



**INSTRUCTIONS:** Next to each item, Westwood staff must check the box, initial, and date.

### STUDENT ENROLLMENT PACKET CHECKLIST

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

GRADE \_\_\_\_\_ DATE OF SUBMISSION \_\_\_\_\_

\_\_\_\_\_ Please Circle One:    **Student is In District**    **Student is School of Choice**

**All items are required for enrollment; no incomplete enrollment packets will be accepted.**

\_\_\_\_\_ Completed District Survey

**VERIFICATION of Document:**

\_\_\_\_\_ "Original" Birth Certificate - *photocopy*

**REQUIRED Documents for Residents - Submitted and Complete**

- \_\_\_\_\_ Two documents to prove residency\*
  - \*Homeowners: mortgage statement, property tax assessment, current utility bill (gas, water, electricity)
  - \*Renters: current lease agreement, current utility bill (gas, water, electricity)

**REQUIRED Documents for Schools of Choice Applicant - Submitted and Complete**

- \_\_\_\_\_ Intra-county Schools of Choice Application (attached)
- \_\_\_\_\_ Schools of Choice Assignments Within the District (attached)
- \_\_\_\_\_ Schools of Choice Agreement (attached)

**REQUIRED Documents for all applicants (Schools of Choice or Resident) - Submitted and Complete**

- \_\_\_\_\_ Student Enrollment Form (attached)
- \_\_\_\_\_ Two Completed Emergency Contact Cards (attached)
- \_\_\_\_\_ Parent identification: driver's license, state ID or passport - *Photocopy*
- \_\_\_\_\_ Custody or guardianship papers, if applicable
- \_\_\_\_\_ Request for Student Records Form (attached)
- \_\_\_\_\_ Health appraisal/Immunization record (attached)
- \_\_\_\_\_ Most recent report card (K-8) or transcript (high school)
- \_\_\_\_\_ Household Information Survey (attached)
- \_\_\_\_\_ Home Language Survey (attached)
- \_\_\_\_\_ Disciplinary Information (attached)
- \_\_\_\_\_ Certification of Disciplinary History Form (attached)
- \_\_\_\_\_ Academic Integrity Guidelines and Contract (attached)
- \_\_\_\_\_ Westwood Community School District Staff/Student Network Resources Contract (attached)
- \_\_\_\_\_ Permission to Photograph/Videotape Release (attached)
- \_\_\_\_\_ Transportation Request (attached)
- \_\_\_\_\_ Educational Material for Parents and Students Understanding Concussion (attached)
- \_\_\_\_\_ Medication/Treatment Consent for Self-Administration (attached)

**OTHER Documents for Enrollment, if applicable - Submitted and Complete:**

- \_\_\_\_\_ Kindergarten Waiver (attached)
- \_\_\_\_\_ Student Housing Questionnaire, if applicable (attached)
- \_\_\_\_\_ High school only: MHSAA New Student Transfer Information Form (attached)
- \_\_\_\_\_ Military Families Information (attached)



## DISTRICT SURVEY

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

How did you hear about Westwood Schools (check all that apply)?

Friend

Other Students

Printed Materials

Brochure

Magnet

Mail

Newsletter

Newspaper

*Detroit Free Press*

*Detroit News*

*Metro Parent*

*Press and Guide*

*Telegram*

Other \_\_\_\_\_

Postcard

Yard Sign

Social Media

Facebook

Instagram

Twitter

Other \_\_\_\_\_

Billboard

Bus Signs

District Sign

District Website

Electronic Media (radio, television)

Movie Theater ad

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For School Office Use Only:

Please return this form to Central Office. Thank you!



3335 S. Beech Daly Road  
Dearborn Heights, Michigan 48125

## INTRA-COUNTY SCHOOLS OF CHOICE APPLICATION FORM

**Please Print Clearly**

Date of Application: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last
First
Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM
DD
YYYY

If other siblings are requesting enrollment, please list their names and grades:

Name	Grade

Building Preference	Grade

Please provide the following information about your child's educational placement over the past two years. A copy of the student's last report card or transcript is required to assist in the appropriate placement.

School Name	School District	Check one of the following:		
		General Ed.	Special Ed.	Alternative Ed.

**General Provisions:**

1. Student/parent is responsible for transportation to/from school.
2. Student has never been expelled.
3. Student has not been suspended more than a total of 6 days in the past two years.
4. MHSAA rules for athletic eligibility will be enforced.
5. A random draw process will be held if more students apply for a school year and/or grade than space is available.

Parent or Guardian Information: Please type or print clearly. A copy will be mailed to you with the outcome.

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP code \_\_\_\_\_

Public School District of Residence \_\_\_\_\_

With my signature below, I certify that I am a resident of Wayne County and I accept the provisions stated in this document. I certify that the student applicant has never been expelled nor has the student been suspended for more than a total of six (6) days in the past two years. I realize that all necessary registration documentation including, but not limited to, records regarding immunization, grades, birth certificate and suspension verification will be provided to the school upon the acceptance for School of Choice. Failure to comply with the necessary provisions of this document will automatically nullify this application. I understand that if any of the information provided by me on this application is false, I will be liable for all costs incurred by the District while my child was enrolled in the Westwood Community School District.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

District Use Only:	Application Approved _____	Application Denied _____	Signature _____	Date _____
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3335 S. Beech Daly Road  
Dearborn Heights, Michigan 48125

## **SCHOOLS OF CHOICE ASSIGNMENTS WITHIN THE DISTRICT**

The Board of Education directs that the assignment of students to schools within this District be consistent with the best interests of students and the best use of the resources of this District.

