



MOUNT CLEMENS COMMUNITY SCHOOLS

167 CASS AVENUE • MOUNT CLEMENS, MICHIGAN 48043

(586) 469-6100 • FAX (586) 469-7065

JULIAN ROPER, SUPERINTENDENT

Enrollment Checklist

Office Staff, please check off received/completed paperwork.

Enrollment Paperwork:

- Authorization for Release of Student Records
- Student Enrollment/Emergency Card
- Student Transportation Request Form
- Pupil Residency Questionnaire
- Home Language Survey
- Immunization Consent
- Statement of Varicella Disease
- Concussion Awareness Acknowledgement
- Network and Internet Access Agreement
- Title I Parent/Student/Teacher Administrator Agreement
- Volunteer Registration

Required Enrollment Documents:

- Birth Certificate
 - Must be original, Parent Driver's License or Valid State Photo ID
- Current** Immunization Record or Current Immunization Waiver
- 2 Current** Proofs of Residency:
 - Current lease agreement, current mortgage statement, current utility bill, current property/tax statements (these must include parent name, address and date)
- Hearing and Vision Screening *****(DK and Kindergarten Students Only)**
- Current Transcript (**High School Only**) Current Report Card (**Middle School**)

Other Legal Documents:

- Custody, guardianship or foster care paperwork, **All** must have current dates and signatures.

**Immunizations are available through your family doctor or the Macomb County Health Department at a cost*

*** Free Vision and Hearing Screenings are available for children ages 3-18 at the Macomb County Health Department <http://www.macombcountymi.gov/publichealth> or (586)412-5945*



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AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Last School Attended: _____

Address: _____

Street

City

Zip Code

Phone: _____ Fax: _____

I hereby give my consent for the release of the education records of my children:

Student's Name	Date of Birth	Grade Level

PLEASE MAIL OR FAX STUDENT RECORDS TO:

- Mount Clemens High School, 155 Cass Avenue, Mount Clemens, MI 48043, Phone: (586) 461-3400, Fax: (586) 469-7066
- Mount Clemens Middle School, 155 Cass Avenue, Mount Clemens, MI 48043, Phone: (586) 461-3300, Fax: (586) 469-7066
- Seminole Academy, 1500 Mulberry, Mount Clemens, MI 48043, Phone: (586) 461-3900, Fax: (586) 469-7027
- Seminole Academy (Pre-K) 1500 Mulberry, Mount Clemens, MI 48043 Phone: (586) 461-3900 Fax: (586) 469-7027

PLEASE INCLUDE THE FOLLOWING WITH THE CA-60:

- Official School Transcript
- Report Cards/Test Scores
- Attendance/Discipline
- UIC
- Current IEP/504
- Special Education Records

Parent/Guardian Signature

Date

Mount Clemens School Personnel Signature

Date Sent

Date Received

Under the provision of the Privacy Rights of Parents and Students Act, page 1213, Subpart D, 99.30(b), it is not necessary to obtain the written consent of the parents to release records "to officials of other schools or school systems in which the student seeks or intends to enroll..."



Medical Alert

Mount Clemens Community School District STUDENT ENROLLMENT/EMERGENCY FORM

- Mount Clemens High School
- Mount Clemens Middle School
- Seminole Academy

- King Academy ECSE
- Great Start Readiness Pgm (GSRP)

