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

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 (K-5th)

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

Central Lake Middle/High (6th-12th)

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

K-12 Counselor

P.O. Box 128

Central Lake, MI 49622

Contact: Mary Spyhalski

231-544-3341 ext. 54220

Spyhalski@clps.k12.mi.us

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, PO Box 128
Central Lake, MI 49622
P. 231-544-3141/F. 231-544-2903



Residency Verification Affidavit

According to State Attorney General Opinion No. 5925, school districts have the right to request proof of pupil residency. By signing this affidavit, you are affirming that the address given on all enrollment forms is the legal residence of the parent or guardian enrolling the student and is the residence of the student.

If you are living in the home of another person without a rental agreement, that person must sign this document and prove their residency.

Verification of residency may be made with two (2) of the following: (A copy will be made)

- ☐ Driver's License, State I.D. or Voter Registration
- ☐ Purchase Agreement (if it denotes residency)
- ☐ Moving Bill
- ☐ Insurance Form
- ☐ Property Tax Payment
- ☐ Utility Bill
- ☐ Lease Agreement
- ☐ Mortgage Receipt
- ☐ Other (specify)

If you are NOT a resident of Central Lake Public School District please ask to fill out the School of Choice form.

Student Name

Date

Parent/Guardian Signature

Date

Signature of Person With Whom Residing (If Applicable)

Date

Street Address

City

State

Zip

**STATE BOARD OF EDUCATION APPROVED
HOME LANGUAGE SURVEY***

The **Central Lake Public School District** is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1152 – 380.1157 of the School Code of 1995, Michigan's Bilingual Education Law. Please fill out the information below and return to the school office.

Name of Student _____ Age _____
School _____ Grade _____

1. Is your child's native tongue a language other than English?

☐ Yes ☐ No

What is the language? _____

2. Is the primary language¹ used in your child's home/environment a language other than English?

☐ Yes ☐ No

What is the language? _____

Signature of Parent Address Date

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

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

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 immunization 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 your 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.

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: _____

Central Lake Public Schools

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

www.clps.k12.mi.us



Middle/High School Policies

***Please read**

***Initial**

***Sign at the bottom**

Student Name: _____ Grade: _____

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. I understand that the information found on this data sheet may be released to those working with my child.

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 as arranged by the school I gave my child permission to participate in these activities.

Initial _____

Acceptable Technology Use Policy

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

Available online at www.clps.k12.mi.us

Initial _____

Media/Website Policy

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

Initial _____ Opt Out _____

Student Handbook

I understand that the handbook is available online at www.clps.k12.mi.us. I understand that my student will be held accountable to the rules outlined in the student handbook.

Initial _____

Parent Signature indicates approval and understanding of all of the above.

Parent/Legal Guardian Signature

Date

**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

EDUCATION BENEFITS FORM SY 2025 - 2026

District: _____ School: _____

Part A: STUDENT INFORMATION - Complete for each student Pre-K through 12th Grade

Student's Last Name	Student's First Name	Grade Level	School	Identify H if Homeless M if Migrant R if Runaway F if Foster

Part B: BENEFITS RECEIVED (if applicable)

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name: _____ Case Number: _____

Part C: HOUSEHOLD SIZE	Part D: ANNUAL HOUSEHOLD INCOME - Select the appropriate range of combined annual income for all people in the household (Include all income before taxes)		
<input type="checkbox"/> 1 →	<input type="checkbox"/> At or below \$20,345	<input type="checkbox"/> Between \$20,346 and \$28,953	<input type="checkbox"/> At or above \$28,954
<input type="checkbox"/> 2 →	<input type="checkbox"/> At or below \$27,495	<input type="checkbox"/> Between \$27,496 and \$39,128	<input type="checkbox"/> At or above \$39,129
<input type="checkbox"/> 3 →	<input type="checkbox"/> At or below \$34,645	<input type="checkbox"/> Between \$34,646 and \$49,303	<input type="checkbox"/> At or above \$49,304
<input type="checkbox"/> 4 →	<input type="checkbox"/> At or below \$41,795	<input type="checkbox"/> Between \$41,796 and \$59,478	<input type="checkbox"/> At or above \$59,479
<input type="checkbox"/> 5 →	<input type="checkbox"/> At or below \$48,945	<input type="checkbox"/> Between \$48,946 and \$69,653	<input type="checkbox"/> At or above \$69,654
<input type="checkbox"/> 6 →	<input type="checkbox"/> At or below \$56,095	<input type="checkbox"/> Between \$56,096 and \$79,828	<input type="checkbox"/> At or above \$79,829
<input type="checkbox"/> 7 →	<input type="checkbox"/> At or below \$63,245	<input type="checkbox"/> Between \$63,246 and \$90,003	<input type="checkbox"/> At or above \$90,004
<input type="checkbox"/> 8 →	<input type="checkbox"/> At or below \$70,395	<input type="checkbox"/> Between \$70,396 and \$100,178	<input type="checkbox"/> At or above \$100,179