The Board shall determine periodically the school attendance areas of the District and shall expect the students within each school to attend the school so designated.

The Superintendent shall periodically review existing attendance areas and recommend to the Board such changes as may be justified by:

- Considerations of safe student transportation and travel,
- Convenience of access to schools,
- Financial administrative efficiency,
- The effectiveness of the instructional program, and
- A wholesome and educationally sound balance of student populations.

No assignments to schools or attendance schedules shall discriminate against students on the basis of gender, race, religion, disability or national origin.

The Superintendent may assign a student to a school other than that designated by the attendance area when such exception is justified by circumstances and is in the best interest of the student.

Every effort shall be made to continue a student in the elementary school to which she is initially assigned.

Whenever possible and advisable in the interests of the students, siblings shall be assigned to the same building.

The Superintendent shall assign incoming transfer students to such schools, grades, and classes as may afford each student the greatest likelihood of realizing his/her fullest educational potential.

The principal shall assign students in his/her school to appropriate grades, classes or groups. This action shall be based on consideration of the needs of the student as well as the administration of the school.

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Parent/Guardian Signature

Date



## SCHOOLS OF CHOICE AGREEMENT

Section 105 of the State School Aid Act (Schools of Choice) permits school districts to refuse enrollment to students who have been suspended while attending their former district of residence. This can pertain to the previous two-year period. Due to the fact that your child has been previously suspended, the Westwood Community School District is accepting your child on a probationary basis (conditions of acceptance are listed below). The length of the agreement will be for one school year. If at any time, your child is found to be in violation of any part of this agreement, he/she may have their right to remain enrolled in the Westwood Community School District revoked.

### CONDITIONS OF ACCEPTANCE:

- Parent and student agree to adhere to the school district's attendance policy. Regular and timely attendance is a must for academic success.
- Parent and student agree to adhere to the school district's student code of conduct. Any violations may result in the immediate revocation of the student's acceptance into the Westwood Community School District.
- Parent and student agree to work with the school and staff to attain a quality education for the student. Parent and student agree to adhere to all rules and regulations the school district has in regards to academic performance (i.e., homework, tests, etc.)

---

Signature of Parent/Guardian

---

Date

---

Signature of Student

---

Date

---

Signature of Principal

---

Date

For Office Use Only:

Zangle ID \_\_\_\_\_

UIC \_\_\_\_\_

**Birth Certificate Verification**

Date \_\_\_\_\_

Staff Signature \_\_\_\_\_



**STUDENT ENROLLMENT FORM (Page 1 of 3)**

*Please Print Clearly*

<b>1. STUDENT INFORMATION</b>		
Last Name	First Name	Middle
Date of Birth	City and State of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	City, State	ZIP
Home Phone/Cell Phone	Last School/District Attended (City, State)	
Has your child ever attended a school in the state of Michigan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ethnicity: is the student Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)? <input type="checkbox"/> Yes, Hispanic/Latino <input type="checkbox"/> No, not Hispania/Latino		
Race: The question above is about ethnicity, not race. No matter what you selected, please continue to answer the following by marking one or more boxes to indicate what you consider the student's race to be. <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White		
Is the student's primary language English? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, name of language _____		
Is the primary language used in the student's home or environment a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of language _____		
Is the student's living status fixed, adequate and regular? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please complete Student Housing Questionnaire.		
<b>Please indicate any services the student received at a previous school (check all that apply):</b> <input type="checkbox"/> Special education services <input type="checkbox"/> Speech <input type="checkbox"/> Social Work <input type="checkbox"/> 504 Plan <input type="checkbox"/> Title I or other academic support <input type="checkbox"/> ESL <input type="checkbox"/> Other _____ <input type="checkbox"/> No Special Services Received		

<b>2. FAMILY INFORMATION</b>		
Name of Parent/Guardian Residing in Home	Relationship to Student	Employer
Email	Cell Phone	Work Phone
Name of Other Parent/Guardian Residing in Home	Relationship to Student	Employer
Email	Cell Phone	Work Phone



## STUDENT ENROLLMENT FORM (Page 2 of 3)

*Please Print Clearly*

<b>2. FAMILY INFORMATION (CONTINUED)</b>		
Name of Parent/Guardian Living Elsewhere	Relationship to Student	Employer
Home Address	City, State	ZIP Code
Home Phone	Cell Phone	Work Phone
Email	Custody papers on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	Should this person receive mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No

Other child residing in home	Date of Birth	Grade/School	Relationship to Student
Other child residing in home	Date of Birth	Grade/School	Relationship to Student
Other child residing in home	Date of Birth	Grade/School	Relationship to Student

<b>3. EMERGENCY CONTACTS (to be called if parent cannot be reached and to whom the student may be released)</b>			
Emergency Contact 1	Relationship to Student	Home Phone	Cell Phone
Emergency Contact 2	Relationship to Student	Home Phone	Cell Phone
Emergency Contact 3	Relationship to Student	Home Phone	Cell Phone
Emergency Contact 4	Relationship to Student	Home Phone	Cell Phone
<b>DO NOT RELEASE THE CHILD TO:</b> _____			



## STUDENT ENROLLMENT FORM (Page 3 of 3)

*Please Print Clearly*

### 4. HEALTH INFORMATION

Please indicate if the student has any of the following medical conditions (check all that apply):

<input type="checkbox"/> Nothing known	<input type="checkbox"/> Asthma	<input type="checkbox"/> Allergies, seasonal	<input type="checkbox"/> Peanut allergy
<input type="checkbox"/> Food allergies (LIST) _____ _____ _____	<input type="checkbox"/> Bee stings	<input type="checkbox"/> Insect bite reaction	<input type="checkbox"/> Heart condition
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Vision problem	<input type="checkbox"/> Glasses/contacts	<input type="checkbox"/> Epilepsy/seizure disorder
<input type="checkbox"/> Hearing problem	<input type="checkbox"/> Uses hearing aid	<input type="checkbox"/> Kidney disease	Other _____ _____
<input type="checkbox"/> EpiPen			

Physician	Phone Number
Please list any medications school personnel should be aware of:	Does your child have a health plan? <input type="checkbox"/> Yes <input type="checkbox"/> No

### 5. ACKNOWLEDGMENTS

Student Handbooks/Planners will be distributed during the first week of school, or are posted on the District's website. The undersigned acknowledges that the contents of the student handbook will be reviewed with the student.

