

Jonesville Community Schools

STUDENT REGISTRATION FORM

Student's Full Name: _____
LAST FIRST MIDDLE

Street Address: _____ Apt: _____ Gender: Female Male

City: _____ State: _____ Zip Code: _____ School District of Residence: _____

Home Phone: (____) _____ Listed Unlisted Has student ever had chicken pox? Yes No

Date of Birth: ____ / ____ / ____ City of birth _____

Ethnicity: African-American/Black _____
 Arabic/Middle Eastern _____
 Asian (including India) _____
 Caucasian/White _____
 Hispanic/Latino _____
 Native American/Alaskan Native _____
 Pacific Islander/Hawaiian _____

Parent/Guardian info: Legal Custody: Mother Father Both Other _____

PRIMARY GUARDIANS (Household Address Where Student Primarily Resides – address above)

Primary Guardian #1	Primary Guardian #2/Spouse
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> _____	Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> _____
Name: _____ <small style="margin-left: 20px;">Last First Middle</small>	Name: _____ <small style="margin-left: 20px;">Last First Middle</small>
Marital Status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/>	Marital Status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/>
Relationship to student: _____	Relationship to student: _____
2 nd Phone: _____ work <input type="checkbox"/> cell <input type="checkbox"/> pager <input type="checkbox"/> other <input type="checkbox"/>	2 nd Phone: _____ work <input type="checkbox"/> cell <input type="checkbox"/> pager <input type="checkbox"/> other <input type="checkbox"/>
3 rd Phone: _____ work <input type="checkbox"/> cell <input type="checkbox"/> pager <input type="checkbox"/> other <input type="checkbox"/>	3 rd Phone: _____ work <input type="checkbox"/> cell <input type="checkbox"/> pager <input type="checkbox"/> other <input type="checkbox"/>
E-Mail Address: _____	E-Mail Address: _____
Employer: _____	Employer: _____
Employer Address/Phone: _____	Employer Address/Phone: _____

SECONDARY GUARDIANS (Any Household Address(es) Where Student DOES NOT Primarily Reside)

Second Guardian #1	Other Guardian #2/Spouse
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> _____	Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> _____
Name: _____ <small style="margin-left: 20px;">Last First Middle</small>	Name: _____ <small style="margin-left: 20px;">Last First Middle</small>
Marital Status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/>	Marital Status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/>
Relationship to student: _____	Relationship to student: _____
Street Address: _____	Street Address: _____
City, ST, Zip: _____	City, ST, Zip: _____
Home Phone: _____	Home Phone: _____
2 nd Phone: _____ work <input type="checkbox"/> cell <input type="checkbox"/> pager <input type="checkbox"/> other <input type="checkbox"/>	2 nd Phone: _____ work <input type="checkbox"/> cell <input type="checkbox"/> pager <input type="checkbox"/> other <input type="checkbox"/>
3 rd Phone: _____ work <input type="checkbox"/> cell <input type="checkbox"/> pager <input type="checkbox"/> other <input type="checkbox"/>	3 rd Phone: _____ work <input type="checkbox"/> cell <input type="checkbox"/> pager <input type="checkbox"/> other <input type="checkbox"/>
E-Mail Address: _____	E-Mail Address: _____
Employer: _____	Employer: _____
Employer Address/Phone: _____	Employer Address/Phone: _____

Emergency Information:

If we are unable to contact the parent or guardian, who should be contacted in an emergency?

Emergency contacts must live in the Jonesville area, have a vehicle at home, and have a valid phone number.

Full Name (Title, First, Middle., Last)	Relationship to student	Street Address & Zip	Phone
1.			
2.			
3.			
4.			

Please list any pertinent medical information for this student such as food or drug allergies, allergies to bee stings, physical limitations, asthma, diabetes, epilepsy, any needs for regular medications, etc.:

In the event of an emergency and I am unable to be reached, I authorize the school to seek any medical attention deemed necessary.

Parent Signature _____ Physician _____

Health Insurance Company _____ Policy # _____

Siblings in the JCS district this year:

Do the guardians of this student have any other children that are currently or expected to be enrolled in a Jonesville Community School this year?

Names of any siblings (First, M.I., Last)	Date of Birth	School Attending	Grade
1.			
2.			
3.			
4.			