*** Special Instructions for households with more than 8 people: DO NOT check the boxes above. Instead, fill in items below:**

Household size (# people): _____ Total annual income: _____

Part E: CERTIFICATION - The head of household or adult designee who completed this form must complete this certification section

I certify (promise) that all information on this form is true and that all income is reported to the best of my knowledge. I understand that this form may impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

(Signature) (Printed Name) (Date)

(Address) (City) (Zip)

(Email Address) (Home Phone) (Work Phone)

Do NOT fill out this section. This is for school use only.

Status: F _____ R _____ N _____ Determining Official's Signature: _____ Date: _____

INSTRUCTIONS FOR COMPLETING THE EDUCATION BENEFITS FORM

This form is used to determine eligibility for state benefits for which your child(ren)'s school may qualify. Please complete, sign, and return this form to your child's school.

If any member of your household receives benefits from the Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, please follow these instructions:

Part A: Student Information – For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received – If any household member, including adults, receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR), provide the name and case number. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Part C: Household Size - Check the box for the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Annual Household Income – Skip this part

Part E: Certification - Sign the form. Print your name and date.

If your household does not receive benefits from the Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, please follow these instructions:

Part A: Student Information - For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received – Skip this part

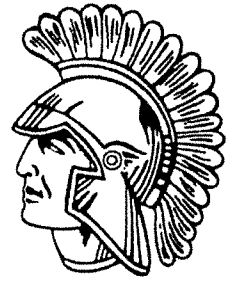
Part C: Household Size – Check the box for the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Annual Household Income – Moving across the same row as the household size check box, check the box that shows the range of annual income for all people in your household. Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

Part E: Certification - Sign the form. Print your name, date, and contact information.

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

Please allow up to 3 days for processing



Parent/Guardian/Adult Consent for Services

STUDENT INFORMATION

Name:	Preferred Name:	Date of Birth:	Age:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Decline	Ethnicity: <input type="checkbox"/> non/Hispanic <input type="checkbox"/> Hispanic		
Race: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Multiple			
Street Address:	Mailing Address: _____		
City:	Zip: _____		
Student Phone Number:	Student Email:		
Parent/Guardian Name:	Phone:	Legal Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship:	Email:		
Parent/Guardian Name:	Phone:	Legal Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship:	Email:		
Emergency Contact:	Relationship:	Phone:	

SERVICES AVAILABLE

Our program is designed to provide connections to health care and community resources, a student health questionnaire (with consent), assistance with Medicaid insurance enrollment, and coordination of care with school and parents/guardians and primary care provider, with proper release of information.

NURSING:

- Care for minor injury and illness
- Administration of some over-the-counter medications
- Coordination for chronic disease management
- Assessment of immunization record, we will not administer immunizations.
- Referral to primary care, oral healthcare, specialty service or mental health providers
- Health education or counseling
- Access to a nurse practitioner through telehealth services, including basic laboratory services

MENTAL HEALTH:

- ☐ Individual, family and group counseling
- ☐ Crisis intervention
- ☐ Coordination of care with school, parents/guardians, nurse, healthcare providers
- ☐ Referral to nurse
- ☐ Referral to outside mental health provider
- ☐ Telehealth sessions

CONSENT FOR SERVICES POLICY

Parents/Guardians must provide consent for their minor children for services at the school wellness program. Minors without written consent will only be seen once with verbal parent/guardian permission. Exceptions to this policy, required by federal and Michigan laws*, include emergencies threatening life or limb, and substance use services. Minors 14 years and older can obtain limited mental health services not to exceed 12 sessions over 4 months, without parent/guardian consent. The school wellness program can offer referrals, if applicable, without parent consent for certain confidential services, allowed by federal and Michigan laws, not directly offered by the school wellness program. People who are 18 or older, legally emancipated, legally married, under court-order, in the presence of a law officer when the parent cannot be promptly located and/or members of the U.S. Armed Forces provide consent for themselves.



