LakeVille Community Schools
District Information

Michael Lytle, LakeVille Superintendent – (810) 591-3980
Lawrissa Peterson, Dean Transportation Director – (810) 591-6561
Carrie Strait, LakeVille Food Service Director – (810) 591-3939
Barb Bennett, LakeVille Special Services – (810) 591-3341
Kids Club Child Care – (810) 591-6631

LakeVille Memorial High School
Kelli-Ann Fazer, Principal
12455 Wilson Rd
Otisville, MI 48463
Phone – (810) 591-4050
Fax – (810) 591-3961
(Pre K and Grades 9-12)

LakeVille Middle School
Scott Williams, Principal
11107 Washburn Rd.
Otisville, MI 48463
Phone – (810) 591-3945
Fax – (810) 591-6632
(Grades 5-8)

Columbiaville Elementary
Vanessa Ziobro, Principal
4775 Pine St.
Columbiaville, MI 48421
Phone – (810) 591-3460
Fax – (810) 793-6516
(Grades K-4)

***Please bring the following information with you when enrolling your student***

Enrollment Form
Emergency Form
Request for Records
Student Permission Form
Emergency Dismissal Form

Certified Birth Certificate
Record of Immunization
Proof of Residency (2)
Copy of Latest IEP (if applicable)
LakeVille Community Schools
Student Enrollment Form

Enrollment Date ____________________  Grade Entering ____________

Student Name ______________________

Address, City, State and Zip ________________________________

Phone Number _________________  Email Address ____________________

County of Residence __________________________  Date of Birth __________

Multiple Birth Status  _____Single  _____Twin  _____Triplet  Place of Birth __________

Race:
Please indicate with a 1 student’s primary racial/ethnic group. If student is considered multiracial, indicate secondary choice with a 2, indicate next choice with a 3, etc.

_____White

_____American Indian  _____Asian American  _____Black African/American

_____Hispanic or Latino  _____Native Hawaiian or other Pacific Islander

Is your Child’s native tongue a language other than English?  _____Yes  _____No

If Yes, name of Language ______________________________

Is the primary language used in your child’s home or environment a language other than English?

_____Yes  _____No

Last School attended __________________________  Address __________________________

Last Grade Completed _______________  Reason for Leaving __________________________

Did your child receive any special education services at a previous school?  _____Yes  _____No

Please explain (i.e. Special Education Classes, Speech, OT/PT, Social Work, 504 Plan):

________________________________________________________________________

________________________________________________________________________
## Siblings

<table>
<thead>
<tr>
<th>Name (first and last)</th>
<th>Age and Birth Date</th>
<th>School of Attendance</th>
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<tbody>
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<thead>
<tr>
<th>Name of Primary/Guardian residing in the home</th>
<th>Place of Employment</th>
<th>Work Phone (area code first)</th>
<th>Cell Phone (area code first)</th>
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</table>

Relationship:  ___Father ___Mother ___Grandparent ___Guardian ___Self (Student Enrolling) ___Other

<table>
<thead>
<tr>
<th>Name of Secondary/Guardian residing in the home</th>
<th>Place of Employment</th>
<th>Work Phone (area code first)</th>
<th>Cell Phone (area code first)</th>
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</table>

Relationship:  ___Father ___Mother ___Grandparent ___Stepmother ___Stepfather ___Guardian ___Other

<table>
<thead>
<tr>
<th>Name of parent living elsewhere</th>
<th>Relationship to child</th>
<th>Work Phone (area code first)</th>
<th>Cell Phone (area code first)</th>
</tr>
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<tbody>
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</tbody>
</table>

Address

Have custody papers been provided?

Custody Restrictions (Supporting paperwork must be provided) -

Should this person receive mailings?

--- YES --- NO

If no -- Documents must be provided.

## Authorized list to pick up your child from school

<table>
<thead>
<tr>
<th>NAME</th>
<th>Relationship</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Cell Phone</th>
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</table>

The undersigned hereby acknowledges that the information provided on this form is true and accurate. The undersigned understands that it is his/her responsibility to inform the appropriate school office if and when any of the information in this form changes. Failure to so inform the district will subject the student to termination of enrollment in the LakeVille Community Schools.

