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)

AdvancED
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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Relationship:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>____Father</td>
<td>____Mother</td>
<td>____Grandparent</td>
<td>____Guardian</td>
</tr>
<tr>
<td>____Self (Student Enrolling)</td>
<td>____Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td>Relationship:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>____Father</td>
<td>____Mother</td>
<td>____Grandparent</td>
<td>____Stepmother</td>
</tr>
<tr>
<td>____Stepfather</td>
<td>____Guardian</td>
<td>____Other</td>
<td></td>
</tr>
</tbody>
</table>

<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>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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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
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
GRADES

LakeVille Memorial High School
Phone - (810) 591-4032
Fax - (810) 591-5961
Attn: Terri Plumb
tplundb@lakervilleschools.org

LakeVille Middle School
Phone - (810) 591-3945
Fax - (810) 591-5652
Attn: Laura Heikens
lheikens@lakervilleschools.org

Columbiaville Elementary
Phone - (810) 591-3460
Fax - (810) 793-6516
Attn: Janey Kindinger
jkindinger@lakervilleschools.org

Special Education Department
Phone - (810) 591-3357
Fax - (810) 591-3938
Attn: Michele Erwin
mjerwin@lakervilleschools.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>
</tr>
</thead>
<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>
<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 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 __________________

____________________________ 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.

________________________________________________________________________

Student Signature ___________________________ Date ___________________________

Parent/Guardian Signature ___________________________ Date ___________________________
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.
Educational Material for Parents and Students (Content Meets MDHCH Requirements)

**UNDERSTANDING CONCUSSION**

Some Common Symptoms

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

**WHAT IS A CONCUSSION?**

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven’t been knocked out.

You can’t see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear 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 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 unsure of game, score, or opponent
- Moves clumsily
- Seems confused about assignment or position
- Forgets an instruction
- Loss of 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
- Slow to answer questions
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Confusion or seizures
- Cannot recognize people/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior

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

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 non-operable. 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 Lyke, Superintendent
Board of Education
Chad Garriero, President – Amanda Plumb, Vice-President – Ken Burkhardt, Secretary – Branden McDowell, Treasurer
Jim Baler, Trustee – Evan Calambato, Trustee – Abs соск. Roberts, Trustee

AdvancedED
**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. Encourage parents to follow CDC’s recommended schedule; by doing so, school requirements will be met.

<table>
<thead>
<tr>
<th>Diphtheria, Tetanus, Pertussis (DTP, DTaP, Tdap)</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>4 doses DTP or DTaP</td>
<td>1 dose must be at or 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</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)*</td>
<td>2 doses at or after 12 months of age</td>
<td>1 dose MMR at 11 years of age or older upon entry into 7th grade or higher</td>
</tr>
<tr>
<td>Polio</td>
<td>4 doses</td>
<td>3 doses if dose 3 was given at or after 4 years of age</td>
</tr>
<tr>
<td>Hepatitis B*</td>
<td>3 doses</td>
<td>None</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>
<td></td>
</tr>
</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. *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</th>
<th>DTaP/Tdap</th>
<th>Hib</th>
<th>IPV</th>
<th>PCV13</th>
<th>RV</th>
<th>MMR</th>
<th>Varicella</th>
<th>HepA</th>
<th>HPV</th>
<th>Men-ACWY</th>
<th>MenB</th>
<th>Influenza Flu</th>
</tr>
</thead>
<tbody>
<tr>
<td>at Birth</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓ (within 24 hours of birth)</td>
</tr>
<tr>
<td>2 months</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓ (6 mos and older)</td>
</tr>
<tr>
<td>4 months</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓ (6 mos and older)</td>
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<tr>
<td>6 months</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓ (6 mos and older)</td>
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<td>12 months</td>
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<td>✓</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓ (6 mos and older)</td>
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<td>15 months</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓ (6 mos and older)</td>
</tr>
<tr>
<td>18 months</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓ (6 mos and older)</td>
</tr>
<tr>
<td>19–23 months</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓ (6 mos and older)</td>
<td></td>
</tr>
</tbody>
</table>

**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.
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 “lakevillefalcions 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/lakevillefalcions.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 (lakevillefalcions) 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 lakevillefalcions 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 LakeVilleFalcions.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/lv-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
My Child Can

My child is _____________________________________________________________

Attended school  Y  N where___________________________________________
Premature birth  Y  N

Think of your child. Write down the answers to the following questions.

