



PERRY PUBLIC SCHOOLS

2665 W. Britton Road, Perry MI 48872 – 517-625-3108

www.goperry.org

REGISTRATION CHECKLIST

To enroll your child(ren), we require a copy of the student's certified original birth certificate and immunization record. All enrollment information needs to be provided to Perry Public Schools prior to your child(ren) starting school at Perry.

FOR ALL STUDENTS:

_____ Copy of Certified Original Birth Certificate (*not hospital copy*)

_____ Enrollment Form with signature on back page

_____ Copy of Immunization Record

- _____ Immunization waiver on file

_____ Concussion Form

_____ Release of Records Form if applicable

_____ Elementary Only - Kindergarten Waiver Request if student is not five years of age on September 1, 2015

_____ High School Only – Transcript of classes that lists classes taken and grade earned

FOR SCHOOL OF CHOICE STUDENTS:

_____ Schools of Choice Application Form (one per child)

_____ Suspension/Expulsion Verification Form if applicable

_____ Release of State Aid document from your child(rens) home district – this is the district that you reside in – if application is not made during an open enrollment time frame

OTHER FORMS THAT MAY BE REQUIRED FOR ALL STUDENTS:

_____ Proof of guardianship/custody

_____ Free/Reduced Lunch Form

2015-2016 PERRY PUBLIC SCHOOLS CALENDAR

As of August 26, 2015

Mike Foster, Superintendent – 517.625.0100

High School – 517.625.3104

Grades 9-12

Full Day – 8:00 AM – 2:55 PM

Half Day – 8:00 AM – 11:20 AM

Don Beck, Principal

Carrie Inglis, Counselor – 517.625.0002

Perry Elementary – 517.625.3101

Grades ECSE and K-4

K-4 - Full Day – 7:45 AM – 2:40 PM

K-4 - Half Day – 7:45 AM – 11:05 AM

ECSE – 8:00 AM – 10:45 AM

ECSE – 11:45 AM – 2:30 PM

Jackie Staib, Principal

Middle School – 517.625.6196

Grades 5-8

Full Day – 8:00 AM – 2:55 PM

Half Day – 8:00 AM – 11:20 AM

Matt Schmidtfranz, Principal

Jeff Dietz, Counselor – 517.625.0146

Early Childhood Programs – 517.625.0080

GSRP – Full Day – 8:15 AM – 3:15 PM

GSRP – Half Day – 8:15 AM – 11:15 AM

Childcare – 6:00 AM – 6:00 PM

Michelle Klein, Early Childhood Coordinator

August 31	Professional Development for Staff
September 1	Teacher Work Day – Whole Day Teachers Only
September 2	Professional Development for Staff
September 8	First Day for Students Grades K-12
September 25	Homecoming
October 14	Half Day for Grades K-12 – Professional Development in PM
October 30	Half Day for Grades K-12 – Professional Development in PM
November 6	Full day of School – End of first quarter
November 17	Grades K-12 Evening Conferences (4-7 PM)
November 18	Grades 5-12 Evening Conferences (4-7PM)
November 19	Grades K-4 Evening Conferences (4-7 PM)
November 25-27	NO SCHOOL – Thanksgiving Recess
Dec. 21-Jan. 1	NO SCHOOL – Winter Break
January 4	School Resumes
January 13	Half Day for Grades K-12 (MS/HS exams)
*January 14	Half Day for Grades K-12 (MS/HS exams) – End of first semester (second quarter)
January 15	NO SCHOOL – Teacher Work Day – Whole Day Teachers Only
January 18	NO SCHOOL – Professional Development for Staff
February 3	Half Day for Grades K-12 – Professional Development in PM
February 15	NO SCHOOL – Presidents Day
March 11	Full day of school – End of third quarter
March 22	Grades K-12 Evening Conferences (4-7 PM)
March 23	Grades K-4 Evening Conferences (4-7 PM)
March 24	Grades 5-12 Evening Conferences (4-7 PM)
March 25	Half Day for Grades K-12 – Professional Development in PM
April 1-8	NO SCHOOL – Spring Break
April 11	School Resumes
May 27	Last Day for Seniors
May 30	NO SCHOOL – Memorial Day
June 5	Graduation
June 8	Half Day for Grades K-11 (MS/HS exams)
*June 9	Half Day for Grades K-11 (MS/HS exams) – Last Day for Grades K-11 - End of second semester (fourth quarter)
June 10	Teacher Work Day – Whole Day Teachers Only



