

Lake Shore Public Schools - Student Enrollment Form

Office Use Only:

Class # _____
 Start Date ____/____/____
 SASI ID# _____

Student Racial/Ethnic Group/Please Check All that Apply:

- American Indian or Alaska Native
- Asian American
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Hispanic or Latino

Name of School: _____

Date: ____/____/____

Student Information

Last Name		First Name		Middle Name		Sex		Grade	
Name of Parent/Guardian with Whom Child Resides (Include Step-parent)									
Female:					Male:				
Street Address			Apt. #		City Name			Zip Code	
Home Phone Number () () ()				Father's Work Number-Cell/Pager Number () () ()					
Mother's Work Number-Cell/Pager Number () () ()				Birthdate			Place of Birth (City/State)		
Citizen? (Y/N)			District Code		OFFICE USE ONLY				
			Circle One: Resident		SOC (School of Choice)			RT (Resident Transfer)	
District of Residence			Name of Home School						
Former School Name		Address		City		State		Zip	

Was the child expelled from the previous school? Yes _____ No _____

Was your child receiving special help? (Check ALL that apply):

- Title I (Remedial)
- Speech & Language
- Social Work
- Special Education
- Other _____

Language spoken in home? _____

FEMALE PARENT/GUARDIAN

Last Name		First Name		Middle Name	
Marital Status		Birthplace (City/State)			Citizen? (Y/N)
Street Address (IF DIFFERENT)		City	State	Zip Code	Phone Number () () ()
Resides with Child? YES NO		Relationship to Child			

MALE PARENT/GUARDIAN

Last Name		First Name		Middle Name	
Marital Status		Birthplace (City/State)			Citizen? (Y/N)
Street Address (IF DIFFERENT)		City	State	Zip Code	Phone Number () () ()
Resides with Child? YES NO		Relationship to Child			

STEP PARENT/GUARDIAN

Last Name		First Name		Middle Name	
Marital Status		Birthplace (City/State)			Citizen? (Y/N)
Street Address (IF DIFFERENT)		City	State	Zip Code	Phone Number () () ()
Resides with Child? YES NO		Relationship to Child			

OVER

2011-2012

Student Emergency Form

Please fill out and return				
Student Information				
Name		Grade	Date of Birth	
Home Street Address		Home Phone	Gender	
City & Zip		Alt phone	Allergies	
Asthma	Diabetes	Vision Problem	Hearing Problem	Heart Condition
Contact Parent 1				
Name		Relationship	Contact Priority	
Home Address		Home phone	Lives with Student?	
City & Zip		Cell Phone	Work phone	
Employer			Work Extension	
Email Address				
Contact Parent 2				
Name		Relationship	Contact Priority	
Home Address		Home phone	Lives with Student?	
City & Zip		Cell Phone	Work Phone	
Email Address		Work Extension		
Please List Other Contacts in Priority Order				
Name		Relationship	Phone	
Name		Relationship	Phone	
Name		Relationship	Phone	
Name		Relationship	Phone	

I certify that the information on this form is true and correct to the best of my knowledge.

Parent/Guardian Signature

Date

TECHNOLOGY PERMISSION FORM

Lake Shore Public Schools is pleased to offer students the use of a computer network for Internet access. To gain access to the Internet, all students must obtain parental permission as verified by the signatures on the form below. Should a parent prefer that a student not have Internet access, use of the computers is still possible for more traditional purposes such as word processing.

What is possible?

Access to the Internet will enable students to explore thousands of libraries, databases, museums, and other repositories of information. Families should be aware that some material accessible on the Internet might contain items that are illegal, defamatory, inaccurate, and/or potentially offensive. While the purpose of school Internet resources is for constructive educational goals, students may find ways to access other materials. *We believe that student benefits from school Internet access, i.e.; information resources and opportunities for collaboration exceed the potential disadvantages.*

What is expected?

Students are responsible for appropriate behavior on the school's computer network just as they are in a classroom or on a school playground. Communications on the network are often public in nature. General school rules for behavior and communications apply. It is expected that users will comply with district standards and the specific rules set forth below. **The use of the network is a privilege, not a right, and may be revoked if abused.** The user is personally responsible for his/her actions in accessing and utilizing the school's computer resources. Lake Shore Public School students are advised against accessing, keeping, or sending anything that they would not want their parents or teachers to see.

What are the rules?

Privacy -- Network storage areas may be treated like school lockers. Network administrators may review communications and files to maintain system integrity and to ensure that students are using the system responsibly.

Storage capacity -- Users are expected to remain within allocated disk space and delete unnecessary materials which take up excessive storage space.

Illegal copying -- **Students shall never download or install any commercial software, shareware, or freeware onto the Lake Shore network or computers, unless they have written permission from the Network Administrator. Students shall not copy other people's work or intrude into other people's files.**

Inappropriate materials or language -- The use of profane, abusive or impolite language shall not be allowed, nor shall materials be accessed which are not in line with the rules of appropriate school behavior. Basically, students shall not view, send, or access materials that they would not want their teachers or parents to see. Should students encounter such material by accident, they should immediately report it to their teacher.

Succinct Advice

These are guidelines to follow to prevent the loss of network privileges at Lake Shore Public Schools:

Do not use a computer to harm other people or their work.

Do not damage the computer or the network in any way.

Do not interfere with the operation of the network by installing or downloading any illegal software, shareware, or freeware.

Do not violate copyright laws.

Do not view, send, or display offensive messages or pictures.

Do not share any passwords.

Do not waste limited resources such as disk space or printing capacity.

Do not trespass in another person's folders, work, or files.

Notify an adult immediately if you encounter materials that violate the Rules of Appropriate Use.

BE PREPARED to be held accountable for your actions and for the loss of privileges if the Rules of Appropriate Use are violated.