School Year 20__ - 20__

Grade: _____

STUDENT INFORMATION			
Student's Full Legal Last Name	First Name	Middle Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Street Address	City, Zip Code	Home Phone	
Student Email (if applicable):		Student Cell Phone (if applicable):	
Is the child's living arrangement <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary If Temporary Please Explain : (ie. Motel, hotel, living with family/friends, shelter)			
Child's Date of Birth	Birth City and State <u>OR</u> if born outside U.S.A – Birth Country		
Name of Parent(s) or Guardians(s) with Whom Child Resides Female: _____ Male: _____			
Natural Parent's Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased <input type="checkbox"/> Separated			
RACE/ETHNIC BACKGROUND			
Is your Child of Hispanic or Latino Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What Race Is Your Child? <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Asian American <input type="checkbox"/> Other			
PREVIOUS SCHOOL INFORMATION (For New Enrollments Only)			
Former District	Former School	City, State	
Was Child Expelled From The Previous School? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was Child Receiving Any of the Following Services? (Check at least one)			
<input type="checkbox"/> Speech/Language <input type="checkbox"/> Social Work <input type="checkbox"/> Special Education <input type="checkbox"/> 504 <input type="checkbox"/> Other: _____ <input type="checkbox"/> None			
PARENT/GUARDIAN INFORMATION			
Natural Father / Legal Guardian (Full Legal Name)			
Last Name:	First Name:	Middle Initial:	
Address	City, State, and Zip Code	Resides with Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact with Student* <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name	Address (Street, City, State, Zip Code)		Work Phone
Cell Phone	Email	Are you a member active or inactive of Armed Forces? What branch??	
Natural Mother / Legal Guardian (Full Legal Name)			
Last Name:	First Name:	Middle Initial:	
Address	City, State, and Zip Code	Resides with Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact with Student* <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name	Address (Street, City, Zip Code)		Work Phone
Cell Phone	Email	Are you a member active or inactive of Armed Forces? What branch??	

PLEASE COMPLETE INFORMATION ON REVERSE SIDE

*As required by legal court documentation (Divorce Decree)

OTHER CHILDREN IN FAMILY

Name	School	Grade	Age
Name	School	Grade	Age
Name	School	Grade	Age
Name	School	Grade	Age
Name	School	Grade	Age

EMERGENCY INFORMATION

If your child has any special problems or conditions such as severe allergies, epilepsy, diabetes, asthma, or cardiac conditions, or is currently taking medication, please provide this information below.

Any Medical Conditions/Allergies	Medications Child is Taking
Does your child wear glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child wear a hearing aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Family Physician	Physician's Phone
Local Hospital Preference	Address, City, and Zip Code
If my child becomes ill or injured, in the event that I cannot be notified, please proceed with first aid and emergency medical care for my child. <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMERGENCY CONTACTS

Responsible Step-parent, Relative, or Neighbor to Contact to release Student to if Parent(s)/Guardian(s) cannot be notified.

1) Name	Relationship to Student:	Home Phone
Street Address, City	Zip Code	Cell Phone
2) Name	Relationship to Student:	Home Phone
Street Address, City	Zip Code	Cell Phone
3) Name	Relationship to Student:	Home Phone
Street Address, City	Zip Code	Cell Phone

PRESS/VIDEO RELEASE

Mount Clemens Community Schools has my permission to use photographs and/or videos of my child to show school activities (including yearbook) to the public. I understand that the personally identifiable information may be used at the discretion of the media, involving no financial compensation to Mount Clemens Community Schools, the student, or family of the student. I understand that I have the right to deny consent to the release of photographs and/or information specified above, by refusing to sign this form. If you consent, please sign here:

Parent or Guardian Signature

Date

If press/video release permission is denied, please write "DENIED" on the signature line above.

I CERTIFY THAT THE ABOVE INFORMATION ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

**Signature of
Parents/Guardians**



Father/Guardian

Date

Mother/Guardian

Date



Mount Clemens Community Schools

New Student Information

To assist Mount Clemens Community Schools in best serving your child, please complete the following information:

Student Name: _____

Grade: _____

With whom does your child reside? _____

How did you hear about Mount Clemens Community Schools? (check all that apply)

Resident of Mount Clemens Family/Neighbor/Friend District Website

District App Radio Billboard Flyer

Social Media: _____ Other: _____

Please Specify

Please Specify

At your child's former school, were they involved in any special programs? (check all that apply)

Gifted Program

Bilingual Instruction

Special Education (If yes, check which programs or services)

Resource Room

Occupational Therapy

Speech

Social Work

Physical Therapy

Other-Please Explain: _____

None

Please indicate any information or concerns teacher may need to know before classes begin:

For High School Students: Does your child have any plans after High School? (College, Military, Trade School, Work, etc)

Reviewed by: _____

Registration Secretary's Initials

Date



Mount Clemens Community Schools

Home Language Survey*

The Mount Clemens Community School District is collecting information regarding each student's language background. The district will use this information to determine the number of children who should be provided bilingual instruction according to Sections 380.1152-380.1157 of the Revised School Code, Michigan's Bilingual Education Law. Would you please provide the following information?