Perry Public Schools

Student Enrollment/Emergency Information Form

Enter Date _____

Teacher _____

Student Information

Student (Last, First, Middle)		Grade	
Date of Birth		Gender	
Home Phone		Country of Birth	
Student Cell Phone			
District of Residence			
Student's Address			
Mailing Address (if different)			
Previous Address			
Language Spoken in Home			
Student Resides with			

Race and Ethnicity (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 an answer on your behalf.)

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

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

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

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

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

Parent/Guardian Information

	Parent/Guardian 1	Parent/Guardian 2
Name		
Relationship to Student		
Home Address		
City, State, Zip		
Home Phone		
Cell Phone		
Occupation		
Employer		
Work Phone and Extension		
E-Mail Address		
Highest Level of Education		
Marital Status		
	Parent/Guardian 3	Parent/Guardian 4
Name		
Relationship to Student		
Home Address		
City, State, Zip		
Home Phone		
Cell Phone		
Work Phone and Extension		

MICHIGAN LAW ALLOWS EDUCATIONAL RECORDS TO BE SHARED WITH BOTH PARENTS, REGARDLESS OF MARITAL STATUS, UNLESS A COURT ORDER DICTATES OTHERWISE. A COPY OF THE COURT ORDER IS REQUIRED REGARDING CUSTODY, GUARDIANSHIP, RESTRAINING ORDERS, ETC.

Additional Emergency Information (Other than the Parent/Guardian on the previous page)

Name			
Relationship			
Phone Number			

Siblings (Other children from oldest to youngest)

1)		2)	
3)		4)	
5)		6)	
7)		8)	

Has your child attended Perry Public Schools previously? Yes No
 If yes, what year? _____ School Building? _____

District name of last school attended (including preschool) _____
 Check all that apply: Regular Education Special Education Speech & Language 504 Plan
 Has your child been suspended or expelled by any district Board of Education? Yes No

Do you currently find yourself in any of the situations below:
 Children and immediate family have moved in with other relatives or friends. (Without a temporary arrangement family would be without a home or shelter)
 Foster child, or living in transitional housing through a shelter, or in a temporary residence facility for individuals or families (youth runaway, family or abuse shelters, other shelter facilities)
 Living in a welfare sponsored room or rooms in a hotel/motel
 Living in a makeshift shelter such as a car, tent, abandoned building, etc., or living on the street

Physician's Name _____ Physician's Phone Number _____
 In case of emergency, I authorize the school to seek medical attention for my child. Yes No

Please provide any other health information the school needs, including allergy, medical alert info, or any other medical conditions.

Please complete the box below for all students

Permission for field trips <input type="checkbox"/> Yes <input type="checkbox"/> No In case of an emergency school closing and students are released early, my child has been instructed to: <input type="checkbox"/> Ride the bus home <input type="checkbox"/> Walk home <input type="checkbox"/> Walk/ride bus to the following address _____ Name of person at above address _____ Phone number _____
--

Please complete the box below for high school students

I authorize PHS to release test information and/or transcripts to educational institutions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I authorize PHS to release information to the armed forces	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I authorize PHS to release student directory	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I authorize PHS to release student photo	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature of Parent or Legal Guardian _____ **Date** _____

It is the policy of the Perry Public School District that no person shall on the basis of sex, race, color, national origin, or handicap be excluded from participation in, be denied the benefits of, or be subjected to discrimination as a student in Perry Public Schools or any of its programs or activities.



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RELEASE OF RECORDS

Name and address of last school student attended:

Please release all records for:

Student Name

Date of Birth

Grade

Please FAX current copies of any of the following: Special Education IEP, Special Education Evaluations, Transcripts, Immunizations, Birth Certificate, Discipline, etc.