Parent/Guardian/Adult Consent for Services

STUDENT HEALTH QUESTIONNAIRE POLICY

Health questionnaires give students and parents an opportunity to inform us about the students' physical and mental health. The Health Department of Northwest Michigan (HDNW) offers the School Health Questionnaire annually to all consented individuals.

CONSENT FOR STUDENT HEALTH QUESTIONNAIRE

I consent to the completion of the Student Health Questionnaire annually while my child is enrolled in the current school building.

My child may complete the child version: ☐ Yes ☐ No

Parent/Guardian may complete the parent version: ☐ Yes ☐ No

By signing this consent form, I certify that I am the parent/legal guardian of the student named above and give consent for the following services: (check one)

☐ Mental health **AND** nursing services ☐ Mental health services **ONLY** ☐ Nursing services **ONLY**

I agree that I have reviewed and understand the Consent for Services Policy and the school wellness program services available. In addition, I acknowledge and consent that:

- This consent is valid while my child is enrolled at this current school building, and I can withdraw my consent, in writing, at any time.
- I understand that services can be refused or delayed at any time.
- All medical records are protected by the Health Insurance Portability and Accountability Act (HIPAA) and will only be released in accordance with the HDNW confidentiality and release of information policy, which is available for review.
- I authorize HDNW to release information regarding treatment and care to the following: health care providers, relevant school staff, and insurance companies. Information will only be shared as necessary for care or required through law.
- Services, including certain confidential services, that meet age criteria, operate in compliance with federal and Michigan laws.*
- I have been given or have had the opportunity to review the HDNW Notice of Privacy Practices.
- I reviewed the Student Health Questionnaire and/or parent version, as applicable.
- Testing for bloodborne diseases, including HIV/AIDS, may be performed upon a patient without separate consent if a healthcare professional receives a cut or exposure to my child's blood or body fluids.
- HDNW staff may access school records, such as PowerSchool, to coordinate appointments and services.

Signature of Parent/Guardian/Adult:

Date:

*Laws include Child Protection Law Act 238 of 1975, Civil Rights Act of 1991, Health Insurance Portability & Accessibility Act of 1996, Michigan's Mental Health Code which includes minor consent, Public Health Code, Communicable Disease Rules, and Medical Records Access Act.



Parent/Guardian/Adult Consent for Services

<u>STUDENT INSURANCE INFORMATION</u>		<u>CONTACT ME FOR INFORMATION REGARDING</u>
<input type="checkbox"/> No Insurance (Underinsured)	Policy Number:	<input type="checkbox"/> Health Insurance Options
<input type="checkbox"/> Medicaid/Medicaid HMO	Policy Holder Name:	<input type="checkbox"/> Finding a Healthcare Provider
<input type="checkbox"/> Blue Cross Blue Shield	Group Number:	<input type="checkbox"/> Finding a Dentist
<input type="checkbox"/> Blue Care Network	Policy Holder Birth Date:	<input type="checkbox"/> Paying for medical bills
<input type="checkbox"/> Priority Health	Relationship to Student:	<input type="checkbox"/> Emotional wellbeing of child or adult in my home
<input type="checkbox"/> Tricare		<input type="checkbox"/> Paying for transportation to Healthcare Provider
<input type="checkbox"/> Other:		<input type="checkbox"/> Help paying for heat/water/utility bills
		<input type="checkbox"/> Shelter <input type="checkbox"/> Food <input type="checkbox"/> Clothing

STUDENT HEALTH INFORMATION

Allergy (medicine, food, environment)			Reaction/severity	
Medication (prescription, vitamins)	Dose	Frequency	Prescribed by	Reason for Medication

