupervised area, students should return it to school personnel, Media Center Help Desk, or front office. Violations may result in loss of device privileges and/or other privileges.

7. Repairing or Replacing Your Device

7.1 School Device Repair Cost:

In the event of device damage, the individual student will incur the cost of repair or complete replacement value of the device. Costs possibly incurred by the student include cases, chargers, cables, screens or full device replacement.

7.2 Replacement and Repair Costs:

Other Costs: The district does not cover lost items such as protective sleeves and cables. Lost items such as sleeves and cables will be charged the actual replacement cost.

Full Device Replacement \$183 Charger \$60

Personal Home or Homeowners Insurance Coverage

If students or parents wish to carry their own additional personal insurance to protect the device in cases of theft, loss, or accidental damage, they should consult their insurance agent for details about their personal coverage of the device. Most insurance companies will require a rider for electronics and only provide so much coverage and generally a higher deductible.

Gull Lake School District Student Pledge For Device Use

- I will take good care of my device.
- I will never leave my device unattended.
- I will never loan out my device to other individuals.
- I will know where my device is at all times.
- I will charge my device daily.
- I will keep food and beverages away from my device.

- I will not disassemble any part of my device or attempt any repairs.
- I will use my device in ways that are appropriate, meet Gull Lake School District expectations, and are educational.
- I will not place decorations (such as stickers, markers, etc.) on my device or provided case; I will not deface the serial number or any district tagging.
- I understand that I have no expectation of privacy in my device or its contents, and both are subject to inspection at any time without notice and remain the property of the Gull Lake School District.
- I will follow the guidelines outlined in the Device Guidelines, the Student Code of Conduct and the Acceptable Use Policy while at school, as well as outside the school day.
- I will not record video or take pictures of others without their consent or permission.
- I will be responsible for all damage or loss caused by neglect or abuse.
- I agree to return the device and accessories in good working condition.
- I will not circumvent intended district network settings.

Gull Lake High School

2017-2018 Device Agreement

I agree to the stipulations set forth in the above documents including the Device Guidelines, Procedures, and Information, the Acceptable Use Policy, and the Student Pledge for Device Use, all found online at www.gulllakecs.org/domain/84

Student Name (please print):

Student Signature: See Signature Sheet Date:

Parent/Guardian Name (please print):

Parent/Guardian Signature: See Signature Sheet Date:

----- At
 this time, I decline my student having the device for the 2016-2017 school year.

Student Name (please print):

Parent/Guardian (please print):

Parent/Guardian Signature: See Signature Sheet Date:

Graduating seniors are to return the device to Gull Lake Community Schools at the end of the school year. Students who graduate early, withdraw, are suspended or expelled, or terminate enrollment at Gull Lake School District for any other reason must return their school device on the date of termination.



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2017-2018 Gull Lake Community Schools Electronic Device Acceptable Use Policy

Student Name (Print): Date:

Student Signature: See Signature Sheet Year of Graduation:

Parent/Guardian Signature: See Signature Sheet Date:

I do **NOT** wish to allow my student to use the Internet while at school. I understand though, during certain curricular activities, my student must use school computers and the District's network resources.

This agreement covers access to and use of electronic devices (personal or otherwise), electronic resources and Internet access.

Gull Lake Community Schools (GLCS) offers students and staff accounts for access to electronic resources. This access is provided in order to promote educational excellence within GLCS by facilitating resource sharing, innovation, and communication. Access to the Internet will be provided according to established procedures, guidelines and law.

In compliance with the Children's Internet Protection Act, GLCS has implemented Internet filtering mechanisms. However, please know there is a wide range of material available on the Internet, which is not appropriate for students. It is not practical or possible for GLCS to monitor and enforce the wide range of social values represented on the Internet. GLCS recognizes parents bear primary responsibility in specifying to their student what is or is not acceptable.

Access to electronic resources is a privilege and not a right. GLCS may discipline students or take away their right to use the Internet and electronic resources at school if the student misuses this privilege. Students are responsible for their own actions while on the Internet or while using GLCS resources.