The undersigned acknowledges that health information provided on this form will be shared with appropriate school staff. In cases of serious illness or accident, when parents or other emergency contacts cannot be reached, permission is given for the school to make arrangement for the treatment of the student as necessary, including transporting him or her. Any financial obligation for medical expenses resulting from treatment in such a case is the responsibility of the parent/guardian.

The undersigned hereby acknowledges that all information in this enrollment packet form is true and accurate. False information may result in the Westwood Community School District revoking admission. I understand my child may be denied admission if severe behavior issues are shown, or if my child was expelled from another school district. The undersigned understands that it is his/her responsibility to inform the appropriate school office if and when any of the information on this form changes.

\_\_\_\_\_  
Parent/Guardian Signature Date





3335 S. Beech Daly Road  
Dearborn Heights, Michigan 48125

## REQUEST FOR STUDENT RECORDS

Please Print Clearly

Student Last Name	Student First Name	Date of Birth	Last Grade in District
Previous School	Records Personnel Name	School Phone Number	
School Address	City, State, ZIP	School Fax Number	
Date Requested	(Mailed)	(Faxed)	

To Student Records Custodian:  
Please be advised that the above-named student has enrolled in the \_\_\_\_\_ grade with the Westwood Community School District. We are asking you to forward any and all pertinent information regarding this student to the Records Secretary at the school indicated at right. (If the student left before the end of the semester, the grades earned to date of leaving are requested.)

**Your prompt attention and follow through are appreciated.**

<b>For District Use Only</b> <b>Westwood Community School District</b>
<input type="checkbox"/> Daly Elementary School, 25824 Michigan Avenue, Inkster, 48141 Office: 313-565-0468 Fax: 313-565-2359
<input type="checkbox"/> Thorne Primary School, 25251 Annapolis, Dearborn Heights, 48125 Office: 313-292-2440 Fax: 313-292-4273
<input type="checkbox"/> Thorne Intermediate School, 25251 Annapolis, Dearborn Heights, 48125 Office: 313-292-1600 Fax: 313-292-4282
<input type="checkbox"/> Tomlinson Middle School, 25912 Annapolis, Inkster, 48141 Office: 313-565-3391 Fax: 313-565-0920
<input type="checkbox"/> Robichaud High School, 3601 Janet, Dearborn Heights, 48125 Office: 313-565-8851 Fax: 313-565-0304
<input type="checkbox"/> Westwood Cyber High School, 25824 Michigan Avenue, Inkster, 48141 Office: 313-565-0288 Fax: 313-565-2372
<input type="checkbox"/> Westwood Ombudsman, 23914 Ford Road, Dearborn Heights, 48127 Office: 313-438-0163 Fax: 313-438-0164

**Please Note:**

Under the provisions of the Privacy Rights of Parents and Students Act, page 1213, Subpart D, 99.30 (b), it is no longer necessary to have the written consent of the parent to release records to "official of other schools or school systems in which the student seeks or intends to enroll..." It is against the law to withhold student files; they must be forwarded immediately upon request. It is unlawful to withhold student records because of past book obligations.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

# HEALTH APPRAISAL

**Dear Parent or Guardian:** The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

## PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ( )
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	WORK TELEPHONE NUMBER ( )

## SECTION I - HEALTH HISTORY

Yes h	No h	Resolved h	<b># Is your child having any of the problems listed below?</b>							<b>Birth History:</b>
h	h	h	1 Allergies or Reactions (for example, food, medication or other)							
h	h	h	2 Hay Fever, Asthma, or Wheezing							
h	h	h	3 Eczema or Frequent Skin Rashes							
h	h	h	4 Convulsions/Seizures							
h	h	h	5 Heart Trouble							
h	h	h	6 Diabetes							
h	h	h	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)							Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No
h	h	h	8 Trouble with Passing Urine or Bowel Movements							If yes, please describe:
h	h	h	9 Shortness of Breath							
h	h	h	10 Speech Problems							
h	h	h	11 Menstrual Problems							
h	h	h	12 Dental Problems: Date of Last Exam / /							
h	h	h	Other (please describe): _____							
h	h	Does your child take any medication(s) regularly?							If yes, list medications:	
Reason for Medication										
_____ / /										
<i>Parent/Guardian Signature</i>			Date						Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Examiner's Initials:</i> _____	

## SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

### Tests and Measurements

	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
h	h		VISION	Visual Acuity				h	h	HEIGHT & WEIGHT	Height			
			Date: ____/____/____	Muscle Imbalance				h	h	Other: _____	Weight			
			Other: _____	Audiometer				h	h	HEMOGLOBIN / HEMATOCRIT				
h	h		HEARING	Other: _____				h	h	BLOOD PRESSURE	Reading: _____			
			Date: ____/____/____	Sugar				h	h	TUBERCULIN	Type: _____			
			URINALYSIS	Albumin				h	h	Date: ____/____/____	Neg.: h Pos.: h _____mm			
			Date: ____/____/____	Microscopic				<b>NOTE:</b> Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.						
h	h		BLOOD LEAD LEVEL	Level _____ ug/dl										
			Date: ____/____/____											

