

## Central Lake Public Schools Student Registration Form

Today's Date \_\_\_\_\_ Re-enrolling in Central Lake Public Schools Yes \_\_\_ No \_\_\_ Start Date \_\_\_\_\_

### STUDENT INFORMATION

Student Legal Name: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ Grade: \_\_\_\_\_  
Last First Middle Suffix

Preferred/Nick Name \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ State/Country of Birth: \_\_\_\_\_

**Ethnicity:** Is this student Hispanic/Latino? Yes \_\_\_ No \_\_\_  
(A person of Cuban, Mexican, Puerto Rican, South or Central American, or Spanish culture or origin, regardless of race)

**Race:** (Please check all that apply) \_\_\_ White \_\_\_ Hispanic/Latino \_\_\_ Black/African American \_\_\_ American Indian/Alaskan Native  
\_\_\_ Asian \_\_\_ Native Hawaiian/Pacific Islander

**Note:** Both Ethnicity and Race sections must be completed. We encourage you to select an answer for both parts. If either part is not answered, the US Department of Education requires the school district to supply an answer on your behalf.

### ADDITIONAL STUDENT INFORMATION

Do you live in the Central Lake school district? Yes \_\_\_ No \_\_\_ If No, what school district do you reside in? \_\_\_\_\_

Have you or a family member worked in agriculture, poultry, or dairy in the past 3 years? If yes, where? \_\_\_\_\_

Was the student born outside of the US or Puerto Rico? \_\_\_ If yes, when did the student enter US schools? \_\_\_\_\_

Does the child currently have a parent who is a member of the Armed Forces on active duty (does not include the National Guard)?  
Please specify: Which parent: \_\_\_\_\_ Branch of the Military: \_\_\_\_\_

Name of the last school attended: \_\_\_\_\_

Has your child ever been suspended or expelled? Yes \_\_\_ No \_\_\_ If yes, from where? \_\_\_\_\_  
Please explain: \_\_\_\_\_

### STUDENT PRIMARY ADDRESS INFORMATION

Address: \_\_\_\_\_  
Number N/S/E/W Street Name City State Zip Apt/Lot# PO Box

Household Phone: (\_\_\_\_) \_\_\_\_\_ County: \_\_\_\_\_

Student is living with: \_\_\_ Mother \_\_\_ Father \_\_\_ Stepmother \_\_\_ Stepfather \_\_\_ Host Family \_\_\_ Foster-Parent \_\_\_ Guardian \_\_\_ Other

### PARENT/LEGAL GUARDIAN INFORMATION (As it appears on Birth Certificate or Legal Documentation)

LAST Name: _____	FIRST Name: _____	LAST Name: _____	FIRST Name: _____
MIDDLE NAME: _____	Gender: M ___ F ___	MIDDLE NAME: _____	Gender: M ___ F ___
Marital Status: ___ Single ___ Married ___ Divorced		Marital Status: ___ Single ___ Married ___ Divorced	
Address if different than the student's address: _____		Address if different than the student's address: _____	
Street _____		Street _____	
City _____ State _____ Zip _____		City _____ State _____ Zip _____	
Cell #: _____ Daytime #: _____		Cell #: _____ Daytime #: _____	
Email address: _____		Email address: _____	
Relationship to student: ___ Parent ___ Foster ___ Court placed Other: _____		Relationship to student: ___ Parent ___ Foster ___ Court placed Other: _____	
Custody of Student: ___ Legal ___ Physical ___ Joint		Custody of Student: ___ Legal ___ Physical ___ Joint	

(OVER)

PLEASE LIST OTHER CHILDREN IN YOUR HOUSEHOLD (OLDEST TO YOUNGEST)



# Central Lake



# Public Schools

8169 W. State St-P.O. Box 128, Central Lake, MI 49622

[www.clps.k12.mi.us](http://www.clps.k12.mi.us)

Dear Parent or Guardian:

Each year, every school district in Michigan is required to report student data by race and ethnicity categories set by the U.S. Department of Education (U.S. ED) to the Michigan Department of Education (MDE). In 2007, U.S. ED released guidance regarding the collection and reporting of student race and ethnicity data. The guidance instructs school districts to collect race and ethnicity data utilizing a two-part question format. This change allows individuals to more accurately identify themselves given the increasing diversity of the nation's population.