Student Name: _____ Grade: _____ Age: _____

Name of School Building: _____

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

_____ No _____ Yes What is the language? _____

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

_____ No _____ Yes What is the language? _____

3. What country was your child born in? _____

4. When did your child enter the United States? _____

"Primary language" means the dominant language used by a person for communication.

*Translation of this survey form in Spanish, Arabic, French, Italian, and Ojibwa is available at the Office of Field Services at (517)373-6066.

*All kindergarteners and any students new to this district.

***Staff* If questions 1 or 2 are marked "yes," please forward a copy of this completed form to the EL Coordinator and keep the original in the permanent student file**

STUDENT TRANSPORTATION REQUEST FORM

➔ *This form can be submitted online here: Drivergent.com/MCCSBusRequest*

School: _____ Start Date: _____

Student Name: _____	Birth Date: _____	Grade: _____
Parent/Guardian Name(s): _____		
Home Address: _____	City/Zip: _____	
Home Phone: _____	Cell Phone: _____	Work Phone: _____
Parent/Guardian Email(s): _____		

Emergency Contacts & Pickups:		
Name: _____	Phone: _____	Days: _____
Name: _____	Phone: _____	Days: _____
* DO NOT release my child to: _____		
List all important health and transportation needs staff should be aware of: _____		

Are you New enrollee into the district, Moving within the district, or Re-Enrolling for transportation?		
<input type="checkbox"/> NEW	<input type="checkbox"/> MOVING	<input type="checkbox"/> RE-ENROLLING
Did you receive district transportation last school year at this same home address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, what was your bus stop location? _____		

I agree that if my child is eligible for transportation, I will explain the bus rules to my child(ren). If they fail to abide by the rules or disobey the driver/aide's instructions, they will be subject to a write up and discipline that can include suspension from bus privileges for a period of time based on school policy, and I agree to honor the suspension.

* Please note – new transportation requests may take up to 2-3 business days for processing before starting.

Parent/Guardian Signature: _____ Date: _____

Received by School Staff: _____	Submitted to Transportation Dept.: _____
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Mount Clemens Community Schools

Pupil Residency Questionnaire

The answers you provide on this questionnaire will help the district determine what services you or your child may be eligible to receive under the McKinney-Vento Act, which protects the rights of students without a regular, fixed place to live. YOUR ANSWERS ARE STRICTLY CONFIDENTIAL, AND THE DISTRICT DOES NOT KEEP THIS FORM IN A PERMANENT FILE.

Student's Name: _____ Grade Level: _____

Name of School Building: _____

Address: _____
Street City Zip Code

Phone Number: () _____

Gender: _____ Male _____ Female

1. Is your current address a temporary living arrangement? _____ Yes _____ No
2. Is this temporary arrangement due to any involuntary loss of housing or economic hardship?
_____ Yes _____ No ***If you answered "No" stop here, if "Yes" complete below**

3. Where is the student currently living? (Please check one box)

- In a shelter
- With another family member because of loss of housing or as a result of economic hardship
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Any other temporary, non-permanent living situation (please describe)
- In permanent housing

Printed Name of Parent, Guardian or Student

Signature of Parent, Guardian, or Student

Date: _____

STAFF: If the student is **NOT** living in permanent housing, proof of residency and other documents normally needed for enrollment **are not required, and the student is to be immediately enrolled.** The district's liaison will assist the student in obtaining any necessary documents, including immunization or school records after enrollment.

