

# **BLOOMINGDALE PUBLIC SCHOOLS**

## **ENROLLMENT PACKET**

Superintendent	<b>Deanna Dobbins</b>
Middle/High School Principal	<b>Brandon Lukes</b>
Middle/High School Assistant Principal	<b>Scott Pfeiffer</b>
Middle/High School Assistant Principal/Strive	<b>Nikki Meloche</b>
Bloomington Elementary Principal/Homeless Liaison	<b>Bill Dygert</b>
Pullman Elementary Principal	<b>Amber Mortensen</b>

### **Registration Checklist**

Please complete the attached forms and return, with required documentation to the appropriate school building. Please look on the building website for office hours at [www.bdalecards.com](http://www.bdalecards.com) if applying during summer break.

- ☐ Birth Certificate
- ☐ Verification of Residency
- ☐ Immunization Record
- ☐ Student Enrollment Form
- ☐ Emergency Plan
- ☐ Home Language Survey
- ☐ Student Technology Acceptable Use Agreement
- ☐ Joint Legal Custody Parent/Guardian Information (if applicable)
- ☐ Transportation Request Form (if applicable)
- ☐ Request for Records
- ☐ Understanding Concussion / Concussion Awareness
- ☐ Consent for Disclosure of Immunization Information
- ☐ Volunteer Form
- ☐ Consent for School Based Services
- ☐ Other \_\_\_\_\_

### **Bloomington MS/HSchool**

629 E Kalamazoo St.  
Bloomington, MI 49026  
cprice@bdalecards.org  
Phone: (269) 521-3950  
Fax (269) 521-3915

### **Bloomington Elementary**

307 E Willow St.  
Bloomington, MI 49026  
sgoudzwaard@bdalecards.org  
Phone: (269) 521-3935  
Fax: (269) 521-3959

### **Pullman Elementary**

5580 South Ave.  
Pullman, MI 49450  
krojas@bdalecards.org  
Phone: (269) 236-5235  
Fax: (269) 236-5307

# Student Enrollment Form

- ☐ Bloomingdale MS/HS  
☐ Bloomingdale Elementary School  
☐ Pullman Elementary School

## OFFICE USE ONLY

- ☐ Birth Certificate  
☐ Immunization  
☐ Proof of Residence

Date \_\_\_\_\_

## Student Information

Legal Name (as written on the birth certificate) Last First Middle			Date of Birth		Gender <input type="radio"/> Male <input type="radio"/> Female	Grade
Street Address	Street Name	Apt #	PO Box	Country	City	Zip Code
Do you have internet access at home? <input type="radio"/> YES <input type="radio"/> NO					Home Phone	
What is this student's race? <input type="radio"/> Asian American <input type="radio"/> Indian or Alaska Native <input type="radio"/> White <input type="radio"/> Native Hawaiian or other Pacific Islander <input type="radio"/> Black or African American					Is this student Hispanic/Latino? <input type="radio"/> NO, not Hispanic or Latino <input type="radio"/> YES, Hispanic or Latino	
Has this student ever attended a Bloomingdale Public Schools program? <input type="radio"/> YES <input type="radio"/> NO						
If YES, where _____ Dates _____						
Is this child currently in a Foster Care Placement? <input type="radio"/> YES <input type="radio"/> NO						
Is there a current ORDER OF PROTECTION, NO CONTACT ORDER, or other safety factors which concerns this student? <input type="radio"/> YES <input type="radio"/> NO If YES, please provide a copy.						

## Parents / Guardians / Adults Information

Last Name	First Name	MI	Relationship	Does this student reside with you? <input type="radio"/> YES <input type="radio"/> NO	Are you legally responsible for this student? <input type="radio"/> YES <input type="radio"/> NO
Home			Cell	Email	
Address (if different than above)					
Place of Employment			Work Phone	Are you actively serving in the Military? <input type="radio"/> YES <input type="radio"/> NO If YES, which Branch?	
Last Name	First Name	MI	Relationship	Does this student reside with you? <input type="radio"/> YES <input type="radio"/> NO	Are you legally responsible for this student? <input type="radio"/> YES <input type="radio"/> NO
Home			Cell	Email	
Address (if different than above)					
Place of Employment			Work Phone	Are you actively serving in the Military? <input type="radio"/> YES <input type="radio"/> NO If YES, which Branch?	