### Examinations and/or Inspections

Essential Findings Deviating from Normal:
Exam Date: ____/____/____

**SECTION III - IMMUNIZATIONS**

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.\*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (Hep B)	1	3	Hepatitis A (Hep A)	1	2
	2			2	3
DTaP/DTP/DT/Td	1	4	Influenza (TIV/LAIV)	1	3
	2	5		2	4
	3	6	Meningococcal (MCV4/ MPSV4)	1	2
Tdap	1		Human Papillomavirus (HPV4/HPV2)	1	3
Haemophilus Influenzae type b (HIB)	1	3		2	
Polio (IPV/OPV)	1	3	OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	2	4		1	
Pneumococcal Conjugate (PCV7/PCV13)	1	3		2	
	2	4	3		
Rotavirus (RV1/RV5)	1	3	Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable		
	2		*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your child's school or local health department.		
Measles, Mumps, Rubella (MMR)	1	2	Parent/Guardian refused immunizations: <input type="checkbox"/>		
Varicella (Chickenpox)	1	2			
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____					
I certify that the immunization dates are true to the best of my knowledge					
_____ Health Professional's Signature			_____ Title		_____ / / Date

**SECTION IV - RECOMMENDATIONS**

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other
Other Recommendations		

**SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)**

I have examined \_\_\_\_\_ child's name's teeth. As a result of this examination, my recommendation for treatment is: \_\_\_\_\_

\_\_\_\_\_ / /  
Dentist's Signature Date

**PHYSICIAN'S SIGNATURE**

\_\_\_\_\_ / /  
Examiner's Signature Date Examiner's Name (Print or Type) Degree or License

\_\_\_\_\_ MI \_\_\_\_\_ ZIP Code \_\_\_\_\_ Telephone

Information required for:

**Early On** - Hearing and Vision Status; Diagnosis; Health Status

**Child Care Licensing** - Physical Exam, Restrictions, Immunizations

**Head Start/Early Head Start** - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

\*\*\*\*\*

Developed in Cooperation with the Departments of Human Services, Education, Community Health, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.



School Use Only  
 Approved for:  
 1  2

## HOUSEHOLD INFORMATION SURVEY

To determine eligibility for various additional state and federal program benefits that your child(ren) may qualify for, please complete, sign and return this application to:  
 Daly Elementary    Thorne Elementary    Tomlinson Middle School    Robichaud High School    Westwood Cyber    Westwood Ombudsman

**These sections must be completed by the head of household or designee.**

**Part A: Size of family**—Enter the total number of individuals living in your household, including all adults and children. →

**Part B: Current benefits**—Complete below if applicable.

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP) or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name \_\_\_\_\_ Case Number \_\_\_\_\_

**Part C: Student Information**—Complete for each student Pre-K through 12th grade.

Last Name	First Name	Birthdate xx-xx-xxxx	School	Identify H if Homeless M if Migrant R if Runaway F if Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

If you need additional lines, attach a second sheet to this survey or attach a copy of this survey clearly marked as a **Page 2**.

**Part D: Total Monthly Household Income**—Report income for all members of household excluding foster children. If you have reported a case number above, you do not need to fill in this section. Simply sign and date form.

Type of Income	Dollar Range	Circle if No Income
1. Gross monthly earnings: wages, salary, commissions	\$	None
2. Monthly welfare payments, child support, alimony	\$	None
3. Monthly payments from pensions, retirement, social security	\$	None
4. Monthly dividends or interest on savings	\$	None
5. Monthly worker's compensation, unemployment	\$	None
6. Other monthly income (SSI, VA, disability, farm, other)	\$	None
Total Monthly Household Income (Add lines 1-6)	\$	

**Part E: Signature**—If Total Monthly Household Income section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will get federal/state funds based on the information I give. I understand that sponsor officials may verify (check) the information.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Last Four (4) digits of adult Social Security Number: xxx-xx-\_\_\_\_\_       I do not have a social security number.

Address	City	ZIP Code
Home Phone	Work Phone	Email Address <small>(by providing your email address, you may be contacted via email by the District).</small>



## HOME LANGUAGE SURVEY

Please Print Clearly

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ School Building \_\_\_\_\_

In order to determine those students who are potentially eligible for additional instruction in English as a Second Language, we request the following information:

1. Country of birth \_\_\_\_\_

2. Is English the first language that the student learned to speak?  Yes  No

If No, what is the first language the student learned to speak? \_\_\_\_\_

3. Is English regularly (most of the time) spoken in the home?

If No, what is the language regularly spoken in the home? \_\_\_\_\_

4. Is this the first time your child has enrolled in a school in the United States?  Yes  No

If No, when did your child first enroll in a school in the United States? Date \_\_\_\_\_

5. In your opinion, what is the student's English language deficiency?

Check all that apply:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> speaks no English      | <input type="checkbox"/> writes no English      | <input type="checkbox"/> reads no English      |
| <input type="checkbox"/> speaks limited English | <input type="checkbox"/> writes limited English | <input type="checkbox"/> reads limited English |
| <input type="checkbox"/> speaks English well    | <input type="checkbox"/> writes English well    | <input type="checkbox"/> reads English well    |

6. Do you consider yourself a refugee?  Yes  No

If Yes, from what country? \_\_\_\_\_

Parent/Guardian's Name
Address, City, State, ZIP
Telephone Number (home, work or cell)
Parent/Guardian's Signature
Date



## DISCIPLINARY INFORMATION

The Westwood Community School District is committed to providing a safe environment for students, staff, volunteers and visitors. Under applicable federal and state laws, a student shall be expelled for the following offenses that occur in District buildings, District-sponsored activities, or on District property, including school buses and other transportation. An expulsion is defined as being separated from the school district for 180 school days.