PLEASE FORWARD COMPLETED FORM TO LIAISON. DO NOT FILE IN CA-60



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JULIAN ROPER, SUPERINTENDENT

Dear Parent/Guardian,

Every school year, various opportunities in the form of donations from local charitable organizations are available for students from families with limited financial resources as defined by the National School Lunch Program guidelines. With your approval, when these types of opportunities become available, usually during the holidays, the district will forward information directly to you.

By law, we can identify you as eligible for these opportunities only with your approval. If you choose not to submit this form, we will continue to have the information about assistance and opportunities available in the main office of your child(ren)'s school. Sending in this form will not change your eligibility status.

___ Yes. I **DO** want the Building Administrator or Designee to access and share my contact information (e.g., name, address, phone number) when opportunities are available.

If you **DO NOT** want the Building Administrator or Designee to access your contact information, no action is required; please disregard this form.

If you checked yes, please fill out the form below to ensure that your information is shared for the child(ren) listed below. Please use the back of this form if needed.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date _____

Name of Parent/Guardian: _____

Address: _____

Phone Number _____

Return this form along with the completed application:

For more information, contact:

Mt. Clemens Community Schools
Mrs. Katie Giovannini, LMSW SSW
586-461-3400
gionanninik@mtcps.org

Seminole Academy
Mr. Michael Fringer
586-461-3900
fringerm@mtcps.org

Secondary Complex
Ms. Alexis Terry
586-461-3400
terrya@mtcps.org



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Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____



MOUNT CLEMENS COMMUNITY SCHOOLS
Concussion Information and Awareness

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries and concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student athlete's safety.

If you think your child has suffered a concussion.

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackely Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return-to-play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

" ... may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider"

You should also inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game than miss the whole season. When in doubt, the athlete sits out.

For Current and up-to-date information on concussions, you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Please sign and return to acknowledge receipt of this information.

Student Name (Printed)

Date

Parent or Legal Guardian Name (Printed)

Parent or Legal Guardian (Signature)

NOTICE OF NONDISCRIMINATION: It is the policy of Mount Clemens Community Schools not to discriminate on the basis of race, color, religion, national origin or ancestry, gender, age, disability, height, weight or marital status in its programs, services, activities, or employment. Inquiries related to nondiscrimination policies should be directed to: Civil Rights Coordinator, Superintendent of Schools, Administration Building, 167 Cass Ave. Mount Clemens, MI 48043 Phone: (586) 461-6100 / Nondiscrimination inquiries related to disability should be directed to: Section 504 Coordinator, (same address and phone number)

Concussion Information and Awareness Form

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, see medical attention right away.

SYMPTOMS MAY INCLUDE ONE OR MORE OF THE FOLLOWING:

- | | |
|---|--|
| <ul style="list-style-type: none">• Headaches• "Pressure in Head"• Nausea or Vomiting• Neck Pain• Balance problems or dizziness• Blurred, double or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• "Don't feel right"• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|---|--|

SIGNS OBSERVED BY TEAMMATES, PARENTS, AND COACHES INCLUDE:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can't recall events prior to or after a hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness



MOUNT CLEMENS COMMUNITY SCHOOLS

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****Copy of Drivers License or State ID required****

VOLUNTEER REGISTRATION FORM AND RELEASE OF LIABILITY (2024-2025)

The following information is required for an internet background check, please PRINT LEGIBLY and COMPLETE IN FULL or the form will be returned.

<input type="checkbox"/> Mount Clemens High School	<input type="checkbox"/> Mount Clemens Middle School	<input type="checkbox"/> Seminole Academy
Student Name: _____	<input type="checkbox"/> District Athletics	<input type="checkbox"/> District Volunteer
<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Family Member	<input type="checkbox"/> Staff Family
		<input type="checkbox"/> Community Member