## Special Education / 504

Has this student ever received any special education services or attended special education classes? ☐ YES ☐ NO

Is this student currently receiving special education services? ☐ YES ☐ NO

If yes, Special program received at prior school:

☐ Speech ☐ Reading ☐ Special Education/IEP ☐ 504 ☐ Math

Does this student currently have a Section 504 plan? ☐ YES ☐ NO

## Emergency Contacts

Last Name	First Name	MI	Relationship
Home		Cell	Work
Last Name	First Name	MI	Relationship
Home		Cell	Work

## Family Information

Please list all children in family (by birth order, oldest first)

Name	Gender <input type="radio"/> Male <input type="radio"/> Female	Date of Birth	Building
Name	Gender <input type="radio"/> Male <input type="radio"/> Female	Date of Birth	Building
Name	Gender <input type="radio"/> Male <input type="radio"/> Female	Date of Birth	Building
Name	Gender <input type="radio"/> Male <input type="radio"/> Female	Date of Birth	Building

## Discipline

Has this student ever been suspended or expelled? ☐ YES ☐ NO

Is there discipline pending against THIS STUDENT? ☐ YES ☐ NO

If yes to either, please explain:

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### DIRECTORY INFORMATION

The Board designates as student "directory information" a student's name, school photograph, video and/or electronic images, major field of study, participation in officially recognized activities and sports, height and weight, if a member of an athletic team, date of graduation, awards received, honor rolls, and scholarships. If you have any objections regarding the release of this information about your child, please notify the school your child will be attending in writing.

## Health Information

Please note any pertinent medical information about the student

Does student have any chronic health problems? ☐ YES ☐ NO If yes, please describe \_\_\_\_\_

(Example: asthma, diabetes, seizures, vision, hearing, etc.)

Is this condition potentially life threatening? ☐ YES ☐ NO

List any allergies/sensitivities: \_\_\_\_\_

Reaction: \_\_\_\_\_

List ALL medications (including over-the-counter) that the student will take at school.

Over-the-counter medications must be brought to the school unopened/unused. Other medication must have form completed. Parent/guardian must bring in the medication.

**MEDICATION/TREATMENT AUTHORIZATION FORM REQUIRED!**

☐ \_\_\_\_\_ ☐ \_\_\_\_\_ ☐ \_\_\_\_\_

A history of developmental delays? ☐ YES ☐ NO If yes, please describe \_\_\_\_\_

A history of mental health concerns; worries, anxiety, fears, depression? ☐ YES ☐ NO If yes, please describe \_\_\_\_\_

Sleeping patterns/problems/nightmare? ☐ YES ☐ NO If yes, please describe \_\_\_\_\_

Family history of learning disabilities, ADHD? ☐ YES ☐ NO If yes, please describe \_\_\_\_\_

What additional information do you want us to know about your child?

Student Name \_\_\_\_\_

# Bloomington Public Schools

# Emergency Plan

**Instructions:** Please complete an Emergency Plan form for each child in your home. Fill in the requested information and return the completed form to the child's teacher.

**Child's Last Name**

**Child's First Name**

Grade

## Classroom Teacher

**Parent/Guardian Name**

Home #

**Work #**

Cell #

**Parent/Guardian Name**

Home #

**Work #**

Cell #

## Address

## Email

**Sibling'sName(s)**

***In the event of an emergency and school closes early, please let us know what plan you would like the school to follow:***

1. My child will ride the bus home. ☐ YES ☐ NO
2. My child will be picked up. ☐ YES ☐ NO
3. If yes to number 2, with whom is your child allowed to leave school?