____________________________
Parent or guardian signature (student signature if over 18)

____________________________
Date
Lakeville Community Schools
11107 Washburn Rd.
Otisville, MI 48463
Request & Consent for Transfer of Student Records

Student Name: ________________________________
Date of Birth: ______________________________
Last Grade Completed: ________________________

I hereby authorize (former School) _______________________________ to release the above requested information concerning my son/daughter indicated above. If needed, I also authorize the Intermediate School District to release information and reports.

Date: _______________________________________

Parent Signature: ______________________________________

Relationship to student: _____________________________

Please send the CUMULATIVE RECORD FOLDER to the address listed above.

In addition, please send any CONFIDENTIAL SPECIAL EDUCATION REPORTS INCLUDING IEP'S, METS reports, Psychological Information, School Social Worker Reports, and Medical Data to the Special Education Department. If these include reports which are only available to the Intermediate School District Office, please forward a copy of this request to them. If there are needed reports only available from other sources, please contact us immediately.

*******Please FAX or EMAIL the following records as soon as possible*******

CURRENT SCHEDULE
TRANSCRIPT
ATTENDANCE
BEHAVIOR REPORT
GRADERS

Lakeville Memorial High School
Phone – (810) 591-4032
Fax – (810) 591-3961
Attn: Toni Plumb
tplumb@lakevilleschools.org

Lakeville Middle School
Phone – (810) 591-3945
Fax – (810) 591-6632
Attn: Laura Hebekeuser
lhebekeuser@lakevilleschools.org

Columbiaville Elementary
Phone – (810) 591-3460
Fax – (810) 793-6516
Attn.: Jenny Kindlinger
jkindlinger@lakevilleschools.org

Special Education Department
Phone – (810) 591-3357
Fax – (810) 591-3938
Attn: Michele Erwin
mzerwin@lakevilleschools.org
LakeVille Community Schools
Emergency Medical Instructions

Student
Name: ____________________________________________

Teacher: ____________________________________________ Birth Date: ________________________

Name of Parent/Guardian 1: ___________________________ Phone: ________________________

Name of Parent/Guardian 2: ___________________________ Phone: ________________________

Address: ________________________________________ City: __________ Zip: __________

Parent/Guardian 1 - Place of Employment: ___________________________ Phone: __________

Parent/Guardian 2 - Place of Employment: ___________________________ Phone: __________

Emergency Contact #1: ____________________________ (Name and Relationship)
Address: ________________________________________ Phone: ________________________

Emergency Contact #2: ____________________________ (Name and Relationship)
Address: ________________________________________ Phone: ________________________

Emergency Contact #3: ____________________________ (Name and Relationship)
Address: ________________________________________ Phone: ________________________

Family
Doctor: ________________________________________ Phone: ________________________

Address: ________________________________________

Hospital Preference: ________________________________________

Emergency Treatment Authorization
I do hereby authorize any physician or hospital to give needed emergency medical treatment in my behalf for
any emergency medical treatment they feel necessary, including hospital admittance and release. I agree to be
responsible for expenses incurred from such treatment.

Parent/Guardian Signature: ____________________________
MEDICAL CONCERNS
Please read carefully and CIRCLE anything which applies to the student
Confidential information for professional use only

<table>
<thead>
<tr>
<th>Anemia</th>
<th>Arthritis</th>
<th>Asthma</th>
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<tbody>
<tr>
<td>Allergies</td>
<td>Back Problem</td>
<td>Bee Sting</td>
</tr>
<tr>
<td>Bone/Joint</td>
<td>Cerebral Palsy</td>
<td>Convulsions</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Emotional Problem</td>
<td>Epileptic</td>
</tr>
<tr>
<td>Painting</td>
<td>Hearing Limitations</td>
<td>Heart Impairment</td>
</tr>
<tr>
<td>Hypoglycemic</td>
<td>Multiple Sclerosis</td>
<td>Polio</td>
</tr>
<tr>
<td>Paralysis</td>
<td>Tuberculosis</td>
<td></td>
</tr>
</tbody>
</table>

Other (Please Describe)

None of the above applies to the student

List any medications that your child is receiving

If a student is to have medication during school hours, such medication must be turned into the office, along with DIRECTIONS FROM THE DOCTOR. Medication will be dispensed according to these directions.

Possible reactions to medication or allergies we should be aware of:


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, responding promptly to an emerging public health threat. It is important that diseases threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the students name, Date of Birth, gender and address with local and state health departments will help to keep your child safe from vaccine presentable disease. The Family Education 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 students and must provide consent for disclosure of information form his or her education records.

