

## REGISTRATION CHECKLIST FOR ECDD STUDENTS

STUDENT'S NAME \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

Please check off these items as you get ready for registration. **Bring this list and these items with you.** Please be sure you have all the required forms completed **before** you come for registration. Call the Administration Office at 926-3100 to resolve any problems before registration. Your child must be registered for school **before** they can attend the ECDD program.

**PARENT      SCHOOL**  
**CHECK-OFF CHECK-OFF**

\_\_\_\_\_ **Proof of Residency (MUST HAVE ONE OF THE FOLLOWING)**  
    ☐ Purchase Agreement  
    ☐ Current Lease/Rental Agreement  
    ☐ Current Property Tax Bill

\_\_\_\_\_ **(MUST HAVE ONE OF THE FOLLOWING)**  
    ☐ Current Utility Bill  
    ☐ Voter's Registration Card  
    ☐ Other \_\_\_\_\_

\_\_\_\_\_ **Birth Certificate (certified copy)**

\_\_\_\_\_ **Custody Papers** (applicable only if the child is not living with a parent  
    named on the Certified Birth Certificate)  
    ☐ Guardianship  
    ☐ Court Placement  
    ☐ Limited Guardianship

\_\_\_\_\_ **Immunization Record** (completed by doctor or BCHD)

\_\_\_\_\_ **Enrollment Form**

Complete On-line in the Fall \_\_\_\_\_ **Emergency Cards for Office/Transportation**

Receive in Fall \_\_\_\_\_ **School Directory Information form** (parent signature)

\_\_\_\_\_ **Authorization to Release Pre-School/School Reports** (parent signature)

\_\_\_\_\_ **Student Information Form** (Transportation Form)

\_\_\_\_\_ **Concussion Form**

\_\_\_\_\_ **Special Education** (SJPS Administration to confirm with previous  
    School if applicable)

*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.*



# St. Joseph Public Schools Enrollment Form

Please print clearly & fill in all information – Information is to be completed by the Parent/Guardian

FOR OFFICE USE ONLY:

☐ School of Choice Application

GRADE: \_\_\_\_\_

FIRST DAY TO ATTEND SJPS: \_\_\_\_\_

## STUDENT INFORMATION

Last Name (as it appears on Birth Certificate)

First Name (as it appears on Birth Certificate)

Middle Name

Student's Previous Legal Name (if applicable)

Gender:

Male ☐

Female ☐

Date of Birth: (mm/dd/yyyy)

MONTH DAY YEAR

Is there a current Order of Protection or No Contact Order which concerns this student?

YES ☐

NO ☐

## CURRENT RESIDENTIAL ADDRESS

Street Number

Street Name

Apt #

City

State

Zip Code

Is this temporary housing or shelter?

YES ☐

NO ☐

## MAILING ADDRESS (If different than listed above)

Street Number

Street Name

Apt #

City

State

Zip Code

## OTHER STUDENT INFORMATION

Primary Home Phone Number

( )

Is the primary phone a cell phone?

YES ☐

NO ☐

Is the home phone unlisted?

YES ☐

NO ☐

Student Cell Phone Number:

( )

Has the student ever attended St. Joseph Public Schools?

YES ☐

NO ☐

Does the student have an IEP?

YES ☐

NO ☐

Does the student receive any 504 services?

YES ☐

NO ☐

Last School attended

School's Address

Previous School District attended

Grade Entering

## PARENT/GUARDIAN INFORMATION

This student will be released to the person(s) listed as parent/guardian. All mailings will go to the parent/guardian with whom the student lives.

First & Last Name of the Parent(s)/Guardian with Whom The Student Lives:

Relationship to the Student

Primary Home Phone Number

( )

Cell Phone Number

( )

Work Phone Number

( )

☐ Day

☐ Evening

Employer's Name

Parent/guardian's primary language

Does this person speak English?

YES ☐

NO ☐

Do you require information in Spanish?

YES ☐

NO ☐

Are you a seasonal/agricultural worker?

YES ☐

NO ☐

Are you an active military service member?

YES ☐

NO ☐

Email Address:

First & Last Name of 2nd Parent/Guardian:

Relationship to the Student

Residential Address (if different from student)

Street Number

Street Name

Apt #

City

State

Zip Code

Primary Home Phone Number

( )

Cell Phone Number

( )

Work Phone Number

( )

☐ Day

☐ Evening

Employer's Name

2nd Parent/Guardian's Primary Language spoken in the home:

Does this person speak English?

YES ☐

NO ☐

Do you require information in Spanish?

YES ☐

NO ☐

Are you a seasonal/agricultural worker?

YES ☐

NO ☐

Are you an active military service member?