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

4. My child will be allowed to walk home. ☐ YES ☒ NO
5. Will your child have a key to the house? ☐ YES ☒ NO
6. Is there a custody issue? ☐ YES ☒ NO

If so, please explain. **The school requires court documentation.**

**Bloomington Public Schools**  
**Home Language Survey**

Bloomington Public Schools 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 380.115 – 380.1158 of the School Code of 1976, Michigan's Bilingual Law. This form is required by the Michigan Department of Education.

Student Information		
Name	Birth Date	Age
Grade	School Building	
<p>1. Is your child's native tongue a language other than English?    <input type="radio"/> YES    <input type="radio"/> NO</p> <p>    If yes, what is the language? _____</p> <p>2. Is the primary language used in your child's home or environment a language other than English?    <input type="radio"/> YES    <input type="radio"/> NO</p> <p>    If yes, what is the language? _____</p> <p style="text-align: center; font-size: small;">"Primary language" means "dominant language used by a person for communication."</p>		
<p>Signature of Parent/Guardian _____ Date _____</p> <p>Address _____</p>		

## Description of Residence

The McKinney-Vento Homeless Assistance Act requires school districts to remove any barriers to the immediate enrollment, attendance, full participation, and success of students, Pre-K through 12th grade, who lack a “fixed, regular and adequate overnight residence”. If eligible, students protected under the McKinney-Vento Act are entitled to immediate enrollment into school even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. The federal law includes a definition of who is considered “homeless” or as more commonly referenced “in transition” for the purpose of the Act and, therefore, eligible for the rights and protections it provides.

### CONFIDENTIAL INFORMATION

Based on the above definition, please indicate your child’s living situation below if:

This describes your child’s current living situation OR  
The student enrolling is not living with a parent or legal guardian.

- ☐ Shelter
- ☐ Doubled-up or couch-surfing due to economic hardship or loss of housing with:
  - ☐ Family      ☐ Friends
- ☐ Train or bus station, park, or car      Where: \_\_\_\_\_
- ☐ Motel/hotel      Where: \_\_\_\_\_
- ☐ Campground      Where: \_\_\_\_\_
- ☐ Abandoned apartment or building      Where: \_\_\_\_\_
- ☐ Foster Care, if less than 6 months in the same placement  
Placement Date: \_\_\_\_\_ ☐ Does not apply

Student Name \_\_\_\_\_

# **STUDENT TECHNOLOGY ACCEPTABLE USE AND SAFETY AGREEMENT**

To access and use District Technology Resources (see definition in Bylaw 0100), including a school assigned e-mail account and/or the internet at school, students under the age of eighteen (18) must obtain parent permission and sign and return the form. Students eligible (18) and over may sign their own forms.

**Use of District Technology Resources is a privilege, not a right. The Board of Education's Technology Resources, including its computer network, Internet connection and online educational services/apps, are provided for educational purposes only. Unauthorized and inappropriate use will result in loss of this privilege and/or other disciplinary action.**

The Board has implemented technology protection measures that protect against (e.g., block/filter) Internet access to visual displays/depictions/materials that are obscene, constitute child pornography, or are harmful to minors. The Board also monitors online activity of students in an effort to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. Nevertheless, parents/guardians are advised that determined users may be able to gain access to information, communication, and/or services on the Internet that the Board has not authorized for educational purposes and/or that they and/or their parents/guardians may find inappropriate, offensive, objectionable or controversial. Students using District Technology Resources are personally responsible and liable, both civilly and criminally, for unauthorized or inappropriate use of the Resources. The Board has the right, at any time, to access, monitor, review and inspect any directories, files and/or messages residing on or sent using District Technology Resources. Messages relating to or in support of illegal activities will be reported to the appropriate authorities. Individual users have no expectation of privacy related to their use of District Technology Resources.