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

I authorize LakeVille 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 and immunization information and limited to personally identifiable information from the school.

Student’s Name: __________________________________________ Date of Birth ______________

________________________________________ Date: ______________________

Signature of Parent/Guardian or Eligible Student

Printed Name: __________________________________________
LakeVille Community Schools
Student Permission Form

Student Name: ____________________________  Grade: _______________
(Please Print)

Parent/Guardian Name: ____________________________  
(Please Print)

Handbook

I am aware that the student handbook is available at www.lakevilleschools.org and can be accessed at any time. Printed copies are available in the building offices upon request. We understand the rights and responsibilities pertaining to students and agree to support and abide by the rules, guidelines, procedures and policies of the School District.

Critical Health Education, Reproductive Health and Family Planning (5th thru 12th grades)

I agree that I have reviewed the parent notification form for Critical Health Education Programs and understand that if there is any part that I want my child excused from I must provide written request to the building principal so alternative activities can be provided during the class time used to address these topics.

Co-Curricular Code Contract (Please see attachment)

Student: I am requesting the privilege of participating in LakeVille Community Schools co-curricular activities. I pledge to myself, my teammates, my coaches/advisors, my school and my parents to refrain from conduct that is not a positive reflection of the standards set forth in the student handbook. My signature on this contract indicates that I have read the Co-Curricular Code Contract and also indicates my willingness to abide by the rules set forth.

Parent: My son/daughter desires to participate in co-curricular activities at LakeVille. I agree to assist my son/daughter to abide by all rules and regulations set forth in the Co-Curricular Code of Conduct. MY signature as a parent on the contract indicates my willingness to help enforce the code of conduct.

Technology User Permission

I agree to follow the Technology User Policy as described in the current student/parent handbook.

_____________ Student is authorized to use the internet at school.

_____________ Parent has withheld consent for internet use at school.

Please turn form over and complete the other side
LakeVille Community Schools  
Student Permission Form

Permission to Publish Photographs, Videos and/or Work

- I grant permission for LakeVille Community Schools to photograph and/or record video of my child and my child’s work as part of the educational program produced by the district. This may include, but is not limited to, newsletters, media releases, the district Facebook page and website. I understand that my child’s image may appear in photos or videos. We will not publish first and last names with these publications, but the district, grade and school may be identified.

- NO photo or interview under ANY circumstances  
(Pictures and video may be taken at various times throughout the year without advanced notice as part of our educational program. If I choose not to have photos and video of my child or my child’s work published I will provide a written statement to the principal.)

Lunch Account

Student: Will inform parents in a timely manner when funds need to be reimbursed. If lunch account remains in arrears student’s participation in after school activities and co-curricular events may be restricted.

Parent: agrees to provide student(s) with funds to purchase meals/snacks from the cafeteria or provide them with appropriate foods from home. Cash, check or online payments at www.myschoolbucks.com, further agree that student lunch account will not go unpaid. If lunch account remains in arrears student’s participation in after school activities and co-curricular events may be restricted.

__________________________________________  Date

Student Signature  ________________________________

Parent/Guardian Signature ________________________  Date
LakeVille Community Schools
Co-Curricular Code of Conduct

1. **I pledge** to not use, possess, or be an accessory to supplying alcohol, anabolic steroids, tobacco, illegal controlled substances, drug paraphernalia, or look alikes.

2. **I pledge** to not commit any criminal acts that violate state of federal statutes.

3. **I pledge** to not commit any misdemeanor act or act of civil forfeiture that violate municipal ordinances.

4. **I pledge** to act as a responsible individual in the school environment. As a co-curricular participant, I will not exhibit behaviors which lead to suspensions and/or detentions.

5. **I pledge** to attend classes each day school is in session unless the absence is for a board excused reason.

6. **I pledge** to work for passing grades in all classes, as academics are the most important element in attending school.

7. **I pledge** to exhibit positive sportsmanship in practices, competitions and performances.

8. **I pledge** to listen to and follow the directions and rules of conduct established by my coach/advisor.

9. **I pledge** to respect the property owned by other students, by the LakeVille School District, and property of other school districts.
UNDERSTANDING CONCUSSION

Some Common Symptoms

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

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that can change 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," "jolt" or "bang" or 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 to be noticed until days or weeks after the injury. If the student shows 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 the day of the injury until a health care professional says they are OK 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 OK. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Repeat or second concussions can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. 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
- 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 she 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, 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 rest breaks, be given extra help and time, spend less time reading, writing or on a computer.

