

REGISTRATION CHECKLIST FOR NEW STUDENTS

STUDENT'S NAME _____ GRADE _____

PARENT'S NAME _____ PHONE _____

Proof of Residency (MUST HAVE ONE OF THE FOLLOWING)

Purchase Agreement Current Lease/Rental Agreement Current Property Tax Notice
 Other _____

Birth Certificate (certified copy) or alternative (within 30 days)

Custody Papers

Legal Document

Medical Records (immunization records)

Enrollment Form

Release of Records Form

Discipline Form

Special Education

Student has Previous IEP

Student has Previous 504

Does Not Receive Special Education Services

Concussion Form

(*High School only*) New Student Transfer Information (Athletics)

(*Middle School and High School Only*) Transcript or most recent report card

Previous Math Class: _____ Choir/Band/Orchestra: _____ Instrument: _____

NOTES:

OFFICE USE ONLY:

Administrator Signature

First Day of Attendance _____

The Board of Education does not discriminate on the basis of race, color, national origin, sex, including sexual orientation or transgender identity, disability, age, religion, height, weight, marital or family status, military status, ancestry, genetic information, or any other legally protected category, (collectively, "Protected Classes"), in its programs and activities, including employment opportunities.



SAINT JOSEPH PUBLIC SCHOOLS

STUDENT ENROLLMENT FORM

Student's Legal Name: _____
 (As shown on birth certificate) (Last) (First) (Middle)

Gender: Male Female DOB: ____/____/____ Age: _____ Resident District _____

Last School Attended: _____ School Address: _____

Re-enrolling in SJPS Schools: Yes No Grade Entering: _____

PRIMARY HOUSEHOLD INFORMATION

Primary Phone Number: _____ Unlisted () Student Phone Number: _____

Primary Email Address: _____

Current Physical Address: _____
 (Street Address) (City) (State) (Zip code) (County)

Current Mailing Address: _____
 (If different than above) (Street Address) (City) (State) (Zip code) (County)

PRIMARY HOUSEHOLD INFORMATION – *With whom does child reside?*

<input type="checkbox"/> Birth Parents	<input type="checkbox"/> Adoptive Parents	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Foster Home -- less than 6 mos Y / N
<input type="checkbox"/> Father/Stepmother	<input type="checkbox"/> Father Only	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Emancipated Minor
<input type="checkbox"/> Mother/Stepfather	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Relative ()	<input type="checkbox"/> Other ()

PRIMARY HOUSEHOLD DATA:	PARENT/GUARDIAN IN PRIMARY HOUSEHOLD:	2ND PARENT/GUARDIAN IN PRIMARY HOUSEHOLD:
Name (First, Last):		
Relationship to student:		
Employer:		
Work Phone Number:		
Cell Phone Number:		
Email Address:		

SECONDARY HOUSEHOLD INFORMATION – *Should this household be included in mailings?* Yes No

Primary Phone Number: _____ Unlisted () Primary Email Address: _____

Current Physical Address: _____
 (Street Address) (City) (State) (Zip) (County)

Current Mailing Address: _____
 (If different than above) (Street Address) (City) (State) (Zip) (County)

SECONDARY HOUSEHOLD DATA:	PARENT/GUARDIAN IN SECONDARY HOUSEHOLD:	2ND PARENT/GUARDIAN IN SECONDARY HOUSEHOLD:
Name (First, Last):		
Relationship to student:		
Employer:		
Work Phone Number:		
Cell Phone Number:		
Email Address:		

ETHNICITY AND RACE - *US Department of Education requires questions in both Part A and Part B be answered*

Part A: Ethnicity	Is this student Hispanic/Latino: (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race) <input type="checkbox"/> Yes <input type="checkbox"/> No
Part A refers to ethnicity, not race. No matter which box you selected above, please continue to answer Part B (below) by marking one or more boxes to indicate what you consider your student's race to be.	
Part B: Race (Choose one or more) When choosing more than one, enter % for each ethnicity	% <input type="checkbox"/> American Indian or Alaska Native (Origins from any of the original peoples of North, South, or Central America) % <input type="checkbox"/> Asian (Origins from any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent) % <input type="checkbox"/> Black or African American (Origins from any of the black racial groups of Africa) % <input type="checkbox"/> Native Hawaiian/Other Pacific Islander (Origins from any of the original peoples of any Pacific Island) % <input type="checkbox"/> White (Origins from any of the original peoples of Europe, the Middle East or North Africa) % <input type="checkbox"/> Hispanic/ Latino