## **PLEASE COMPLETE THE FOLLOWING INFORMATION:**

**Student User's Full Name (please print):** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

### **PARENT/GUARDIAN**

As the parent/guardian of this student, I have read the Student Technology Acceptable Use and Safety Policy and Guidelines and have discussed them with my child. I understand that student access to the Internet is designed for educational purposes and that the Board has taken available precautions to restrict and/or control student access to material on the Internet that is obscene, objectionable, inappropriate and/or harmful to minors. However, I recognize that it is impossible for the Board to restrict access to all objectionable and/or controversial materials that may be found on the Internet. I will not hold the Board (or any of its employees, administrators or officers) responsible for materials my child may acquire or come in contact with while on the Internet. Additionally, I accept responsibility for communicating to my child guidance concerning his/her acceptable use of the Internet – i.e., setting and conveying standards for my daughters/son to follow when selecting, sharing and exploring information and resources on the Internet. I further understand that individuals and families may be liable for violations.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **STUDENT**

I have read and agree to abide by the Student Technology Acceptable Use and Safety Policy and Guidelines. I understand that any violation of the terms and conditions set forth in the Policy and Guidelines is inappropriate and may constitute a criminal offense and/or may result in disciplinary action. As a user of District Technology Resources, I agree to communicate over the Internet and through the Technology Resources in an appropriate manner, honoring all relevant laws, restrictions and guidelines.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Teachers and building principals are responsible for determining what is unauthorized or inappropriate use. The principal may deny, revoke or suspend access to and use of the Technology Resources to individuals who violate the Board's Student Technology Acceptable Use and Safety Policy and related Guidelines and take such other disciplinary action as is appropriate pursuant to the Student Code of Conduct.**



## **JOINT LEGAL CUSTODY** **PARENT/GUARDIAN INFORMATION**

Parents/Guardians who share joint legal custody both have the right to consult with school officials concerning the child(ren)'s welfare and educational status, and to inspect and receive student records. **Parents with joint legal custody can both receive copies of all official school reports, notices of parent-teacher conferences/staffing and school programs if requested.**

### **JOINT CUSTODIAL PARENT/GUARDIAN INFORMATION (SECONDARY HOUSEHOLD)**

Parent/Guardian Name		Relationship to Student	
Address		Email	
Home Phone  <input type="radio"/> Not listed <input type="radio"/> Contact	Cell Phone  <input type="radio"/> Not listed <input type="radio"/> Contact	Work Phone  <input type="radio"/> Not listed <input type="radio"/> Contact	
<input type="radio"/> Is entitled to School Information regarding the student. <input type="radio"/> Should be mailed duplicates of all information sent home. <input type="radio"/> Has permission to pick up student(s) from school.			
Additional Custody Information:			

### **PARENT WITH RESTRICTIVE CUSTODY OR DENIED PERIODS OF PHYSICAL PLACEMENT**

**Parents/Guardians MUST provide the school with copies of court orders related to any restrictive custody in order for the school to comply with those court rulings.**

Name of Person with Restrictive Custody		Relationship to Student	
Address		Email	
Home Phone  <input type="radio"/> Not listed <input type="radio"/> Contact	Cell Phone  <input type="radio"/> Not Listed <input type="radio"/> Contact	Work Phone  <input type="radio"/> Not listed <input type="radio"/> Contact	
<input type="radio"/> Is entitled to School Information regarding the student. <input type="radio"/> Should be mailed duplicates of all information sent home. <input type="radio"/> Has permission to pick up student from school. <input type="radio"/> There is a court order restricting access to the student or student's records. <b>(Complete information below)</b>			
Date of Court Order		Name of Court	

Student Name \_\_\_\_\_

## **TRANSPORTATION REQUEST FORM**

Please fill in completely and return this form to the school, even if transportation is not needed.  
Students will only be transported to and from their home address.