1. My child can count to ______.

2. My child can name the following colors ________________________________

3. My child can bounce a ball ________ times.

4. My child's favorite rhyming song or chant is _____________________________

5. My child can follow multiple step directions like ____________________________

6. My child can recognize the beginning letter sounds of these letters: _________

7. My child enjoys being read to ___________________________________________

8. My child enjoys looking at books when _________________________________

9. My child will play with other children by sharing and taking turns during ______

10. My child will seek out and ask for help when ____________________________

11. My child shows he/she is thinking when ________________________________

12. My child can stay on task when _______________________________________

13. My child writes these letters in his/her name ____________________________

14. My child uses his/her words when _______________________________________

15. My child can recognize different words associated with objects like ___________
HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. (BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)

PERSONAL

CHILD'S NAME (Last, First, Middle) ____________________________ Date of Birth (mm/dd/yy) ____________________________

ADDRESS (Number & Street) ____________________________ (City) ____________________________ ZIP Code ____________

MI ____________________________ Today's Date (mm/dd/yy) ____________________________

PARENT/GUARDIAN (Last, First, Middle) ____________________________ Home Telephone Number ____________________________

ADDRESS (Number & Street) ____________________________ (City) ____________________________ ZIP Code ____________

MI ____________________________ Work Telephone Number ____________________________

SECTION I - HEALTH HISTORY

Yes ☐ No ☐ Not Required ☐

# Is your child having any of the problems listed below?

☐ ☐ ☐ 1 Allergies or Reactions (for example, food, medication or other)

☐ ☐ ☐ 2 Hay Fever, Asthma, or Wheezing

☐ ☐ ☐ 3 Eczema or Frequent Skin Rashes

☐ ☐ ☐ 4 Convulsions/Seizures

☐ ☐ ☐ 5 Heart Trouble

☐ ☐ ☐ 6 Diabetes

☐ ☐ ☐ 7 Frequent Colds, Sore Throats, Earaches (4 or more per year)

☐ ☐ ☐ 8 Trouble with Passing Urine or Bowel Movements

☐ ☐ ☐ 9 Shortness of Breath

☐ ☐ ☐ 10 Speech Problems

☐ ☐ ☐ 11 Menstrual Problems

☐ ☐ ☐ 12 Dental Problems: Date of Last Exam / /

☐ ☐ Other (please describe): ________________________________________________

☐ ☐ Does your child take any medication(s) regularly?

Reason for Medication __________________________________________________________

☐ ☐ Yes ☐ No Examining's Initials: ____________________________________________

Was the health history reviewed by a health professional?

☐ ☐ Yes ☐ No Parent/Guardian Signature / / Date ____________________________

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

<table>
<thead>
<tr>
<th>Ex</th>
<th>Was child tested for:</th>
<th>Test results:</th>
<th>Normal</th>
<th>Referral</th>
<th>Under Care</th>
<th>Yes ☐ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>VISION</td>
<td>Visual Acuity</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>☐</td>
<td>Date: / / /</td>
<td>Muscle Imbalance</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>☐</td>
<td>Hearing</td>
<td>Audimeter</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>☐</td>
<td>Date: / / /</td>
<td>Other</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>☐</td>
<td>Urinalysis</td>
<td>Sugar</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>☐</td>
<td>Date: / / /</td>
<td>Albumin</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>☐</td>
<td>Blood Lead Level</td>
<td>Level _______ ug/dl</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
</tr>
</tbody>
</table>

NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.