Check if your student has had any of the following:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Unexplained Tiredness | <input type="checkbox"/> Shortness of Breath/Asthma |
| <input type="checkbox"/> Autoimmune disorders | <input type="checkbox"/> Depression | <input type="checkbox"/> Blood disorder/cancer | <input type="checkbox"/> Head, Eyes, Ears, Throat Problems |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Sleep Problems | <input type="checkbox"/> Unexplained Weight Gain/Loss | <input type="checkbox"/> Blood Transfusions |
| <input type="checkbox"/> Birth Defects | <input type="checkbox"/> Abnormal Mood Swings | <input type="checkbox"/> Eating Concerns | <input type="checkbox"/> Anaphylactic Episodes |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | <input type="checkbox"/> Stomach or Bowel Problems | <input type="checkbox"/> Joint or Muscle Pain or Stiffness |
| <input type="checkbox"/> Developmental Disorders | <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Physical/sexual/other trauma |
| <input type="checkbox"/> Developmental Disabilities | <input type="checkbox"/> Cognitive Impairment | <input type="checkbox"/> Headaches | <input type="checkbox"/> Other |

Please describe anything checked above: _____

Serious injuries or illness (describe): _____

Surgeries (reason/date):

Hospitalizations (reason/date):



Parent/Guardian/Adult Consent for Services

Birth: ☐ C-section ☐ Vaginal ☐ Premature Birth: # weeks: _____ Prenatal/Delivery Complications:

Any trouble meeting developmental milestones? (i.e. speech, gross/fine motor): ☐ No ☐ Yes; please explain below:

Student's Doctor:

Phone:

Student's Dentist:

Phone:

FAMILY MEDICAL HISTORY

Please indicate which-of the student's blood relatives (mother, father, sibling, grandparent) have any of the following conditions:

- ☐ HIV/AIDS: _____
- ☐ Alzheimer's: _____
- ☐ Arthritis: _____
- ☐ Asthma: _____
- ☐ Blood Disorder: _____
- ☐ Bleeding Disorders: _____
- ☐ COPD/Emphysema/Bronchitis: _____
- ☐ Diabetes: _____
- ☐ Epilepsy/Seizures: _____
- ☐ Heart Attack/Stroke: _____

- ☐ High Cholesterol: _____
- ☐ Kidney Disease: _____
- ☐ Liver Disease/Hepatitis: _____
- ☐ Mental Illness: _____
- ☐ Osteoporosis: _____
- ☐ Thyroid Disorder: _____
- ☐ Tuberculosis/TB: _____
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

*Laws include Child Protection Law Act 238 of 1975, Civil Rights Act of 1991, Health Insurance Portability & Accessibility Act of 1996, Michigan's Mental Health Code which includes minor consent, Public Health Code, Communicable Disease Rules, & Medical Records Access Act.

ANNUAL NOTIFICATIONS for FAMILIES OF CENTRAL LAKE PUBLIC SCHOOLS

Parents/Guardians of Central Lake Public Schools Students:

School districts are required by state and federal law to notify parents annually of information pertaining to your children, students of our district. You will find these notices included in the information listed below. If you have any questions concerning any of the information, please feel free to contact the school office, 231-544-3141.

Dr. Ryan Cunningham
CLPS Superintendent

Annual Education Reports

These are available for your review on the District's website www.clps.k12.mi.us. Just click on the "Michigan School Data" link at the top right.

ANNUAL NOTIFICATION TO PARENTS REGARDING STUDENT RECORDS

The Family Educational Rights and Privacy Act ("FERPA") affords parents and students over 18 years of age ("eligible students") certain rights with respect to student's education records. Those rights are:

- The right to inspect and review the student's education records within 45 days after the school receives a request for access. Parents or eligible students should submit to the school administrator or staff [or appropriate school official] a written request that identifies the record(s) they wish to inspect. The school official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.
- The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA. Parents or eligible students who wish to ask the school to amend a record should write the school administrator or appropriate official, clearly identifying the part of the record they want changed, and specify what should be changed. If the school decides not to amend the record as requested by the parent or eligible student, the school will notify the parent or eligible student of the decision and of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.
- The right to provide written consent before the District discloses personally identifiable information (PII) from the student's education records, except to the extent that FERPA authorizes disclosure with consent. One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the school as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel) or a person serving on the school board. A school official also may include a volunteer or contractor outside of the school who performs an institutional service or function of which the school would otherwise use its own employees and who is under the direct control of the school with respect to the use and maintenance of PII from education records, such as an attorney, auditor, medical consultant, or therapist; a parent or student volunteering to serve on an official committee, such as a disciplinary or grievance committee; or a parent, student, or other volunteer assisting another school official in performing his or her tasks. In addition to the Central Lake Public School District, the Charlevoix-Emmet Intermediate School District employees are considered to be included as school officials with legitimate educational interests. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.
- Upon request, the District discloses education records without consent to officials of another school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for purposes of the student's enrollment or transfer. FERPA requires a school district to make a reasonable attempt to notify the parent or student of the records request unless it states in its annual notification that it intends to forward records on request.
- The right to file a complaint with the U.S. Department of Education concerning alleged failures by the District to comply with the requirements of FERPA. The name and address of the office that administers FERPA are: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue SW, Washington, D.C. 20202-4605.

FERPA requires that the Board, with certain exceptions, obtain a parent or adult student's written consent prior to the disclosure of personally identifiable information about a student. However, the Board may disclose appropriately designated "directory information" without written consent, unless the parent or adult student advises the Board to the contrary in accordance with District procedures. The Board of Education of Central Lake Public Schools has designated the following personally identifiable information contained in a student's education record as "directory information":

1. Name, address, telephone number
2. Date and place of birth
3. Participation in officially recognized activities and sports
4. Dates of school attendance and grade level
5. Honors and rewards received
6. Photographs and email address
7. Other similar information: e.g. height and weight of athletes, honor roll members, information generally found in yearbooks.

The Board will make the above information available upon a legitimate request unless a parent, guardian, or adult student notifies the Superintendent's Office (8169 W. State St. PO Box 128 Central Lake MI 49622) in writing within ten days of receipt of this notice. Directory information will not be provided to any organization for any profit-making purpose. Parents or eligible students who choose to prohibit the Board from disclosing any or all such directory information may not prevent the Board from requiring a student to disclose a student ID card or badge that exhibits directory information. Students enrolled in online courses or programs sponsored or conducted by the Board must disclose or permit the disclosure of the student's name identifier, or school email address in a class in which the student is enrolled.

*From time to time, newspaper photographers, reporters, and/or television crews visit our schools. We also may wish to publish your child's picture and/or name in a newsletter or on a school-authorized Website. We will assume we have your permission for your child to appear in a picture and/or be interviewed by a reporter for possible publication unless written notice is given to the Superintendent's Office, 8169 W. State St. PO Box 128, Central Lake MI 49622.

Right to Request Teacher and Paraprofessional Qualifications

Central Lake Public Schools, as an educational institution that receives funds under Title I, and hereby notifies all parents that you may request information regarding the professional qualifications of your child's classroom teacher(s) including:

1. whether the teacher has met Michigan licensing requirements for the grade level(s) and subject area(s) for which the teacher provides instruction;
2. whether the teacher is teaching under emergency or other provisional status through which Michigan licensing requirements have been waived;
3. the baccalaureate degree major of the teacher and any other graduate certification or degree held by the teacher, and the field of discipline of the certification or degree;
4. whether your child is provided services by Title I para-educators and if so, their qualification.

Those requesting this information, may contact Brad Plackemeier, 6-12 Principal, 231-544-3141 ext.54201 or Elizabeth Hughes, K-5 Principal, 231-544-3141 ext. 54301.

Notice About Release of Certain Student Information to Military Recruiters

Two Federal laws and one Michigan law require Central Lake Public Schools to provide military recruiters, upon request, the names, addresses, and telephone numbers of high school students. High school students and their parents/guardians may prevent disclosure of this information by submitting a signed written request to that effect to: Brad Plackemeier, 6-12th Principal, Central Lake High School 8169 W. State St. PO Box 128, Central Lake, MI 49622.