### Causes for Expulsion

- **Possessing a Dangerous Weapon**

A "dangerous weapon" is defined as a firearm, dagger, dirk, stiletto, knife with a 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.

The term "firearm" is defined as: a) any weapon (including a starter gun), which will or is designed to or may readily be converted to expel a projectile by the action of the explosive; b) the frame or receiver of any such weapon; c) any firearm muffler or firearm silencer; or 4) any destructive device.

- **Arson**
- **Criminal Sexual Conduct**
- **Physical Assault Against a District Employee, Volunteer, or Contractor**
- **Verbal Assault Against a District Employee, Volunteer, or Contractor**

Students can be placed on a long-term suspension or expulsion for additional offenses that affect student safety. A long-term suspension is defined as a time period from 10 to up to 180 school days. For more information, please consult Westwood Board of Education policy at [www.westwood.k12.mi.us](http://www.westwood.k12.mi.us).

I have read the information above and understand my child(ren) may be placed on a long-term suspension or expulsion for causing an unsafe environment in District buildings, District-sponsored activities, or on District property, including school buses and other transportation.

---

Print Parent/Guardian Name

Date

---

Parent/Guardian Signature

Date





## ACADEMIC INTEGRITY GUIDELINES AND CONTRACT

In order to maintain an academic climate conducive to each student's success in the pursuit and transmission of knowledge, the secondary schools in Westwood have established a set of academic standards for all their students. We want all students to develop into strong leaders and students who are well-prepared for the challenges of lifelong learning. The development of academic integrity is critical for personal success not only today but for tomorrow. As such, we have established the following standards with regard to academic integrity.

### Academic Integrity

Students are expected to conduct themselves to the highest standards of personal integrity. Students must adhere to the rules prohibiting academic dishonesty and resist peer pressure to violate these high standards of integrity. Students are expected to use honest methods to fulfill academic expectations and responsibilities. Whenever students have any questions about this procedure or any procedures, they should ask their teachers, counselor or principal. Academic dishonesty is defined as: cheating, plagiarism, or otherwise obtaining grades under false pretenses.

As stated in the Westwood Student Code of Conduct, academic dishonesty is engaging in academic cheating. Cheating includes, but is not limited to: the actual giving or receiving of any unauthorized aid or assistance, or actual giving or receiving of unfair advantage on any form of academic work. Further, a student shall not engage in plagiarism, which includes the copying of language, structure, idea and/or thought of another and representing it as one's own original work.

Academic Dishonesty includes, but is not limited to:

- Copying another student's work, including electronic and visual media
- Submitting copied information from the Internet
- Providing homework to another student
- Disclosing test-related material
- Dishonest actions reported by the teacher, and
- Using or possessing "crib" or "cheat" notes, or accessing text when not permitted on quizzes and tests.

Plagiarism includes, but is not limited to:

- Copying another student's work or previously published material or ideas from any source and submitting them as one's own
- Allowing a student to copy one's work
- Intentionally leaving your written work available in a place that makes it possible for someone to copy, sending it electronically to someone, or lending someone a notebook, a paper, or disk that contains your written work
- Altering words or the order of words from another source and submitting them as one's own.
- Submitting work written by college students, former students, tutors, friends or other adults as one's own, and
- Submitting work as one's own that was produced by unauthorized collaboration on assignments designed to be completed independently.

**We have read, understand and agree to all rules and language of the Academic Integrity Guidelines and Contract for the Westwood Community School District.**

**Student Acknowledgement and Understanding:**

I have read, understand and acknowledge all the expectations and the guidelines as set forth in this document. I agree to abide by the guidelines stated.

Student Name (Please print clearly)

Student Signature

Date

**Parent/Guardian Acknowledgement and Understanding:**

I have read and understand the academic integrity guidelines and stated expectations for my child and agree to support the integrity of honest academic work. I understand that participation in my child's education will help determine his/her likelihood of success in school. Therefore, I will monitor and support my child in his/her studies. I agree to be accessible and readily available to any instructor to discuss my student's progress and development.

Parent/Guardian Name (Please print clearly)

Parent/Guardian Signature

Date





## WESTWOOD COMMUNITY SCHOOL DISTRICT STUDENT NETWORK RESOURCES CONTRACT

I, \_\_\_\_\_, have read the Westwood Community School District E-Mail and Internet Acceptable User Policy and understand the rules that will govern my use of the Internet.

I realize that the sole purpose of the Internet connection through the Westwood Community School District is educational in nature.

I realize that this opportunity to connect to the Internet is a privilege, not a right, and that only through proper use of the system may I remain as an active Internet user.

I realize that any violation of the policies or the intent of the policies as described in the Acceptable User Policy may lead to penalties including revocation of the account, disciplinary action, and/or legal action.

I realize that I am solely responsible for my actions while connected to the Internet and will be held accountable as such.

I realize the importance of upholding copyright laws while uploading, downloading, or using any software while on the network.

By signing this contract, I release the Westwood Community School District and all other organizations related to the network from any liability or damages that may result from the use of the Internet connection. In addition, I will accept full responsibility and liability, both legally and financially, for the results of my actions with regards to the use of the Internet.

---

Student Signature

Date

In order for a student to receive permission to use the Internet, this form must be signed by a parent or guardian.

