



The information gathered on this form will be used by school staff to plan educationally for your child. Some information is required for state/federal reporting purposes.

1. Student Information

| Legal Last Name | Legal First Name | Middle Name |
|-----------------|------------------|-------------|
| | | |

Home Address: _____ City: _____ State: _____ Zip: _____

Student Nickname: _____ Primary Contact Phone: _____

Birthdate: ____/____/____ Gender: Male / Female Grade to be enrolled in: _____

| City of Birth | State of Birth | Country of Birth |
|---------------|----------------|------------------|
| | | |

Is student a US citizen? Yes / No If not, date first enrolled in USA school: _____

2. Racial Categories

Is student Hispanic or Latino? Yes / No

Regardless of the above answer, please continue to answer the following by marking one or more areas that you consider your student's race to be. Please indicate percentage to options selected.

Race: (Select one or more. Definitions are listed below).

- _____ American Indian - Tribal Affiliation: _____
- _____ Asian / Asian American
- _____ Black or African American
- _____ Native Hawaiian or Other Pacific Islander
- _____ White
- _____ Multi-Racial

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment).

Asian (a person having origins in any of the original peoples of the Far East, Southeast, Asia, or the Indian sub-continent 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).

3. Sibling Information

| Legal Name | Age | Birthdate | Grade |
|------------|-----|-----------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

4. Student Language Information

a) Is your child's native tongue a language other than English? Y / N What is the language? _____
 (The child's native tongue/language is the language most often spoken by the student.)

b) Is the primary language used in your child's home or environment a language other than English? Y / N

c) What is that language? _____.
 (The primary language is the dominant language used at home regardless of the language spoken by the student.)

d) Is your student a migrant? Y/N Is your student an immigrant? Y/N

5. Student Custody / Living Arrangement (Check all that apply)

Note: Proof of custody/guardianship is required if student lives with other than both birth parents/adoptive parents.

_____ Student lives with both birth / adoptive parents _____ Student lives with one birth / adoptive parent

_____ Deceased Parent: Mother _____ Father _____ (must provide copy of death certificate)

_____ Student lives with legal guardian (other than parent(s))

_____ Student lives with one parent/guardian and another adult (indicate relationship to student—step-parent, relative, friend of parent) _____

_____ Student lives with a family member or friend (relationship to student) _____

_____ Student lives in a home/apartment with more than one family

_____ Student lives in a motel/hotel, shelter, camper/trailer, car, or other temporary housing unit

_____ Student's current living arrangement is due to parent/guardian's financial conditions, being unable to provide a stable and safe home, being unable to find permanent affordable housing or other (please specify or explain situation) _____

_____ Divorced parents: Legal custody: _____ Joint _____ Sole to: _____ Mother _____ Father

Physical custody: _____ Joint _____ Sole to: _____ Mother _____ Father

Court decrees/Legal Bindings – documentation required (guardianship, custody, restraining order, etc.)

6. Student Prior Discipline Record

Has the student ever been suspended or expelled from school? Yes / No

7. Mother / Guardian Information

| | |
|-------------|---------------------|
| Last Name: | First Name: |
| Address: | City / State / Zip: |
| Phone: | Spouse Name: |
| Cell Phone: | Primary Language: |
| Email: | |
| Employer: | Work Phone: |

8. Father/Guardian Information

| | |
|-------------|---------------------|
| Last Name: | First Name: |
| Address: | City / State / Zip: |
| Phone: | Spouse Name: |
| Cell Phone: | Primary Language: |
| Email: | |
| Employer: | Work Phone: |

9. Additional/Emergency Contacts – Optional

List any local area contacts who have agreed to assume temporary care of your child if we are unable to contact you. Students will be released from school during school hours only in an emergency or with parental approval.

| | |
|------------------------|--------------------|
| Last Name: | First Name: |
| Address: | City / State / Zip |
| Relationship to child: | |
| Home Phone: | Cell Phone: |

| | |
|------------------------|--------------------|
| Last Name: | First Name: |
| Address: | City / State / Zip |
| Relationship to child: | |
| Home Phone: | Cell Phone: |

10. Medical Information

Does your student have a problem or medical concern that West Michigan Academy of Arts and Academics needs to be aware of? Yes / No

Please list concerns: _____

Does your student wear glasses? Yes / No Wear Contacts? Yes / No Wear hearing aids? Yes / No

11. Medication Consent Form

Does your student need to take medication while at school? Yes / No

If Yes, Please complete the Administration of Medication Consent Form

12. Medical Information HIPAA Disclosure

I understand due to the Health Insurance Portability and Accountability Act (HIPAA), that information regarding my child is confidential. To ensure the best outcome for my child, I hereby authorize that medical information regarding my child may be shared with other school personnel (in addition to his/her immediate teachers).

Parents Signature: _____ Date: _____

13. Permissions

MEDIA PHOTOS: May the Academy publish your child's photo on the website, newspaper/newsletter, and all social media?

Yes _____ No _____

CARPOOL: Would you like to be placed on a list for carpooling?

Yes _____ No _____

STUDENT DIRECTORY: The Academy annually publishes a directory of students. Name and address information is included in the directory only with parental permission. May the Academy publish your child's name, grade, address, home phone number and parent's names in the directory?

Yes _____ No _____

FIELD TRIPS: Do you give your child permission to attend school-related field trips, and to be transported in a seatbelt by legally licensed and insured staff and parents, or WMAAA school bus provided I am given prior notice of any field trips?