Name/Location of Last School Attended: _____ Grade Last Attended: _____

Other _____
 Has this student ever attended any Jonesville Community School? No Yes (Which school?) _____

Has student ever been evaluated for any special services? No Yes (If yes, date of last IEP _____

If yes, services evaluated: Spec. Education Classes Social Work Hearing Language _____

Phone Announcements:

Our school district has a unique communication tool that can be used in the event of an emergency, school delay or general information announcements. Please list a phone number (home or cell) at which you can be notified (it cannot call phone numbers with an extension). # _____

I confirm that I am the legal guardian of this student and that the above information I have given is accurate to the best of my knowledge.

Signature of Parent/Guardian _____ Date _____

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:

- 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.
- 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.
- 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.

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 _____

Sponsoring Organization

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian Name Printed

Date

Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

Participants and parents please review and keep the educational materials available for future reference.

Jonesville Middle School
460 Adrian St
Jonesville MI 49250

AFFIRMATION OF PRIOR DISCIPLINE RECORD

INSTRUCTIONS: Check the applicable paragraph, provide all appropriate information and sign this document.

Paragraph 1:

____ The undersigned affirm that _____ has not been suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

Paragraph 2:

____ The undersigned affirms that _____ has been suspended or expelled from a public or private school in Michigan or another state or for one or more offenses involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for an act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

If you checked paragraph 2, explain the circumstances in detail. Include the school name, dates of suspension or expulsion and a description of the incident giving rise to the suspension or expulsion.

STUDENT SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE DATE

.....
Name of sending (former) School District: _____

Sending School - Please check one: _____ According to our records, we can verify that the information provided above by the parent/student is correct.
_____ According to our records, the information provided above by the parent/student is not correct.

If the student has been involved in offenses involving weapons, alcohol or drugs, or willful infliction of injury to persons or act of violence against persons and/or property committed on school premises, at a school sponsored activity, or on a public or private conveyance providing transportation to or from school or a school sponsored activity, please forward appropriate disciplinary documentation.

SIGNATURE OF SENDING DISTRICT ADMINISTRATOR TITLE DATE

Jonesville MIDDLE School
401 E. CHICAGO ST
Jonesville MI 49250

AFFIRMATION OF PRIOR DISCIPLINE RECORD

DIRECTIONS: Check the applicable paragraph, provide all appropriate information and sign this document.

Paragraph 1:

_____ The undersigned affirm that _____ has not been suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

Paragraph 2:

_____ The undersigned affirms that _____ has been suspended or expelled from a public or private school in Michigan or another state or for one or more offenses involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for an act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

If you checked paragraph 2, explain the circumstances in detail. Include the school name, dates of suspension or expulsion and a description of the incident giving rise to the suspension or expulsion.

STUDENT SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE DATE

Name of sending (former) School District: _____

Sending School - Please check one: _____ According to our records, we can verify that the information provided above by the parent/student is correct.
_____ According to our records, the information provided above by the parent/student is not correct.

The student has been involved in offenses involving weapons, alcohol or drugs, or willful infliction of injury to persons or act of violence against persons and/or property committed on school premises, at a school sponsored activity, or on a public or private conveyance providing transportation to or from school or a school sponsored activity, please forward appropriate disciplinary documentation.

SIGNATURE OF SENDING DISTRICT ADMINISTRATOR TITLE DATE

STATE BOARD OF EDUCATION APPROVED
HOME LANGUAGE SURVEY *

The Jonesville Middle School is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1152 - 380.1157 of the School Code of 1995, Michigan's Bilingual Education Law. Would you please help by providing the following information?

Thank you very much for your cooperation.

Name of Student _____ Grade _____ Age _____

School Building _____

1. Is your child's native tongue a language other than English?
 Yes No What is that language? _____
2. Is the primary language¹ used in your child's home or environment a language other than English?
 Yes No What is that language? _____

Signature of Parent or Guardian _____ Address _____ Date _____

¹"Primary language" means the dominant language used by a person for communication.

* Translation of this survey form in Spanish, Arabic, French, Italian and Ojibwa is available at the Office of Field Services at 517-373-6066.