With the new reporting format, you will need to update your child's data. Starting with the 2010-2011 school year, all schools in Michigan will collect race and ethnicity data using the two-part question format. These reports help keep track of changes in student enrollments and ensure that all students receive the educational programs and services to which they are entitled.

Please update your child's data by completing the enclosed form and return it to the appropriate school building. If we do not receive a response from you, an employee of the school district will be required to provide this information based on observation. Federal regulations do not permit school districts to leave the question blank.

Sincerely

\_\_\_\_\_  
Dr. Ryan Cunningham

Superintendent of Central Lake Public Schools

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Please answer BOTH parts A and B.**

**Part A. Is this student Hispanic/Latino?** (Choose only one)

**No, not Hispanic/Latino**

**Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

Part A of the question is about ethnicity, not race. Regardless of what you selected on Part A, **please answer Part B** by marking one or more boxes to indicate what you consider your student's (or your) race to be.

**Part B. What is the student's race?** (Choose one or more)

- **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America.)
- **Asian** (A person having origins on 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 and 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** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

NOTE: Both parts A and B **MUST** be completed. We encourage you to select an answer for **both** parts. If either part (A or B) is not answered, the U.S. Department of Education **requires** the school district to supply an answer on your behalf.

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



Central Lake Public Schools  
8169 State St. P.O. Box 128 Central Lake, MI 49622  
[Centrallake.org](http://Centrallake.org)

## Elementary School Policies

- Please read
- Initial

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

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### Medical Emergency Permission Policy

In the event I cannot be reached in a medical emergency, I hereby give permission for emergency treatment of my child. I understand that I will be contacted ASAP in the event of a medical emergency.

Initial \_\_\_\_\_

### Field Trip Permission Policy

I understand that my child may be involved in field trips that require leaving the building. When transportation is required, my child may be transported by bus, school van or vehicles arranged by the school.

Initial \_\_\_\_\_

### Acceptable Technology Use Policy

I understand that all students are held responsible to follow the rules and regulations pertaining to electronic device use. I realize the failure to do so may result in loss of use.

Initial \_\_\_\_\_

### Photo Policy

I understand my child may be photographed during their involvement in school activities. I give my permission for such photographs to be used within school.

Initial \_\_\_\_\_

### Media/Website Policy

I understand that my child may be photographed or videoed during their school activities. I give my permission for such photographs and/or videos to be in newspaper and social media publications.

Initial \_\_\_\_\_

### Student Handbook

I understand that the handbook is available online at [centrallake.org](http://centrallake.org). I understand that my child will be held accountable to the rules outlines in the student handbook.

Initial \_\_\_\_\_

**STUDENT TECHNOLOGY ACCEPTABLE USE  
AND SAFETY AGREEMENT**

To access and use District Technology Resources (see definition in Bylaw 0100), including a school-assigned e-mail account and/or the Internet at school, students under the age of eighteen (18) must obtain parent permission and sign and return this form. Students eighteen (18) and over may sign their own forms.

**Use of District Technology Resources is a privilege, not a right. The Board of Education's Technology Resources, including its computer network, Internet connection and online educational services/apps, are provided for educational purposes only. Unauthorized and inappropriate use will result in loss of this privilege and/or other disciplinary action.**

The Board has implemented technology protection measures that protect against (e.g., block/filter) Internet access to visual displays/depictions/materials that are obscene, constitute child pornography, or are harmful to minors. The Board also monitors online activity of students in an effort to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. Nevertheless, parents/guardians are advised that determined users may be able to gain access to information, communication, and/or services on the Internet that the Board has not authorized for educational purposes and/or that they and/or their parents/guardians may find inappropriate, offensive, objectionable or controversial. Students using District Technology Resources are personally responsible and liable, both civilly and criminally, for unauthorized or inappropriate use of the Resources.

