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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<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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Relationship: ______ Father   ______ Mother   ______ Grandparent  ______ Guardian  ______ Self (Student Enrolling)  ______ Other

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<th>Name of Secondary/Guardian residing in the home</th>
<th>Place of Employment</th>
<th>Work Phone (area code first)</th>
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Relationship: ______ Father   ______ Mother   ______ Grandparent  ______ Stepfather  ______ Stepfather  ______ Guardian  ______ Other

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<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>
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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.

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## Authorized list to pick up your child from school

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

__________________________________________  Date__________________
Parent/Guardian Signature
LakeVille Community Schools
Request & Consent for Transfer of Student Records

Student Name:________________________________________

Date of Birth:_______________________________________

Last Grade completed:______________________________

The student listed above has enrolled in our school. Please send the CUMULATIVE RECORD FOLDER, complete with HEALTH RECORDS AND TRANSCRIPTS to the school checked below.

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 Departments address listed below. 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.

Thank you

Principal ___________________ Student UIC Number ______________________

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:_____________________________________________

Relationship to student:________________________________

LakeVille Memorial High School
12455 Wilson Rd.
Otisville, MI 48463
Phone – (810) 591-4050  Fax – (810) 591-3961

LakeVille Middle School
11107 Washburn Rd.
Otisville, MI 48463
Phone – (810) 591-3945  Fax – (810) 591-6632

Columbiaville Elementary
4775 Pine St.
Columbiaville, MI 48421
Phone – (810) 591-3460  Fax – (810) 793-6516

LakeVille Community Schools
Special Education Department
12455 Wilson Rd.
Otisville, MI 48463
Phone – (810) 591-3357  Fax – (810) 793-591-3938
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 treat. 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
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>Fainting</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>
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</table>

Other (Please Describe) ____________________________________________________________

None of the above applies to the student

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**List any medications that your child is receiving**

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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:

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UNDERSTANDING CONCUSSION

Some Common Symptoms

- Headache
- Pressure in the head
- Nausea/Vomiting
- Dizziness

- Balance Problems
- Double Vision
- Blurry Vision
- Sensitive to Light

- Sensitivity to Noise
- Staggerness
- Headache
- Fogginess
- Grogginess

- Poor Concentration
- Memory Problems
- Confusion

- Not "Feeling Right"
- Feeling Irritable
- 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 concussi on 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 to 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 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 has 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 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, she 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 more 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.
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.