Notification of Rights Under the Protection of Pupil Rights Amendment (PPRA)

The Board of Education respects the privacy rights of parents and their children. No student shall be required as a part of the school program or the District's curriculum, without prior written consent of the student, (if an adult or an emancipated minor) or, if a non-emancipated minor, his/her parents, to submit to or participate in any survey, analysis, or evaluation that reveals information concerning:

- A. political affiliations or beliefs of the student or his/her parents;
- B. mental or psychological problems of the student or his/her family;
- C. sex behavior or attitudes;
- D. illegal, anti-social, self-incriminating or demeaning behavior;

- E. critical appraisals of others individuals with whom respondents have close, family relationships;
- F. legally-recognized privileged and analogous relationships, such as with those of lawyers, physicians or ministers;
- G. religious practices, affiliations or beliefs of the student or his/her parents; or
- H. income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such a program).

Further, parents have the right to inspect, upon request, a survey or evaluation created by a third party before the survey/evaluation is administrated or distributed by the school to the student. The parent will have access to the survey/evaluation within a reasonable period of time after the request is received by the building administrator.

To ensure the rights of parents, the Board directs building and program administrators to:

- A. notify parents of any surveys, analyses, or evaluations, which may reveal any of the information, as identified in A-H above, in a timely manner, and which allows interested parents to request an opportunity to inspect the survey, analysis, or evaluation; and the administrator to arrange for inspection prior to initiating the activity with students.
- B. allow the parent the option of excluding their student from the activity.
- C. report collected data in a summarized fashion which does not permit one to make a connection between the data and individual students or small groups of students.
- D. treat information as identified A-H above as any other confidential information in accordance with Board policy.

Additionally, parents have the right to inspect, upon request, any instructional material used as a part of the educational curriculum of the student. The parent will have access to the instructional material within a reasonable period of time after the request is received by the building administrator. The term instructional material means instructional content that is provided to a student, regardless of its format, including printed and representational materials, audio-visual materials, and materials in electronic or digital formats (such as materials accessible through the Internet). The term instructional material does not include academic tests or assessments.

The Board will not allow the collection, disclosure, or use of personal information collected from students for the purpose of marketing or for selling that information (or otherwise providing that information to others for that purpose).

CLPS ANNUAL NOTICE TO PARENTS

NONDISCRIMINATION AND ACCESS TO EQUAL EDUCATION OPPORTUNITY

Any form of discrimination or harassment can be devastating to an individual's academic progress, social relationship and/or personal sense of self-worth. As such, the Board of Education does not discriminate on the basis of the Protected Classes of race, color, national origin, sex (including sexual orientation or transgender identity), disability, age (except as authorized by law), religion, military status, ancestry, or any other statutorily protected category (collectively, "Protected Classes") in its educational programs or activities.

The Board does not discriminate on the basis of Protected Classes in its employment policies and practices as they relate to students, and does not tolerate harassment of any kind.

Equal educational opportunities shall be available to all students, without regard to the Protected Classes, race, color, national origin, sex, disability, age (unless age is a factor necessary to the normal operation or the achievement of any legitimate objective of the program/activity), place of residence within the boundaries of the District, or social or economic background, to learn through the curriculum offered in this District. Educational programs shall be designed to meet the varying needs of all students.

All students shall have an equal opportunity to participate in, and benefit from all academic and extra-curricular activities and services. Any inquiries or complaints concerning Title II of the Americans with Disabilities Act (as amended), Title VI, and Title VII of the civil Rights Act of 1964, Title IX of the Education Amendment Act of 1972, and Section 504 of the Rehabilitation Act of 1973 (as amended) should be addressed to the School District's Compliance Officer, Tiffany Truscott at 231-544-3141 ext 54234.

PESTICIDE INFORMATION NOTICE

CLPS has adopted an Integrated Pest Management program. Inherent with this are the District's efforts to reduce pesticide use as much as possible. While it may occasionally be necessary to apply a pesticide, these will only be used as a last resort. This program does not rely on routine pesticide applications to resolve problems. We use various techniques such as habitat alteration, sanitation, mechanical means, exclusion, etc. to prevent pest from becoming a problem.

You will receive advanced notice of the application of a pesticide, other than bait or gel formulations at your child's school. This advance notice of the application will be given 48 hours before the application. The law requires us to do this notification by using two methods.

