



**CROSWELL-LEXINGTON  
COMMUNITY SCHOOLS**

5407 E. Peck Road, Croswell, MI 48422  
Phone (810) 679-1000 | Fax (810) 679-1005  
[www.croslex.org](http://www.croslex.org)

---

**Secondary Registration Checklist**

**(Grades 9-12)**

**My child will be attending:**

**Croswell-Lexington High School**, 5461 Peck Road, Croswell, MI 48422  
Phone: 810-679-1500; Fax: 810-679-1505

**\*\*Please Note:** High School students will need to meet with their assigned counselor to set up their schedule.

Your child is not officially registered for school until all the items below have been submitted.

**Required Information:**

- ☐ STUDENT ENROLLMENT FORM
- ☐ REQUEST TO RELEASE CUMULATIVE SCHOOL RECORDS
- ☐ ORIGINAL BIRTH CERTIFICATE
- ☐ IMMUNIZATION RECORDS
- ☐ PARENT / GUARDIAN PHOTO IDENTIFICATION
- ☐ PROOF OF RESIDENCY
- ☐ HOME LANGUAGE SURVEY
- ☐ TRANSPORTATION REGISTRATION



# CROSWELL-LEXINGTON COMMUNITY SCHOOLS CA-60 REGISTRATION / ENROLLMENT

TODAY'S DATE \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT \_\_\_\_\_  
(Full Legal Name) Last First Middle

ADDRESS \_\_\_\_\_  
Street Address Apt. # City Zip

PHONE # \_\_\_\_\_ ☐ MALE ☐ FEMALE

BIRTHDATE \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
City State

## GENERAL STUDENT DATA

Has your child ever attended Croswell-Lexington Community Schools? ☐ Yes ☐ No

Do you reside in the Croswell-Lexington School District? ☐ Yes ☐ No

If no, what school district do you reside in? \_\_\_\_\_

School Last Attended \_\_\_\_\_ District \_\_\_\_\_

Was your child under any disciplinary action with previous school? ☐ Yes ☐ No

If yes, explain (i.e. suspension, expulsion, etc.) \_\_\_\_\_

Did your child receive any support services? (Check all that apply)

☐ Special Education ☐ Speech ☐ Occupational Therapy ☐ Physical Therapy ☐ 504 Plan

Has your child had chicken pox? ☐ Yes ☐ No If yes, at age \_\_\_\_\_

Does your child have any allergies, including allergies to any medications? ☐ Yes ☐ No

If yes, please list \_\_\_\_\_

Does your child take any medications regularly? ☐ Yes ☐ No

If yes, please list \_\_\_\_\_

Is English the primary language used in your child's home/ environment? ☐ Yes ☐ No

If no, what is that language? \_\_\_\_\_

Is your child's native language English? ☐ Yes ☐ No If no, what is that language? \_\_\_\_\_

## CHILD'S ETHNIC AND RACIAL IDENTITY

Choose one ethnicity below:

- ☐ Hispanic/Latino  
☐ Not Hispanic/Latino

Choose one or more below (regardless of ethnicity):

- ☐ White ☐ American Indian or Alaska Native  
☐ Asian ☐ Native Hawaiian or other Pacific Islander  
☐ Black or African American

## FAMILY DATA

### MOTHER

### FATHER

Name		
Marital Status		
Email Address		

If parents separated or divorced, who has **physical** custody? ☐ Joint ☐ Mother ☐ Father

If parents separated or divorced, who has **legal** custody? ☐ Joint ☐ Mother ☐ Father

(Legal documentation must be provided, including any custody restrictions.)

Is child a ward of the court? ☐ Yes ☐ No (If yes, legal documentation must be provided.)

## Other

### Print Name & Relationship

Step-Parent \_\_\_\_\_

Guardian(s) \_\_\_\_\_

**Note:** Educational information is shared with parents and legal guardians only. If step-parents are allowed access to this information, the student's parent must submit a letter to be placed in the student's academic file.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## CROSWELL-LEXINGTON COMMUNITY SCHOOLS

5407 E. Peck Road

Croswell, MI 48422

Phone (810) 679-1000 / Fax (810) 679-1005

www.croslex.org

### Request to Release Cumulative School Records

Previous School \_\_\_\_\_ Previous District \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

The below named student has enrolled in Croswell-Lexington Community Schools. His/her records are needed to initiate educational placement. Please forward his/her complete school records including: UIC number, grade placement, immunization records, psychological reports, discipline records, IEP, MET, test records, official transcripts, current year schedule and any other pertinent information to the school listed below:

***School Code 1135(4): School Record Request – Any school that complies records for each student in the school and that is requested to forward a copy of a transferring student's records to the new school shall comply within 30 days after receipt of the request unless the record has been tagged pursuant to section 1134 MCL 380.1135(4).***

Date Requested: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Student Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Birth Date \_\_\_\_\_

#### Please mail student records to:

\_\_\_\_ Frostick Elementary, 57 S. Howard Ave, Croswell, MI 48422, Fax: 810-679-1105

\_\_\_\_ Meyer Elementary, 7201 Lake Street, Lexington, MI 48450, Fax: 810-679-1205

\_\_\_\_ Croswell-Lexington Middle School, 5485 Peck Road, Croswell, MI 48422, Fax: 810-679-1405

\_\_\_\_ Croswell-Lexington High School, 5461 Peck Road, Croswell, MI 48422, Fax: 810-679-1505

\_\_\_\_ Pioneer High School (Alternative School), 15 S. Howard Ave, Croswell, MI 48422, Fax: 810-679-1061

#### \_\_\_\_ Please send all Special Education records to:

Croswell-Lexington Community Schools, 15 S. Howard Ave, Croswell, MI 48422

Attn: Special Education Department

Phone: 810-679-1345, Fax: 810-679-1305

OR Scan/Email to [kjunga@croslex.org](mailto:kjunga@croslex.org)

\_\_\_\_ To assist in immediate scheduling, please FAX today transcript, current year schedule, report card

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date





**HOME LANGUAGE SURVEY**

The Croswell-Lexington Community School District is collecting information regarding the language background of each student.

This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1152-380.1157 of the School Code of 1995, Michigan's Bilingual Education Law.

Please provide the following information:

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

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

\_\_\_\_\_ Yes. If yes, what is that language? \_\_\_\_\_

\_\_\_\_\_ No

2. If the "primary language" used in your child's home environment a language other than English?

\_\_\_\_\_ Yes. If yes, what is that language? \_\_\_\_\_

\_\_\_\_\_ No

3. Was the student born outside of the United States?  
(For Title III Immigrant Funding purposes)

\_\_\_\_\_ Yes

\_\_\_\_\_ No

4. When did your child start school in the United States?

Please return this form with enrollment/registration forms



## CROSWELL-LEXINGTON COMMUNITY SCHOOLS

5407 E. Peck Road

Croswell, MI 48422

Phone (810) 679-1000 / Fax (810) 679-1005

[www.croslex.org](http://www.croslex.org)

### Birth Certificate Requirements

Dear Parents / Guardians,

Public Act No. 84 (known as the Missing Children's Act) of the State of Michigan became effective June 27, 1987 and states that:

*"Upon enrollment of a student for the first time in a local school district, the district shall notify, in writing, the person enrolling the student that within thirty (30) days he or she shall provide to the local school district a certified copy of the student's birth certificate or other reliable proof."*

Please consider this letter your notification of the law.

For record-keeping purposes, your 30-day notification will begin with the first day of school. Within 30 days from that date, or prior to September 30, please provide us with acceptable proof of birth for your child. If you fail to do so by the 30-day deadline, we are obligated to notify the Michigan State Police for investigation.

This public act is intended to help locate missing children. Thank you in advance for your cooperation.



CROSWELL-LEXINGTON COMMUNITY SCHOOLS  
Transportation Registration & Information Form

Date \_\_\_\_\_ Person Completing Form \_\_\_\_\_

Child's Full Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Mom/Dad's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

As per Board Policy, each student will be allowed one pick-up and one drop-off location. Please indicate name, relationship (EX: Mrs. Smith, babysitter, 0000 Roach, City, first house north of Roach on east, red brick with green shutters).

Designated Pick-Up \_\_\_\_\_

\_\_\_\_\_

Designated Drop-Off \_\_\_\_\_

\_\_\_\_\_

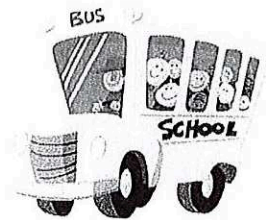
Please list any siblings that live at the same address and attend Croswell-Lexington Community Schools. Please indicate if these students will all go to the same place on the bus.