Jonesville Community Schools

Jonesville Middle School
401 E. Chicago St.
Jonesville, MI 49250

AUTHORIZATION FOR TREATMENT AND OVER-THE-COUNTER MEDICATION USE

THE FOLLOWING INFORMATION IS NECESSARY FOR ANY STUDENT TO RECEIVE FIRST AID OR USE OVER THE COUNTER MEDICATIONS IN SCHOOL. **PLEASE FILL IN ALL AREAS INCLUDING HEALTH UPDATE ON BACK.**

Name of Student _____ Date of Birth _____

Address _____ Telephone _____

Parent(s)/Guardian Name(s) _____ Teacher's Name _____

1. I authorize for my child named above to: **(CHECK ONE OR BOTH)**
- Receive first aid Receive medication at school
2. I will notify the school immediately if there is any change in my child's health status that would affect the use of medication.
3. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or in-directly from this authorization.

The school nurse will apply triple antibiotic ointment, calamine lotion, and Burn-Jel as needed for rashes, cuts, minor burns and skin abrasions. Cough drops will be given for minor sore throats without fever.

PLEASE CHECK EACH BOX indicating medication(s) your child may receive.

Acetaminophen (Tylenol) Ibuprofen (Motrin/Advil)
 Diphenhydramine (Benadryl) - for mild allergic reactions Hydrocortisone Cream – for bug bites & rashes

Signature of Parent(s)/Guardian _____ Date _____

	Work Phone	Cell Phone	E-mail
Mother			
Father			
Step-mother			
Step-father			
Other			

Preferred method of contact (work, cell, e-mail, etc.) _____

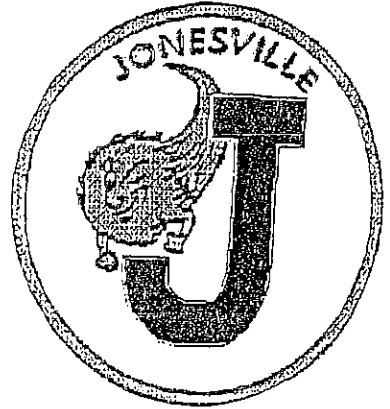
Who to call if my child needs to go home during school hours and **we are unable to reach the parents.**

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

JONESVILLE COMMUNITY SCHOOLS

Consent for Access to Student Records



TO: _____

ATTN: _____

FAX NUMBER: _____

FROM: Debbie Prosser, Middle School Secretary
 Phone: (517) 849-9934 FAX: (517) 849-3213

Was this student a McKinney Vento Student No _____ Yes _____

This consent must be signed by a parent or guardian of a minor student or by the student if eighteen years of age or older.

Please send the complete cumulative record (including academic, attendance, Health, psychological testing and other information pertaining to special needs) for the following student(s) who are now enrolled in our school system.

<u>Student's Name</u>	<u>Age</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please mail to: Debbie Prosser
 Jonesville Middle School
 401 E. Chicago Street
 Jonesville Michigan 49250-1195

I hereby consent to the release of the records for the above named student(s).

 Date

 Signature of Parent or Guardian

 Printed Name of Parent or Guardian

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1 - If the child you are applying for is homeless, migrant, or a runaway, check the appropriate category and verify with the district/school Homeless Liaison or Migrant Coordinator at _____
 Homeless _____ Migrant _____ Runaway _____
 Skip Part 2 and list the Child's Name, Grade, and Building in Part 3.

Part 2 - If any member of your household received Food Assistance Program (FAP), Family Independence Program (FIP), or FDIPIR, provide the name and case number for the person who receives benefits.
 Name: _____ Case Number: _____
 Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers
 If a case number is provided, only students need to be listed in Part 3.

Part 3 - Household Names - List below *all* people living in your household, students and non-students, foster children, related or unrelated. For example, grandparents, other relatives, and/or friends, including yourself and children who live with you, *must* be listed.

1	2	3	4	5	6	7	8	Circle if Foster Child	Grade (if applicable)	Building Name (if applicable)	Circle if NO Income	Earnings from Work (before any deductions and taxes)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income	
												weekly	every 2 weeks	monthly	weekly	every 2 weeks	monthly	weekly	every 2 weeks
Example: Jane Doe								Yes			\$0	\$600			\$250				
								Yes			\$0								
								Yes			\$0								
								Yes			\$0								
								Yes			\$0								
								Yes			\$0								
								Yes			\$0								

Part 5 - Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date.)
 If Part 4 is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a Social Security Number" box. See Privacy Act Statement on the back of this page.