Does the student speak English? Yes No

Is the primary language used in your child's home or environment a language other than English? Yes No

If **yes**, what is that language? _____

EMERGENCY CONTACTS – *Must be different from parent/guardian information; Must be 18 years of age or older; Student will be released to any person listed below if parent/guardian is unreachable in an emergency. Please list at least (2) contacts.*

First & Last Name	Relationship to Student		
Primary Phone Number	Secondary Phone Number	Work Phone Number	<input type="checkbox"/> Day <input type="checkbox"/> Evening
First & Last Name	Relationship to Student		
Primary Phone Number	Secondary Phone Number	Work Phone Number	<input type="checkbox"/> Day <input type="checkbox"/> Evening
First & Last Name	Relationship to Student		
Primary Phone Number	Secondary Phone Number	Work Phone Number	<input type="checkbox"/> Day <input type="checkbox"/> Evening

MILITARY CONNECTED FAMILY Yes *Children whose parents currently serve in any component of the Army, Navy, Air Force, Marines, Coast Guard, National Guard or Reserves*

SPECIAL NEEDS INFORMATION

Special Services – Please indicate any services your child received at a previous school (please check all that apply)

Special Education Speech and Language 504 Plan Title 1 Services Other (Please explain) _____

HEALTH INFORMATION - *Medical information is confidential and will be shared with personnel on a need to know basis*

Special Health Conditions: Diabetes Heart Asthma Seizures Other (Please explain) _____

Allergies: Insects/Beestings Medication Food Environmental

Please explain if any of the above has been checked: _____

OTHER CHILDREN IN HOUSEHOLD

NAME	GENDER	BIRTHDATE	SCHOOL	GRADE
	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> M <input type="checkbox"/> F			

CONSENTS TO RELEASE INFORMATION

Media Publication: My child may be photographed, video recorded, interviewed and/or televised for school, district or media related communications including the school website, school social media or public media such as newspaper or television	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Care: Trained district staff may administer medications and have access to my child's school and health records	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Related Transportation: District staff may transport my child, if necessary, to health evaluations or screenings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Transportation: District staff may transport my child home or to a caregiver	<input type="checkbox"/> Yes <input type="checkbox"/> No
My high school child's information may be released to the Military	<input type="checkbox"/> Yes <input type="checkbox"/> No

PUBLIC ACT 328

Public Act 328 (effective January 1, 1995) requires public school districts to expel any student who possesses a dangerous weapon on a weapon-free school zone or commits either arson or rape in a school building or on school property (including school buses and/or other school transportation.)
A dangerous weapon is defined as a 'firearm, dagger, dirk, stiletto, knife with blade over (3) inches in length, pocket knife opened by a mechanical device, iron bar, or brass knuckles or other devices designed to or likely to inflict bodily harm, including, but not limited to, air guns, and explosive devices.'
Please check one <input type="checkbox"/> Has not been expelled from another school <input type="checkbox"/> Has been expelled from another school (or has expulsion pending) <input type="checkbox"/> Is currently under suspension from another school

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 set in this form changes. Failure to so inform the district will subject the student to termination of enrollment of Saint Joseph Public Schools.

Signature of Parent or Guardian: _____ Date: _____

IMMUNIZATION REQUIREMENTS

State law requires that each student entering school be current with immunizations on the first day of school. Please provide your child's immunization record when you complete this enrollment packet. A copy of your child's record will be made and the original returned to you.

Because of changes in the immunization laws, please check to see that your child is up-to-date on all immunizations. **Your child will not be allowed to enter school without being current on all immunizations.**

DTaP	4 doses required. If the last dose was not given on or after the 4 th birthday, a booster dose is required. Most children will have 5 doses.
Tetanus Booster	A tetanus booster is required 5 years after initial series is complete. Then every 10 years.
Polio	3 doses are required. If the last dose was not given on or after the 4 th birthday, a booster dose is required. Most children will have 5 doses.
MMR	2 doses are required.
Hepatitis B	3 doses are required.
Varicella	2 doses of varicella (Var) vaccine or history of chickenpox disease. (Required for all children entering kindergarten, all 6th grade students, and all children changing school district.)
HIB	4 doses are required.

Required for all children 11-18 years of age who are changing school districts or who are enrolled in 7th grade:

+1 dose of meningococcal (MCV4 or MPSV4) vaccine.