Examinations and/or Inspections

Essential Findings Deviating from Normal:

Exam Date: / / /

### SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.

<table>
<thead>
<tr>
<th>VACCINES (Circle Type)</th>
<th>DATE ADMINISTERED MM/DD/YYYY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B (HepB)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td>DTaP/DTP/DT/Td</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Tdap</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Haemophilus Influenza</td>
<td>1</td>
</tr>
<tr>
<td>type b ( Hib )</td>
<td>2</td>
</tr>
<tr>
<td>Polio</td>
<td>1</td>
</tr>
<tr>
<td>(IPV/DIP)</td>
<td>2</td>
</tr>
<tr>
<td>Pneumococcal Conjugate (PCV7/PCV13)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Rotavirus (RV1/RV5)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Varicella (Chickenpox)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Vaccine(s)</th>
<th>Date of Vaccine(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A (HepA)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Influenza (IIV/LAV)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Meningococcal (MCV4 / MPSV4)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Human Papillomavirus (HPV6/HPV16/HPV26)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>3</td>
</tr>
<tr>
<td>OTHER Vaccines</td>
<td>1</td>
</tr>
<tr>
<td>Specify Date &amp; Type</td>
<td>2</td>
</tr>
</tbody>
</table>

Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable.

NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.

Parent/Guardian refused immunizations: □

I certify that the immunization dates are true to the best of my knowledge

_________________________                      ________________________
Health Professional's Signature                  Title


### SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

☐ □ Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:

☐ □ Should the child's activity be restricted because of any physical defect or illness?

If yes, check and explain degree of restriction(s): ☐ Classroom ☐ Playground ☐ Gymnasium ☐ Swimming Pool ☐ Competitive Sports ☐ Other


### SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined ____________________________, child's name, teeth. As a result of this examination, my recommendation for treatment is:

_________________________
Dentist's Signature


---

**PHYSICIAN’S SIGNATURE**

Examiner’s Signature

__________________________
Date

Examiner’s Name (Print or Type) ____________________________

Degree or License ____________________________

__________________________
Number & Street

__________________________
City MI ZIP Code ____________________________

__________________________
Telephone

---

Information required for:

**Early On** - Hearing and Vision Status; Diagnosis; Health Status

**Child Care Licensing** - Physical Exam, Restrictions, Immunizations

**Head Start/Early Head Start** - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

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**Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.**
Welcome to the start of 2020-2021 school year!

Dean Transportation was elected by LakeVille Community Schools to do the daily transportation of students to and from school, athletic and school field trips.

Dean Transportation is a family run business formed in 1986 by Mr. Kellie Dean, who was a teacher’s aide, special education teacher, special education administrator, in charge of programs for the physically or otherwise health and hearing impaired students. Mr. Dean graduated from Michigan State University and his business safely serves school districts, intermediate school districts, and public transit agencies throughout the state of Michigan. Dean Transportation also prides itself on its green technology and global positioning systems to ensure a safe, ecofriendly ride each and every time your student travels in a school bus.

Our daily mission is to serve our communities with safe, caring, reliable and efficient transportation. One of the ways you can help in our daily quest is to talk to your student about riding the bus safely as follows: Sitting back to back, bottom to bottom on bus seats, sitting forward, not standing up or laying down while the bus is in motion. No eating, drinking, chewing gum or candy on buses because of the associated choking risks it may have for children riding the bus. No glass items, balloons, live animals, plants, or flowers of any kind. The use of spray deodorants perfumes, hand lotions and sanitizers are also not permitted inside of the bus due to allergies or other respiratory conditions some may have while sharing the bus ride. If your student will need to bring treats, special project materials, band, or sporting equipment to school, please package items small enough to fit inside of backpacks enabling students to keep these items securely together, on their lap, inside of a carrying case. If items are too large, please transport items to school by private car. Please be aware that Students are responsible for all items if lost or stolen. Electronics and cell phones are not allowed in classrooms. If these items are brought to school, on the school bus, we encourage items to be turned off or on silent mode and kept in backpacks for safe keeping. If the bus driver sees or hears inappropriate noise or content, or items become a distraction to the driver for any reason, students will be asked to put them away, if uncooperative in doing so, items will be given to the transportation office until parent/guardians can pick them up.