All materials, communications (including email), files, visited Internet sites, and device use may be monitored or read by school officials.

GLCS uses Google Apps for Education (GAFE) as our primary means of communication and collaboration. Upon acceptance of this guideline, a GAFE account will be created. All accounts and communications are tracked and are archived. **Students in the K-5 grades will have GAFE email accounts which will only be allowed to communicate with other Teachers, Staff, and Students within GLCS. K-5 students will not be able to send or receive email outside of the school district.**

Purpose and Acceptable Use.

- The term "**educational purpose**" is the guiding factor for all activities, which includes classroom activities, career development, and high-quality educational self-discovery activities.
- Electronic resources must be used in an educational manner to support Creativity, Critical Thinking, Collaboration, Cooperation, and Communication.



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Emergency Evacuation Form

Parents should discuss with their children where to go in the event that school is dismissed early. Once your child arrives home, s/he needs to be able to get in the house and know what to do and /or have a caretaker at home. Please, explain emergency phone numbers and procedures with your child! To help us handle emergency early dismissals, please fill out the following information.

Student's name: Teacher's name:

Home Address:

Phone #'s: Home: Work: Cell:

Siblings Grade/Building: Grade: Building:

Grade: Building:

Bus Numbers: To School: Home from School:

Parent's Signature:

School Emergency Routine:

Your child will be taken by bus to his or her routine after-school bus stop unless you have designated that your child is to go to the home of a friend and have supplied us with the name and bus number of that friend. if you supply that information, then your child will ALWAYS IN THE EVENT OF AN EMERGENCY be taken to that child's home. In the event of an emergency, we do not have time to contact each parent about which bus stop (home or friend's stop) to use. Our phones must be kept open for emergency use only. YOU MUST CHOOSE ONE OPTION BELOW:

My child will ride to his or her usual after-school bus stop. (it eliminates confusion if you meet your child at home, rather than pick him or her up at school.)

My child will ride home on the bus with, . I give my permission to have any child ride to the home of , at (address) on Bus No. , in the event of any school emergencies. That must be an approved bus stop address. Any questions call Transportation at 548-3890. I have discussed this plan with the parent of this friend before submitting this information to school.

My child will report to child care (AACC) after school program to be transported to an emergency location.



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Enrollment Form

To Day's Date:

Re-enrolling in a Michigan Public School Yes No

For Office Use Only

Date last attended a Michigan Public School

Verification of

School District last attended

Birth Certificate ___ Yes ___ No

Immunizations ___ Yes ___ No

Residency ___ Yes ___ No

State ID _____ Student # _____

Locker Number _____ Comb. _____

Homeroom/Teacher _____

Bus# (Pickup) _____ Bus# (Drop-off) _____

Building _____ 1st Day of Attendance

__/__/__

Student Information

Student's Legal Name: Nickname:

Last

First

Middle

Optional

Gender: M F Birthdate: Age: Grade: Student's Email Address:

Has the student been previously suspended or expelled? Yes No If yes, please explain: If Yes, which district?

Ethnicity and Race

Ethnicity and Race (Part A & B) of the questions must be answered. If either part is not answered, the US Department of Education requires the District to supply an answer on your behalf.

Part A: Ethnicity - choose only one. Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.) Yes NO

Part a refers to ethnicity, not race. No matter which box you selected above, please continue to answer Part B.

Part B: Race

American Indian or Alaska Native (origins from any of the original peoples of M, S, or Central America)

You may choose

Asian (Origins from any of the original peoples for the Far East, Southeast Asia, or the Indian subcontinent)

one or more ethnicity.

Black or African American (Origins from any of the black racial groups of Africa)

Native Hawaiian/Other Pacific Islander (Origins from any of the original peoples of any Pacific Island)

White (Origins from any of the original peoples of Europe, the Middle East or N Africa)

Primary Household Information

Primary Phone #: Unlisted Phone # for Attendance calls: Unlisted

Primary Email Address:

Is the primary language used in your child's home or environment a language other than English? Yes No If yes, what is that language? Resident District:

Is your child's native tongue a language other than English? Yes No If your what is that language?

