

ENROLLMENT REQUIREMENTS

Rochester Community Schools

The following information must be provided **by the parent/guardian at the time of enrollment**. **THE ENROLLMENT DEPARTMENT WILL NOT HOLD INCOMPLETE ENROLLMENTS.** Birth certificates and immunization documentation must be in English. If the original documents are not in English, a certified translation must be provided at the time of enrollment.

STUDENT'S ORIGINAL CERTIFIED BIRTH CERTIFICATE - AS REQUIRED BY STATE LAW

PARENT/GUARDIAN PICTURE ID

PROOF OF RESIDENCY – Only the documents listed below will be accepted. **Rochester Community Schools' reserves the right to verify residency documentation provided at the time of enrollment.** Enrollment may be delayed during verification process. ***If there is a reason you can't provide proof of residency, due to a temporary living situation or lack of housing, please contact the Enrollment Department directly at 248.726.3018 or 3017.***

- **ESTABLISHED RESIDENT:** Own a home: **Most current** property tax statement **and current utility bill**. Lease/Rent: rental agreement, **and current utility bill**. Names of all residents must be on lease/rental agreement.
- **NEW RESIDENT:** Closing papers (if closing occurred within six months) or, Purchase agreement, or new lease/rental agreement
- **RESIDING WITH A RESIDENT WHO OWNS THEIR HOME:** If you are residing with a resident who owns their own home, you must provide the resident's current property tax statement, and current utility bill. In addition, you and the resident must complete the **Shared Household Affidavit form** and have it signed by a notary. This form is available at Student Enrollment.
- **RESIDING WITH A RESIDENT WHO RENTS/LEASES:** If you are residing with a resident who rents or leases, you will need to provide their current lease/rental agreement, and a current utility bill. **YOUR NAME AND YOUR CHILD'S NAME MUST BE ON THE LEASE.** In addition, you and the resident must complete the **Shared Household Affidavit form**, and have it signed by a notary. This form is available at Student Enrollment.
- **GUARDIANSHIP:** Only a parent or legal guardian may enroll a child. Legal guardianship documentation, obtained from the Circuit Court, is required at the time of enrollment. If a child is residing with a grandparent, the grandparent must provide the parent's birth certificate to prove that they are in fact the child's grandparent.

CURRENT IMMUNIZATION RECORDS

Vision screening results (kindergarten only)

- **NAME AND ADDRESS OF PREVIOUS SCHOOL ATTENDED.**
- **If child is currently receiving special education services**, please provide the most current Individual Education Plan (IEP).
- **In the case of a divorced parent** - If there are specific stipulations in the custody portion of your divorce decree, providing those **legal documents** to Rochester Community Schools would be beneficial in ensuring your child's safety.



ID # _____ Bldg: _____ Grade K
 Entry Date 9-3-19 Entry Code _____

HAS THIS STUDENT EVER ATTENDED ROCHESTER COMMUNITY SCHOOLS (this does not include RCS paid pre-school) YES NO

STUDENT'S PRIMARY LANGUAGE: _____

STUDENT'S LAST NAME: First _____ Middle _____

Male Female Birth Date _____ City & State of Birth _____

ETHNICITY/RACE

IS CHILD HISPANIC/LATINO YES NO **NOW SELECT RACE BELOW (Check all that apply)**

American Indian/Alaskan Native Asian Black/African American White/Caucasian

Native Hawaiian/Pacific Islander

HOME PHONE: RCS #1 _____ **RCS #2** _____

School Messenger is an urgent notification system used by Rochester Schools to provide families with critical information. Examples of when School Messenger may be used: Weather related school closings, early dismissals, late starts, evacuations and lockdowns.

Student Address _____ **Apt #:** _____ **City** _____ **Zip** _____

Is Parent 1 In the active military Yes No **Is Parent 2 In the active military** Yes No

1. PRINT NAME OF PARENT/GUARDIAN IN HOME **First Name:** _____ **Last Name:** _____

Father Mother Stepfather Stepmother Grandparent Other

Work Phone: _____ **Cell Phone:** _____ **Email:** _____

2. PRINT NAME OF OTHER PARENT/GUARDIAN IN HOME **First Name:** _____ **Last Name:** _____

Father Mother Stepfather Stepmother Grandparent Other

Work Phone: _____ **Cell Phone:** _____ **Email:** _____

PARENT LIVING ELSEWHERE NAME: _____ **Relationship to Child:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Word Phone: _____ **Cell Phone:** _____ **Email:** _____

Contact Allowed Yes No **Parent VUE** Yes No **Custody** Yes No **Custody papers on file** Yes No

ROCHESTER COMMUNITY SCHOOLS CAN NOT ENFORCE CUSTODY RESTRICTIONS WITHOUT A COURT ORDER ON FILE

EMERGENCY CONTACT INFORMATION

When parent/guardian is unavailable, please list four adults to whom the child can be released from school due to illness and/or provide transportation. Adult will be asked to present identification. List in order of preference. PLEASE PRINT LEGIBLY

Name _____ Relationship _____ Phone _____ Cell _____

Name _____ Relationship _____ Phone _____ Cell _____

Name _____ Relationship _____ Phone _____ Cell _____

Name _____ Relationship _____ Phone _____ Cell _____

MEDICAL CONDITIONS: Check any physical ailments or conditions diagnosed by a physician of which the school should be aware

ALLERGY: Peanut Tree Nut Bee/Insect Food (list below) Latex Medication (list below)

Medical Conditions: Heart Condition Diabetes (Type __) Asthma Seizures ADD/ADHD

Other Medical Conditions: _____

Medication at School: Epipen Inhaler Glucagon Diastat

Other Medication or additional details : _____

Please check if a Medical Action Plan (MAP) is on file at the school. This must be updated yearly.

