

ROSCOMMON AREA PUBLIC SCHOOLS STUDENT REGISTRATION FORM

Please print clearly in ink and provide all information requested. Sign, date, and return to your student's school.

Last Name:		First Name:		Middle Name:		Building: RES RMS RHS	
Phone Number:		Grade:	Gender: M F	Date of Birth:		Birthplace (City/State/County):	
Street Address:				City:		Zip Code:	
Mailing Address:				City:		Zip Code:	
School District of Residence:				County of Residence:			

Please note that if ethnicity and race information is not provided, the US Department of Education requires the school district to provide an answer on our behalf.

ETHNICITY (check one)		RACE (number 1 – 6 if applicable)					
<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> African American	<input type="checkbox"/> American Indian / Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native Hawaiian / Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic / Latino

LANGUAGE SPOKEN AT HOME: English Other:

STUDENT LIVES WITH: (check one)							
<input type="checkbox"/> Natural Parents	<input type="checkbox"/> Joint Custody	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Relative	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Mother / Step-Father	<input type="checkbox"/> Mother / Other	<input type="checkbox"/> Host Family
<input type="checkbox"/> Father Only	<input type="checkbox"/> Father / Step-Mother	<input type="checkbox"/> Father / Other	<input type="checkbox"/> Other:				

STUDENT'S RESIDENCE IS: (check one)					
<input type="radio"/> Single Family Dwelling	<input type="radio"/> More than 1 family in house	<input type="radio"/> Motel / Car / Campsite			
<input type="radio"/> With Friends / Relative (other than parent/guardian)	<input type="radio"/> Shelter	<input type="radio"/> Other			

MOTHER NAME/GUARDIAN:			FATHER NAME/GUARDIAN:		
Lives with Student: YES NO	Skyward Access: YES NO	Active Duty Military? YES NO	Lives with Student: YES NO	Skyward Access: YES NO	Active Duty Military? YES NO
Cell Phone:			Cell Phone:		
Home Phone:			Home Phone:		
Email:			Email:		
Work Place / Work Phone:			Work Place / Work Phone:		
IF LIVING IN A DIFFERENT HOUSEHOLD, SEND SCHOOL MAILINGS TO THIS ADDRESS: (OPTIONAL)			IF LIVING IN A DIFFERENT HOUSEHOLD, SEND SCHOOL MAILINGS TO THIS ADDRESS: (OPTIONAL)		

WE CANNOT RESTRICT A PARENT WITHOUT LEGAL DOCUMENTATION ON FILE AT THE SCHOOL.
If there are adults who are restricted from seeing your child **by order of a court**, please list them here:

OTHER ADULTS RESIDING WITH THE STUDENT: (including Step-Parents)		
Name (Last, First)	Relationship	Contact Number

OTHER CHILDREN RESIDING IN THE HOME:			
Name (Last, First)	Relationship	Grade	School Attending

SPECIAL SERVICES					
Is this student currently eligible for Special Education Services?		Please indicate all special education services currently being received by student and provide a copy of their most recent IEP or 504 Plan:			
	Yes	IEP/Special Education Classes	Speech Therapy	Social Work Services	
	No	504 Plan	Physical and/or Occupational Therapy	Other	

MEDICAL INFORMATION		
Food Allergies (Contact Food Service for special diets):	Other Conditions:	Parent Providing EpiPen? YES NO
	<input type="radio"/> ASTHMA Parent providing inhaler to the office? YES NO	Other Medical Information:
Animal Allergies:	<input type="radio"/> DIABETES	
Medication Allergies:	<input type="radio"/> Convulsions / Seizures (Explain Below)	
Other Allergies:		

Medical Authorizations and Authorization to Transport in Case of Emergency

I, the parent, or legal guardian of _____ (student), authorize Roscommon Area Public Schools to obtain medical care for my child in the event such care is necessary which may include temperature checks by district staff. I understand that, if possible, I will be contacted in the event my child requires medical attention. I grant to a licensed health care provider or accredited hospital permission to perform any medical and/or surgical procedures essential for the treatment of my child and agree to be responsible for payment for such care. I release Roscommon Area Public Schools, its employees and agents from any damages, liability, or loss resulting from their securing, in good faith, medical care for my child.

Doctor Name: _____

Doctor Phone: _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD FOR EMERGENCY PURPOSE ONLY

If your child is injured, ill, etc., and needs to leave school, we will first contact the parents listed on the front of this card. If parents are unavailable, we will contact the following individuals authorized to pick up your child from school for emergency purposes only. Your child should know the person. ID may be requested.

Your child will not be released to any unauthorized person.