LEGAL Last Name _____ First Name _____ Middle Initial _____

Maiden Name (if applicable) _____ Phone Number _____

RACE/ETHNICITY: Asian Pacific Islander Hispanic Black White American Indian

GENDER: Male Female DATE OF BIRTH: _____ / _____ / _____
Month Day Year

Home Address _____ City _____ State _____ Zip Code _____

- I understand that I am not an employee of the School District, and that I am offering my services to the Mount Clemens Community School District freely and voluntarily, at my own will and volition, without any expectation or promise of monetary compensation or benefits of any kind.
- I understand that my services may be terminated by either myself or the District, at the will of either party, without cause, and without prior notice for any reasons deemed sufficient by the terminating party.
- I understand that I am not a general agent or representative of the school district, and will not hold myself out to be so. I will not exceed the authority or responsibility delegated to me by the Building Administrator.
- I understand that I WILL NOT be eligible for workers' compensation coverage and WILL NOT be covered under any of the District's health insurance policies for any illnesses or injuries sustained in the course of my volunteer service.
- I hereby release the Mount Clemens Community School District of any and all claims of liability for any illness, injury or other loss sustained or incurred by me, as a direct or indirect result of my volunteer service. _____ (Volunteer's initials).
- I understand that as a volunteer, I will be required to abide by all school board rules, regulations and policies, either published or in effect by usage and all rules, regulations, as well as the laws of the State of Michigan, and the Code of Conduct on the attached page(s).
- I understand that I am not allowed to use corporal punishment to discipline any students with whom I may come into contact.
- I understand that student records and information is confidential, and I will not disclose or discuss same without appropriate consent.
- I have not been convicted of, or pled guilty or nolo contendere (no contest) to, any felony or other crimes, except _____.
- I certify that all information given on this application is true and complete. Any misrepresentation, omission or incorrect statement of facts called for in this application is cause for immediate dismissal of me as a volunteer.

I understand that a criminal history records check will be conducted, and I have signed the attached consent form for that purpose.

Signature of Volunteer _____ Date _____

CONSENT TO CRIMINAL HISTORY RECORDS CHECK

I understand, that prior to providing any volunteer service, the Mount Clemens Community School District conducts a criminal history check of all applicants. I authorize Mount Clemens Community Schools to utilize my personal information disclosed herein to obtain a criminal history file search from the Michigan Department of State Police and such other police agencies as may have such records.

Signature of Volunteer _____ Date _____

Mount Clemens Community School District does not discriminate on the basis of race, religion, color, veteran status, sex, age, height, weight, national origin, marital status, pregnancy, handicapping condition or disability. A disabled or handicapped individual may allege a violation regarding failure to accommodate under the Michigan Handicappers' Civil Rights Act only if the individual notifies the employing institution, in writing of the need for accommodation within 182 days after the date on which the handicapped or disabled individual knew or reasonably should have known that an accommodation was needed. Written notification of the need for accommodation in the application or selection process and/or questions regarding this notice should be directed to the Mount Clemens Community School District at 167 Cass Avenue, Mount Clemens, Michigan, 586-461-3776.



Mount Clemens Community Schools

Consent for Disclosure of Personally Identifiable Information and 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, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the student's name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information and immunization 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 student" and must provide consent for disclosures of information from his or her education records.

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

I authorize Mount Clemens Community Schools to release my child's immunization record and personally identifiable information 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 any immunization information and limited personally identifiable information from the school.

Student's Name: _____ Date of Birth: __/__/__

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

Printed Parent/Guardian Name: _____



Health Department

Statement of Varicella Disease CHICKENPOX

The Michigan Public Health Code Act 368 of 1978 Part 92 Immunization and Macomb County Immunization Regulations require all children admitted to any public, private, parochial, special education, alternative education, adult education, career/technical education, homeschool cooperative, virtual school or charter academy, childcare center, nursery school, preschool, camp, or any other organized care or educational facility operating in Macomb County to present a certificate indicating dates of all required immunizations.

Complete the portion below **only** if your child has had varicella (chickenpox) disease. **This form must be signed and witnessed at your child's school/childcare program.**

I certify my child: _____

Last Name	First Name	M.I.