ACCEPTABLE TECHNOLOGY USE AGREEMENT

Parent/Guardian Consent: I realize the use of technology is a privilege for my child. I am aware that my child may lose user privileges and be disciplined according to the Student Code of Conduct for violating the District's Acceptable Technology Use Agreement. **By checking no, you do not give your consent to the Rochester Community Schools Technology Agreement and your child's internet access and technology use will be limited.**

NO

FERPA/DIRECTORY INFORMATION NON-DISCLOSURE

According to the Family Educational Rights and Privacy Act (FERPA), the District may release student directory information for publications unless a parent makes a request in writing that the information be withheld. Directory information consists of student's name, name(s) of the student's parent(s)/guardian, student's address, student's telephone number, student's date of birth, student's grade, student's participation in recognized activities and sports, awards received by student, weight and height of members of student teams, student's photograph, and previous school district(s) attended by the student prior to enrollment in Rochester Community Schools.

WITHHOLD I am requesting the District to withhold the directory information of my child

YEARBOOK ONLY - I am requesting the District to limit the use of my child's directory information to the **Yearbook only**

ELECTRONIC COMMUNICATION DEVICES

The District permits students to possess but not use inappropriately or without permission electronic communication devices (ECDs), such as cellular phones and laptops, subject to the provisions of the Student Code of Conduct and Acceptable Technology Use Agreement. Parents who permit students to bring ECD's to school and students who bring ECDs to school, by doing so: consent to permit District personnel to confiscate ECDs used in violation of the Code and Agreement; and, consent to permit school personnel to search the contents of ECDs, regardless whether a particular ECD was used in violation of the Code and Agreement. Thus, parents and students have no legitimate expectation of privacy in the contents of ECDs possessed by students on District premises. The Rochester Community School District is not responsible for lost or stolen ECDs brought on District premises.

SIGNATURES - your signature below indicates consent and agreement with the information and designated choices above.



Date:

KINDERGARTEN AGE WAIVER

**Please Complete for Students Born Between
September 2-December 1 2014**

Parent Name _____

Address _____

Child's Name _____

Child's Birth Date _____

School _____

Pursuant to the new school age law MCL 380.1147(2), a child who resides in the school district may enroll in kindergarten if the child is at least 5 years of age on September 1, 2019.

If a child residing in the school district is not five years of age on the enrollment eligibility date specified above, but will be five years of age not later than December 1st of the school year, the parent or legal guardian of that child may enroll the child in kindergarten for that school year if the parent or legal guardian notifies the school district in writing.

My child, _____, will not be 5 years of age prior to September 1, 2019, but will be 5 years of age by December 1, 2019. This document shall serve as my written notification to the Rochester Community School District of our intent to enroll _____ for kindergarten for the 2019-20 school year.

Parent Signature

Date

STATE BOARD OF EDUCATION APPROVED
HOME LANGUAGE SURVEY*



Rochester Community Schools is collecting information regarding the language background of each of its students per federal regulations.

The purpose of the survey is to determine if your child would possibly be eligible for language support services through our English Language Program. It is important to complete the two questions accurately, as this information is entered into our student records system.

Please do not write a language that your child is learning, or that is only spoken on occasion when a relatives visit. Should you have further questions, please feel free to contact Karen Gelardi at kgelardi@rochester.k12.mi.us or 248-726-3129.

Name of Student _____ Grade _____ School _____

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

Yes No

What is that language? _____

2. Is the primary¹ language used in your child's home or environment a language other than English?

Yes No

What is that language? _____

Signature of Parent or Guardian

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.



SPECIAL NEEDS/SPECIAL EDUCATION SURVEY

Name of Student: _____ **Grade:** _____

Age: _____ **School Bldg:** _____

In order to ensure that your student receives the appropriate evaluation and services please provide the following information:

Has student received any IEPC/IEP special Education Services: Yes _____ **No** _____

If yes what school district: _____

What types of services: _____

Has student had a 504 plan? Yes _____ **No** _____

If yes what school district: _____

What kinds of services: _____

Parent/Guardian Signature

Date

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



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 bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

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

SIGNS OBSERVED BY COACHING STAFF:

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

Michigan Department
of Community Health



Rick Snyder, Governor
James K. Haveman, Director

▶ **“IT’S BETTER TO MISS ONE GAME
THAN THE WHOLE SEASON”**

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. An athlete 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 or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes 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.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

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