YES ☐

NO ☐

Email Address:

# ETHNICITY

(This is a two-part question required by the Federal Government)

1. Is the student Hispanic or Latino? YES ☐ NO ☐
2. What is the student's ethnicity/race? (Select all that apply)
- ☐ **American Indian or Alaska Native** (origins in any of the native peoples of North, South or Central American, or tribal affiliation)
  - ☐ **Asian** (Origins in any of the native peoples of the Far East, Southeast Asia, or the Indian subcontinent)
  - ☐ **Black or African American** (Origins in any of the black racial groups of Africa)
  - ☐ **Hispanic/Latino**
  - ☐ **Native Hawaiian or Other Pacific Islander** (Origins in any of the native peoples of a Pacific Polynesian island)
  - ☐ **White** (Origins in any of the native peoples of Europe, North Africa, Russia, or the Middle East)

Student's Country of Birth	Does the student speak English? YES <input type="checkbox"/> NO <input type="checkbox"/>	What is the primary language spoken in the home?
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## 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 other than parent/guardian.**

1. First & Last Name			Relationship to the Student	
Primary Home Phone Number (       )	Secondary Phone Number (       )	Work Phone (If applicable) (       )	<input type="checkbox"/> Day <input type="checkbox"/> Evening	
2. First & Last Name			Relationship to the Student	
Primary Home Phone Number (       )	Secondary Phone Number (       )	Work Phone (If applicable) (       )	<input type="checkbox"/> Day <input type="checkbox"/> Evening	
3. First & Last Name			Relationship to the Student	
Primary Home Phone Number (       )	Secondary Phone Number (       )	Work Phone (If applicable) (       )	<input type="checkbox"/> Day <input type="checkbox"/> Evening	

## CONSENTS TO RELEASE INFORMATION

Please indicate your consent to the entire statement by checking the YES or NO box. These consents will be in effect for the current school year. Please read the description of the student directory information provided in the district student handbook. This directory information will be released without prior parental consent in compliance with FERPA (Family Educational Rights & Privacy Act).

A. My child may be photographed, video recorded, interviewed and/or televised for <b>school-related</b> communications including the school website and/or school social media.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
B. My child may be photographed, video recorded, interviewed and/or televised for <b>district-related</b> communications including the district website and/or district social media.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
C. My child may be photographed, video recorded, interviewed and/or televised by <b>Non-SJPS Media</b> (such as a newspaper/television)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
D. District Health Care Aide, RN or a trained staff may administer medications and have access to my child's school registration and health records.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
E. The district staff may transport my child home or to the caregiver.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
F. The district staff may transport my child, if necessary, to health evaluations or screenings.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
G. The school or district may send automated phone calls to the primary home phone indicated on this form. This includes any cell phone listed as a primary home phone (emergency calls or attendance calls can not be excluded).	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
H. The school or district may send text messages to the parents' cell phone listed on this form. This includes any cell phone listed as a primary home phone (standard texting fee may apply).	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
I. My high school child's information can be released to the military.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
J. Military	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

## SIBLINGS

Please list siblings that are registered in the St. Joseph Public School District & the building they are enrolling.

NAME	AGE	School/Building Enrolled

## 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 fireman, dagger, dirk, stiletto, knife with blade with blade over three (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."

Check One:

- ☐ Has not been expelled from another school.
- ☐ Has been expelled from another school (or has expulsion charges pending).
- ☐ Is currently under suspension from another school.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Parent Name (Please Print)*

\_\_\_\_\_  
*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.**

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

**Required for all children 11-18 years of age who are changing school districts or who are enrolled in 6<sup>th</sup> 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)

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 School Nurse at 926-3260.

Health Department Immunization Clinic  
Berrien County Health Department  
769 Pipestone  
Benton Harbor, MI 49022  
Phone: (269) 927-5638

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**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

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**EARLY CHILDHOOD DEVELOPMENTALLY DELAYED (ECDD) STUDENT INFORMATION**

STUDENT'S NAME: \_\_\_\_\_

STUDENT'S AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

Transportation Arrangements:

A.M. ECDD or Young Fives: (circle session)

To school (early morning run)	From	<input type="checkbox"/> Home	<input type="checkbox"/> Caregiver
After school (noon run)	To	<input type="checkbox"/> Home	<input type="checkbox"/> Caregiver

P.M. ECDD or Young Fives: (circle session)

To school (early afternoon run)	From	<input type="checkbox"/> Home	<input type="checkbox"/> Caregiver
After School (late afternoon run)	To	<input type="checkbox"/> Home	<input type="checkbox"/> Caregiver

CAREGIVER'S NAME: \_\_\_\_\_

CAREGIVER'S ADDRESS: \_\_\_\_\_

CAREGIVER'S PHONE: (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

Please be sure the information for your caregiver is on your child's emergency card.

If there is ever a change in your child's scheduled routine, you **must** send a note to the teacher or call the school office at 926-3500.If your child is ill or will not be riding the bus, in addition to calling the school, please call the transportation department at **926-3900** so adjustments can be made to the bus route due to the bus not stopping at your home/caregiver.

Please understand that any change made to a route may take up to three (3) days.

When dropping a student off, a parent or caregiver **MUST** be visible to the driver.

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## 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)

### 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](http://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:** \_\_\_\_\_