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_



Please indicate any medical or behavioral concerns that you would like the driver to be aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

\*\*\*\*\* Forward this form to Transportation Director \*\*\*\*\*



## CROSWELL-LEXINGTON COMMUNITY SCHOOLS

5407 E. Peck Road

Croswell, MI 48422

Phone (810) 679-1000 / Fax (810) 679-1005

www.croslex.org

### Consent for Disclosure of Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the student's name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

---

\_\_\_\_\_ I authorize

\_\_\_\_\_ I DO NOT authorize

Croswell-Lexington Community Schools to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent/Guardian  
or Eligible Student: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Parent/Guardian Name: \_\_\_\_\_





**CROSWELL-LEXINGTON  
COMMUNITY SCHOOLS**

**STUDENT RESIDENCY FORM**

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11431 ET SEQ. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

School/Building: \_\_\_\_\_

Phone: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Other siblings in house: Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School attending: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Is this address **temporary** or **permanent**? (circle one)

**Please choose which of the following situations the student currently resides in (you can choose more than one):**

\_\_\_\_\_ House or apartment with parent or guardian

\_\_\_\_\_ Motel, car, or campsite

\_\_\_\_\_ Shelter or other temporary or transitional housing

\_\_\_\_\_ Residing with friends or family members (other than or in addition to parent/guardian) for financial reasons.

\_\_\_\_\_ In housing that lacks adequate heat, running water or electricity

**If the student is living in shared housing, please check all of the following reasons that apply:**

\_\_\_\_\_ Loss of housing

\_\_\_\_\_ Economic situation

\_\_\_\_\_ Temporarily waiting for house or apartment

\_\_\_\_\_ Providing care for a family member

\_\_\_\_\_ Living with boyfriend/girlfriend

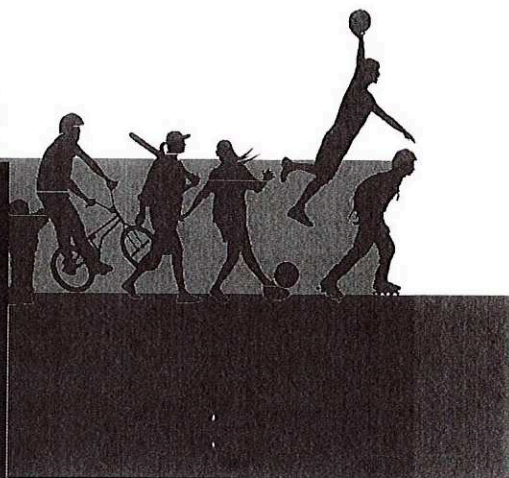
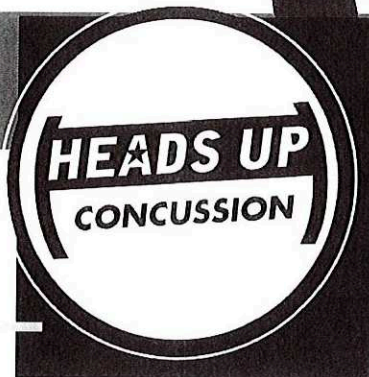
\_\_\_\_\_ Loss of employment

\_\_\_\_\_ Parent/Guardian is deployed

\_\_\_\_\_ Parent/Guardian is incarcerated

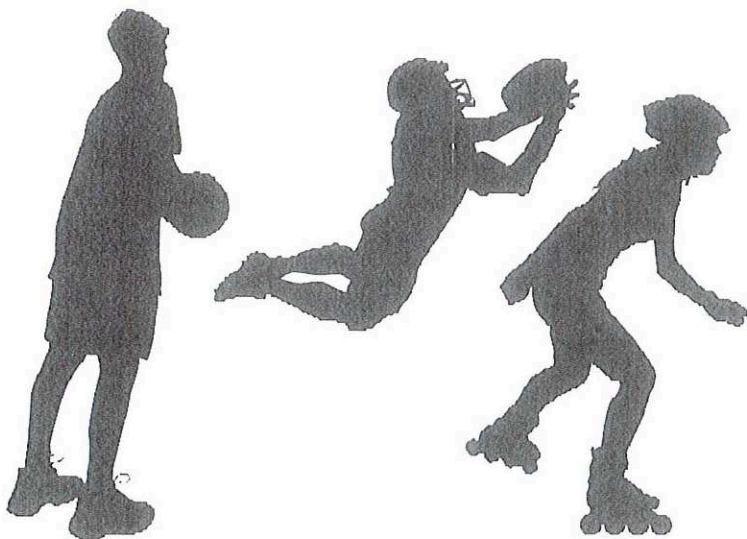


# CONCUSSION FACT SHEET FOR ATHLETES



## CONCUSSION FACTS

- A concussion is a brain injury that affects how your brain works.
- A concussion is caused by a bump, blow, or jolt to the head or body.
- A concussion can happen even if you haven't been knocked out.
- If you think you have a concussion, you should not return to play on the day of the injury and until a health care professional says you are OK to return to play.