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 342 of 2012, that I have received and reviewed the Concussion Fact Sheet for Parents and Students/Athletes provided by LakeVille Memorial High School.

_____________________________  ______________________________
Student Name Printed  Parent or Guardian Name Printed

_____________________________
Student Name Signature

_____________________________
Parent or Guardian Name Signature

_____________________________
Date

_____________________________
Date

Return this signed form to LakeVille Memorial High School, this form must be kept on file for the duration of enrollment.

Participants and parents please review and keep the educational materials available for future reference.
2019-2020 EMERGENCY DISMISSAL TRANSPORTATION FORM

Student Name ____________________________ School ____________________________

Teacher _______________________________________

Emergency school dismissal may happen during the school day. Power failures will cause the school phones to be inoperable. To notify parents of an emergency school dismissal, school closings will appear on Channels 12 and 5 as well as the radio stations listed in the student handbook. Bus drivers will not drop off a student if no adult is home. Students unable to be dropped off at their home or another previously specified location will be taken to the District Kids Club program (810) 591-6631.

Please fill in this form in its entirety in order to provide the most safe, efficient, effective transportation and security for your student in case of an emergency dismissal.

Please choose ONE of the following options:

_____ My student is a WALKER and should WALK home from school

_____ My student should go to KIDS CLUB until I am notified. I understand there is a fee for this

_____ My student should ride the BUS home and someone will be there

Kindergarteners through third grade are required to have a parent or guardian visible upon students release from the bus at their bus stop. This requirement is still required, even when being let off the bus with an elder sibling, unless there is a Permission To Drop form filled out and on file in the transportation department.

Transportation does not release students to anyone other than those person’s listed on the student’s emergency contacts, unless prior approval, in writing, is given to the transportation office. Please check with your student’s school office to change or update these contacts.

Please talk with your student about the plans you will have in place for them to follow from the bus stop or when they reach home on days of emergency dismissal from school.

__________________________ ____________________________
Parent/Guardian signature Daytime Phone Number

Michael Lytle, Superintendent
Board of Education
Chad Carideo, President – Amanda Ploof, Vice-President – Ken Burkhardt, Secretary – Brandon McDowell, Treasurer
Jim Rain, Trustee – Emma Colombato, Trustee – Alanna Roberts, Trustee
**Schools Vaccines Required for School Entry in Michigan**

Whenever children are brought into group settings, there is a chance for diseases to spread. Students must follow state vaccine laws in order to attend school. These laws are the minimum standard to help prevent disease outbreaks in school settings. The best way to protect students in your care from other serious diseases is to promote the recommended vaccination schedule at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines). Encourage parents to follow CDC's recommended schedule; by doing so, school requirements will be met.

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>All Kindergarteners and 4-6 year old transfer students</th>
<th>All 7th Graders and 7-18 year old transfer students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, Tetanus, Pertussis (DTP, DTaP, Tdap)</td>
<td>4 doses DTP or DTaP. 1 dose must be after 4 years of age.</td>
<td>4 doses diphtheria and tetanus or 3 doses if 1st dose given at or after 1 year of age. 1 dose Tdap at 11 years of age or older upon entry into 7th grade or higher.</td>
</tr>
<tr>
<td>Polio</td>
<td>3 doses if dose 3 was given at or after 4 years of age.</td>
<td>4 doses.</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)*</td>
<td>2 doses at or after 12 months of age.</td>
<td>3 doses.</td>
</tr>
<tr>
<td>Hepatitis B*</td>
<td>3 doses.</td>
<td>1 dose at 11 years of age or older upon entry into 7th grade or higher.</td>
</tr>
<tr>
<td>Meningococcal Conjugate (MenACWY)</td>
<td>None.</td>
<td>1 dose at 11 years of age or older upon entry into 7th grade or higher.</td>
</tr>
<tr>
<td>Varicella (Chickenpox)*</td>
<td>2 doses at or after 12 months of age or current lab immunity or history of varicella disease.</td>
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</tbody>
</table>

During disease outbreaks, incompletely vaccinated students may be excluded from school. Parents and guardians choosing to decline vaccines must obtain a certified non-medical waiver from a local health department. Read more about waivers at [www.Michigan.gov/Immunize](http://www.Michigan.gov/Immunize).

