

Caledonia Community Schools

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 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 6th, 7th and 8th grade students. Debbie Near is the Kraft Meadows Middle School registrar and Carrie Rittenger 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 Carrie 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 9th-12th. Please call the registrar, Carole Forton, 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. 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: _____ Birth City: _____ Birth Country: _____
month/day/year (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 tongue (language learned from birth) a language other than English?
 Yes No
2. Is the language that is most often 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 11:

3. What language did YOUR CHILD first learn to speak? _____
4. What language does YOUR CHILD most often speak at home ? _____
5. What language do YOU USE most often when speaking to your child? _____
6. Is your child able to read and write in his/her native language? Yes No
7. Does your child speak any language other than his/her native language *and* English?
 Yes No
8. Did your child have difficulties learning his/her native language? Yes No
9. Was your child born in the United States? Yes No
If not, what was his/her country of birth? _____
10. If your child was born outside of the United States, when did your child enter into the United States? Date _____ or Age _____
11. 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"/> English Language Development Support (ESL) | | <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 |
|------|------------|--------|--------------|-------|--------|
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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 6th – 12th 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 11/2016

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

Parental Authorization for Release of Records

Student Name

Date of Birth

Current Grade Level

The above named student recently enrolled in our school. Please forward this student's cumulative record folder, including any and all of the following items where applicable:

1. Current Grades Prior To Withdrawal
2. Attendance Records
3. Immunization Records
4. Psychological Records
5. Special Education/Evaluation and Placement

Transferring From

School Name: _____ School Phone _____

Street Address: _____
City
State
Zip

Name of Parents/Guardians: _____ Parent Phone _____

Home Address: _____
City
State
Zip

Signature of Parent/Guardian: _____ Date: _____

| Please Forward Records To: | | |
|--|------------------|-------------------|
| Caledonia Elementary 9770 Duncan Lake Ave., Caledonia MI 49316 | PH: 616-891-8181 | Fax: 616-891-7019 |
| Dutton Elementary 3820 68 th Street, Caledonia MI 49316 | PH: 616-698-8982 | Fax: 616-698-2117 |
| Emmons Lake Elementary 8950 Kraft Ave., Caledonia MI 49316 | PH: 616-528-8100 | Fax: 616-528-8104 |
| Kettle Lake Elementary 8451 Garbow Drive, Alto MI 49302 | PH: 616-868-6113 | Fax: 616-868-0021 |
| Paris Ridge Elementary 4690 Paris Ridge Drive, Caledonia MI 49316 | PH: 616-891-7033 | Fax: 616-891-8539 |

TRANSPORTATION INFORMATION

Pick up/Drop off Location

Your child's safety is our greatest concern. For the safety of all children we have a "One Drop Location" policy. This means parents/guardians will identify a single location where you want your child dropped off at everyday. This policy is in effect for all students at all grade levels. **If students are dropped off or picked up at daycare, that address must be listed below.** If you do not plan on using transportation as this time, please indicate below.

Health Concerns

We are also concerned about any health issues your child may have. It is very helpful to know these in advance. This helps the transportation department and the bus driver to be prepared for your child.

With your help, we will be able to make the transition from home to school as smooth as possible for your child. Please fill out the form below and return it with the rest of your Kindergarten Registration Packet. If you have any questions, please call us at 891-0224.

Thank you,
Caledonia Transportation Department

TRANSPORTATION INFORMATION FORM

Student Name _____ Grade _____ Parent Name _____

Home Address _____ Home Phone _____

Work Phone _____ Cell Phone _____

Emergency Contact _____ Phone _____

Morning Pickup Location _____ Phone _____ Home or Childcare
(name and address) (please circle one)

"One Drop" Afternoon Location _____ Phone _____ Home or Childcare
(name and address) (please circle one)

_____ We do not plan on using transportation at this time.

Below, please list the names of other school-aged children living at your home address who may require transportation.

| LAST NAME | FIRST NAME | GRADE | SCHOOL ATTENDING | RIDES BUS: Y/N |
|-----------|------------|-------|------------------|----------------|
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Please return this form with the Registration Packet. Thank you.

Transportation Form Revised 1/28/16

CALEDONIA COMMUNITY SCHOOLS ELEMENTARY ACCEPTABLE USE POLICY AND PHOTO PERMISSION FORM

Welcome to the world of elementary technology. We are excited to continue learning with Internet access in all buildings. As technology use grows, so does the need for responsible use of all technology. We will be teaching responsible use of both the equipment and the Internet to your child this year and need your support. It is our intention that all Internet use at the elementary level be provided with strict guidelines for use and constant supervision.

Technology Rights and Responsibilities

Students will:

- Use all technology equipment properly and obey computer rules.
- Keep their sign-in name and passwords private.
- Save their work to the network or flash drive.
- Use the Internet with teacher supervision in both the classroom and lab for educational purposes.
- Use only bookmarked and teacher researched websites unless receiving special permission.
- Keep all personal information such as their name, address or location to themselves.
- Do selected searches with pre-approved search engines only.

In accordance with the Children's Internet Protection Act (CPIA), Caledonia Community Schools Wide Area Network Administrator has made every attempt to restrict/block access by minors to inappropriate matter on the Internet and World Wide Web and to materials harmful to minors, wherever possible. (Board Policy #7540)

Please **check** the appropriate choices, sign and return the entire form so that we know both you and your child have read and understand the responsibilities of using technology in our buildings. This form is valid for the duration of elementary school or until a revision is made.

Internet (Please check one)

We **will** allow our child to access the Internet in a hands-on supervised setting for educational use.

We **will not** allow our child to have hands-on use of the Internet.

Photos and Videos (Please check one)

We grant permission for our child or child's original work (i.e.: artwork, poetry, essays, performances, yearbooks, etc.) to be photographed or videotaped as part of an educational program produced by Caledonia Community Schools, a cable television station or other network. 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.

Yearbook and ID Photo **only**. NO OTHER PHOTO or VIDEO Permission given.

We **do not** grant any photography or videotape permission for our child.

Student Name _____

Parent Signature _____ Date Signed _____

Caledonia Community Schools Annual Elementary Field Trip Permission Form

Overview:

Throughout the year students attend a variety of field trips. These trips are planned and selected to be a natural extension of the learning that is occurring in their classrooms. Costs for our field trips vary by trip, but a large portion of these costs are covered by funds raised by our PTO. Some trips may require additional funds. It is our hope that all students will be able to attend all trips, so financial assistance is available for students (please let your child's teacher know if this is necessary).

Volunteers/Chaperones:

Some of our field trips require parent volunteers/chaperones. Parents who are interested in volunteering/chaperoning must have read and signed the Volunteer Guidelines Handbook and have a background check completed by the school at least two weeks prior to the trip. Volunteers/Chaperones will not be permitted to attend a trip unless a background check is on file. Background checks are valid for the current school year and are good across the district. The handbook and forms can be found on the district website and are also available in the main office.

Parent/Guardian Permission:

All students must have written permission on file for them to attend a field trip. Please sign and return this form to your child's teacher. This signature will permit your child to attend all field trips during the school year. Details of each trip will be distributed by your child's teacher prior to the trip.

Student's Name: _____

Parent's/Guardian's Name: _____

Student's Grade: _____

Teacher's Name: _____

Signature: _____

Date: _____

****Please note that each child in your family needs their own permission slip****

In Pursuit of Excellence...

Caledonia Community Schools

www.calschools.org

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Caledonia Community Schools Volunteer Information

Caledonia has a rich history of support from parents, relatives and the community. Volunteering makes a tremendous impact in the lives of our students across the district.

If you are interested in volunteering we ask that you carefully read the Volunteer Information and Guidelines Handbook located on our website.

At the back of the handbook are two forms for you to complete:

1. Volunteer Acknowledgement Form
2. Volunteer Consent Form (background check)

You may return these forms with the enrollment packet or to the school your child is placed in.

Thank you for your commitment to Caledonia Community Schools and the lives of our students.

Note: Please allow 10 days for the background check to be processed. A new background check is required on a yearly basis.

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



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

Michigan Department
of Community Health



Rick Snyder, Governor
James K. Haveman, Director

▶ **“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

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HEADS UP

TO LEARN MORE GO TO >> 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).

Documents for Registration

_____ Enrollment form

_____ Housing Information Sheet (if applicable)

_____ Immunizations

_____ Birth Certificate

_____ Proof of Residency

_____ Parent/Guardian Photo ID

_____ Release of Records

_____ Transportation Form

_____ Acceptable Use Policy and Photo/Video Permission Form

_____ Field Trip Form

***Volunteer forms are located on the district website
along with the Volunteer Guidelines Handbook***

_____ Volunteer Acknowledgement Form*

_____ Volunteer Consent Form*

**volunteer forms can be turned in with registration
or at a later date*