---

Parent/Guardian Signature

Date



## PERMISSION TO PHOTOGRAPH/VIDEOTAPE RELEASE

We grant permission for our child's original work (i.e., artwork, poetry, essays, performances, etc.) to be photographed or videotaped as part of an educational program produced by the Westwood Community School District.

We understand that our child's image, name, work, product, school, and grade may be revealed in the presentation(s), but that no other information about our child or child's schoolwork will be revealed without our prior consent.

We further grant permission for the photographs or videotape to be used in media presentations that are made available to other educational institutions or through a cable television station or network, or the Westwood Community School District's website. (See note below regarding web page usage).

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

School \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_

Note: It is our intention periodically to use picture of our students on the Westwood Community School District's web pages. These pictures will not be captioned. However, the names of all students involved in a group activity may be listed on the web page in alphabetical order.

**This Permission Release will, unless written notification to the contrary is received, remain in effect for the duration of the student's time in the District.**



Transportation Department  
3335 S. Beech Daly Road  
Dearborn Heights, Michigan 48125  
313-565-3269

DHT Transportation  
5150 Rosa Parks  
Detroit, Michigan 48208  
313-895-1300

## Transportation Request Form

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

**PLEASE PRINT**

1) Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Grade: \_\_\_\_\_ School (Circle One):    Daly    Thorne    Tomlinson    Robichaud

2) Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Grade: \_\_\_\_\_ School (Circle One):    Daly    Thorne    Tomlinson    Robichaud

3) Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Grade: \_\_\_\_\_ School (Circle One):    Daly    Thorne    Tomlinson    Robichaud

4) Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Grade: \_\_\_\_\_ School (Circle One):    Daly    Thorne    Tomlinson    Robichaud

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Emergency Contacts:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

**Please return this form to the person registering your student(s).**

**\*Note\*:** The Westwood Community School District provides transportation services to a limited area outside of the District's boundaries. High School Students use the SMART Bus System with passes provided by the District. Please contact the Transportation Office at (313) 565-3269 with questions related to out of district services.

**For Transportation Office Use Only**

Date Received: \_\_\_\_\_ Assigned Bus Route: \_\_\_\_\_ Stop #: \_\_\_\_\_



**Educational Material for Parents and Students (Content Meets MDCH Requirements)**

**Understanding Concussion**

(Page 1 of 2)

**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 report 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:**

**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:

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

**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 rest breaks, be given extra help and time, and 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: Concussions affect people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days or 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).

**Symptoms of a concussion:**

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



**EDUCATIONAL MATERIAL FOR PARENTS AND STUDENTS (CONTENT MEETS MDCH REQUIREMENTS)  
CONCUSSION AWARENESS EDUCATIONAL MATERIAL ACKNOWLEDGMENT FORM**  
(Page 2 of 2)

Return this signed form to your child's school. This form must be kept on file for the duration of participation or until the age of 18. Participants and parents, please review and keep the educational materials available for future reference.

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 Westwood Community School District.

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

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

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## MEDICATION/TREATMENT CONSENT FOR SELF-ADMINISTRATION

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

Date \_\_\_\_\_ Diagnosis/Condition \_\_\_\_\_

### CONSENT FOR SELF-ADMINISTRATION OF HEALTH AND/OR MEDICATION AT SCHOOL (Board Policies 2780, 2780-R, 8670 and 8670-R)

- Parent/Guardian(s) are urged to provide to provide health treatment and give medication at home and on a schedule other than school hours if possible. If it is necessary that treatment and/or medication be provided during school hours, these regulations must be followed. **Please note: "Medication" refers to any prescription, non-prescription, homeopathic, herbal, vitamin or mineral preparation.**
- **Self-administration provisions are for middle and high school students only with the exception of inhalers.**
- Health treatment and medication must be **prescribed in writing** by a physician or other licensed healthcare provider and **must be renewed at least annually. Providers must complete Part 1 below and sign Part 2, then fax written instructions to the child's school.**
- All medication, prescription and non-prescription, must be brought to school in the **original pharmacy container only** with a **current label** (within 60 days of current date) showing the **name of the student, medication, strength, dosage, and time(s) to be given.** Metered dose inhalers must have a label attached to the container.
- Health treatment supplies will be provided for school use for each student by parent/guardian as needed.
- Parent(s) or guardian(s) are responsible for bringing medication to the school office for awareness prior to student self-administration. **Students are not permitted to bring their own medication to school.**
- Any misuse of medication by a student, including selling or giving away the medication that violates the Westwood Community School District's policies will result in revocation of self-administration privileges and may result in a referral to law enforcement officials.

#### Part 1—Physician/Healthcare provider instructions

Treatment/Medication	Strength	Dosage/Route	Time(s) Frequency	
			Home	School

Recommendations, special considerations, side effects, precautions, allergies \_\_\_\_\_

**Part 2—Authorization Signatures:** The following signatures serve as written authorization for permission for student to self-administer health treatment and/or medication as directed at school. Authorization includes permission for school personnel and healthcare provider to contact each other if needed. **Medication and treatment information is kept confidential, but may be shared with appropriate staff for emergency care.** Please note: School personnel will not supervise the medication administration or have responsibility in the process. The parent/guardian will be notified of any observed violation of the above guidelines.

	Print Name	Signature	Date	Phone	Fax
Physician Provider					
Parent/Guardian					
Student					



## Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. **If you own/rent your own home, you do not need to complete this form.**

Last Name	First Name	Middle Name
Date of Birth	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Parent/Guardian(s)		
Mailing Address	Apt./Lot/P.O. Box	
City	State	ZIP
Home Phone	Work Phone	Cell Phone

If you do not own/rent your own home, please check all that apply below. (Submit to District Homeless Liaison. Contact information can be found at the bottom of the page).