Yes _____ No _____

14. All School(s) Attended

For entering kindergarteners only, did your child attend preschool? Yes / No

For students entering grades 1-8, did your child attend an all-day kindergarten program? Yes / No

Please list schools attended:

| | | |
|-------------------------------|----------------|---------|
| Most Recent School Attended | Years Attended | Address |
| Previous School Also Attended | Years Attended | Address |
| Previous School Also Attended | Years Attended | Address |

15. Student Services

Check any supports the student received in the previous school as a general education student:

| | | | | | |
|--------------------------|----------------------------|--------------------------|----------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | 504 Plan | <input type="checkbox"/> | Occupational Therapy | <input type="checkbox"/> | School Counseling Support |
| <input type="checkbox"/> | Gifted/Talented | <input type="checkbox"/> | Physical Therapy | <input type="checkbox"/> | School Social Work |
| <input type="checkbox"/> | Limited English (ESL, ELL) | <input type="checkbox"/> | Reading Support | <input type="checkbox"/> | Speech/Language Therapy |
| <input type="checkbox"/> | Math Support | <input type="checkbox"/> | Resource Room | <input type="checkbox"/> | |

Other _____

Is the student currently eligible for special education program/services? Yes / No

(If eligible, please provide a copy of your student's current IEP)

Eligibility Category: _____ IEP Date: _____

| | | | | | |
|--------------------------|----------------------|--------------------------|--------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | Occupational Therapy | <input type="checkbox"/> | Resource Room | <input type="checkbox"/> | Speech/Language Therapy |
| <input type="checkbox"/> | Physical Therapy | <input type="checkbox"/> | School Social Work | <input type="checkbox"/> | Other |

16. Parent/Student Handbook

By our signatures below we (child and parent/guardian) acknowledge notification that the Parent/Student Handbook is available electronically on the West Michigan Academy of Arts and Academics website **westmichiganacademy.org**. Printed copies are also available in the school office. We understand that it is our responsibility to review, discuss, and abide by the contents and standards published in the Parent/Student Handbook. We also understand that questions regarding any information in the Handbook should be directed to an appropriate school employee.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

17. Concussion Awareness Educational Material Acknowledgement

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by West Michigan Academy of Arts and Academics

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian Signature

Date

Date

Return this signed form to the WMAAA. It must be kept on file for the duration of participation.

Participants and parents please review and keep the educational materials available for future reference.

I affirm, that as parent/legal guardian, 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.

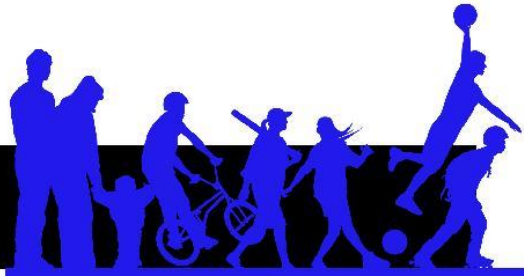
Emergency Medical Treatment Authorization

In case of a medical emergency, I hereby authorize the school to make whatever arrangements seem necessary for the best care of my child. I also understand that financial costs involved in handling medical emergencies are my responsibility.

Signature of Parent or Guardian

Date

CONCUSSION FACT SHEET FOR PARENTS



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a 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 your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

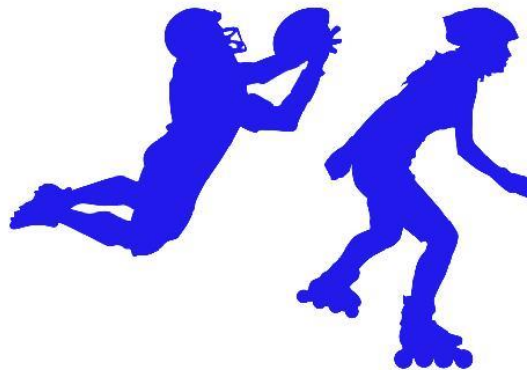
If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

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 PARENTS/ GUARDIANS:

- 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



DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. **SEEK MEDICAL ATTENTION RIGHT AWAY**
A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.
2. **KEEP YOUR CHILD OUT OF PLAY.**
Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon - while the brain is still healing - risk a greater chance of having a second concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. **TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION.**
Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
 - However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

HOW CAN I HELP MY CHILD RETURN TO SCHOOL SAFELY AFTER A CONCUSSION?

Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer

Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms. As your child's symptoms decrease, the extra help or support can be removed gradually.



JOIN THE CONVERSATION  www.facebook.com/CDCHeadsUp

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

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



West Michigan Academy of Arts and Academics

17350 Hazel St.
Spring Lake, MI 49456
616-844-9961

Request for Educational Records

PARENT/ GUARDIAN: Please complete the student information below so that we may request educational records for your child from their previous school district. A separate form must be completed for each student being registered.

| | | |
|---|----------------------------------|----------------------|
| Student Name: _____ | Birthdate: _____ | Current Grade: _____ |
| Address: _____ | City: _____ | Zip Code: _____ |
| Previous School Name: _____ | Phone #: _____ | Fax #: _____ |
| Address: _____ | City: _____ | Zip Code: _____ |
| _____ Signature of Parent/Guardian or Student (if 18 years or older) | _____ Relationship to student | _____ Date |

SCHOOL OFFICIAL: Please forward complete educational records as indicated below for the student listed.

- General Education Records (include grades/transcript, attendance history, health and immunization record, standardized test scores, report cards, and discipline/behavior information.)
- Academic grades at time of transfer
- Special Education/Confidential Records (include IEP, MET, medical records, psychiatric and psychological evaluations, social worker reports, social history, and Functional Behavior Assessments.)
- Behavior Plans
- Section 504 Plans
- Health Plans

RECORDS should be mailed to Whitney Zillmer, Administrative Assistant at:

West MI Academy of Arts and Academics
17350 Hazel St.
Spring Lake, MI 49456
616.844.9961
616.844.9941 fax