The Board has the right, at any time, to access, monitor, review and inspect any directories, files and/or messages residing on or sent using District Technology Resources. Messages relating to or in support of illegal activities will be reported to the appropriate authorities. Individual users have no expectation of privacy related to their use of District Technology Resources.

**Please complete the following information:**

Student User's Full Name (please print): \_\_\_\_\_

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

Parent/Guardian's Name: \_\_\_\_\_

**Parent/Guardian**

As the parent/guardian of this student, I have read the Student Technology Acceptable Use and Safety Policy and Guidelines, and have discussed them with my child. I understand that student access to the Internet is designed for educational purposes and that the Board has taken available precautions to restrict and/or control student access to material on the Internet that is obscene, objectionable, inappropriate and/or harmful to minors. However, I recognize that it is impossible for the Board to restrict access to all objectionable and/or controversial materials that may be found on the Internet. I will not hold the Board (or any of its employees, administrators or officers) responsible for materials my child may acquire or come in contact with while on the Internet. Additionally, I accept responsibility for communicating to my child guidance concerning his/her acceptable use of the Internet - i.e., setting and conveying standards for my daughter/son to follow when selecting, sharing and exploring information and resources on the Internet. I further understand that individuals and families may be liable for violations.

To the extent that proprietary rights in the design of a web page, site, service or app hosted on Board-owned or District-affiliated servers would vest in my child upon creation, I agree to assign those rights to the Board.

- I give permission for the Board to issue an e-mail or other appropriate software or internet account to my child.
- I give permission for my child's image (photograph) to be published online, provided only his/her first name is used.
- I give permission for the Board to transmit "live" images of my child (as part of a group) over the Internet via a web cam.
- I authorize and license the Board to post my child's class work on the Internet without infringing upon any copyright my child may own with respect to such class work. I understand only my child's first name will accompany such class work.
- I give permission for my child to take part in virtual course that the district determines are in the best interest of my student.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Student**

I have read and agree to abide by the Student Technology Acceptable Use and Safety Policy and Guidelines. I understand that any violation of the terms and conditions set forth in the Policy and Guidelines is inappropriate and may constitute a criminal offense and/or may result in disciplinary action. As a user of District Technology Resources, I agree to communicate over the Internet and through the Technology Resources in an appropriate manner, honoring all relevant laws, restrictions and guidelines.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Teachers and building principals are responsible for determining what is unauthorized or inappropriate use. The principal may deny, revoke or suspend access to and use of the Technology Resources to individuals who violate the Board's Student Technology Acceptable Use and Safety Policy and related Guidelines, and take such other disciplinary action as is appropriate pursuant to the Student Code of Conduct.**

03/05/19  
12/15/14  
10/17



## CENTRAL LAKE PUBLIC SCHOOLS



### Consent for Disclosure of Personally Identifiable Information and Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunizations levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the student's name, date of birth, gender and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. & 1232g, requires written parental consent before personally identifiable information and immunization information from your child's education records is disclosed to the health department. If you child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

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*I authorize **CENTRAL LAKE PUBLIC SCHOOLS** to release my child's immunization record and personally identifiable information to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.*

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent/Guardian

Or Eligible Student: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Parent/Guardian Name: \_\_\_\_\_

# **UNEXPECTED EARLY RELEASE**

## **ELEMENTARY STUDENTS**

Should there be an unplanned Early Release please indicate the plan for your child.

All elementary parents must complete this form, for each child, whether there will be a change or not. This will ensure that all parents are aware of the expectations and have made appropriate plans for these unexpected situations.