Please MAIL the entire CA-60 to the school marked below:

Send to:

_____ Perry Elementary School
401 N. Watkins St.
Perry, MI 48872
Office – 517.625.3101
Fax – 517.625.5003
Shawn Secor, Secretary

_____ Perry Middle School
2775 W. Britton Road
Perry, MI 48872
Office – 517.625.6196
Fax – 517.625.0120
Kerry Kennedy, Secretary

_____ Perry High School
2555 W. Britton Road
Perry, MI 48872
Office – 517.625.3104
Fax – 517.625.0012
Gina Lairmore, Secretary

Parent/Guardian

Date

08/15/2013



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2015-2016 PERMISSION FORM

Student's Name: _____ Grade: _____

Address: _____

City, State, ZIP: _____

FIELD TRIP PERMISSION

I grant permission for my child to participate in field trips sponsored by Perry Public Schools which will take my child away from the school premises. I understand this approval is for the school year 2015-2016 and I will be notified by my child's teacher prior to each field trip.

Approved by Parent/Guardian

Date

Not Approved by Parent/Guardian

Date

PERMISSION TO PHOTOGRAPH

I grant permission for Perry Public Schools to photograph and/or videotape my child and my child's work as part of the educational program produced by the District. This may include, but not be limited to, newsletters, media releases and website information. I understand that my child's image, name, school, and grade may be revealed. Photos may be taken at various times throughout the year without advance notice.

Approved by Parent/Guardian

Date

Not Approved by Parent/Guardian

Date

DIRECTORY INFORMATION

The following information concerning a student will be designed as **Directory Information** and may be disclosed without prior written consent unless a parent or eligible student request otherwise in writing: name; address; telephone number; picture; parent or guardian; date and place of birth; major field of study; weight; height; participation in and eligibility for officially recognized activities and sports; dates of attendance or grade placement; honor and awards received; and the most recent educational agency or school attended by the student.

If you do not want any of the above listed information disclosed, **you must notify the school in writing within two weeks of your child entering/returning to school. This signed form will serve as notice.**

No, do not include my child's information Parent/Guardian signature

Date

Internet Publication Authorization and Release Form

Perry Public Schools

As the undersigned parent, I authorize and give permission to Perry Public Schools to publish the photographic/video images of my child, the student named below, and his/her school work, including descriptive information about him/her and his/her school work, on the website for Perry Public Schools at www.perry.k12.mi.us, as determined appropriate by the professional staff of the school district. I fully understand that the publication of my child's images, school work and descriptive information on the website for Perry Public Schools will expose my child's identity and school work to all persons having access to the internet and acknowledge the risks of such publicity. In consideration of my child's participation on the school district's website, as the undersigned parent I waive, discharge and release any and all claims, complaints, demands or causes of action that exist or may arise and that could be asserted by me or my child against Perry Public Schools, its Board of Education, its individual Board members and employees which are related in any way to the publications of the photographic/video images of my child and my child's school work, including the descriptive information about my child or my child's school work on the website for Perry Public Schools and the decision by the professional staff of Perry Public Schools to do so.

Perry Public Schools will only publish pictures/video of their students engaged in school activities. Perry Public Schools will NOT publish student's first or last names, social security numbers, addresses, telephone numbers, or any other important personal information onto their website.

Student Name (Please Print)

Grade (K-12)

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date (MM/DD/YYYY)

Internet Acceptable Use

Perry Public Schools

Any user who violates the Internet Acceptable Use Policy shall be subject to disciplinary action including, but not limited to, revocation of access privileges. Additionally, if a user's conduct constitutes a violation of copyright laws, the user and/or the user's parent or guardian may be subject to prosecution under such laws. Any user who intentionally or negligently damages or destroys district hardware and/or software will also be responsible for all costs associated with repair and/or replacement parts and services.

In consideration for using the Perry Public School District's network/internet connection and/or email and having access to public networks, I release the school district and its board members, employees, and agents from any claims and damages arising from my use, or inability to use the network/internet. I recognize and accept that I may be subject to discipline for any inappropriate use of the district's network/internet connection and/or email.

