



LakeVille Community Schools District Information

Michael Lytle, LakeVille Superintendent – (810) 591-3980
Lawrissa Peterson, Dean Transportation Director – (810) 591-6561
Carric 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



Male Female

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

Name (first and last)	Age and Birth Date	School of Attendance

Name of Primary/Guardian residing in the home	Place of Employment	Work Phone (area code first)	Cell Phone (area code first)

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

Name of Secondary/Guardian residing in the home	Place of Employment	Work Phone (area code first)	Cell Phone (area code first)

Relationship: ___Father ___Mother ___Grandparent ___Stepmother ___Stepfather ___Guardian ___Other

Name of parent living elsewhere	Relationship to child	Work Phone (area code first)	Cell Phone (area code first)

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

NAME	Relationship	Home Phone	Work Phone	Cell Phone

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: _____
(Please Print)

Grade: _____

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.

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.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

**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: _____

<p>→ LakeVille Memorial High School 12455 Wilson Rd. Otisville, MI 48463 Phone – (810) 591-4050 Fax – (810) 591-3961</p>	<p>→ LakeVille Middle School 11107 Washburn Rd. Otisville, MI 48463 Phone – (810) 591-3945 Fax – (810) 591-6632</p>	<p>→ Columbiaville Elementary 4775 Pine St. Columbiaville, MI 48421 Phone – (810) 591-3460 Fax – (810) 793-6516</p>
<p>→ LakeVille Community Schools Special Education Department 12455 Wilson Rd. Otisville, MI 48463 Phone – (810) 591-3357 Fax – (810) 793-591-3938</p>		



Lakeville Community Schools

*11107 Washburn Rd - Otisville, MI 48463
(810) 591-3980*

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 mu 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** _____

Signature of Parent/Guardian or Eligible Student **Date:** _____

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: _____

**LakeVille Community Schools
Emergency Medical Instructions**

MEDICAL CONCERNS

Please read carefully and **CIRCLE** anything which applies to the student
Confidential information for professional use only

- | | | |
|--------------|---------------------|------------------|
| Anemia | Arthritis | Asthma |
| Allergies | Back Problem | Bee Sting |
| Bone/Joint | Cerebral Palsy | Convulsions |
| Diabetes | Emotional Problem | Epileptic |
| Fainting | Hearing Limitations | Heart Impairment |
| Hypoglycemic | Multiple Sclerosis | Polio |
| Paralysis | Tuberculosis | |

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:

UNDERSTANDING CONCUSSION

Some Common Symptoms

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

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 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:

- 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.
- 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.
- 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 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, 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.

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

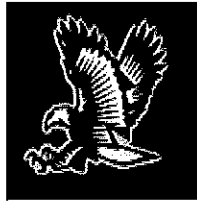
Parent or Guardian Name Signature

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 or 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.