Birth Date	Grade	Date of School Enrollment

Has had varicella disease _____
 (When did varicella occur: Age or Date?)

Signature: _____ Date: _____
 (Parent or Legal Guardian)

Witnessed by: _____ Date: _____
 (School/Program Staff)

School District: _____

School/Childcare Program: _____

PLACE THIS FORM IN THE CHILD'S PERMANENT RECORD



Mount Clemens Community Schools

Network and Internet Access Agreement for Students

This agreement is entered into this ____ day of _____, 20__ between _____

(STUDENT'S NAME - Please Print)

hereinafter referred to as Student, and the Mount Clemens Community School District, hereinafter referred to as District.

The purpose of this agreement is to provide Network (Electronic Mail and Electronic Bulletin Board) and Internet access, hereinafter referred to as Network, for educational purposes to the Student. As such, this access will (1) assist in the collaboration and exchange of information, (2) facilitate personal growth in the use of technology and (3) enhance information gathering and communication skills.

The intent of this contract is to ensure that students will comply with all Network and Internet acceptable use policies by the district. In exchange for the use of the Network resources either at school or away from school, I understand and agree to the following.

- A. The use of the Network is a privilege which may be revoked by the District at any time and for any reason. Appropriate reasons for revoking privileges include, but are not limited to, the altering of system software, the placing of unauthorized information, computer viruses or harmful programs on or through the computer system in either public or private files or messages. The District reserves the right to remove files, limit or deny access, and refer the Student for other disciplinary actions.
- B. The District reserves all rights to any material stored in files which are generally accessible to others and will remove any material which the District at its sole discretion, believe may be unlawful, obscene, pornographic, abusive, or otherwise objectionable. Students will not use their District approved computer account/access to obtain, view, download, or otherwise gain access to such materials.
- C. All information services and features contained on District or Network resources are intended for the private use of its registered users and any use of these resources for commercial, for profit or other unauthorized purposes (i.e. advertisements, political lobbying), in any form is expressly forbidden.
- D. The District and/or Network resources are intended for the exclusive use by their registered users. The student is responsible for the use of his/her account/password and/or access privilege. My problems which arise from the use of a Student's account are the responsibility of the account holder. Use of an account by someone other than the registered account holder is forbidden and may be grounds for loss of access privileges.
- E. Any misuse of the account will result in suspension of the account privileges and/or other disciplinary action determined by the District. Misuse shall include, but not be limited to:
 - Intentionally seeking information on, obtaining copies of, or modifying files, other data, or passwords belonging to other users.
 - Misrepresenting other users on the Network.
 - Disrupting the operation of the Network through abuse of the hardware or software.
 - Malicious use of the Network through hate mail, harassment, profanity, vulgar statements, or discriminatory remarks.
 - Interfering with others use of the Network.
 - Extensive use for non-curriculum related communication.
 - Illegal installation of copy righted software.
 - Unauthorized down-sizing, copying, or use of licensed or copyrighted software.
- F. Allowing anyone to use an account other than the account holder.
 - The use of District and/or Network resources are for the purpose of (in order of priority):

- o Support of the academic program
- o Telecommunications
- o General Information
- o Recreational

- G. The District and/or Network does not warrant that the functions of the system will meet any specific requirements the user may have, or that it will be error free or uninterrupted; nor shall it be Hable for any direct or indirect, Incidental or consequential damages (including lost data, information or time) sustamed or incurred in connection with the use, operation, or inability to use the system.
- H. The Student will diligently delete old mail messages on a daily basis from the personal mail directly to avoid excessive use of the electronic mail disk space.
- I. The District and/or Network will periodically make determinations on whether specific uses of the Network are consistent with the acceptable - use practice. The District and/or Network reserve the right to log internet use and/or monitor the electronic mail space utilization by users.
- J. The Student may transfer files from information services and electronic bulletin board services. For each file received through a file transfer, the Student agrees to check the file with a virus detection program before opening the file for use. Should the Student transfer a file, shareware, or software which infects the Network with a virus and causes damage, the student will be liable for any and a11 repair costs to make the Network once again fully operational and may be subject to other disciplinary measures as determined by the District.
- K. The Student may not transfer file, shareware, or software from information services and electronic bulletin boards without the permission of the Technology Coordinator. The Student will be liable to pay the cost or fee of any file, shareware, or software transferred, whether intentional or accidental, without such permission.
- L. The Student may only log on and use the Network under the immediate supervision of a staff member and only with his/her authorized account number.
- M. The District reserves the right to log computer use and to monitor fileserver space utilization by users.
The District reserves the right to remove a user account on the Network to prevent further unauthorized activity.