*If the student has not received these vaccines, documented immunity is required.

All doses of vaccines must be valid (correct spacing and ages) for school entry purposes.

*Updated December 11, 2019*
<table>
<thead>
<tr>
<th>Age</th>
<th>HepB Hepatitis B</th>
<th>DTaP/Tdap Diptheria, tetanus, pertussis (whooping cough)</th>
<th>Hib Haemophilus influenzae type b</th>
<th>IPV Polio</th>
<th>PCV13 Pneumococcal conjugate</th>
<th>RV Rotavirus</th>
<th>MMR Measles, mumps, rubella</th>
<th>Varicella Chickenpox</th>
<th>HepA Hepatitis A</th>
<th>HPV Human papillomavirus</th>
<th>Men-ACWY</th>
<th>MenB</th>
<th>Influenza Flu</th>
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<tbody>
<tr>
<td>at Birth</td>
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<td>2 months</td>
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<td>4 months</td>
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<td>6 months</td>
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<td>12 months</td>
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<td>(12–15 mos)</td>
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<td>15 months</td>
<td>✓</td>
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**FOOTNOTES**

1. Your child may not need this dose depending on the brand of vaccine that your healthcare provider uses.
2. This dose of DTaP may be given as early as age 12 months if it has been 6 months since the previous dose.
3. Children with certain medical conditions will need a third dose.
4. This vaccine may be given to healthy teens. It is also recommended for adolescents with certain health conditions.
5. Your teen may need an additional dose depending on your healthcare provider's recommendation.

One dose each fall or winter to all people ages 6 mos and older. Some children younger than age 9 years need 2 doses; ask your child's healthcare provider if your child needs more than 1 dose.

Influenza vaccine is recommended every year for everyone age 6 months and older.

Influenza vaccine is recommended every year for everyone age 6 months and older.

Meningococcal
G Suite for Education and Other Services - Parent Permission Form

Classes in LakeVille Community Schools in grades K - 12 use many online apps and services to provide quality educational experiences for our students. It is common for such online resources to gather data from users for marketing and other purposes. Because of this we are required to have parents give permission to allow their child (if under the age of 13) to use the services. Rather than get permission each time a service is required in a class, we created this form. It addresses all apps we use in two categories: G Suite for Education and other services not covered by the terms of the G Suite accounts. Here are some details.

G Suite for Education
G Suite for Education provides students with many opportunities for learning in and out of the classroom. At LakeVille Community Schools, students in grades 3 - 12 use their G Suite accounts (often referred to as “lakevillefalcons accounts”) to complete assignments, communicate with their teachers, sign into their Chromebooks, and learn 21st century digital citizenship skills.

The tools can be accessed from any device with internet access and they involve Google’s privacy policies. Because of this, for students in grades 3 - 8, we require a parent or guardian to agree to the statement on the back of this document and provide a signature.

Full information about the G Suite apps (including a full notice on privacy from Google) can be found on our Technology Privacy Page. It contains some details not addressed specifically in this form. Access it with the QR code to the left or this URL: sites.google.com/lakevillefalcons.org/lv-privacy-information

Here is some information about the accounts you need to be aware of:
- When this form is signed and returned (just once) to the school, it will be kept on record. From that time on, your son or daughter will have a G Suite for Education (lakevillefalcons) account.
- Sharing in the Google Drive accounts is limited on accounts in grades 3 - 8. This means students can only share their files and collaborate with other students and teachers in our district.
- Students in grades 3 - 8 will not have lakevillefalcons Gmail access without additional parent permission. High school students do have active Gmail accounts.

Since the account can be used in and outside of school, parents and students should also understand:

The Student's Responsibility: Student use of Google Apps follows the expectations and disciplinary action outlined in the District's Acceptable Use Policy and Student Handbook. Although the Apps can be accessed outside of school, any use of the Google account on the LakeVilleFalcons.org domain is bound by the same rules and guidelines as use of a LakeVille student account on the LakeVille network. It must always be used for educational purposes just as if the student were in school.

The School's Responsibility: Internet safety education will be included as part of introducing new web-based tools. In school, teacher supervision and school content filters are used as an attempt to prevent access to inappropriate content and to ensure that student use of digital tools follows the district rules referenced above. Student accounts can be accessed by domain administrators at any time. The district maintains the website shown above to provide updated information about the use of the services.