- |   |   |
|---|---|
| <input type="checkbox"/> In a motel<br><input type="checkbox"/> In a shelter<br><input type="checkbox"/> Moving from place to place/couch surfing<br><input type="checkbox"/> Unaccompanied Youth | <input type="checkbox"/> A car, park, campsite, or similar location<br><input type="checkbox"/> Transitional Housing<br><input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.)<br><input type="checkbox"/> In someone else's house or apartment with another family due to loss of housing, economic hardship |
|---|---|

Name of Student or Students: \_\_\_\_\_  
First
Middle
Last

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Month/Day/Year

Gender: \_\_\_\_\_

Check One:  Student is unaccompanied (not living with a parent or legal guardian)       Student is living with a parent or legal guardian

ADDRESS OF CURRENT RESIDENCE: \_\_\_\_\_

PHONE NUMBER OR CONTACT NUMBER: \_\_\_\_\_ NAME OF CONTACT: \_\_\_\_\_

Print name of parent(s)/legal guardian(s) or unaccompanied youth: \_\_\_\_\_

\*Signature of parent/legal guardian or unaccompanied youth: \_\_\_\_\_ Date: \_\_\_\_\_

\*I declare under penalty of perjury under the laws of the State of Michigan that the information provided here is true and correct.

Contact Information:  
 Ms. Gail Fowler  
 Director of Special Education & Student Services  
 3601 Janet Street  
 Dearborn Heights, Michigan. 48125  
 Phone: 313-292-3161

**NEW STUDENT – TRANSFER INFORMATION FORM**  
**Page 1 of 3**

Yes  No  I am interested in participating in athletics.

*To be completed by new students, parents and former school. This form is intended to assist schools in compiling information to determine eligibility under MHSAA Regulations for students who change schools **after starting the 9<sup>th</sup> grade**. Provide copies in the new student enrollment material. Request the form be submitted as soon as possible after enrollment to the athletic director for evaluation. The AD may then contact the MHSAA for assistance. Consult Int. 65 and 77 to assist in determining if residential changes are full and complete. **Int. 37 states two current and complete documents are prerequisites for participation: Physical Exam/Consent Form and official school record (transcript) since first enrolling in the 9<sup>th</sup> grade of any school.***

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDATE \_\_\_/\_\_\_/\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CURRENT (NEW) ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF RESIDENCE CHANGE INTO CURRENT (NEW) ADDRESS \_\_\_\_\_

CURRENT (NEW) PUBLIC SCHOOL DISTRICT IN WHICH YOU RESIDE \_\_\_\_\_

OLD HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FORMER RESIDENCE (Check all that apply) \_\_ Vacant \_\_ Sold \_\_ Rented \_\_ All Belongings Moved? Y N

OLD PUBLIC SCHOOL DISTRICT OF RESIDENCE \_\_\_\_\_

PARENT(S) or GUARDIAN(S) \_\_\_\_\_ Phone: \_\_\_\_\_

1. The last school the student attended: \_\_\_\_\_

2. While enrolled at former school, the student lived with \_\_\_\_\_  
(List all people: Parents, guardians, siblings, or others)

YES NO The student lived with the above for at least 30 days during the most recent previous academic term.

3. The student now lives with \_\_\_\_\_  
(List all people: Parents, guardians, siblings, or others)

**CIRCLE THE CORRECT ANSWER:**

4. 8 9 10 11 12 Circle the highest grade in which the student was enrolled at any previous school.

5. YES NO The school previously attended is a nonpublic, private or parochial school.

6. YES NO The student is a "Ward of the Court/State" and was placed in this school district by court order.

7. YES NO The student is an international student enrolling from a foreign country **Circle VISA: F-1 J-1**

7a. YES NO The student is from an MHSAA Approved International Student Program (AISP):

Name the Program: \_\_\_\_\_ AISP Program is listed on MHSAA.com Y N

8. YES NO The student's previous school has been closed, dissolved or reorganized (See Int. 64 & 90)

9. YES NO The student's parents are divorced. If divorced, give exact decree date: Month \_\_\_\_\_ Year \_\_\_\_\_

10. YES NO The student is 18 or under; or the 19<sup>th</sup> birthday is on or after Sept. 1 of this school year.

11. YES NO Last year, the student was a student at a boarding school, or while enrolled out of state attended a sports academy.

12. YES NO The student is 18 and moved into this district without his or her parents.

13. YES NO The student is a 9<sup>th</sup> or 10<sup>th</sup> grader and has not played in a scrimmage or game in any MHSAA sport.

14. YES NO The student participated in a cooperative program involving his/her previous school and our school.



**NEW STUDENT – TRANSFER INFORMATION FORM**  
**Page 2 of 3**

15. YES NO The student wishes to discuss her/his situation with the athletic director.

**VERIFICATION OF ATHLETIC RELATED TRANSFER REGULATION FOR STUDENTS SITTING OUT WHO DO NOT MEET AN EXCEPTION TO THE PERIOD OF INELIGIBILITY (Reg. I, Section 9 [F])**

**“Links to open gyms, former coach/personal trainer (school or non-school sports & summer teams).”**

16. List the high school sports the student participated in (game/meet or scrimmage) since first enrolling in the 9<sup>th</sup> grade at the previous school \_\_\_\_\_

17. List the sports in which the student desires to participate in during the next 12 months at new school:  
\_\_\_\_\_

**Today’s Date:** \_\_\_\_\_

**In the past 12 months?**

18. YES NO The student has attended an open gym at our high school.

19. YES NO The student has competed or practiced in a sport that involved coaching by any member of our school’s coaching staff (current or incoming) in **any summer activities or non-school sports** such as AAU basketball. If yes, indicate the staff member and nature of the activity:  
\_\_\_\_\_