Current Physical Address:

Street Address

City

State

Zip

County

Current Mailing Address:



Gull Lake Community Schools
10100 East D Avenue, Richland, MI 49083
Voice 269.548.3425 Fax 269.548.3401
www.gulllakecs.org

(If different)

Street Address

City

State Zip

Primary Head(s) of Household (with whom does the child reside?)

Check that apply

Adoptive Parent(s)
Birth Parent(s)
Father/Stepmother
Mother/Stepfather
Mother Only

Father Only
Legal Guardian
Emancipated Minor
Shelter
Foster Home(less than 6 months) Yes No

Relative Who:
Double-up
Hotel/Motel
Grandparents
Other

Primary Household Data

Primary Resident 1

Primary Resident 2

Head of Household Name/Title (Last, First, Middle):

Relationship Type:

Occupation/Employer:

Employer Phone #:

Additional Notes for above Phone #:

Cell Phone #/Pager:

Additional Notes for above Phone #:

Email Address:

Secondary Head(s) of Household

Does the child have a second parent/second residence? Yes No If yes, with whom?

Mother Only

Stepmother/Father

Other:

Father Only

Stepfather/Mother

Joint Custody? Yes No

Secondary Household Data

Secondary Residence 1

Secondary residence 2

Head of Household Name/Title (L,F,M):

Relationship Type:

Occupation/Employer:

Employer Phone #:

Additional Notes for above Phone #:

Cell Phone/Pager:

Additional Notes for above Phone#:

Email:

Emergency Contact Information

Calling Order	Name	Relationship Type	Work Phone	Cell Phone	Home Phone
---------------	------	-------------------	------------	------------	------------

1.

2.

Doctor

Doctor

Dentist

Dentist

If a medical emergency exists, the school is authorized to take appropriate action on behalf of the child. The family will assume all medical costs. ___ Yes ___ No Preferred Hospital:

Other Siblings Living At Home

Name	Gender	Birthdate	School	Grade
------	--------	-----------	--------	-------

1.

2.

3.

Health Information

Medical information is confidential and will be shared with personnel on a need to know basis.

Special Health Conditions: Diabetes, Heart, Asthma, Seizures, Others - Explain:

Allergies: Insects/Bee Stings, Medication, Food, Environmental, Explain all:

Is student currently taking any prescription medications? Please list:

Miscellaneous Information

Please Underline the information/activities you wish to exclude your student from:

Student Directory, Armed Forces Recruited Access, School Travel, Photos from School Publications

I certify that all information is true and valid and that I am authorized to enroll this student:

Signature:

Date:



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Home Language Survey

State Board of Education Approved

The **Gull Lake Community Schools** is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Section 380.152 – 380.1157 of the School Code of 1995, Michigan's Bilingual Education Law. Would you please help by providing the following information? Thank you very much for your cooperation.

Name of Student: Grade: Age:

School Building:

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

Yes No What is the language?

2. Is the primary language (1) used in your child's home or environment a language other than English?

Yes No What is the language?

Parent/Guardian Signature: Address: Date

(1) "Primary language" means the dominant language used by a person for communication.

- Translation of this survey form in Spanish, Arabic, French, Italian and Ojibwa is available at the office of Field Services at 517.373.6066

Racial-Ethnic Data Collection

Check the square adjacent to the racial-ethnic information that corresponds to the group that you most identify with. Although you are not legally obligated to provide this information, it has been requested by the Michigan State Board of Education for the purpose of educational research. Our response will be kept confidential.

Student Name: Grade:

American Indian or Alaskan Native: A person having origins in any of the original peoples of North America, or who maintains cultural identification through tribal affiliation or community recognition.

Asian or Pacific Islander: A person having origins in any of the original peoples of the Far east, Southeast Asia, the Indian sub-continent, or the Pacific Islands.