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 funds based on the information I give. I understand that sponsor officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X _____ Print Name: _____ Date: _____
 Last Four (4) Digits of Adult Social Security Number: XXX-XX-_____
 I do not have a Social Security Number

Address _____ City _____ State _____ Zip Code _____ County _____
 Home/Cell Phone _____ Work Phone _____
 Email Address _____
 By providing your email address you may be notified via email of your eligibility for free and reduced price school meals.

Part 6 - Child's Racial/Ethnic Identity (optional)

Check One or More Racial Identities:

American Indian or Alaskan Native
 Black or African American
 Native Hawaiian or Other Pacific Islander
 Asian
 White
 Other

Check One Ethnic Identity:

Hispanic or Latino
 Neither Hispanic or Latino

Privacy Act Information: Social Security Number

The Richard B. Russell School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four (4) digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child, list a FAP or FIP case number or other FDPIR identifier for your child, or indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if your child is eligible for free or reduced price meals and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

"The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

VERIFICATION - FOR SCHOOL USE ONLY

Date Selected for Verification: _____ Date Follow-up/Second Notice: _____ Date of Adverse Notice Sent: _____

Confirming Official's Signature: _____ Follow-up Official's Signature: _____

Response Due from Household: _____ Verification Official's Signature: _____

<p>FAP/FIP/FDPIR/Foster Eligibility:</p> <p><input type="checkbox"/> Not confirmed</p> <p>Confirmed:</p> <p>Department of Human Services</p> <p>Notice of Eligibility</p>	<p>Income</p> <p>\$ _____</p> <p>Weekly _____</p> <p>Every 2 weeks _____</p> <p>Twice a month _____</p> <p>Monthly _____</p> <p>Annual _____</p>	<p>Wage Stubs _____</p> <p>Written Documents _____</p> <p>Collateral Contact _____</p> <p>Agency Records _____</p> <p>Other _____</p>
<p>Verification Result</p> <p>Free to Reduced _____</p> <p>Free to Paid _____</p> <p>Reduced to Free _____</p> <p>Reduced to Paid _____</p> <p>No Change _____</p>		<p>Reason for Eligibility Change:</p> <p>Income _____</p> <p>Household Size _____</p> <p>Refused to Cooperate _____</p> <p>Other _____</p>

APPROVAL/DISAPPROVAL - FOR SCHOOL USE ONLY

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

<p>Household Size: _____</p> <p>Total Gross Income: \$ _____</p> <p>Weekly _____</p> <p>Every 2 Weeks _____</p> <p>Twice a Month _____</p> <p>Monthly _____</p> <p>Annual _____</p>	<p>Number of Children Free _____</p> <p>Number of Children Reduced _____</p> <p>Number of Children Paid _____</p>	<p>Reason for Denial:</p> <p>Income Too High _____</p> <p>Incomplete Application _____</p> <p>Other (specify) _____</p>
<p>Determining Official's Signature: _____</p> <p>Sponsor/School Name: _____</p>		<p>Date: _____</p> <p>Date Dropped/Withdrawn: _____</p> <p>Recipient Code/Agreement Number: _____</p>

Application for Participation

Hillsdale County K-12 Public Schools' Open Enrollment Program

Date of Application: _____

Must be in the open enrollment window

Resident School District: _____

School District of Request: Jonesville Community Schools

Name of Student(s): _____

Grade of Student(s): _____

Date of Birth: _____

Please check this box if your child/student does not live in Hillsdale County and does receive special education services.

Reason(s) for Child/Student to be a participant of the Open Enrollment Program:

HOLD HARMLESS CLAUSE:

The parent(s) making application for their child/student to be in a Hillsdale County K-12 Public Schools Open Enrollment Program agree to hold harmless each Hillsdale County K-12 public school district, their employees, and their Board of Education members for any decision in the selection process and/or potential participation or actual participation as an Open Enrollment Program child/student relative to academic achievement, co-curricular participation, student discipline related to behavior, and/or all other aspects of participation as a member of a student body.

Name of Parent/Guardian: _____

Address of Parent/Guardian: _____

Telephone Number of Parent/Guardian: _____

Signature of Parent/Guardian: _____