After School Trojan Care will be cancelled whenever there is an unplanned Early Release.

*We are not able to accommodate requests for the change in bus stops.*

IN CASE OF AN EARLY RELEASE PLEASE HAVE MY CHILD DO THE FOLLOWING:

CHILD: \_\_\_\_\_ GRADE: \_\_\_\_\_

\_\_\_\_\_ Follow my child's regular end-of-the-day routine

\_\_\_\_\_ Trojan Care will be closed, so this is what my child will do:

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\_\_\_\_\_ Other – please provide details

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# CENTRAL LAKE PUBLIC SCHOOLS

## STUDENT TRANSPORTATION

### REQUEST or ROUTE CHANGE



If your home is outside the village limits, he or she may be eligible for bus transportation. Here is the first step. Please fill out this form. Once the Transportation Department receives this completed form, you will receive a phone call or email notification. School of choice transportation is not available.

School Year: \_\_\_\_\_ Please allow 3 days for processing request

Student Name:		Grade:
Current Date:	Start Date:	
Home Address:		
Cell Phone:	Work Phone:	
Home Phone:	Email:	
Should the driver be aware of any health concerns your student has: YES NO		
If yes, please explain:		

### BUS ROUTE REQUEST OR CHANGE

	My child is NOT riding the CLPS school bus and I am requesting to have him/her added.
	My child presently rides the CLPS school bus and I am requesting the following changes:
Parent Signature:	Date:

**Students are allowed to have only one pick up location and one drop off location.**

\*The locations must be within the district boundaries,

\*Location may be either home or day care.

\*The district does not allow for day varying pick up and drop of locations or extra riders.

#### FOR OFFICIAL USE

Date Received: \_\_\_\_\_ Scheduled: \_\_\_\_\_ Date: \_\_\_\_\_

Notified parent/guardian: \_\_\_\_\_ Bus number: \_\_\_\_\_

CENTRAL LAKE PUBLIC SCHOOLS      [teal@centrallake.org](mailto:teal@centrallake.org)

*Please allow up to 3 days for processing*

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**Central Lake Public Schools**  
**8169 West State Street**  
**Central Lake, MI 49622**  
**Fax: 231-544-2903**  
**[www.clps.k12.mi.us](http://www.clps.k12.mi.us)**

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## **Student Record Request**

Federal Law 99:31 : No parent signature is required for educational records sent to another educational agency. As the student's records are necessary in program planning, we are thanking you in advance for our prompt reply.

This is in compliance with the "Family Educational Rights & Privacy Act of 1974"

I authorize \_\_\_\_\_ to release:  
(School transferring from)

Release records of:

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

Student DOB: \_\_\_\_\_

Signature: \_\_\_\_\_  
Parent/Legal Guardian/Adult Student Date

Office Use:

\_\_\_\_ All Student Records

\_\_\_\_ Please Fax

- ☐ Special Education records-If applicable
- ☐ High School Transcript-If applicable
- ☐ Middle/High School current class schedule with grades

Send to:

☐ Central Lake Elementary  
Student Records  
P.O. Box 128  
Central Lake, MI 49622

Contact: Brooke Wilks  
Phone: 231.544.3141 ext. 54300  
Fax#: 231.544.2903  
[wilks@clps.k12.mi.us](mailto:wilks@clps.k12.mi.us)

☐ Central Lake Middle/High  
Student Records  
P.O. Box 128  
Central Lake, MI 49622

Contact: Robyn Hibbard  
Phone: 231.544.3141 ext.54200  
Fax: 231.544.2903  
[rhibbard@clps.k12.mi.us](mailto:rhibbard@clps.k12.mi.us)

☐ K-12 Counselor  
P.O. Box 128  
Central Lake, MI 49622

Contact: Mary Spyhalski  
231-544-3341 ext. 54220  
[Spyhalski@clps.k12.mi.us](mailto:Spyhalski@clps.k12.mi.us)