Black, not of Hispanic Origin: A person having origins in any of the black racial groups of Africa.

Hispanic: A person of Mexican, Puerto Rican Cuban, Central or South American or other Spanish Culture or origin, regardless of race.

White, not of Hispanic Origin: A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

Yes No **Multi-Racial:** Multi-racial is a person of mixed racial-ethnic origins.



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Medication Prescriber/Parent Authorization Form

Student's Name: Birthdate: Teacher: Grade: School Year:

To be completed by physician/licensed prescriber only:

	Medication	Dose	Time to be given	Form/Route*	Side Effects	Adverse Reactions
1.						
2.						

*Routes-oral (pill/capsule/chewable, liquid) inhaled (inhaler, nebulizer) topical (eye drop, ointment) topical (eardrop, injection, other list)

List minimal frequency between doses (especially if p.r.n.)

If p.r.n., list symptoms/conditions under which medication is to be given:

Reason for medication (optional) Medication 1:

Medication 2.

Special Instructions:

Start date:

If not beginning of the school year

End date:

If not the end of the school year

Physician's Signature:

Date:

Physician's Name Print:

Physician's Phone #:

Fax:

Address:

To be completed by Parent:

I request and give permission for (name of child) to receive the above medication(s) as school according to standard school district policy and for the physician('s)/staff and school district staff to share information needed to assist my child with medication needs. (Schools require parent/guardian to bring medication in it original containers).

Parent/Guardian Signature:

Date:



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The following items **MUST** be included at the time of enrollment for students to become eligible to attend classes at Gull Lake Gateway Academy. **We will not rely on the prior school to send or fax a copy at a later time.**

- Proof of Residency It must show the parent or guardian's name and current address listing an address that is in the Gull Lake Community School's District. This can be a deed, rental receipt, property tax statement, driver's license utility bill.
- **Most recent report card or transcript of grades.**
- **Copy of Birth Certificate**
- **Proof of current immunizations:**
 1. **DPT** – 4 doses PLUS a tetanus booster (if the child has not had one in 10 years) are required.
 2. **POLIO** – 3 doses are required.
 3. **MMR** – 2 doses are required.
 4. **HEPATITIS B** – 3 doses are required. If the student has never received the Hepatitis series, then the first dose must be given before they can begin classes. After 28 days, the second in the series must be administered and the third 56 days after the second. Students can attend classes while receiving the series but documentation must be provided at the time the shot is given.
 5. **CHICKENPOX** – 1 dose required, or signed documentation, provided in enrollment packet, by a parent or physician that the student has had the chickenpox disease in lieu of the vaccine.
 6. **MENINGOCOCCAL** – 1 dose required.

Family Support

- We agree to attend all Parent-Teacher Conferences for which we are scheduled so that we may meet with his/her teachers to discuss our child's performance in school.
- We agree to support our child's academic work by communicating regularly with our child's teachers.
- We understand that we are not required to sign this contract as a term of our child's admission to Gull Lake Gateway Academy (GLGA), but do so voluntarily because we believe that GLGA is a partnership between parents and educators in creating the best possible education for our child.

Parent/Guardian Name:

Parent/Guardian Signature: Date:

Contact Person:

The best method of communication:

Contact Information (i.e. phone/cell number, email address):

As the teacher, I want your child to learn and be successful. I will commit to do the following:

- Be at school each day, prepared to assist in your child's learning.
- Welcome you as an important member of our school.
- Provide extra help and services when needed.
- Keep you informed with the progress your child is making.
- Help your child learn and grow to become a positive citizen.

Teacher Signature: Date:

Contact Information: email – lwalker@gulllakecs.org Phone – 269.548.3425



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Payment System Brings Online Convenience to Parents

Gull Lake Community Schools offers an online payment processing system, PaySchools, to allow parents to have easy and convenient online access to purchase and pay for items and fees 24 hours a day, 7 days a week.