Name:	Name:
Contact Number:	Contact Number:
Relationship:	Relationship:
Name:	Name:
Contact Number:	Contact Number:
Relationship:	Relationship:
Name:	Name:
Contact Number:	Contact Number:
Relationship:	Relationship:

I affirm that as the parent/legal guardian, all information provided is true and accurate, and that my child and I reside at the listed address. I understand that any false information provided by me may subject me to legal penalties for perjury.

Signature of Parent / Legal Guardian

Date

**ROSCOMMON AREA PUBLIC SCHOOLS
AUTHORIZATION FOR RELEASE OF STUDENT RECORDS**

Last Name:	First Name:	Middle Name:	Date of Birth:
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Last School Attended:

School Phone Number:

School Fax Number:

The student listed above has enrolled at Roscommon Area Public Schools.

Please send all cumulative school records to the address checked below.

Please fax or email a copy of the students most recent Transcript/Report Card and IEP/504.

<input type="checkbox"/> Roscommon Elementary School 175 W. Sunset Dr. Roscommon, MI 48653 Phone: (989) 275-6610 Fax: (989) 275-4745 Email: collinin@rapsk12.net	<input type="checkbox"/> Roscommon Middle School 299 W. Sunset Dr. Roscommon, MI 48653 Phone: (989) 275-6640 Fax: (989) 275-6053 Email: burmesterl@rapsk12.net	<input type="checkbox"/> Roscommon High School 10600 Oakwood Dr. Roscommon, MI 48653 Phone: (989) 275-6675 Fax: (989) 275-4611 Email: koehnl@rapsk12.net
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Office Use Only:

1 st Request:	2 nd Request:	3 rd Request:
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Notes:

**ROSCOMMON AREA PUBLIC SCHOOLS
PARENTAL CONSENT TO PLACE A SPECIAL EDUCATION TRANSFER**

Last Name:	First Name:	Middle Name:	Grade:
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In accordance with the provisions of Rule 340.1722e of the Michigan Revised Administrative Rules for Special Education, I give consent to the Roscommon Area Public School District to (check one):

Immediately implement the student's current Individualized Education Program (IEP). The parent has provided the school district with a copy of the student's last IEP. An IEP will be held by the current district within 1 year of the previous IEP date unless requested prior to 1 year.

OR

Immediately place the student in a special education program and/or service(s) and convene a meeting within 30 school days to develop an IEP. If the parent does not provide consent for placement, or a copy of the IEP is not available, then the school district will implement an Individualized Education Program (IEP) to the extent possible. An IEP team meeting shall be convened to develop a new IEP as soon as possible, but no later than 30 school days.

Placement will begin on: _____ at: Roscommon Elementary School
 Roscommon Middle School
 Roscommon High School

Please attach current IEP

Parent/Guardian Signature:	Date:
Student Signature:	Date:

ROSCOMMON AREA PUBLIC SCHOOLS PARENT ACKNOWLEDGEMENT FORM

Last Name:	First Name:	Middle Name:	Grade:
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PHOTO, PRESS, AUDIO AND ELECTRONIC MEDIA RELEASE FOR MINORS

Directory information consists of student's name, participation in officially recognized activities and sports, height, and weight (if member of an athletic team), awards received, honor rolls, scholarships, photographs or videos, and grade. The Board designates school-assigned e-mail accounts as "directory information" for the limited purpose of facilitating students' registration for access to various online educational services, including mobile applications/apps that will be utilized by the student for educational purposes and for inclusion in internal e-mail address books. School-assigned e-mail accounts shall not be released as directory information beyond this/these limited purpose(s) and to any person or entity but the specific online educational service provider and internal users of the District's Education Technology. Below is a list which Roscommon Area Public Schools would commonly disclose a student's directory information. By selecting your preference, you have the option to "opt-out" of this disclosure.

- School Yearbook
- Athletic Programs
- Academic Honor Roll/Awards Programs
- Graduation Program
- Student of the Week/Month
- Drama/Musical/Band/Choir/National Honor Society Programs
- Interviews, photographs, or videos for use in school/district publications, school website, productions or for use by the general news media for print or broadcast purposes
- College Recruitment

- Permission **IS** granted to use directory information of my child given the guidelines stated above for the school year.
- Permission **IS NOT** granted to use directory information of my child given the guidelines stated above for the school year.

MILITARY RECRUITMENT

- Permission **IS** granted to release information to the military.
- Permission **IS NOT** release information to the military.

HANDBOOK

I have read the School Handbook, which can be found online at www.rapsk12.net, and have made sure my child understands the policies and rules as stated in the document.

CO-CURRICULAR HANDBOOK

I have read the Co-Curricular handbook, which can be found online at www.rapsk12.net and understand the policies and rules as stated in the handbook.

CONCUSSION AWARENESS

I have read the Parent & Athlete Concussion Information Sheet, which can be found online at www.rapsk12.net, and have made sure my child understands the signs, symptoms, and dangers of a concussion.

