

Character ~ Curriculum ~ Climate ~ Community

## District Enrollment Information

We would like to warmly welcome you to the Caledonia Community Schools' "family". We look forward to working with you in providing a quality educational experience for all of Caledonia's children. Be sure to look online at [www.calschools.org](http://www.calschools.org) for additional information about our schools.

### Early Childhood Programs

Duncan Lake Early Childhood Center houses a variety of programs for our youngest community members. Some of these programs include, young fives, preschool, childcare, Bright Beginnings, Special Education Services birth through five, and developmental screening. The DLECC offers many other services to our community. If you have questions regarding any of these programs or just wish to find out more about the center please call 891-6220.

### Elementary Enrollment

Caledonia has five elementary schools: Caledonia Elementary, Dutton Elementary, Emmons Lake Elementary, Kettle Lake Elementary and Paris Ridge Elementary four of which operate on a traditional school calendar and one operating on an alternate calendar. (The alternate calendar, available at Emmons Lake, runs the same number of school days as the traditional schedule but has a shorter summer break, and additional vacations spread throughout the school year.)

Registration packets for elementary students are conveniently located at each elementary building as well as the administrative office and the district website. Proof of residency, immunizations, and birth certificate are needed for registration. Please contact Maggie Ruple at (616) 891-7033 to begin the elementary school enrollment process.

Many factors are considered when assigning families to an elementary school. Factors considered when making placement decisions are:

- number and grade level of all siblings in family
- preference for traditional or alternative calendar
- class size
- geographic location
- health, learning or other special needs
- other

### Middle School Enrollment

Kraft Meadows Middle and Duncan Lake Middle Schools house 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> grade students. Debbie Near is the Kraft Meadows Middle School registrar and Carole Forton is the Duncan Lake Middle School registrar. Either would be happy to help with the enrollment of your middle school children. Please call Debbie at 891-0238 or Carole at 891-1380 to set up an appointment. Proof of residency, immunizations, and birth certificate are needed for registration.

Continued on back

### **High School Enrollment**

Caledonia High School includes grades 9<sup>th</sup>-12<sup>th</sup>. Please call the registrar, Chris Koryto, in the student services office for more information and to set up an appointment for registration of your high school students, 891-0214. Proof of residency, immunizations, and birth certificate are needed for registration.

### **Transportation**

Transportation is provided for all resident students of Caledonia Community Schools. Please call our transportation office for more information regarding the busing of your students to and from school at 891-0224.

### **Caledonia Resource Center**

The Caledonia Resource Center offers a variety of lifelong learning experiences for you and your family. Programs and classes are offered for every age group. The CRC hopes that you will find just the right class to develop a new skill or hobby, improve your health or financial well-being, and enrich your life. Please call 891-8117 for more information.

You can also find out more about Caledonia Community Schools at our website [www.calschools.org](http://www.calschools.org). As always we are interested in your comments and suggestions. We look forward to welcoming your family as a member of the Caledonia Community Schools.

**CALEDONIA COMMUNITY SCHOOLS  
ENROLLMENT FORM**

**Required Documents** \*for new students only

In addition to the enrollment packet the following documents are required in order to be in attendance:

Birth Certificate    Proof of Immunizations    Proof of Residency    Parent/Guardian Photo ID

**Household Information**

Primary Household Name (first and last)

Home Telephone

Street Address

City, State, Zip

Mailing Address (if different)

Email Address

**Student Information**

Start Date of Enrollment \_\_\_\_\_

Legal First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Name child goes by: \_\_\_\_\_ Other last name student may use: \_\_\_\_\_

Entering Grade: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_ County: \_\_\_\_\_

PO Box #: \_\_\_\_\_ Township: \_\_\_\_\_

At the time of enrollment the child is a  resident  non-resident of Caledonia School District?

Child is the member of a migrant family?  Yes  No  
(moved within the last 36 months to obtain seasonal employment)

Home Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Listed:  Yes  No

Birthdate: \_\_\_\_\_ month/day/year   Birth City: \_\_\_\_\_   Birth Country: \_\_\_\_\_  
(as stated on birth certificate)

Most Recent School Attended: \_\_\_\_\_ District: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Has your child ever attended Caledonia Community Schools before?  Yes  No

**STUDENT HOUSING INFORMATION**

Is your current address a temporary living arrangement?  Yes  No

Is this living arrangement due to loss of housing or economic hardship?  Yes  No

As a student, are you living with someone other than your parent or legal guardian?  Yes  No  
*If you checked "yes" to any of these questions, please complete the enclosed Student Housing Information Sheet and return with enrollment form. Please note, all information is confidential.*

## Student Information cont.

### Part I

1. Is your child Hispanic/Latino?  Yes  No
2. Please check all of the following that apply to your child
  - American Indian or Alaska Native**, a person having origins in any of the original people of North, South or Central America
  - Asian**, a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand or Vietnam
  - Black or African-American**, a person having origins in any of the black racial groups of Africa
  - Native Hawaiian or other Pacific Islander**, a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands
  - White or Caucasian**, a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

### Part II

Please check yes or no for each of the following questions:

1. Is your child's native language (language learned from birth) other than English?  
 Yes  No
2. Is the main/dominant language used in your child's home a language other than English?  
 Yes  No

If your answer to either question 1 or 2 is **yes** then please answer questions 3 through 14:

3. What language did your child learn when he/she first began to talk? \_\_\_\_\_
4. What language does your child speak most often at home (to siblings and parents)? \_\_\_\_\_
5. What language does your child speak most often when talking with friends? \_\_\_\_\_
6. What language do you use most often when speaking to your child? \_\_\_\_\_
7. What language does the family speak at home most of the time? \_\_\_\_\_
8. Is your child able to read and write in his/her native language?  Yes  No
9. Does your child speak any language other than his/her native language and English?  
 Yes  No
10. Did your child have difficulties *learning* and using his/her 1<sup>st</sup> language?  Yes  No
11. Has your child ever had any difficulties *reading* in his/her native language?  Yes  No
12. Was your child born in the United States?  Yes  No  
If not, what was his/her country of birth? \_\_\_\_\_
13. If your child was born outside of the United States, when did your child enter into the United States? Date \_\_\_\_\_ or Age \_\_\_\_\_
14. What year did your child start school in the United States? \_\_\_\_\_

## Student Information cont.

### Services your student received at the previous school: Check all that apply

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Regular Education | <input type="checkbox"/> Resource Room     | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Speech            | <input type="checkbox"/> Special Education | <input type="checkbox"/> Counselor     |
| <input type="checkbox"/> 504 Plan          | <input type="checkbox"/> Reading Recovery  | <input type="checkbox"/> Title I       |
| <input type="checkbox"/> Other _____       |  |  |

### Emergency Medical Conditions/Problems: Check all that apply

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Wears glasses/contacts | <input type="checkbox"/> Bee sting: allergy or epipen? _____ | <input type="checkbox"/> Rheumatic         |
| <input type="checkbox"/> Hemophiliac            | <input type="checkbox"/> Cardiac                             | <input type="checkbox"/> Nose bleeds       |
| <input type="checkbox"/> Blood Condition        | <input type="checkbox"/> Hearing Problems                    | <input type="checkbox"/> Headaches         |
| <input type="checkbox"/> Muscle Weakness        | <input type="checkbox"/> Attention Deficit Disorder          | <input type="checkbox"/> Diabetic          |
| <input type="checkbox"/> Asthma                 | <input type="checkbox"/> Allergies: _____                    | <input type="checkbox"/> Epilepsy/Seizures |

Is there anything specific you would like us to know about your child? (A plan must be completed)

\_\_\_\_\_

\_\_\_\_\_

Takes medication regularly (please indicate which medication and how often)

\_\_\_\_\_

\_\_\_\_\_

## Parent/Guardian Information

### Parent/Guardian Residing in the Home:

Name: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Name of Work Place: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email address: \_\_\_\_\_

Would parent like to receive mailings?  Yes  No

### Additional Parent/Guardian Residing in the Home:

Name: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Name of Work Place: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Would parent like to receive mailing?  Yes  No

### Parent Residing Outside of the Home:

Name: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Email address: \_\_\_\_\_

Would parent residing outside home like to receive mailings?  Yes  No

**Parent/Guardian Information cont.****Other children who reside in the home**

Name	Birth Date	Gender	Relationship	Grade	School

**In case of student emergency, illness, or accident, and the school is not able to make contact with the parent, please identify who should be called.**

Name of Contact: \_\_\_\_\_ Name of Contact: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Home Number: \_\_\_\_\_  
Work Number: \_\_\_\_\_ Work Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**In addition to parents and emergency contacts to whom may the child be released**

Name \_\_\_\_\_ Home #: \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Cell #: \_\_\_\_\_ Work # \_\_\_\_\_  
Name \_\_\_\_\_ Home #: \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Cell#: \_\_\_\_\_ Work # \_\_\_\_\_

**Enforcement of a court order prohibiting contact with a student requires the school to have a copy of the court order on file.**

Name of person prohibited: \_\_\_\_\_  
Prohibited Persons Relationship to the child: \_\_\_\_\_

**Please check boxes for each authorization item**

- For household students in 6<sup>th</sup> – 12<sup>th</sup> grade I am in receipt of the Infinite Campus Parent Portal Policy and would like to enroll for access to online grade and attendance.
- I am in receipt of the Parent and Athlete Concussion Information Sheet
- I affirm, as the parent/legal guardian, that all information provided above is true and accurate, and that my child and I reside at the listed address. I understand that any false information provided by me, may subject me to legal penalties for perjury.

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

\_\_\_\_\_  
Date

Revised 12/2015

## Student Housing Information Sheet

### **IMPORTANT:**

**Only complete this form if you checked "YES" to any of the questions in the Student Housing Information section on the Enrollment Form.**

Note: Kent ISD schools use this form to help identify students in homeless situations as required by the McKinney-Vento Homeless Assistance Improvements Act, 42 U.S.C 11435. The McKinney-Vento Act defines homeless children as "individuals who lack a fixed, regular, and adequate nighttime residence" due to a loss of housing or economic hardship. Answers to this residency information help determine the services the student may be eligible to receive through our district/school Homeless Liaison. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Please note all information completed on this form is confidential.

Name of School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

List Siblings and School Attending: \_\_\_\_\_

Please check the following that describes the student's current living arrangement:

- Permanent housing
- In a shelter
- With another family or person because of loss of housing or economic hardship (doubled up)
- In a location not designed for sleeping accommodations such as a car, park or campsite
- Transitional housing (housing through an organization for the purpose of emergency housing)
- Awaiting foster care placement or within first 6 months of foster placement
- In a hotel / motel
- Other temporary living situation (please describe):

Under penalty of perjury, I verify that all information given is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**CALEDONIA COMMUNITY SCHOOLS  
CALEDONIA HIGH SCHOOL  
9050 KRAFT  
CALEDONIA MI 49316**

**THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974:**

Section 99.34 states in summary that: Schools may send a student's educational record to officials of other schools or school systems in which the student seeks or intends to enroll.

Please forward the following records:

\_\_\_\_\_ CA60 Cumulative folder, including health records

\_\_\_\_\_ Confidential information, including psychological evaluations, social work evaluations, records of all IEP meetings and any other records applicable to special education placement.

**IF RECORDS ARE NOT KEPT IN YOUR BUILDING, PLEASE FORWARD THIS REQUEST TO THE APPROPRIATE OFFICE**

I have read the statement above and I hereby authorize:

\_\_\_\_\_ to release the above information regarding:  
current school district name

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ GRADE \_\_\_\_\_

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

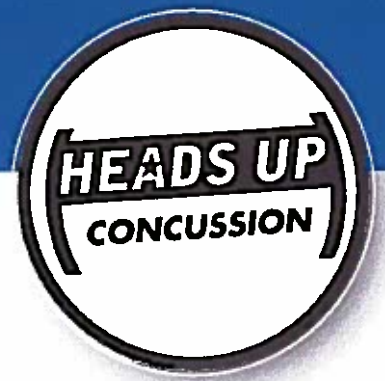
\_\_\_\_\_  
(Student signature if 18 years or older)

**PLEASE SEND RECORDS TO:**

Mrs. Chris Koryto, Registrar  
Caledonia High School  
9050 Kraft  
Caledonia MI 49316



# PARENT & ATHLETE CONCUSSION



## 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 bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

## DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

## SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

## SIGNS OBSERVED BY COACHING STAFF:

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



▶ **“IT’S BETTER TO MISS ONE GAME  
THAN THE WHOLE SEASON”**

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body 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 or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

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

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

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

---

STUDENT-ATHLETE NAME PRINTED

---

STUDENT-ATHLETE NAME SIGNED

---

DATE

---

PARENT OR GUARDIAN NAME PRINTED

---

PARENT OR GUARDIAN NAME SIGNED

---

DATE

JOIN THE CONVERSATION  [www.facebook.com/CDCHeadsUp](http://www.facebook.com/CDCHeadsUp)

TO LEARN MORE, GO TO [>> WWW.CDC.GOV/CONCUSSION](http://www.cdc.gov/concussion)

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