20. YES NO The student has had involvement with any member of our school’s coaching staff (current or incoming) who provided **individual or team instruction in sports or as a conditioner, personal trainer or coach** whether paid or volunteer. If yes, indicate the staff member and the activity:  
\_\_\_\_\_

21. YES NO While at the **former high school the student was coached by** any member of our high school’s coaching staff (current or incoming). If yes, indicate the name of the coach and sport:  
\_\_\_\_\_

**RECOMMENDED VERIFICATION & COMMUNICATION BETWEEN SCHOOLS**

**By my signature below I state that the above is true and accurate. I also understand that contests the student participates in may be forfeited to opponents if the information submitted is not accurate:**

\_\_\_\_\_  
Student Date Parent Date

\_\_\_\_\_  
New School Athletic Director Date School Email or Fax

**To Former School Athletic Director: Please sign and return to AD at the student’s new school Exchange this form between athletic directors for students who wish to play the same sport as played previously. The former school athletic director indicates that to the best of their knowledge the above is true and accurate:**

\_\_\_\_\_  
Former School Athletic Director Date Form Returned to New School: \_\_\_\_\_  
Date Date

Notes if former AD declines to sign:  
\_\_\_\_\_  
\_\_\_\_\_

**For internal school use.**

**This page for internal school use.**

**Do not send any page of this form to the MHSAA.**

**Return the completed form to the School Athletic Director who should complete the following:**

The eligibility status of \_\_\_\_\_ at \_\_\_\_\_ High School is checked below.

- \_\_\_\_\_ This student is IMMEDIATELY ELIGIBLE to participate in interscholastic athletics.  
\_\_\_\_\_ This student will be eligible upon completion and processing of the Educational Transfer Form.  
\_\_\_\_\_ There is a question about the eligibility of this student and he/she may not participate in interscholastic athletics until written permission is given by the school and the MHSAA.  
\_\_\_\_\_ This student is NOT ELIGIBLE to participate in interscholastic athletics.  
\_\_\_\_\_ This student may be ELIGIBLE effective \_\_\_/\_\_\_/\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Athletic Director

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Principal

**Assistance in Applying the MHSAA Transfer Rule and Interpretations**

**Page 1 and 2 of this form is based upon the following MHSAA Regulations, Sections and Interpretations. Administrators should consult the MHSAA Handbook and then, if necessary, the MHSAA staff to assist in processing a new student transfer. The only interpretations that are official are those received in writing.**

This boxed information is intended to provide evidence to address Regulation I, Section 2 (age eligibility), Section 4 (maximum enrollment), Section 7 (previous academic term record), and Section 9(A-F) (transfer student). **A transfer student must be enrolled prior to Oct 1 to participate in fall MHSAA tournaments, Feb 1 winter tournaments or May 1 for spring tournaments. See Reg. I, Section 9 [G].**

The CAPITALIZED INFORMATION on residence relates to Regulation I, Section 9 exceptions regarding residence change "from one public school district to a different public school district." Exceptions: 1, 2, 3, 4, 5, 8, & 12 and Int. 90.

- Line 1: Indicates type of school: public, nonpublic or charter school.  
Lines 2/3: Regulation 1, Section 9(A), Exception 1, (30 days) Interpretations 65 and 90.  
Line 4: Determine grade level. Regulation 1, Section 9(A), Exceptions 10 and 11.  
Line 5: Verification of line 1 and Interpretation # 62 (school of residency).  
Line 6: Regulation I, Section 9(A), Exception 3.  
Line 7: Regulation 1, Section 9(A), Exception 4. J-1 or F -1 Visa International Students See Interpretations 83-88 and [MHSAA.com](http://MHSAA.com) for Approved International Student Program (AISP) listing.  
Line 8: Regulation I, Section 9(A), Exception 6, (also see Interpretations 65, and 90)  
Line 9: Regulation I, Section 9(A), Exception 8 (allowed one time. Use updated Educ. Transfer Form (MHSAA.com) Student moving between parents who never married see Interpretation 92 and include documentation.  
Line 10: Regulation I, Section 2.  
Line 11: Regulation I, Section 9(A), Exception 2 (Int. 62, 63) or Exception 1 (Int.67 - out-of-state sports academy).  
Line 12: Regulation I, Section 9(A), Exception 12 (allowed one time. See Educational Transfer Form).  
Line 13: Regulation I, Section 9(B). Subvarsity for 9<sup>th</sup> or 10<sup>th</sup> grade students with no athletic participation.  
Line 14: Regulation I, Section 9(C). Former school must concur and student must have participated in the co-op.  
Line 15: Acknowledges that the student or parents need to discuss the matter of eligibility further.  
Lines 16 -21 Regulation I, Section 9 (F) Checks links associated with the Athletic Related Transfer Regulation resulting in a period of 180 schedule school days of ineligibility for students who **do not meet one** of the stated exceptions.



If Eligible



### MILITARY FAMILIES INFORMATION

School Year \_\_\_\_\_

Please Print Clearly

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Date of Birth: (MM/DD/YYYY) \_\_\_\_\_

Siblings: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Parent/Guardian

Active Military  Yes  No

Retired Military  Yes  No

Branch: \_\_\_\_\_

Please also include the name and relationship of any other immediate family member (i.e., grandparent, sibling, aunt, uncle) who is either active in or retired from the military.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Active or Retired \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Active or Retired \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Active or Retired \_\_\_\_\_