VIRTUAL COURSES

I authorize Roscommon Area Public Schools to enroll my child in virtual course(s) if necessary.

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 students 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) 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.

- Permission **IS** granted to disclose immunization information to local and state health departments.
- Permission **IS NOT** granted to disclose immunization information to local and state health departments.

VOLUNTEER/CHAPERONES

We strongly encourage you to volunteer in our school. To safeguard our students, we want to be sure you understand and agree to our building policies listed in the Student Handbook (www.rapsk12.net) regarding guidelines of volunteering/chaperoning. An iChat form **MUST** be completed at least 24 hours prior to attending special classroom events, chaperoning field trips, or volunteering in the classroom.

Parent/Guardian Signature:	Date:
Student Signature:	Date:

ROSCOMMON AREA PUBLIC SCHOOLS TECHNOLOGY FORM

Last Name:	First Name:	Middle Name:	Grade:
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TECHNOLOGY ACCEPTABLE USE POLICY

I have read the Technology Acceptable Use Policy, which can be found online at www.rapsk12.net, and have made sure my child understands the policies and rules as stated in the document.

CHROMEBOOK POLICY HANDBOOK

I have read the Chromebook Policy, Procedures, and Information Handbook, which can be found online at www.rapsk12.net and understand the policy as stated in the documents.

1-TO-1 DEVICES

Students will be assigned a device at the start of the year. K-7 students are not permitted to take their technology device home. Deductible costs for repairs or replacements are listed below. K-5 students will dock their Chromebook within their classrooms. 6-7 grade students will pick up their Chromebook from their homeroom in the morning and return them at the end of the day. Grade 8 students will pick up their Chromebook each day and turn them in at the end of the day as well. 9-12 students can take Chromebook home for academic purposes, they must return to school charged and ready for the school day. Please review carefully.

DEDUCTIBLES:

- Replacement of Chromebook/device due to damage beyond repair: \$150
- Lost or stolen device: \$150 Replacement cost
- Lost or stolen power cord: \$35
- Repair Costs
 - Key replacement \$5/key up to \$30
 - If repair costs are under \$150 \$30
 - If repair costs are over \$150 \$75
 - If the device can be repaired by staff without the need to purchase new/replacement parts and the device is returned to full operation, there will be no charge.
 - Second need for repair will double the deductible.
 - Third need for repair will double the deductible and result in the loss of the Chromebook or ability to take technology home.

Deductibles are due within 7 days of the issued date. Unpaid deductibles may result in loss of privileges.

I have read the above information and understand that I am responsible for the fees as indicated, including the full price of the device as noted. I have read and understand RAPS' Chromebook Policies and Acceptable Use Policies(see above). I also understand that the policies will continually be reviewed and updated online.

If taken home for virtual instruction or academic purposes, devices are to support instruction as an educational tool. Be aware that downloading video and music files will require a large amount of data. Devices are for school need only and should not be used for other purposes. Devices may be monitored by administrators and district technology staff at any time.

Parent/Guardian Signature:	Date:
Student Signature:	Date:

ROSCOMMON AREA PUBLIC SCHOOLS TRANSPORTATION FORM

Questions regarding transportation? Contact the Transportation Department at (989) 275-5311 and leave a message.

Last Name:	First Name:	Middle Name:	Grade:
Parent/Guardian Name:			
Street Address:		City:	Zip Code:
Cell Phone:		Home Phone:	
Please provide complete and accurate directions to your home, including any landmarks or businesses that would be helpful to the bus driver:			
Please list any additional information that the bus driver needs to know about your child:			
Transportation to School (AM):			
<input type="checkbox"/>	School Bus		
<input type="checkbox"/>	Drop-off		
<input type="checkbox"/>	Other (please specify):		
Transportation from School (PM):			
<input type="checkbox"/>	School Bus		
<input type="checkbox"/>	Pick-up		
<input type="checkbox"/>	Other (please specify):		
OTHER CHILDREN RESIDING IN THE HOME:			
Name (Last, First)	Relationship	Grade	School Attending

Office Use Only:		
AM Pick-up Time:	PM Drop-off Time:	Bus:
Bus stop:	Start Date:	

ROSCOMMON AREA PUBLIC SCHOOLS COMMUNITY GIVING FORM (OPTIONAL)

Last Name:	First Name:	Middle Name:	Grade:
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Local organizations, individuals, churches, and clubs often ask for the names of people they may assist during the holidays. Completion of this form authorizes Roscommon Area Public Schools to share the information below with these organizations.

Grantee Name:		
Address:	City:	Zip Code:
Cell Phone:	Home Phone:	
Driving directions to your home:		
Source of Income – employment, FIP, SSI, food stamps, Veteran's Benefits, unemployment, other:		

I am requesting assistance with:	
<input type="checkbox"/>	Food Only
<input type="checkbox"/>	Gift Items Only
<input type="checkbox"/>	Food & Gift Items

Is there anything you need for the entire family?