In consideration for the privileges of using the District and/or Network resources, and in consideration for having access to the information contained on the Network, or by the Network, 1 hereby release the District, Network, and their operators and administration from any and all claims of any nature arising from my use, or inability to use the District and/or Network resources.

I agree to abide by such rules and regulations of system usage as may be further added from time to time by the District and/or Network. These rules will be available in hard copy form in the Principals office.

Student Signature

Date

As the student's parent/legal guardian, I agree. I will indemnify the District for any fees, expenses, or damages incurred due to my child's use or misuse of the Network equipment

Parent Signature

Date



MOUNT CLEMENS COMMUNITY SCHOOLS- Grades K - 12

TITLE I PARENT/STUDENT/TEACHER/ADMINISTRATOR COMPACT

Parent/Guardian Agreement

I/we want my/our child to succeed. Therefore, I/we will:

- ✓ Strive each day to make my child's education my number one priority. See that my child is punctual and attends school regularly.
- ✓ **Read** with my child and let my child see me read.
- ✓ **Read** and review all information that my child brings home from school.
- ✓ Show interest in my child's education by asking questions, being involved, helping with homework, being aware of what goes on at school, supporting school activities, and monitoring home activities with may interfere with progress in school
- ✓ Model respect by going to the teacher first about any concerns, trying to keep lines of communication open and understanding there are two sides to every issue.
- ✓ Attend parent/teacher conferences for my child. Attend a parent workshop.
- ✓ Attend at least two functions (Ex: Open House, Special Programs, Parent Workshops, Fairs, etc...)

Parent/Guardian Signature: _____ Date: _____

Student Agreement

It is important that I work to the best of my ability, therefore, I will:

- ✓ Attend school regularly and be punctual.
- ✓ Actively participate in classroom activities, complete and return class/homework assignments and come to school prepared daily Do my best work and keep trying even when the work seems hard.
- ✓ Follow the school and classroom rules.
- ✓ Display positive behavior towards my peers, staff, teachers, v1s1tors and administrators
Respect my parents, classmates, teachers and other people in the community.
- ✓ Report to class each day with my books, pens, pencils, paper and other necessary tools (equipment/supplies) for learning Do my part in keeping my school clean and safe.

Student Signature: _____ Date: _____

Teacher Agreement

It is important that students achieve, Therefore, we will:

- ✓ Provide a learning environment where a child can be responsible for learning
- ✓ Provide an enriched and challenging curriculum aligned with the state core curriculum.
Provide appropriate and meaningful homework assignments for students.
- ✓ Keep parents informed of their child's academic progress via progress reports and phone calls/letters as needed
- ✓ Support and attend school functions.
- ✓ Respect the students, their parents and the diverse cultures of the school

Teacher Signature: _____ Date: _____

On behalf of the Mount Clemens' Teaching Staff

Administrator Agreement

We support this form of Administrative Involvement, Therefore, we will:

- ✓ Provide a positive atmosphere for learning.
- ✓ Create an environment that allows for communication among teachers, parents and students Support and attend school functions
- ✓ Enforce the school's discipline policy
- ✓ **Provide** leadership and support for teachers to enhance their professional skills Support parents in their quest to provide o quality education for their child
- ✓ Support parents as lifelong learners by providing appropriate resources and learning opportunities

Administrator Signature : _____ Date: _____

On behalf of the Mount Clemens Administrative Staff