The Parent/Guardian's Responsibility Parents and guardians assume responsibility for the supervision of Internet use outside of school. They are encouraged to discuss family rules and expectations for using internet-based tools, including Google Apps for Education. Parents and guardians are encouraged to report
any evidence of inappropriate use to the school. They should regularly check the LakeVille Technology Privacy Page (shown above) to be kept up to date with related information.

Google provides a complete notice for parents and guardians regarding privacy in their services. You can find it on the Technology Privacy Page at the link above. The notice provides answers to common questions about what Google can and can’t do with your child’s personal information.

**Apps and Services Other than G Suite**
The terms for the many other accounts we use are different, but you can always see what data a service collects and how it is used by reading the privacy policy at its website. To make these policies easy to find, we listed the many apps and services we use in grades K - 8 and links to their privacy policies. You can find this list on the Technology Privacy Policy Information page located here:
sites.google.com/lakevillefalcons.org/iv-privacy-information/apps-and-services

It is our goal to teach students safe and responsible practices when using online tools. We will make sure none of our assignments require students under the age of 13 to publicly publish work online that identifies them by first and last name.

**If you have any questions, please do not hesitate to contact Mike Petty, the district instructional tech coordinator. You can reach him at mpetty@lakevilleschools.org.**

Please complete the information below and sign where indicated if you agree to the following statements regarding G Suite for Education and other services we use in the district. If you decide not to sign this form, we cannot make the necessary accounts for your child. We will contact you to develop a plan for completion of work without these services.

From Google, for G Suite for Education (lakevillefalcons.org) accounts (for grades 3 - 12):
I understand the responsibilities outlined in this document for me, my child and the district. I give permission for LakeVille Community Schools to create/maintain a G Suite for Education account for my child and for Google to collect, use, and disclose information about my child only for the purposes described in the notice that I can read at the link above. I also understand that the account is for educational purposes and that use must meet the expectations outlined above. Any misuse of the account will be handled as if it were done on the district network.

For other services we use (for grades K - 12):
I give my permission for my child (named below) to use the online apps and services listed on the district Technology Privacy Policy Information page for his or her school work. I understand that I can check that page (at the link above) and the privacy policies of the services at any time. I also understand my child will be expected to use the accounts in accordance to school rules outlined in the Student Handbook and the district technology user agreement. While reasonable supervision will be exercised at school, I understand the district is not responsible if my child uses the services for purposes other than those required for school work.

Child's full legal: ________________________________ Child's current grade: _________

Parent/guardian Name (printed): ________________________________

Parent/guardian Signature: ________________________________ Date: ________________
Parent Permission Form for Apps and Services Used in Grades K - 2

Dear Parents and Guardians,
Classes in LakeVille Community Schools use many online apps and services to provide quality educational experiences for our students. It is common for any such online resources to gather data from users for marketing and other purposes.

Because of this we are required to have parents give permission to allow their child (if under the age of 13) to use the services. Rather than get permission for each service that is required in a class, we created this form for any apps and services that are used in grades K - 2.

Each service students might use in school has unique policies, but you can always see what data a service collects and how it is used by reading the privacy policy at its website.

To make these easy to find, we listed the many services we use. We also included links to all privacy policies. You can find this list on the Technology Privacy Policy Information page located here:

sites.google.com/lakevillefalcons.org/lv-privacy-information/apps-and-services

It is our goal to teach students safe and responsible practices when using online tools. Teachers take steps to ensure safe and appropriate use of online resources. We will make sure none of the assignments require students under the age of 13 to post work online that identifies them by first and last name. Of course, students could access their accounts outside of school or use some of them for purposes other than we intended for education. School rules will be enforced and accounts can be deactivated if students misuse the accounts.

If you have any questions, please do not hesitate to contact Mike Petty, the district instructional tech coordinator. You can reach him at mpetty@lakevilleschools.org.

Please complete the information below and sign where indicated if you agree to the following statement.

I give my permission for my child (named below) to use the online apps and services listed on the district Technology Privacy Policy Information page for his or her school work. I understand that I can check that page (at the link above) and the privacy policies of the services at any time. I also understand my child will be expected to use the accounts in accordance to school rules outlined in the Student Handbook and the district technology user agreement. While reasonable supervision will be exercised at school, I understand the district is not responsible if my child uses the services for purposes other than those required for school work.

________________________________________  ________________________________
Child’s Name                                    Your Printed Name

________________________________________  ________________________________
Your Signature                                    Date