Parents make payments on the school's Website, www.gulllakecs.org, with an e-check or credit card. Go to the school website, click on Parents, then Payschools Link. From there you can click Add Money to Child's Lunch Account, Make a Payment (for yearbook, athletics, etc), or Check Student Balance. To ensure your security, Payschools does not store personal bank or credit card information. Items that may be purchased online during the school year may include:

- High School and Middle School Yearbooks
- Ryan Intermediate 5th Grade Mackinac Trip
- Ryan Rally Donation
- Scholarships for Mackinac Trip Donation
- School Trips
- STUDENT LUNCHES (student ID is required)
- HS and MS Athletic Participation fees
- Athletic items
- Community Ed, Preschool, AACC and Summer Camp

Michelle Darnell, school contact person, is available to answer any questions at mdarnell@gulllakecs.org.



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Release of School Records

Student Enrolling:

Date of Birth: Current Grade:

Previous School Transferring From: Name:

Address:

According to the Final Regulation - Family Education Rights and Privacy Act dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that the school officials, including teachers within the educational institution and officials of other school systems in which the student may intend to enroll, may receive a student's record without a written consent for such release.

Please fax the following information to 269.548.3401 and then mail the complete CA-60 file to the address listed above.

- *Grades to Date
- *Transcript
- *Immunization Records*Birth Certificate
- *Discipline Information
- *Special Education Information (IEP, PA504, or accommodation plans)

***Please also include the student's State of Michigan UIC Number (if applicable).

Thank you for your prompt attention.

Lynnette Walker
Coordinator and Lead Teacher
Gull Lake Gateway Academy



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Permission to watch 'R' rated Movies

School Year 2017/2018

I give my student, , permission to watch 'R' rated movies at school as they relate to historical events and may contain many graphic scenes; or strong language. Movies such as The King's Speech, Stand By Me, American Sniper, and Lone Survivor, just to name a few.

See Signature Sheet

Signature of Parent/Guardian of Student



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School Immunization Requirement

In order to enter school, your student must have the following immunizations listed below. You do not have to wait until your child's 5th birthday to complete the school requirements. All State of Michigan immunizations may be completed on or after the child's 4th birthday. We must have a copy of your child's immunization record from your doctor's office or local county health department BEFORE they start school

Required for all children entering kindergarten, all sixth grade students and all children changing school districts:

- Two doses of Varicella vaccine or history of chickenpox disease
- For doses of DTP with the fourth dose on or after the 4th birthday
- Three doses of Polio with the third dose on or after the 4th birthday
- Two doses of MMR with the first dose given on or after the 1st birthday
- Three doses of Hepatitis B (if series given in infancy, the third shot must be given on or after the 6month birthday)

Required for all children 11-12 years of age who are changing school districts or who are enrolled in 6th grade:

- One dose of Tdap Vaccine (if 5 years have passed since last dose of Dtap, Td or DT)
- one dose of Meningococcal (menactra, MCV4, MPSV4) Vaccine and a 2nd dose of Varicella will be required for all new and 6th grade students

Vision and Hearing testing is mandatory before child starts kindergarten. If you do not have a doctor that provides hearing and vision screening, please contact your local Human Services Department and schedule an appointment.

Kalamazoo County: 269-373-5200

Calhoun County: 269-969-6384

Thank you for attending to your child's immunizations and screening in a timely manner. Please feel free to contact Joni Knapper RN, BSN, District Nurse with any questions at 269-548-35298.



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School Year Consent Verification 2017-2018

Student: Grade: Birth Date:

Medical Treatment Consent

As parent/guardian of the above student, I recognize that as a result of normal participation in school activities, emergency medical treatment may become necessary and that school personnel may be unable to contact me or emergency contacts for consent to emergency medical care. I hereby give my consent to emergency care, including ambulance transportation and hospital services, as deemed necessary, under existing circumstances.

Yes__No__

Military Recruiters Request for Information

The school district is required to release names, addresses and telephone listings of secondary school students to military recruiters upon their request **unless** the student or their parent/legal guardian request that the student's contact information not be released.