Student Name (First and Last)	School Pullman/Bloomingtondale	Grade	Allergies Food      Medication		If Yes, Explain
			Y/N	Y/N	
			Y/N	Y/N	
			Y/N	Y/N	
			Y/N	Y/N	

**Transportation Needed**   ☐ YES   ☐ NO

**Home/Primary Residence**

**Mother/Legal Guardian** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Father/Legal Guardian** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**In the event of my absence, Bloomingtondale Transportation Office is permitted to release my student to the following responsible person:**

\_\_\_\_\_

Please print name and relationship to student. (Grandparent, Brother, Sister, Friend.)

**The information in this request is correct to the best of my knowledge. I understand that misleading or untruthful information may result in loss of transportation privileges.**

\_\_\_\_\_  
**Signature** **Date**

### **Drop-off Release for 2nd grade and younger**

I authorize Bloomingtondale Public Schools and Bloomingtondale Transportation Department to release my student at the regularly scheduled drop-off location if I am not present. I understand that this is contrary to the school's general operating procedures and I take full responsibility for my child.  
This does not apply to PreSchool or Young 5's Students, a responsible person will have to come out to the bus to pick up their student.

\_\_\_\_\_  
**Signature** **Date**

## REQUEST FOR RECORDS

Student Name	Date of Birth	Grade
Previous School or Pre-School Attended		
Previous School District		
Address (City/State)		
Phone Number	Fax Number	
<b>Records Request</b>		
<ul style="list-style-type: none"> <li>Student UIC #</li> <li>Official Cumulative File</li> <li>Current Report Card/Grades to Date</li> <li>Discipline History</li> <li>Standardized Achievement, Intelligence &amp; Aptitude Test Scores</li> </ul>	<ul style="list-style-type: none"> <li>Current Grade Level</li> <li>Special Education Files</li> <li>Current Attendance Report</li> <li>Pertinent Medical Information</li> </ul>	
In sending this form we are requesting information about one of your former students. Before we formally enroll the student, we are requesting that you answer the questions below. Please mail or fax a copy of this form to the school circled at the bottom of this form.		
1. Has the above named student been suspended or expelled from your school district? <input type="radio"/> YES <input type="radio"/> NO If yes, explain:		
2. Is disciplinary action pending against this student? <input type="radio"/> YES <input type="radio"/> NO If yes, explain:		
3. Was this student in a special education program at your school district? <input type="radio"/> YES <input type="radio"/> NO If yes, Placement _____ Date of current IEP _____ Hours in program (weekly) _____ <span style="background-color: #c00000; color: white; padding: 2px 5px; font-weight: bold;">PLEASE ATTACH CURRENT IEP TO THIS FAX!</span>		
4. What was the student's last day of attendance at your school?		

### PARENT RELEASE

As parent or legal guardian for the above named student, I hereby authorize the release of all school records to Bloomingdale Public Schools and request that records be sent to the address below.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), as revised, states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent of the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll.*

#### Bloomingdale Middle/High School

629 E Kalamazoo St.  
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 cprice@bdalecards.org  
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#### Bloomingdale Elementary

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 sgoudzwaard@bdalecards.org  
 Phone: (269) 521-3935  
 Fax: (269) 521-3949

#### Pullman Elementary

5580 South Ave.  
 Pullman, MI 49450  
 krojas@bdalecards.org  
 Phone: (269) 236-5235  
 Fax: (269) 236-5307

# UNDERSTANDING CONCUSSION

Educational Material for Parents and Students (Content Meets MDCH Requirements) Sources: Michigan Department of Community Health. CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

<ul style="list-style-type: none"><li>• Headache/Head Pressure</li><li>• Ringing in the ears</li><li>• Nausea</li><li>• Vomiting</li><li>• Fatigue or drowsiness</li><li>• Blurry/Double vision</li><li>• Balance problems</li><li>• Irritability</li></ul>	<ul style="list-style-type: none"><li>• Confusion/Hazy/Fog</li><li>• Amnesia of the traumatic event</li><li>• Dizziness or "seeing stars"</li><li>• Slurred speech</li><li>• Light and sound sensitivity</li><li>• Poor concentration</li><li>• Groggy/Sluggish</li></ul>	<ul style="list-style-type: none"><li>• Temporary loss of consciousness (though this doesn't always occur)</li><li>• Delayed response to questions</li><li>• Slow reaction</li><li>• Dazed appearance</li><li>• Forgetfulness</li><li>• Sleep problems</li></ul>
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## 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 healthcare 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.