- The first method required by law is the posting at the primary entrances to your child's school. The entrances that will be posted are those entrances that have a sidewalk that leads directly to a parking lot.
- The second method we are going to use is the posting in a common area located by the main office of the school.

Parents are also entitled to receive this notice by first-class United States mail postmarked at least 3 days before the application. If you would like to be notified by mail, please contact the administration at the following number (231) 544-3141. Please give the secretary your name, mailing address and what school your child attends. In an emergency (for example, bees nest), pesticides may be applied without prior notice, but you will be provided notice following any such application. You may review our IPM program or pesticide application records for your child's school by calling McLain Eckhardt, Director of the Facilities & Grounds, at 231-544-3141 ext.54216.

BULLYING & OTHER AGGRESSIVE BEHAVIOR

It is the policy of the District to provide a safe and nurturing educational environment for all of its students. This policy protects all students from bullying/aggressive behavior regardless of the subject matter or motivation for such impermissible behavior. Bullying or other aggressive behavior toward a student, whether by other students, staff, or third parties, including Board members, parents, guests, contractors, vendors, and volunteers, is strictly prohibited. Any student who believes s/he has been or is the victim of bullying, hazing, or other aggressive behavior should immediately report the situation to the Administration. The student may also report concerns to a teacher or counselor who will be responsible for notifying the appropriate administrator or Board official.

ANNUAL AHERA NOTIFICATION (Asbestos Hazard Emergency Response Act)

Central Lake Public Schools conducted a three-year mandatory re-inspection for the presence of friable asbestos in our schools. Based on the findings of this inspection, a comprehensive management plan was updated. This plan details the response action the district will take regarding any asbestos containing material. The AHERA management plan is located at the Board of Education office and the Facilities Office and is available for inspection without cost or restriction during normal business hours, from 8:30AM-4:00PM, Monday through Friday. Our procedures for dealing with asbestos in our schools reflect our desire to make our schools a safe place in which students learn. If you have further questions, please call McLain Eckhardt, Director of the Facilities & Grounds, at 231-544-3141 ext.54216.

NOTICE OF USE OF FREE AND REDUCED PRICE MEALS APPLICATION DIRECTORY INFORMATION

Free and Reduced Price lunch application information will only be used as authorized for identification of students for free or reduced meals, Title I services, Michigan 31a, At-Risk Program services, All Students Achieve Program Services, and/or those services allowed under federal regulations. This information shall not be made generally known and will only be used by the Offices of the Director of Food Service and the Director of Title I/At-Risk Services to provide services to qualified students.

MEMORANDUM REGARDING SCHOOL BOARD POLICY ON DRUG-FREE SCHOOLS

In accordance with Federal Law, the Board of Education prohibits the use, possession, concealment, or distribution of drugs by students on school grounds, in school or school approved vehicles, or at any school-related event. Drugs include any alcoholic beverage, anabolic steroid, dangerous controlled substance as defined by State statute, or substance that could be considered a "look-a-like" controlled substance. Compliance with this policy is mandatory for all students. Any student who violates this policy will be subject to disciplinary action, in accordance with due process and as specified in the student handbooks, up to and including expulsion from school. When required by State law, the District will also notify law enforcement officials. The District is concerned about any student who is a victim of alcohol or drug abuse and will facilitate the process by which s/he receives help through programs and services available in the community. Students and their parents should contact the school administrator or counseling office whenever such help is needed.

SPORTS BOOSTERS

SUPPORTING CENTRAL LAKE ATHLETES & SPORTS PROGRAMS
THROUGH....

- FUNDRAISING
- CONCESSION SALES
- PROMOTING TROJAN PRIDE AND SPIRIT
- & MORE!!

MEETINGS ARE THE 2ND TUESDAY OF EACH MONTH
(AUGUST-MAY)

START TIME: 5 PM

(If any change in time, it is posted on school website calendar)

LOCATION: MSHS CAFETERIA

EVERYONE IS WELCOME!

HELP US SUPPORT OUR ATHLETES AND COME TO A MEETING TO
SEE WHAT IT IS ALL ABOUT!!