Yes__No__

Picture Release Consent

I give my consent for my student's picture(s) to be used in school/community publications as deemed appropriate by the school.

Yes__No__

Permission for Educational Travel

I give my permission for my student to go on any trip which the school may sponsor for its groups.

Yes__No__

Counseling

Students will be given the opportunity to attend weekly group and individual counseling sessions. This gives them the opportunity to work on issues, with professional guidance, which will help insure their academic and personal success.

Yes__No__

Parent/Student Acknowledgement of Student Handbook

I acknowledge that the Student Handbook is located on the Gull Lake Gateway Academy website (gulllakecs.org) and that I/We agree to the policies and procedures as outlined in the handbook.

See Signature Sheet
Parent/Legal Guardian Signature

Date

See Signature Sheet
Student Signature

Date



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Signature Document

By signing the bottom of this form you are stating that you have read, understand, have give truthful information and if necessary agree to what is stated in the documents listed below.

GLCS/GLGA Enrollment form GLCS/GLGA Device Guideline Procedures and Information

GLCS/GLGA Electronic Device Acceptable Use Policy GLGA Parents'/Guardians' Commitment

GLGA Handbook GLGA Therapy Dog Form GLGA 'R' Rated Movie Form

GLGA Authorization to Release/Exchange Information and Counseling Information Form

GLCS/GLGA Concussion Awareness GLGA School Year Consent Verification 2017-2018

GLGA Injury Waiver and General Release Form

Student's Signature: _____

Date: ___/___/___

Parent/Guardian's Signature: _____

Date: ___/___/___



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Therapy Dog Approval

School Year 2017-2018

Your permission is requested for your child to participate in activities involving a therapy Dog. The animal has completed behavioral and health testing requirements allowing it to be in Gateway Academy.

I have discussed with Mrs. Walker any allergies or aversions that my child has for dogs.

By signing this form I give my informed consent for my child to participate in this program.

Student's Name:

Parent/Guardian Signature: Date:



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Request for Authorization to Volunteer

Background Check Consent Agreement

2017-18 Background Check Consent For Volunteers. As a prospective volunteer of Gull Lake Community Schools (GLCS), I understand that it is the school district procedure to secure conviction criminal history information from the Michigan State Police as part of its screening process for volunteers using the information provided below.

Name:

Maiden Name or Names Previously Used:

Student's Name:

Drivers License Number:

Phone Number:

Volunteer's Date of Birth:

Sex: M F

Race:

White

Asian or Pacific Islander

Black

American Indian or Alaska Native

I understand that the above information is required by the Central Records Division of the Michigan State Police in Lansing, Michigan to do such a search. I authorize the GLCS to utilize the above information for the sole purpose of obtaining a **conviction only criminal history file search** from the Michigan State Police.

Agreement with Volunteers. I have offered my services as a volunteer to help GLCS in the **following sport and /or activity:**

I agree to abide by relevant board policies and implementing procedures while on duty for the District. I understand that, although I am covered under the District's liability insurance policy while acting on behalf of the school District in a reasonable and prudent manner demonstrating reasonable forethought. I am not covered by its health insurance policy nor am I eligible for worker's compensation. Should I become ill or suffer an accident while doing volunteer work for the District. I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further that, as a volunteer, I am not in any manner considered an employee of the District or entitled to any benefits or compensation provided to employees. I further release the Gull Lake Board of Education from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

For the protection of the children in the school, GLCS is required by law to inquire whether prospective employees have been convicted of a crime related to children. This procedure calls for a comprehensive background check with the Central Records Division of the Michigan State Police. Volunteers are also required to agree to a background check for the sole purpose of obtaining a conviction only criminal history, by the school district, using the school district background check consent form. The school district appreciates the work of each volunteer for the time and efforts provided in the assisting in the operation of the schools. The signature of the volunteer below represents understanding of and agreement to the conditions listed above.

Volunteer's Signature: Date:

Authorized by: Date:



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