**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:

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"><li>• One pupil larger than the other</li><li>• Is drowsy or cannot be awakened</li><li>• A headache that gets worse</li><li>• Weakness, numbness, or decreased coordination</li></ul> | <ul style="list-style-type: none"><li>• Repeated vomiting or nausea</li><li>• Slurred speech</li><li>• Convulsions or seizures</li><li>• Cannot recognize people/places</li></ul> | <ul style="list-style-type: none"><li>• Becomes increasingly confused, restless or agitated</li><li>• Has unusual behavior</li><li>• Loses consciousness (even a brief loss of consciousness should be taken seriously.)</li></ul> |
|--|---|--|

## 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 healthcare 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](http://www.cdc.gov/concussion).

**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 \_\_\_\_\_

Sponsoring Organization

\_\_\_\_\_  
Participant Name Printed

\_\_\_\_\_  
Parent or Guardian Name Printed

\_\_\_\_\_  
Participant Name Signature

\_\_\_\_\_  
Parent or Guardian Name Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18. Participants and parents please review and keep the educational materials available for future reference.

## **BLOOMINGDALE PUBLIC SCHOOLS**

### **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, 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 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.

#### **Authorization**

I authorize **BLOOMINGDALE PUBLIC SCHOOLS** to release my 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 any immunization information and limited personally identifiable information from the school.

**Student's Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of Parent/Guardian or Eligible Student:** \_\_\_\_\_

**Printed Parent/Guardian or Eligible Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **VOLUNTEER FORM**

Non-employment background checks only

☐ **Bloomington MS/HS**      ☐ **Bloomington Elementary School**      ☐ **Pullman Elementary School**

I have offered my services as a volunteer to help the School District in the following areas:

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All buildings need volunteers. You are not restricted to a specific building based on your child.

Have you volunteered at Bloomington Public Schools before?    ☐ **YES**    ☐ **NO**

For the protection of the children in the school, the District is required by law to inquire of its staff members and volunteers whether or not they have ever been convicted of a crime.

Are you the subject of a current criminal investigation or have pending charges against you?    ☐ **YES**    ☐ **NO**

If yes, provide a detailed description of the investigation and pending charges including the date and location of the charges.

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Your identification will be processed through the following systems: iChat, OTIS, and SOR

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\_\_\_\_\_  
**Print Name (Volunteer)**

\_\_\_\_\_  
**Parent / Volunteer Date of Birth**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City, Zip Code**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Parent / Volunteer Race**

\_\_\_\_\_  
**Parent / Volunteer Gender**

I agree to abide by all relevant Board policies and administrative guidelines while on duty for the District. I understand that, although I am covered under the District's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for worker's compensation should I become ill or suffer an accident while doing volunteer work for the District. I agree that I shall be responsible for any and all hospital and medical charges that may accrue. I understand further that, as a volunteer, I am not in any manner considered an employee of the District or entitled to any benefits provided to employees. I further release the Board of Education from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services. Bloomington Public Schools reserves the right to "approve" or "deny" any volunteer service upon review of the background check returned. The determination will be based upon the individual's fitness to have responsibility for the safety and well-being of children. Providing false information, or information contradicting the background check information is grounds for immediate volunteer denial. By affixing your signature to this form you acknowledge your statements are to be true and give full consent to complete the requested background check. Please return completed form to Bloomington Public Schools. For questions or concerns, please contact the building principal.

