



NOVI COMMUNITY SCHOOL DISTRICT REGISTRATION FORM

School Year _____

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.

Student Information

Legal Name (last / first / middle) as on birth certificate _____

Preferred Name (nickname) _____

Home Street Address _____

City / State / Zip _____

Birth date (mm/dd/year) _____

Phone Number _____

Type: Home or Cell Unlisted _____ Message Only- _____

Gender: Female _____ Male _____

Grade in which student is to be enrolled _____

A. Is student Hispanic/Latino? (select one)

_____ NO, not Hispanic/Latino _____ YES, Hispanic/Latino

No matter what you selected above, please continue to answer the following by marking one or more areas what you consider your student's race to be. Please indicate percentage to options selected.

B. Race: (Select one or more. Descriptions are on page 2)

_____ American Indian
Tribal Affiliation _____

_____ Asian
_____ Black or African American
_____ Native Hawaiian or Other Pacific Islander

_____ White
_____ Multi-Racial (please indicate percentage next to options above)

City & State of Birth _____

or
City & Country of Birth _____

Student Citizen of USA : **Y** **N**

Date student entered USA _____

Date student first enrolled in USA school _____

Student Language Information

Home Language Survey

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

Is your child's native language a language other than English? **Y** **N**

Student Information

Home Language _____

Primary Language _____

Definitions:

Home Language: This is the language that the student speaks for the majority of the time.

Primary Language: This is the language of the family at the time of the student's birth.

Legal Bindings—documentation required (guardianship, custody, restraining order, etc.)

Sibling Information

Legal Name	Age	Birth date	Grade
_____	_____	____/____/____	____/____
_____	_____	____/____/____	____/____
_____	_____	____/____/____	____/____
_____	_____	____/____/____	____/____

Racial Categories

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).

Student Custody/Living Arrangement

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

____ Student lives with 1 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 (1) financial conditions, or being unable to (2) provide a stable and safe home, (3) find permanent affordable housing, or other (please specify (1), (2), (3) or explain situation) _____

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

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

Student Prior Discipline Record

Has the student ever been suspended or expelled from school? **Y** **N** If yes, explain

#1 Mother/Guardian Information

Title: Dr. Mr. Miss Mrs. Ms. (please circle)		Cell Phone (_____) _____	
_____	_____	Email _____	
Last Name	First Name	Fax (_____) _____	
Address _____		Work Phone (_____) _____	
City / State / Zip _____		Education Level: _____ <HS Grad _____ HS Grad	
Phone (_____) _____		_____ 2-yr College _____ 4-yr. College _____ Grad School	
Name of Spouse _____		Primary Language: _____	
Employer _____			

#2 Father/Guardian Information

Title: Dr. Mr. Miss Mrs. Ms. (please circle)		Cell Phone (_____) _____	
_____	_____	Email _____	
Last Name	First Name	Fax (_____) _____	
Address _____		Work Phone (_____) _____	
City / State / Zip _____		Education Level: _____ <HS Grad _____ HS Grad	
Phone (_____) _____		_____ 2-yr College _____ 4-yr. College _____ Grad School	
Name of Spouse _____		Primary Language: _____	
Employer _____			
Is employment seasonal in fishing or farming? Y N			

Additional Contacts - Optional

List four 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.

Contact #3		Contact #4	
_____	_____	_____	_____
Last Name	First Name	Last Name	First Name
Address _____		Address _____	
_____	_____	_____	_____
City	Relationship to Child	City	Relationship to Child
Phone (circle one): Home Cell Work Pager		Phone (circle one): Home Cell Work Pager	
Other Phone (circle one) Work Cell Pager		Other Phone (circle one) Work Cell Pager	

Additional Contacts - Optional

Contact #5		Contact #6	
_____ Last Name	_____ First Name	_____ Last Name	_____ First Name
_____ Address		_____ Address	
_____ City	_____ Relationship to Child	_____ City	_____ Relationship to Child
_____ Phone (circle one): Home Cell Work Pager		_____ Phone (circle one): Home Cell Work Pager	
_____ Other Phone (circle one) Work Cell Pager		_____ Other Phone (circle one) Work Cell Pager	

Medical Information

Medical Problems/Concerns/Medications that Novi Schools would need to be aware of:

Wears glasses? **Y N** Wears contact lenses? **Y N** Wears hearing aids? **Y N**

Medical Information Disclosure (HIPAA)

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).