+1 dose of tetanus/diphtheria/acellular pertussis (Tdap) vaccine
(If 5 years have passed since last dose of tetanus/diphtheria vaccine – DtaP, or DT)

High School Students:

+2nd dose of MCV4 required and administered on or after 16th birthday

You are eligible for vaccines at the Health Department if your health insurance doesn't cover vaccines. You may call the Berrien County Health Department main phone number at 926-7121 for other times and locations in Berrien County.

If immunizations are against your belief, please contact the Berrien County Health Dept.

Health Department Immunization Clinic
Berrien County Health Department
2149 East Napier
Benton Harbor, MI 49022
Phone: (269) 927-5638

The Board of Education does not discriminate on the basis of race, color, national origin, sex, including sexual orientation or transgender identity, disability, age, religion, height, weight, marital or family status, military status, ancestry, genetic information, or any other legally protected category, (collectively, "Protected Classes"), in its programs and activities, including employment opportunities.

AUTHORIZATION TO RELEASE SCHOOL RECORDS

STUDENT'S NAME _____

DATE OF BIRTH _____ PRESENTLY ENTERING GRADE _____

PREVIOUS SCHOOL _____

SCHOOL ADDRESS _____

CITY/STATE/ZIP CODE _____

PHONE NUMBER _____ FAX NUMBER _____

Is hereby authorized to make the following information available to St. Joseph Public Schools.

- All School Records (including special education records)
- Health and Immunization Records
- Student Discipline Records
- Semester Grades and Withdrawal Grades

Please forward information to the following:

Y5s/KINDERGARTEN/GRADES 1-5:

_____ Brown Elementary, 2027 Brown School Road, St. Joseph, MI 49085, fax 269-926-3503

_____ E. P. Clarke Elementary, 515 East Glenlord Road, St. Joseph, MI 49085, fax 269-926-3603

_____ Lincoln Elementary, 1102 Orchard Avenue, St. Joseph, MI 49085, 269-926-3703

GRADES 6-8:Upton Middle School
800 Maiden Lane
St. Joseph, MI 49085
(269) 926-3400
Fax: (269) 408-0970**GRADES 9-12:**St. Joseph High School
2521 Stadium Drive
St. Joseph, MI 49085
(269) 926-3200
Fax: (269) 983-1470_____
Signature of Parent or Guardian_____
Date

The Board of Education does not discriminate on the basis of race, color, national origin, sex, including sexual orientation or transgender identity, disability, age, religion, height, weight, marital or family status, military status, ancestry, genetic information, or any other legally protected category, (collectively, "Protected Classes"), in its programs and activities, including employment opportunities.

CERTIFIED STUDENT DISCIPLINE RECORD

STUDENT'S NAME _____ GRADE _____

The undersigned grants permission to St. Joseph Public Schools to request pertinent information and/or documents relating to the discipline for the above named student.

PARENT SIGNATURE _____ DATE _____

THIS SECTION TO BE COMPLETED BY FORMER SCHOOL

Directions: The above named student has applied for enrollment at St. Joseph Public Schools. Please check the applicable paragraph, provide any pertinent information, sign and return this document. The fax numbers are:

- St. Joseph High School (269) 983-1470
- Upton Middle School (269) 408-0970
- Brown Elementary (269) 926-3503
- E. P. Clarke Elementary (269) 926-3603
- Lincoln Elementary (269) 926-3703

_____ According to our records, this student **was not** suspended or expelled from our school for an offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from our school or a school-sponsored activity.

_____ According to our records, this student **was** suspended or expelled from our school for an offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from our school or a school-sponsored activity.

If paragraph two applies, please explain the circumstances in detail below. Include the school name, dates of suspension(s) or expulsion, and a description of the incident(s) that led to the same. Please forward copies of all pertinent disciplinary documentation.

Name of sending (former) school district: _____

Date: _____

Administrator: _____

Telephone: _____

Title: _____

The Board of Education does not discriminate on the basis of race, color, national origin, sex, including sexual orientation or transgender identity, disability, age, religion, height, weight, marital or family status, military status, ancestry, genetic information, or any other legally protected category, (collectively, "Protected Classes"), in its programs and activities, including employment opportunities.

UNDERSTANDING CONCUSSION

Some Common Symptoms

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

WHAT IS A CONCUSSION?

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

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or 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 okay 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 okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
- 3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION** – Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can't recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to www.cdc.gov/concussion.

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 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by **ST. JOSEPH PUBLIC SCHOOLS.**

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian Name Signature

Date

Date

Return this signed form to YOUR CHILD'S SCHOOL.

This form will be kept on file for the duration of participation or age 18.

Participants and parents please review and keep the educational materials available for future reference.

GRADUATION YEAR: _____