\_\_\_\_\_  
**Parent / Volunteer Signature**

\_\_\_\_\_  
**Date**

## School Compact

☐ Bloomingdale MS/HS

☐ Bloomingdale Elementary School

☐ Pullman Elementary School

We, the Bloomingdale Public Schools community, establish this Compact in order to foster the improvement in all courses of instruction and to support the success of our students. We believe this can be done with the planned partnership of parents, families, students, teachers, principals and community members.

### **Parents' and Families' Responsibilities:**

- Make sure our child attends school regularly, is on time, and is prepared to learn, with homework completed.
- Know what skills our child is learning in all classes each day.
- Do activities at home that continue our child's classroom learning at home.
- Read to/with my child. Practice math skills including addition, subtraction, and/or multiplication/division with my child. (Elementary)
- Attend parent-teacher conferences and communicate frequently with our child's teacher, through notes and conversations, about how well our child is doing.

### **Student's Responsibilities:**

- Come to school on time and be ready to learn.
- Pay attention to my teachers, family, and tutors, and ask questions when I need help.
- Read at home or ask my family to read to me.
- Complete my homework on time in a thorough and legible way.
- Welcome help from my family on my homework and papers.
- Return signed homework and papers to school.

### **Teacher's Responsibilities:**

- Provide quality teaching and leadership to my students and their families.
- Communicate frequently with families about my students' progress in reading and show them how they can help.
- Coordinate with other programs to make sure nightly assignments do not exceed time limits. (Elementary)
- Recognize that students are accountable for every assignment.
- Participate in meaningful professional development.
- Hold at least two parent-teacher conferences a year.

### **Principal's Responsibilities:**

- Set high standards in reading and other language arts by providing a challenging curriculum.
- Report publicly on school-wide reading scores, and help teachers and parents to understand how adopting high standards can lead to the improvement of scores.
- Allocate resources to ensure high standards are met.
- Welcome and involve all families, especially those with low literacy skills or limited English proficiency, or those who have not been involved in the school before.

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**Student's signature**

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**Parent's signature**

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**Teacher's signature**

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**Principal's signature**



## **CONSENT FOR SCHOOL BASED SERVICES**

**Student Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

As a district we have been working diligently to address the Whole Child needs of our students. This includes increasing available Social and Emotional services and supports within the school setting. If additional support is needed, we request your permission to provide services for your child.

School Based Services may include those offered by licensed professionals in person or through telehealth. Services may include: Counseling, Social Work, Psychological Services, Nursing and/or Personal care services if your child meets eligibility requirements.

### **Confidentiality:**

Information and data gathered is intended to be kept confidential. However, information that will enhance the child's success in school may be shared with his/her teacher(s) and/or administrator(s) on a need to know basis to best support your child's success.

Limits to confidentiality required by law, include if a child discloses that he/she or another child is being hurt or is in danger and if a child threatens to harm him/herself or another person. Measures will be made to protect confidentiality, however, telehealth communications may be at greater risk of information being accessed by non-authorized persons, as computers and cell phones could be hacked, lost or stolen.

### **Medicaid:**

If your child receives medical or social/emotional services listed above, has a Plan of Care or needs crisis support services and is eligible or becomes eligible for Medicaid benefits at any time during the school year, we will share your child's information with the state Medicaid agency and its affiliates to obtain reimbursement. This may include name, address, date of birth, student ID, Medicaid ID, disability, dates and services your child received.

The School-Based Services Program:

- Provides partial reimbursement to school districts for school-based mental health services.
- Does NOT affect a family's Medicaid insurance benefits and there is NO cost to the family, now or in the future.
- Helps the school districts to offset some of the costs of health care provided to children.

Bloomington Public Schools will not exclude from participation in, deny services of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

### **CONSENT FOR SERVICES**

☐ **YES** - I AGREE for my child to receive school-based services as described above.

\_\_\_\_\_  
**Parent(s)/Guardian(s)/Student Signature**

\_\_\_\_\_  
**Date**

You have the right to withdraw this consent at any time by notifying your school district in writing.

### **Internal Use Only**

This consent was revoked on

**Parent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_