Parent/Guardian Signature _____ Date _____

All School(s) Attended

For entering kindergarteners only, did your child attend preschool? **Y N**

For students entering grades 1-12, did your child attend an all-day kindergarten program? **Y N**

For students entering grades 8-12, does your child have a current EDP (Educational Development Plan)? **Y N**

Has the student attended Novi Community School District in the past? **Y N** When? _____

Please list schools attended:

_____	_____	_____	_____
Last school attended	Grade	Year	Address (city / state)
_____	_____	_____	_____
Previous school attended	Grade	Year	Address (city / state)
_____	_____	_____	_____
Previous school attended	Grade	Year	Address (city / state)
_____	_____	_____	_____
Previous school attended	Grade	Year	Address (city / state)
_____	_____	_____	_____
Previous school attended	Grade	Year	Address (city / state)
_____	_____	_____	_____
Previous school attended	Grade	Year	Address (city / state)

Student Services

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

- reading support math support school counseling support
- school social work gifted/talented service Limited English Proficient (ESL, ELL)
- resource room speech / language therapy school social work
- Occupational Therapy Physical Therapy Other _____

Is the student currently eligible for special education programs/services? **Y N**

Eligibility Category _____ IEP date _____

- resource room speech/language therapy school social work
- occupational therapy physical therapy Other _____

Special Programs & Services

You may be eligible for financial aid for meals for your child. See the chart below for income requirements.

Total Family Size	Income		
	Yearly	Monthly	Weekly
1	\$20,036	\$1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
Each Additional Family member, add:	+6,919	+577	+134

Would you like an application for free/reduced meals? **Y N**

Parent/Student Handbook

My child/guardian and I acknowledge receipt of the Parent/Student Handbook. We understand that it is the responsibility of parent and student to review, discuss, and abide by the contents and standards published in this Handbook. We also understand that questions regarding any information in the Handbook should be posed to an appropriate school employee.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

The information on this form is true and correct. If the information is found not to be true and correct, the Novi Community School District has the right to charge tuition, exclude the student from school, and/or prosecute if the parent / legal guardian is not a resident or employee of the Novi Community School District.

The undersigned understands that it is his/her responsibility to inform the appropriate school office if and when any of the information set in this form changes. Failure to inform the District will subject the student to termination of enrollment in the Novi Community School District.

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



NOVI COMMUNITY SCHOOL DISTRICT UNDERSTANDING CONCUSSIONS

Some Common Symptoms

Headache Pressure
in the Head
Nausea/Vomiting
Dizziness

Balance Problems
Double Vision
Blurry Vision
Sensitive to Light

Sensitive to Noise
Sluggishness
Haziness
Fogginess
Grogginess

Poor Concentration
Memory Problems
Confusion
“Feeling Down”

Not “Feeling Right”
Feeling Irritable
Slow Reaction Time
Sleep Problems

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 fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of 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. A concussion can happen even if you haven’t been knocked out.

You can’t see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

IF YOU SUSPECT 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 the student to return to regular activities, including sports. Don’t hide it, report it. Ignoring symptoms and trying to “tough it out” often makes it worse.
- 2. KEEP YOUR STUDENT OUT OF PLAY** – Concussions take time to heal. Don’t let the student return to play the day of injury and until a health care professional says it’s okay. A student, who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
- 3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION** – Schools should know if a student had a previous concussion. A student’s school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can’t recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

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. A student 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/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rest breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students 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.

To learn more, go to www.cdc.gov/concussion.

CONCUSSION AWARENESS

EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

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 **Novi Community School District**

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian Signature

Date

Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

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