Are there any special needs (dietary, disability, pregnancy, illness)?

HOUSEHOLD MEMBER INFORMATION					
Name (Last, First)	M	F	Age	Size	Gift Suggestions (Please list the type of toys, food, or other gifts that each family member is requesting)

Completed forms must be returned to the building office by September 30th. Completion of this form does NOT guarantee receipt of a gift. Falsification of information may result in removal from the Community Giving Program.

Grantee Signature:	Date:
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Model Notification of Rights Under the Protection of Pupil Rights Amendment (PPRA)

PPRA affords parents certain rights regarding our conduct of surveys, collection and use of information for marketing purposes, and certain physical exams. These include the right to:

Consent before students are required to submit to a survey that concerns one or more of the following protected areas ("protected information survey") If the survey is funded in whole or in part by a program of the U.S. Department of Education (ED)-

1. Political affiliations or beliefs of the student or student's parent;
2. Mental or psychological problems of the student or student's family;
3. Sex behavior or attitudes;
4. Illegal, anti-social, self-incriminating, or demeaning behavior;
5. Critical appraisals of others with whom respondents have close family relationships;
6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
7. Religious practices, affiliations, or beliefs of the student or parents; or
8. Income, other than as required by law to determine program eligibility.

Receive notice and an opportunity to opt a student out of -

1. Any other protected information survey, regardless of funding;
2. Any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student, except for hearing, vision, or scoliosis screenings, or any physical exam or screening permitted or required under State law; and
3. Activities involving collection, disclosure, or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others.

Inspect, upon request and before administration or use-

1. Protected information surveys of students;
2. Instruments used to collect personal information from students for any of the above marketing, sales, or other distribution purposes; and
3. Instructional material used as part of the educational curriculum.

These rights transfer from the parents to a student who is 18 years old or an emancipated minor under state law.

Roscommon Area Public Schools will/has develop(ed) and adopt(ed) policies, in consultation with parents, regarding these rights, as well as arrangements to protect student privacy in the administration of protected information surveys and the collection, disclosure, or use of personal information for marketing, sales, or other distribution purposes. Roscommon Area Public Schools will directly notify parents of these policies at least annually at the start of each school year and after any substantive changes. Roscommon Area Public Schools will also directly notify, such as through U.S. Mail or email, parents of students who are scheduled to participate in the specific activities or surveys noted below and will provide an opportunity for the parent to opt his or her child out of participation of the specific activities or surveys. Roscommon Area Public School will make this notification to parents at the beginning of the school year if the district has identified the specific or approximate dates of the activities or surveys at that time. For surveys and activities scheduled after the school year starts, parents will be provided reasonable notification of the planned activities and surveys listed below and be provided an opportunity to opt their child out of such activities and surveys. Parents will also be provided an opportunity to review any pertinent surveys. Following is a list of the specific activities and surveys covered under this requirement:

- Collection, disclosure, or use of personal information for marketing, sales or other distribution.
- Administration of any protected information survey not funded in whole or in part by ED.
- Any non-emergency, invasive physical examination or screening as described above.

Parents who believe their rights have been violated may file a complaint with:
Family Policy Compliance Office

U.S. Department of Education
400 Maryland Avenue, S.W.
Washington, DC. 20202-5901

Notification of FERPA Rights for Elementary and Secondary Schools

The Family Education Rights and Privacy ACT (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records. These rights are:

1. The right to inspect and review the student's education records within 45 days of the day the School receives a request for access. Parents or eligible students should submit to the School principal a written request that identifies the record(s) they wish to inspect. The School official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.
2. The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate or misleading. Parents or eligible students may ask the School to amend a record that they believe is inaccurate or misleading. They should write the School principal (or appropriate official), clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading. If the School decides not to amend the record as requested by the parent or eligible student, the School will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student with notified of the right to a hearing.
3. The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent. One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the School as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School Board; a person or company with whom the School has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility. Upon request, the School discloses education records without consent to officials of another school district in which a student seeks or intends to enroll. Roscommon Area Public School District will make a reasonable attempt to notify the parent or eligible student of the records request.
4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the School to comply with the requirements of FERPA. The name and address of the Office that administers FERPA is: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue , SW, Washington, DC 20202-5901

Concussion

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. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body she/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 or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss on consciousness should be taken seriously)

What should you do if you think your athlete has a concussion?_

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a healthcare professional, experienced in evaluating for concussion, says she/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a healthcare professional.
3. Remember: Concussions affect people differently. While most athletes 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.

Why should an athlete report their symptoms?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, she/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussion in you athletes can result in brain swelling or permanent damage to their brain. The can even be fatal.

Content Source: CDC's Heads Up Program. Created through a grant to the SDS Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAR)