

# 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](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 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 9<sup>th</sup>-12<sup>th</sup>. 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](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: \_\_\_\_\_ 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

**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 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 \_\_\_\_\_

# 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.

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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)



HEADS UP

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).

**CALEDONIA COMMUNITY SCHOOLS  
MIDDLE SCHOOL  
PARENTAL AUTHORIZATION FOR RELEASE OF RECORDS**

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\_\_\_\_\_

Student Name	Date of Birth	Current Grade
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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 Reports
5. Special Education/Evaluation and Placement

Transferring From:

School Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Name of  
Parent(s)/Guardian: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian	Date
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**PLEASE FORWARD RECORDS TO:**

\_\_\_\_\_ Duncan Lake Middle School  
9757 Duncan Lake Avenue  
Caledonia, MI 49316  
Phone: 616/891-1380  
Fax: 616/891-0833

\_\_\_\_\_ Kraft Meadows Middle School  
9230 Kraft Avenue  
Caledonia, MI 49316  
Phone: 616/891-8649  
Fax: 616/891-7013

FIRST AID, MEDICAL AND MEDICATION RELEASE FORM (2018/2019)

**STUDENT INFORMATION:**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Health Concerns \_\_\_\_\_

Allergies \_\_\_\_\_

**EMERGENCY CONTACT PEOPLE (and PEOPLE MY CHILD CAN BE RELEASED TO):**

\_\_\_\_\_  
Name Parent/Guardian Home/Work Phone Cell Phone

\_\_\_\_\_  
Name Parent/Guardian Home/Work Phone Cell Phone

\_\_\_\_\_  
Name Relationship to Student Home/Work Phone Cell Phone

\_\_\_\_\_  
Name Relationship to Student Home/Work Phone Cell Phone

\*\*\*\*\*

**FIRST AID PERMISSION:**

I grant permission for the Support Room Staff to administer first aid to my child if deemed advisable. (PLEASE CIRCLE ONE.) YES NO

\*\*\*\*\*

**PRESCRIPTION and/or NON-PRESCRIPTION MEDICATION PERMISSION:**

*(Please be aware that you must supply ALL medications, prescription or nonprescription, that the Support Room administers to your child. Prescription meds need to be brought to school by parent or guardian.)*

Does your child take any prescription or non-prescription medication(s) at home on a regular basis? (PLEASE CIRCLE ONE.) YES NO

If YES, please list the medication(s), how often and times they are taken, and dosage.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give permission to the Support Room Staff to administer the previous medication(s) as directed by my physician and/or myself. **\*\*\*Please supply meds to the SSC for your child\*\*\***

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

All medications must be brought to school in a pharmaceutically filled or original container labeled with the student's name and dosage. Refills of prescription and/or other medications are the responsibility of the parent/guardian. No student is allowed to carry medication on their person.

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

**ACCEPTABLE USE POLICY (AUP) OF CALEDONIA COMMUNITY SCHOOLS  
MIDDLE SCHOOL**

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Please print

**Agreement of Understanding**

Access and use of the Internet, Local Area Networks (LAN), computers and related equipment are privileges for the user. This document is binding and durable for as long as the individual user is using the resources at Caledonia Community Schools.

I have read the attached Caledonia Community Schools Acceptable Use Policy, and hereby agree to be responsible for and abide by all the rules and regulations of this agreement. I understand that all files I choose to save on the network may be viewed and, if necessary, edited by the Network Administration. I will make no attempt to interfere with this.

User/Student Signature: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent signature is required in the Middle School for network access.)

**INTERNET ACCESS**

**Student may not access the Internet without parent permission.**

In accordance with the Children’s Internet Protection Act (CIPA), 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, whenever possible.

Misuse of CCS resources can lead to temporary or permanent disabling of accounts, and administrative or legal actions.

I have read the attached Caledonia Community Schools Acceptable Use Policy, and I give permission for my child to access the Internet at Caledonia Community Schools. I have discussed appropriate use of the Internet and the rights and responsibilities outlined in the district’s Acceptable Use Policy with my child. I will not hold the school district or its employees or agents responsible for materials acquired on the Internet.

\_\_\_\_\_  
First and Last Name of Parent/Guardian (Please print)

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

**PERMISSION TO PHOTOGRAPH/VIDEOTAPE RELEASE**

We grant permission for our child and 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 Caledonia Community Schools. 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 videotaped to be used in media presentations that are made available to other education institutions or through a cable television network, or Caledonia Community School website.

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

Parent’s Name: \_\_\_\_\_ Parent’s Signature \_\_\_\_\_

Note: It is our intention periodically to use pictures of our students on the Caledonia Community Schools Web Pages. These pictures will not be captioned and the student’s names will not be directly connected to the pictures; however the names of all students involved in an activity may be listed on the web page in alphabetical order.

## **Caledonia Community Schools Middle School Acceptable Use Policy**

This acceptable use policy applies to all users accessing the network, the Internet and equipment at Caledonia Community Schools, both on-site and remote connections.

Use of all technology at Caledonia Community Schools is a *privilege* extended to students. Our goal in providing this service is to promote an educational excellence in a safe environment by facilitating resource sharing, information gathering skills, diversity, and personal growth in technology, innovation, and communication.

**Network/Hardware Use** - Users are to handle all technology equipment with proper care and respect and in the manner intended. Users may save files to the network, however, any files stored under user's ID or on any media by the user or Caledonia Community Schools are under supervision of the Network Administration. User will not encrypt any files stored on the network, or override system files. All files stored on the server, hard drive, or portable media may be viewed, modified, or deleted by any designated Caledonia Community Schools staff member at any time. Users will only access the network or internet on hardware authorized by the Network Administrator or his/her representative.

Please note, special permissions may be given by instructor and technology support to use PDA's, personal laptops, PS2's and like devices to access the CCS Network and/or Internet.

**User Accountability** - Users are held responsible for all material sent and received under their account. User will not attempt to "hack", to gain unauthorized access, (ie: using web proxy services to bypass firewall) or attempt other unlawful activities on any CCS servers. Users are required to sign an Acceptable Use Policy in order to use the school network. Parent permission is necessary for students to access the Internet.

**Passwords and User names** - A user identifier known as a user name and password are required of all users. Passwords **must not** be shared with any other user FOR ANY REASON! The password must be changed as soon as possible after an unacceptable exposure or suspected tampering by another user. User **will not give** others permission to use their ID or password.

**Unauthorized Access** - Users will not represent themselves as another user, attempt to receive messages or access information, or copy, or modify files or data that does not belong to them.

**Notification** - Users must notify their building's computer technician immediately when they become aware that another student has gained access to their personal account.

**Internet Access** - User will use e-mail only when it pertains to course work and is necessary to complete a course assignment. Students may NOT use the email for non-educational purposes. User may be asked to explain an e-mail that may not appear to be educational. User will not send hate mail, harassment, discriminatory remarks or use other antisocial behaviors on the Internet. User will not send any mail as an anonymous unsigned message. User will not reveal any personal, confidential or private information about themselves or other individuals, such as home addresses, phone numbers, etc. User will not access chat room unless authorized.

User will not order or make a commitment to pay for any goods or services via Internet. User will report any violations of the use of the Internet to the Internet administrator.

Student will not access, download, save or print any inappropriate information in words, pictures, movies, sound files, cartoons, or other.

Students are NOT allowed to use the school network, hardware or internet to play games of any kind at school. Gaming devices such as PS2 or like devices will not be permitted in the building during lunch periods, or before and after school hours.

Students are NOT allowed to download or install movie trailers, games, or other similar applications using the school network, unless authorized by instructor for educational learning.

Software Use - All software used on CCS computers must be appropriately acquired and used according to the appropriate licensing. Possession or use of illegally copied software is prohibited. Likewise, users shall not load, copy, install, delete or tamper with any files or application programs owned by Caledonia Community Schools or not owned or created by user without prior approval.

File Use - User will save all personal, non-educational files on their own portable media. User will not access, save or download inappropriate files or files known to carry harmful viruses via the school network.

Printer Use - User will not abuse printer server rights by purposely sending to the printer or printer queue blank pages, documents that are very long in length (i.e. more than 8 pages), documents containing profanity, abusive language, or threats, documents for personal use (i.e. notes to friends), or any unrecognized command causing fatal errors to the printer or printer queue.

Malicious Software - Users must not intentionally introduce or use malicious software such as computer viruses, Trojan horses, or worms. User will not intentionally tamper with the system software, or violate copyrights and licenses on applications, files, icons or sound files.

Disciplinary Actions for Violation of Policy - The guidelines on the preceding pages are not all-inclusive, but only representative and illustrative. A user who commits an act or misconduct which is not listed may also be subject to disciplinary action.

Disciplinary actions are based on the discipline procedures of Caledonia Community Schools. Staff intervention strategies such as teacher/student conferences, auxiliary staff/student intervention and teacher/ parent contacts may be used for acceptable use policy violations. Any or all of the following intervention strategies and disciplinary actions may be used by administrators.

**Actions as deemed appropriate may include:**

Administrator/student/parent conference or reprimand.

Suspension from accessing the Internet, network, or using any technology hardware.

Expulsion from school.

Confiscation of inappropriate item(s).

Full financial restitution to Caledonia Community Schools which includes time and materials.

In or out-of-school suspension.

Behavioral contract.

Non student users are also responsible for abiding by all the policies and procedures set forth in this document. Failure to do so may result in the loss of user privileges and disciplinary action. Repeat violations may warrant permanent removal of privileges.

In accordance with Board Policy #7540 - Modified 3/07 – CMS



# Caledonia Community Schools Infinite Campus Parent Portal Form (ICPPF)



Electronic Web Access Agreement for Viewing Student Information  
Via Caledonia Community Schools Infinite Campus Parent/Student Portal

I am requesting to review my child(ren)'s student information via the Caledonia Community Schools Internet website's Infinite Campus Parent/Student Portal. I have read the Caledonia Community Schools User Expectations and Computer Requirements for the Infinite Campus Parent/Student Portal and agree to abide by and support the expectations. I understand, for the interest of security, the District reserves the right to change user passwords or deny access at anytime. By signing this agreement, I, as parent/guardian, release the Caledonia Community School from any and all liability for damages arising out of the unauthorized access to my parent/guardian account.

I agree that I will not share my password or allow anyone other than myself to use the account including my own child(ren).

I agree to protect any information printed or transferred to my computer, or destroy the documentation generated from this site.

I understand that three unsuccessful logins will disable my account. If my account becomes locked I will contact my child's school and request the account to be unlocked. I will provide the "Personal Login ID" given to me at the time the account was created and answer any questions to verify my identity. In the sole discretion of the District, the account may be unlocked, but I understand that it may take up to three to five school days to have my account unlocked.

I have checked that the computer I will be using to access the Internet site for viewing student information meets or exceeds the minimum requirements as identified on the Caledonia Community School web site.

I acknowledge that due the COPPA (Children's Online Privacy Protection Act) parental consent is required for all children under 13 before any commercial website on online service can collect, use, or disclose personal information regarding student online. For full documentation regarding my rights as a parent regarding COPPA can be found at <http://www2.caledonia.k12.mi.us/coppa.pdf>

List the names of all your child(ren) currently enrolled in Caledonia Community School District and residing at the address listed below. The information given on this form must match the enrollment information you provided during registration.

Residence Address: \_\_\_\_\_

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

Home Telephone Number: (\_\_\_\_) \_\_\_\_\_

*Parents will only need one login for all children/all schools. Parents that are also CCS employees will use their CCS login.*

First Name	Last Name	Date of Birth	CCS School Attending

\_\_\_\_\_  
Parent/Guardian Signature                      Date                      Please Print Parent/Guardian Name

Please sign and return to your school's office to sign up. If you would like to fax in your sign up form – here are the fax numbers:  
Duncan Lake – 891-0833, Kraft Meadows- 891-7013, CHS 891-7038



# Caledonia Community Schools - Infinite Campus Parent Portal Form

(ICPPF) Electronic Web Access Agreement for Viewing Student Information Via Caledonia Community Schools Infinite Campus Parent/Student Portal



Information accuracy is the joint responsibility between schools, parents/guardians, and students.

I am requesting to review my child(ren)'s student information via the Caledonia Community Schools Internet website's Infinite Campus Parent/Student Portal. I have read the Caledonia Community Schools User Expectations and Computer Requirements for the Infinite Campus Parent/Student Portal and agree to abide by and support the expectations. I understand, for the interest of security, the District reserves the right to change user passwords or deny access at anytime. By signing this agreement, I, as parent/guardian, release the Caledonia Community School from any and all liability for damages arising out of the unauthorized access to my parent/guardian account.

I agree that I will not share my password or allow anyone other than myself to use the account including my own child(ren).

I agree to protect any information printed or transferred to my computer, or destroy the documentation generated from this site.

I understand that three unsuccessful logins will disable my account. If my account becomes locked I will contact my child's school and request the account to be unlocked. I will provide the "Personal Login ID" given to me at the time the account was created and answer any questions to verify my identity. In the sole discretion of the District, the account may be unlocked, but I understand that it may take up to three to five school days to have my account unlocked.

I have checked that the computer I will be using to access the Internet site for viewing student information meets or exceeds the minimum requirements as identified on the Caledonia Community School web site.

I acknowledge that due to the COPPA (Children's Online Privacy Protection Act) parental consent is required for all children under 13 before any commercial website or online service can collect, use, or disclose personal information regarding student online. For full documentation regarding my rights as a parent regarding COPPA can be found at <http://www2.caledonia.k12.mi.us/coppa.pdf>

**SECTION 1: User Expectations** The Internet and secure web access have altered the ways that confidential information may be accessed, communicated, and transferred by members of society. Those changes are influencing instruction and student learning. The School Board supports access by students, parents/guardians, teachers and administrators to informational resources that will improve participation in a child's education and improve communication between students, parents/guardians and the student's teachers.

Caledonia Community Schools manages student information electronically and will make the student education records available for viewing only to authorized parents/guardians and students with a secure connection over the Internet. All parents/guardians and students will comply with the Internet use regulations and all technology regulations/procedures, as well as all other District policies that may apply.

## **Electronic Access to Student Information Regulation**

Caledonia Community Schools use a secure Internet site to enable electronic access to student information; enhancing communication between our parents/guardians, students, teachers, principals, and administrators.

### **A. Rights and Responsibilities**

This access is a free service offered to all current and active parents/guardians and students of the Caledonia Community Schools. Access to student information from the Internet is a *privilege, not a right*. Only after a family has enrolled their child(ren) in Caledonia Community Schools will a parent/guardian and/or student be authorized to activate a web account. Once a student withdraws or graduates from Caledonia Community Schools their access will be inactivated. Parents/guardians, students, and staff must understand and practice proper and ethical use.

### **B. Information Accuracy Responsibilities**

Each school will make every attempt to ensure information is accurate and complete. If a parent/guardian or student discovers any inaccurate information, they will notify their school immediately and provide proof of the inaccurate information.

### **C. Information Accessible**

Caledonia Community Schools reserves the right to add, modify or delete functions viewed via the Internet site at any time without notice, including, but not limited to, the following functions: attendance, class schedule, report cards, transcripts, student demographics, course requests, emergency information, immunizations and assessment data and work in process. Students from grades six to twelve may request a secure account. A student will only have access to his/her own student information.

### **D. Electronic Web Access Agreement**

Each parent/guardian must complete and sign an Electronic Web Access Agreement for Viewing Student Information Form. *Parents will only need one login for all children/all schools. Parents that are also CCS employees will use their CCS login.* The school that the application was submitted in will keep the completed form on file.

### **E. Use of the System**

Parents/guardians and students are required to adhere to the following guidelines:

1. Parents/guardians and students will act in a responsible, ethical and legal manner.
2. Parents/guardians and students will not attempt to harm or destroy the school or the district's data or networks.
3. Parents/guardians and students will not attempt to access information or any account assigned to another user.
4. Parents/guardians and students will not use this Internet site for any illegal activity, including violation of Federal and State Data Privacy laws. Anyone found to be in violation of these laws would be subject to Civil and /or Criminal prosecution.
5. Parents/guardians and students who identify a security problem within the Portal must notify their school immediately, without demonstrating the problem to anyone else.
6. Parents/guardians and students will not share their password with anyone, including their own child(ren).
7. Parents/guardians and students will NOT set their computer to automatically login to the Internet site
8. Parent/guardians and students identified as a security risk will be denied access to the site.





# Caledonia Community Schools - Infinite Campus Parent Portal Form

(ICPPF) Electronic Web Access Agreement for Viewing Student Information Via Caledonia Community Schools Infinite Campus Parent/Student Portal



## F. Security Features

1. Access is made available with a secure Internet site. Note: Account holders are responsible for not sharing their passwords and to properly protect or destroy any printed electronic documentation generated from this site.
2. Three unsuccessful login attempts will disable the user's account. Until the school has verified the assigned user to the locked account, the account will remain locked. In order to use the account again the user will need to contact their child's school.
3. The users will be automatically logged off if they leave their web browser open and inactive for a period of time.
4. The student's account will be inactivated when the student withdraws or graduates from Caledonia Community Schools.
5. The Parent/Guardian account will be inactivated when all their child(ren) have either withdrawn or graduated from Caledonia Community Schools, or a court action denies the parent/guardian access to the student's information. Section 2: System Requirements and Support:

## A. System Requirements

1. The most current system requirements will be posted to the Caledonia Community School's Infinite Campus Web Site: **\*Internet Access**—A minimum dial-up modem speed of 56kbs, a slower connection will work but not as well. **\*A Computer** with a processor speed of 500 Mhz or better (Mac or PC)
  - . **A Web Browser**—we suggest Microsoft Internet Explorer 5.0 or better
  - . **Adobe Reader**—This is a free document reader available for download on the web at: <http://adobe.com/products/acrobat/readstep2.html> **\*JAVA 1.4.2** (only CCS Teachers will need this on their home computers to use in accessing their gradebooks.) JAVA is available free online for downloading at <http://java.cun.com/j2se/1.4.2/download.html>

## B. Support

1. Telephone support for issues concerning student information or procedures is available by contacting your school representative. HS—Mary Durkee 891-7011 [durkeem@calschools.org](mailto:durkeem@calschools.org) KMMS—Stacey Kelly 891-8649 [kellys@calschools.org](mailto:kellys@calschools.org) & DLMS—Carole Forton 891-1380 [fortonc@calschools.org](mailto:fortonc@calschools.org)

## C. Limitation of School District Liability

Caledonia Community Schools will use reasonable measures to protect student information from unauthorized viewing. The District will not be responsible for financial obligations arising through unauthorized use of the District's system or Internet. The District does not promise any particular level or method of access to the Internet site for viewing student information. The District will not be responsible for actions taken by the parent/guardian or student that would cause compromise of their student information without notice. All parents/guardians and students using the District network by requesting an Internet site for viewing student information account consent to electronic monitoring and understand that this is a private network used as an educational tool by Caledonia Community Schools employees, parents and students. Account activity is electronically recorded. Section 3: Parent Portal Access and Use:

### A. Initial Account Request and Setup

1. For **Parents/Guardians new to the District:** a) When parent/guardians are enrolling their child(ren), the parent/guardians can complete the Electronic Web Access Agreement for Viewing Student Information. b) The parent/guardians only need to complete **one** Electronic Web Access Agreement form from **all children in their household**. c) After the student is enrolled into the student information system, the parent/guardians requesting the account will be emailed or mailed an activation key and "personal login ID".
  - (1) The activation key is used by the parent/guardians to create their secure ~~account~~ "personal login ID" is used by the schools to verify a person requesting an account unlock.
  - (2) ~~That~~ "personal login ID" is used by the schools to verify a person requesting an account unlock.
  - (3) The school building the "ICPPF" was initially filled out in will keep the completed and signed form on file.
2. For **Parents/Guardians who do not currently have an Internet access** account but have a child already enrolled a) Each parent/guardian only needs to complete one Electronic Web Access Agreement form for all children in their household. b) The parent requesting the account will be given an activation key and "personal login ID". c) The activation key is used by the parent to create their secure account. d) The "personal Login ID" is used by the schools to verify a person requesting an account unlock.
3. For **Students:** a) Students from grade six through twelve can request their own account from their school. b) School will verify the student identification. c) A student requesting an account will be given an activation key and "personal login ID".
  - (1) The activation key is used by the students to create their secure ~~account~~ "personal login ID" is used by the school to verify a person requesting an account unlock.
  - (2) ~~That~~ "personal login ID" is used by the school to verify a person requesting an account unlock.
4. For **Schools:** a) The activation key will not be given to a parent/guardian or student without first verifying the identity of the requestor. b) The Electronic Web Access Agreement form signed by a parent will be maintained in the school building it was initially turned into.

### B. Account Unlock Procedures

1. Parents/Guardians or Students may request unlocking their account either by telephone or in person.
  - . Via Phone— The requestor will be asked a series of random questions and for the Personal ID given to the person at the time the account was setup by the school administration. The questions will be limited to information in the student management system that only the requestor would know.
  - . In Person— The parent/guardian or student will make the request to the designated school personnel for CCS-Infinite Campus.
  - . For Schools—Once the school has confirmed the Parent/Guardian or Student's identification, the school will request an account reset via an email to the CHS Infinite Campus Help Desk with the following information: student password reset student id# or date of birth and parent password reset—student's date of birth (MMDDYY)

# 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

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## 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

**Please return this form with the Registration Packet. Thank you.**

Transportation Form Revised 1/28/16