



# Sault Area Public Schools

## *Student Enrollment Packet*

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### Required Documents:

- Certified Birth Certificate (not from Hospital)
- Immunization Records
- Proof of Residency (bill with name and address on it)
- Tribal Card (If applicable)
- Form E1 - Student Enrollment Form, must be signed and dated
- Form E2 - Child History Form
- Form E3 - Health Information Form
- Form E4 – Concussion Awareness Form
- Form E5 – Special Education Form

### If applicable, the following forms will be available per request:

- Application for School of Choice Program
- Area Attendance Request
- Kindergarten Waiver Request
- Student Residency Questionnaire
- Student Transportation Form
- Title VII Student Eligibility Certification (Indian Education Program)



# Sault Area Public Schools

## New Student Enrollment Form

Form E1

5111 F2

Grade Enrolling In: \_\_\_\_\_ School Enrolling In: \_\_\_\_\_

Student's Legal Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Mailing Address of Child: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Date of Birth: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_ Birthplace: \_\_\_\_\_

Race: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female Phone Number: \_\_\_\_\_

With Whom Does the Child Reside: \_\_\_\_\_ Relationship: \_\_\_\_\_

Language Spoken at Home: \_\_\_\_\_

Other Children in the Family: Child's Name: \_\_\_\_\_ School of Attendance: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School of Attendance: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School of Attendance: \_\_\_\_\_

### Family Information

Mother

Father

<i>Name (Last, First, Middle):</i>		
<i>Address (if different from child's)</i>		
<i>Phone Number (if different than child's)</i>		
<i>Cell Phone (if applicable)</i>		
<i>Marital Status</i>		
<i>Social Security Number (optional)</i>		
<i>Date of Birth</i>		
<i>Employer's Name (Be specific)</i>		
<i>Employer's Phone Number</i>		
<i>E-mail address</i>		
<i>Step-Parent's Name (Be specific)</i>		
<i>Step-Parent's Employer</i>		
<i>Step-Parent's Employer's Phone Number</i>		

### Emergency Contact Information if Parents Cannot be Reached:

Prior to the end of the day, my child may be released to one of the following authorized below (Someone other than parent)

	Name	Address	Phone #1	Phone #2	Relationship
1.					
2.					

Name of Last School Attended: \_\_\_\_\_ Phone: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Has Student Previously Attended Sault Area Public Schools? No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes, When and Where: \_\_\_\_\_

Proof of Residency Submitted (driver's license, utility bill, property tax bill, etc.): \_\_\_\_\_ Yes \_\_\_\_\_ No

**Parent/Guardian Signature:**

**Date:**

### Office Use Only:

Date of Enrollment: \_\_\_\_\_ School Enrolled: \_\_\_\_\_ Teacher: \_\_\_\_\_ Food Service Key: \_\_\_\_\_



# Sault Area Public Schools

*Child History Form*

Form E2

5310 F1

Students Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street Address) (City and State)

Parent(s)/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

1. Did pregnancy present any problems or difficulties? \_\_\_\_\_

2. Were there any problems during birth? \_\_\_\_\_ Explain: \_\_\_\_\_

3. Has the child had a prior speech, hearing, vision or psychological examination? If so, by whom and when?

4. Has the child received special services in another school district or through another agency? Explain: \_\_\_\_\_

5. Are there any known medical problems or injuries? \_\_\_\_\_

6. Is the child on medication? \_\_\_\_\_ If so, what? \_\_\_\_\_

7. Does your child have other children to play with? \_\_\_\_\_

8. If there is additional information which you feel will help us to better understand your child, please describe:

9. Describe in your own words any special concerns about your child: \_\_\_\_\_



# Sault Area Public Schools

## Health Information Form

Student's Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_

School Attending in Fall: \_\_\_\_\_ Grade \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female Date of Birth. \_\_\_\_\_

Student's Address \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

(Mother) (Father)

Whom to notify in case parents cannot be reached: \_\_\_\_\_

Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Family physician \_\_\_\_\_

1. RECORD OF ILLNESS: (Please indicate the month and year, if known, you child has had the following diseases)

Chickenpox \_\_\_\_\_ Bronchitis \_\_\_\_\_ Scarlet Fever \_\_\_\_\_

Pneumonia \_\_\_\_\_

Has your child ever been hospitalized? \_\_\_\_\_ For what? \_\_\_\_\_

Has your child ever needed surgery? \_\_\_\_\_ For what? \_\_\_\_\_

2. IMMUNIZATION RECORDS: Please attach immunization records

3. HEALTH HISTORY:

Does your child:

Wear glasses? \_\_\_\_\_ Wear special shoe(s)? \_\_\_\_\_ Wear a brace of any kind? \_\_\_\_\_

Have an allergy? \_\_\_\_\_ If yes, to what? \_\_\_\_\_

Have a hearing tube or hearing aid? \_\_\_\_\_

Has your child ever been diagnosed as having a special condition, such as a heart murmur, epilepsy, diabetes, chronic kidney or bladder problems, etc.? \_\_\_\_\_

Does your child have to take any medication regularly? \_\_\_\_\_

Is there a physical disability that would prevent him/her from participating in gym, recess, outdoor activities, etc.?

Explain: \_\_\_\_\_

Comments: \_\_\_\_\_



**Sault Area Public Schools**  
*CONCUSSION AWARENESS*  
*EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM*

Form E4

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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 Sault Ste. Marie Area Public Schools.

\_\_\_\_\_  
Student's Name Printed

\_\_\_\_\_  
Parent or Guardian's Name Printed

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent or Guardian's 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.

# Educational Material for Parents and Students (Content Meets MDCH Requirements)

Sources: Michigan Department of Community Health, CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

## UNDERSTANDING CONCUSSION

### Some Common Symptoms

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

### 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](http://www.cdc.gov/concussion).

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



# Sault Area Public Schools

Form E5

## Special Education Department

810 E 5<sup>th</sup> Ave.  
Sault Ste Marie, MI 49783  
906-635-6625

Has your child received special education services previously? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your child received 504 services previously? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered YES to either of the above questions, please complete the remainder of this form.  
If you answered NO to both, you may stop here.

Please specify what type of service(s) received:

- \_\_\_\_\_ Speech
- \_\_\_\_\_ Resource Room
- \_\_\_\_\_ Physical Therapy
- \_\_\_\_\_ Occupational Therapy
- \_\_\_\_\_ Other \_\_\_\_\_

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

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

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

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

Telephone: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Grade: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

School Enrolling in: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

Previous School: \_\_\_\_\_

Previous School Address: \_\_\_\_\_

Previous School Telephone: \_\_\_\_\_

Special Education Eligibility: \_\_\_\_\_

**REQUIRED:** Attach current IEP and MET report of student who enrolls from a district OUTSIDE the EUPISD

Parent permission for release of information.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_