## CONCUSSION SIGNS AND SYMPTOMS

Concussion symptoms differ with each person and with each injury, and may not be noticeable for hours or days. Common symptoms include:

- Headache
- Confusion
- Difficulty remembering or paying attention
- Balance problems or dizziness
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable, more emotional, or "down"
- Nausea or vomiting
- Bothered by light or noise
- Double or blurry vision
- Slowed reaction time
- Sleep problems
- Loss of consciousness

During recovery, 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.

## WHY SHOULD I REPORT MY SYMPTOMS?

- Unlike with some other injuries, playing or practicing with concussion symptoms is dangerous and can lead to a longer recovery and a delay in your return to play.
- While your brain is still healing, you are much more likely to have another concussion.
- A repeat concussion in a young athlete can result in permanent damage to your brain. They can even be fatal.



Michigan Department of Health & Human Services

RICK SNYDER, GOVERNOR / N. K. LYON, DIRECTOR

## WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

### DON'T HIDE IT. REPORT IT.

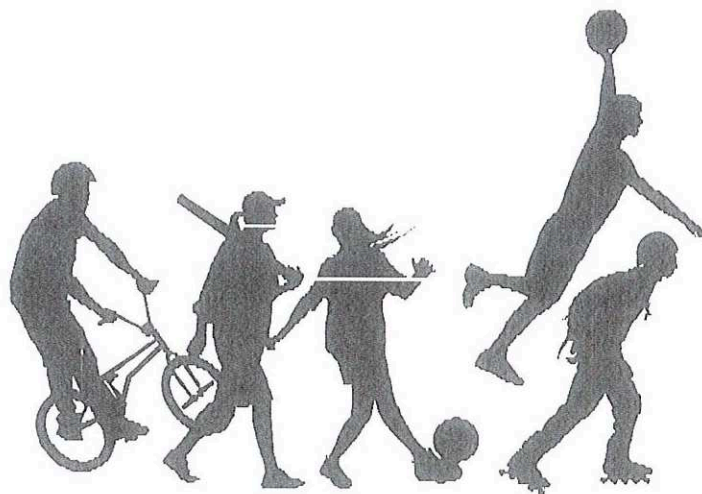
Ignoring your symptoms and trying to "tough it out" often makes symptoms worse. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don't let anyone pressure you into continuing to practice or play with a concussion.

### GET CHECKED OUT.

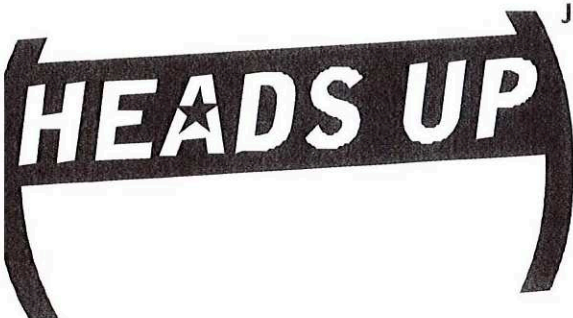
Only a health care professional can tell if you have a concussion and when it's OK to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.

### TAKE CARE OF YOUR BRAIN.

A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.



▶ **"IT'S BETTER TO MISS ONE GAME,  
THAN THE WHOLE SEASON."**



JOIN THE CONVERSATION → [www.facebook.com/CDCHeadsUp](http://www.facebook.com/CDCHeadsUp)

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](http://WWW.CDC.GOV/CONCUSSION)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).



## **PARENT AND STUDENT CONCUSSION AWARENESS EDUCATIONAL MATERIAL ACKNOWLEDGE FORM**

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012, as amended, that I have received and reviewed the Concussion Awareness Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by the Croswell-Lexington Community Schools and will keep the educational material for future reference.

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Student Name (Signature)

\_\_\_\_\_  
Parent/Guardian Name (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Please return this signed form to your child's school or Central Office if first time entering the District. The form will be kept on file for the duration of your child's attendance in Croswell-Lexington Community Schools.