Student Name (Please Print)

Date (MM/DD/YYYY)

Student Signature

I have read the Perry Public School District's Internet Use Policy. I give my permission for my child to use the school district's internet, and I understand that I may be liable for any and all misuse of the internet perpetrated by my child. I hereby grant permission for my child to participate in the school's internet and internet-based education programs.

In consideration for using the school district's network/internet connection and/or email and having access to public networks, I release the school district and its board members, employees, and agents from any claims and damages arising from my use, or inability to use the network/internet. I recognize and accept that I may be subject to discipline for any inappropriate use of the district's network/internet connection and/or email.

Parent/Guardian Name (Please Print)

Date (MM/DD/YYYY)

Parent/Guardian Signature

This form must be on file for each student in order to utilize Perry Public School's technology, hardware and software. Please sign this form where indicated and return to the school's office as soon as possible.

Schools prior to the end of the school year.

4. The device being loaned to the student is in good working order. The student and family agree to take responsibility to ensure proper care and a safe environment for the equipment at all times, and to ensure return of the device in the same good condition.
5. The equipment is being loaned to the student for the academic school year for educational purposes only. Unauthorized tampering, use, or lack of proper care is in violation of this agreement. Data may be removed from the device at any time. Acceptable Use policies and other applicable school/District rules apply to the device's use at all times, in all places.

Damage Liability:

1. Students/families are responsible for damage to school-owned devices, whether intentional or unintentional. "Damage" includes but is not limited to broken or cracked screens, chipped plastic, water damage, inoperability, vandalized parts (plastic, covers, cords, etc.), stickers or other unnecessary markings/scratches, removed apps, or misused or tampered internal settings.
2. Student responsibility also extends to accessories and peripherals issued with the device, including power cords, cases, keyboards, and headsets.
3. Students/families are responsible for devices that are stolen or lost.
4. Students/families are not responsible for wear due to normal use of the device. The District shall determine "normal wear" versus "damage due to lack of proper care of District property."

Reporting Damage / Loss:

1. In the event of damage or malfunction, the student/family must immediately report to the student's school office. The device may be assessed and repaired by the Perry Public Schools Technology Department alone.
2. In the event of theft, the student/family must file a police report, then bring the report to the student's school office.

Cost of Repairs:

1. Damage costs will be assessed by the Technology Department, then repaired by staff or vendor of PPS's choosing. Costs of said repairs--or the deductible--will be distributed to the student/family.
2. In the event of theft, loss, or a repair cost greater than replacement cost, the student/family will be assessed either the replacement cost of the device, or--if they have purchased the optional insurance--the deductible.

Optional Accidental Damage Insurance:

1. "Accidental damage insurance" is optional. It is not required of any student/family.
2. Cost of the optional insurance is \$20 per device, per school year.
3. The optional insurance is available only for District-owned property, and must be purchased before the device is distributed to the student. **No insurance shall be available after the device is in the student's care.**
4. When a device is damaged due to accident, instead of being assessed the full repair fee, a student with the optional insurance coverage will pay:
 - a. *student's 1st claim:* \$20 deductible
 - b. *student's 2nd claim:* \$50 deductible
 - c. *student's 3rd claim:* Up to full replacement cost of device

Note: The above costs are **per student**, not per family

5. The optional insurance shall not apply to cases of misuse, abuse, or neglect, but only to accidental damage, such as liquid spills, accidental drops, power surges, theft, and natural disasters. The final determination shall be the District's.
6. The optional insurance shall not apply to lost devices.
7. The optional insurance may apply to cases of theft: When a device is stolen, the parent/guardian must first make a police report and bring the report to the student's school office. The District shall determine if the theft warrants use of the optional insurance.
8. Fraudulent reporting of a fire, theft, vandalism, or any other accidental damage claim will be turned over to the police for prosecution. Additionally, a student making a false report will be subject to disciplinary action.
9. The optional insurance fee is non-refundable at any time, for any reason.

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 a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
- 3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION** – Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can't recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

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

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

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

Parents and Students Must Sign and Return the Educational Material Acknowledgement Form

CONCUSSION AWARENESS

EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by _____

Sponsoring Organization

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian Name Signature

Date

Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

Participants and parents please review and keep the educational materials available for future reference.