In continuing our care and safety of young students, GSRP and grades K-3, bus drivers will need to visibly see parents or appointed adults at the residence or bus stop location before letting children depart from the bus after school. If for
any reason you cannot be home or you are in need of assistance at this time, please call 591-6561. Please know that drivers cannot leave children with neighbors or friends in the event you are not home, unless, written permission has been given to your bus driver in advance. If at any time a bus driver cannot distinguish if anyone is available at a student’s bus stop, attempts will be made to reach out to parents/guardian through the transportation office before delivering to the district’s latchkey program at Columbiaville Elementary school at the conclusion of the bus route. The Kids Club entrance is located in the back of Columbiaville Elementary school, south-east corner entrance, and open until 6pm.

If running late for a bus stop, please do not follow a bus in an attempt to receive or have your student board outside of their own bus stop. For safety reasons, time restraints, and logistics, buses cannot stop anywhere other than their normal daily bus stops. Routes are directed to drivers from supervision. If you miss your student’s bus in the morning or afternoon, please go to a known bus stop within your student’s route or call the transportation office where they can communicate with your driver and make arrangements for you to meet the bus if at all possible.

Bus passes will be approved by calling the transportation office for students going to Columbiaville Kids Club only. Transportation will not give passes for students who need to go to or from relatives or a friend’s home, etc. For these occasional occurrences, parents will need to make alternate arrangements outside of being transported by the school bus.

For long term arrangements, please fill out a Variance Request Form. Variance forms are available at any school office, online or by calling the transportation office. Transportation allows one a.m. pick up and one p.m. alternate drop off address for students. Complete requests for a variance at least 3 to 5 days prior to needing a stop change. The transportation office will contact you when approved, along with changes in bus and stop times. Variance forms are valid for one school year or until canceled by a parent/guardian, whichever comes first.

Dean respectfully asks that all adults stay at least 5 feet from the bus entrance while children board or depart from the school bus.

Please do not approach a bus driver for questions related to your child during the time they are driving routes. Parents may call the transportation office where personnel will help you or leave a message for your driver to call you back for
concerns you have when they have finished driving the bus route. Discipline issues on the bus, as in the past, will go through appointed staff from LakeVille Community Schools on behalf of Dean Transportation. For all other related transportation needs, it must first come through the transportation office and we will call appropriate buildings with any changes. Our answering service is available 24 hours, 7 days a week. If you are unable to contact us during business hours (5:30am -5:30 pm).

For further information, please refer to Lakeville’s Student Handbook, available online @ www.lakevilleschools.org and for additional information about Dean Transportation visit www.deantransportation.com. You may also call directly to Dean’s transportation office, located North of the middle school complex, @ 810-591-6561.

We provide paid training for anyone interested in becoming a school bus driver. Please inquire through the transportation office or visit our website @ deantransportation.com/jobs.
Kids Club Info

$30.00 Enrollment Fee
$3.75 per hour (minimum of one hour a.m. and p.m.)

School Year Hours: 6:00 a.m. – 8:45 a.m. and 2:45 p.m. – 6:00 p.m.
Snack provided in the afternoon.

Summer Hours: 6:00 a.m. – 6:00 p.m.
Breakfast and lunch provided M – TH.
Fridays: Bring cold lunch or send money for pizza (parents will be notified when this happens).

Weekly trips to the Library
Weekly worksheets, reading, crafts, experiments, games and more!

Contact Lauren at (810) 591 – 6631