PARENT PERMISSION FOR INTERNET USE:

As a parent or guardian of a student at _____ School, I have read the above information about the appropriate use of computers at the school and I understand this agreement will be kept on file at the school. (Questions should be directed to the principal for clarification.)

My child may use the Internet while at school according to the rules outlined.
(Circle response.) Yes / No

Student Name (print) _____

Parent Name (print) _____

Parent Signature _____

DATE: _____

PARENT PERMISSION FOR THE PUBLICATION OF STUDENT WORK AND/OR IMAGES:

Lake Shore Public Schools maintains web pages on the Internet as part of our commitment to the communication process. These pages provide information about the activities of Lake Shore Public Schools, its employees and students and can be viewed by anyone with access to the Internet. Children are not identified by name on our web pages. Throughout the school year we have many activities during which we may take photographs of or videotape students. This form documents that you are willing to release your child’s projects, photographs, video images and/or voice recordings into the public domain (includes news media and Internet.) There is no monetary compensation for the use of these projects and images.

I give permission for my child to be photographed/videotaped and for my child's work and/or images of my child to be published on the Internet and in the news media.
(Circle response.) Yes / No

Parent Name (print) _____

Parent Signature _____

DATE: _____

STUDENT COMPLIANCE AGREEMENT:

As a user of the _____ School computer network, I agree to comply with the above stated rules and to use the network in an academically constructive manner.

Student Name (print) _____

Student Signature _____

DATE: _____

Rodgers School

We send out many of our announcements, reminders, newsletters, etc. electronically.

Please list your email address below on the “Preferred email” line.

You may list more than one, but indicate which one (or all) you want the school information sent to.

Student name

Preferred email address

- Mother (check all that apply)
- Father
- Other

Additional email address

- Mother
- Father
- Other

- Send notices to both addresses listed

STATE BOARD OF EDUCATION APPROVED HOME LANGUAGE SURVEY

The Lake Shore School District is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1151 – 380.1158 of the School Code of 1976, Michigan’s Bilingual Education Law. Would you please help by providing the following information?

Thank you very much for your cooperation.

Name of Student _____ Grade _____ Age _____

RODGERS SCHOOL

School Building _____

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

YES NO

What is that language? _____

2. Is the primary language¹ used in your child’s home or environment a language other than English?

YES NO

What is that language? _____

Signature of Parent or Guardian

Address

¹ “Primary Language” means “the dominant language used by a person for communication.”



LAKE SHORE PUBLIC SCHOOLS
James Rodgers Elementary School
21601 L'Anse, St Clair Shores, MI 48081
(586) 285-8600 Fax (586) 285-8604

AUTHORIZATION FOR RELEASE OF RECORDS

Date: _____

Name and Address of

Previous School

Name of District:

I hereby give my consent for the release of my child's cumulative records to Rodgers School.
Please send the records as soon as possible to:

Rodgers School
21601 L'Anse
St. Clair Shores, MI 48081

If you have any questions, please feel free to call us at (586) 285-8600.

Student's Name

Age Birth date Current grade

Parent's Signature _____

Kindergarten Preference

Child's Name: _____

Parent/Guardian Name: _____

All parent requests will be strongly considered, but there will be no individual responses. The final decision on all placements rests with the principal, after due consideration of staffing needs and parent requests.

_____ **Half day Kindergarten**

Reason: _____

_____ **All-Day Kindergarten**

Reason: _____

Placement for the all-day kindergarten will be determined by several criteria: student's readiness, age, school experience, and any other factors that may help make the best placement for the student.

Please complete the information requested above and submit it to the office personnel for date, time and signature confirmation.

Office Use Only

Date Received: ____/____/____

Time Received: _____ A.M./P.M.

Received by: _____

Lake Shore Public Schools

History of Ear and Hearing Problems

Early elementary educators have found a correlation between a child's hearing and developing speech sounds and language skills that are the base for pre-reading skills. A child may have difficulty hearing each sound or discriminating between sounds if he/she is experiencing ear problems. It is important that educators know if your child has had any ear concerns in the first 5 to 6 years. Please fill out the questionnaire below. If at any time your child should experience an ear problem, please alert the teacher, so she/he can reinforce speech sounds and language accordingly.

Questionnaire

Parent/guardian, please answer the following questions:

Child's Name _____ Birthdate ____/____/____

EAR PROBLEM = ear infection, earaches, draining ears, medicine taken for ears, doctor noticed fluid behind eardrum, hole in eardrum, etc.

Questions	YES	NO
1. Did your child have any ear problems before the age of 1?		
2. Has your child ever had a draining ear?		
3. Does your child tend to have 4 or more ear problems each year?		
4. Has your child had an ear problem in the last six months?		
5. Has your child ever had an ear problem that lasted 3 months or longer? (with		
6. Has anyone related to the child had many ear problems? (parents, brothers or		
7. Has your child ever had tubes placed in his/her eardrums? If YES, how many times []? At what age(s) []?		
8. Does your child frequently have a runny nose?		
9. Does your child have frequent colds or sinus infections?		
10. Does your child have allergies?		

- O V E R -

History of Ear and Hearing Problems – *Continued*

Approximately how many ear problems has your child had in his/her life?

0-2 _____ 3-5 _____ 6-10 _____ 10 or more _____

12. Has your child ever had a speech and language evaluation at a medical facility or school? NO _____ YES _____ Please explain: _____

If an ear doctor (otologist) has ever seen your child, what is the name of the doctor?

Month/year of last visit? _____/_____/_____

Does your child have any permanent hearing loss that you know about? (For example: deaf in one ear, can't hear high-pitched sounds, etc.).

Please Describe: _____

Please write any additional comments: _____

Signature of Parent/Guardian: _____

Date Form Completed: _____/_____/_____

