

For office use only

Start Date: _____

Grade: _____

Teacher: _____

Delton Kellogg Schools



Enrollment Form



For office use only

Birth Cert _____ Bus _____

Immunizations _____ PQR _____

Vision/Hear _____ Lunch _____

Parent/Guardian must supply student's state certified birth certificate and immunization record upon enrollment

STUDENT INFORMATION

Student's Legal Name: _____ Preferred Name: _____

Home Address: _____
Street City Zip County

Birth Date: _____ City/State of Birth: _____ Gender: _____

Main Telephone Number: _____ Legal Guardian: _____

Who does the student reside with: _____

Parents are (please circle): Divorced Married Separated Single Widowed

Mailing Address (if different than home address) or Second Mailing Address to non-custodial Parent (if applicable):

PARENT/GUARDIAN AND EMERGENCY INFORMATION

Name of FATHER/GUARDIAN: _____ Name of MOTHER/GUARDIAN: _____

Place of Employment: _____ Place of Employment: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email address: _____ Email address: _____

Name of STEP-PARENT: _____ Name of STEP-PARENT: _____

Phone: _____ Phone: _____

List people (other than above parents) the school may contact in case of illness/and emergency.
They will also be allowed to pick up/transport your student.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

OTHER SCHOOL AGE CHILDREN IN THE FAMILY

Name _____ DOB _____ Grade _____

Name _____ DOB _____ Grade _____

Name _____ DOB _____ Grade _____

Name _____ DOB _____ Grade _____

Name _____ DOB _____ Grade _____

Note: Please turn form over and complete the requested information

RACE/ETHNICITY (Both Part A and Part B)

Part A: Is this student Hispanic/Latino? Yes _____ No _____

Part B: What is the student's race? (Please indicate primary race with "P"; secondary race with "S")

- American Indian or Alaska Native
- Asian
- Black or African American

- Native Hawaiian or Other Pacific Islander
- White

Is the student's native language English? Yes No if no, what is the language? _____

MEDICAL INFORMATION

List any health conditions or allergies: _____

What medicine is the student currently taking? _____

Preferred Hospital/Medical Facility: _____ Medical Insurance: _____

Family Doctor: _____ Office Phone Number: _____

If the student requires medication to be administered, please complete an "Administering Medicines to Student" form in the office.

LIVING ARRANGEMENT

- Single Family Home
- Doubled Up (sharing with another family)
- Shelter
- Motel/Hotel
- Transitional Housing
- Temporary Foster Care/awaiting Foster Care Placement

Is the student an unaccompanied youth? (resides without a parent/guardian) Yes _____ No _____

EDUCATIONAL INFORMATION

Previous School District: _____

Has the student ever been expelled or in the process of being expelled? _____

Does the student currently receive any kind of Special Education services and /or Speech Services (i.e. Speech, Physical or Occupational Therapy)? _____

If yes, please sign a temporary placement form that is available from the office secretary.

I, the undersigned, do hereby authorize officials of Delton Kellogg to contact directly the persons named on this card, or emergency contacts given and do authorize treatment as may be deemed necessary in an emergency, for the health of the above student. Delton Kellogg Schools has my permission to act promptly and decisively in obtaining medical assistance for my son/daughter.

I do not consent for emergency medical treatment of my child until contact is made with parent/guardian or emergency contacts.

Signature of Parent/Guardian _____

Date: _____

Delton Kellogg Schools Transportation Request Form



Dear Parent (s) and Guardian(s) of Delton Kellogg Students,

To insure that all of our students are being safely transported, it is asked that you complete a transportation request form so that we may meet the daily pick-up and drop-off needs of your student(s). Once the pick-up and drop-off points have been determined, exceptions will be made only if a note from the parent/guardian(s) is sent to the school to be given to the Transportation Office, and is approved by the Transportation Supervisor on that particular day. Thank you for all of your help to make sure that our students have a safe and pleasant ride on the bus.

Full Name: _____ Grade: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name(s): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Please circle all that apply to your student:

<table border="1"> <tr><td colspan="6">Bus picks up at home</td></tr> <tr><td>All</td><td>Mon.</td><td>Tues.</td><td>Wed.</td><td>Thurs.</td><td>Fri.</td></tr> </table>	Bus picks up at home						All	Mon.	Tues.	Wed.	Thurs.	Fri.	<table border="1"> <tr><td colspan="6">Bus picks up other than home</td></tr> <tr><td>All</td><td>Mon.</td><td>Tues.</td><td>Wed.</td><td>Thurs.</td><td>Fri.</td></tr> </table>	Bus picks up other than home						All	Mon.	Tues.	Wed.	Thurs.	Fri.
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All	Mon.	Tues.	Wed.	Thurs.	Fri.																				

If your student will be picked up or dropped off at an alternative address please complete the information below:

Alternative Pick-Up Address: _____ Responsible Person: _____
 City: _____ Zip: _____ Phone Number: _____

Alternative Drop -Off Address: _____ Responsible Person: _____
 City: _____ Zip: _____ Phone Number: _____

For all your students transportation changes you must submit a new transportation request form, which could take up to 3 days to take effect. All forms must be submitted to the appropriate school, if you have any questions or concerns please contact the Transportation Supervisor at 269.623.1515.

Thank you,
 Wayne Neitzke
 Transportation Supervisor



Parent/Guardian Signature: _____ _____ Date: _____
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DELTON-KELLOGG SCHOOLS
STUDENT TECHNOLOGY ACCEPTABLE USAGE POLICY and
Agreement for Acceptable Use of DKS Technology Resources
Students Grades K – 12

Building/Program Name

Student Name (Last Name, First Name)

This agreement is entered into this _____ day of _____, 20____ between

_____ ("Student" or "User") and the Delton-Kellogg Schools District ("DKS"). The purpose of this agreement is to grant access to and define acceptable use of DKS's Technology Resources for legitimate educational purposes consistent with DKS's mission statement. "Technology Resources" include, but are not limited to: (1) internal and external network infrastructure, (2) internet and network access, (3) computers, (4) servers, (5) storage devices, (6) peripherals, (7) software, and (8) messaging or communication systems. These resources may be provided to users to: (1) assist in the collaboration and exchange of information, (2) facilitate personal growth in the use of technology, and (3) enhance information gathering and communication skills.

In exchange for the use of DKS's Technology Resources either at school or away from school, you understand and agree to the following:

- A. Your use of the DKS's Technology Resources is a privilege that may be revoked by the DKS at any time and for any reason.
- B. The DKS reserves all rights to any material stored on DKS Technology Resources. You have no expectation of privacy when using DKS Technology Resources. DKS reserves the right to monitor all use of its Technology Resources, including, without limitation, personal email and voice mail communications, computer files, data bases, web logs, audit trails, or any other electronic transmissions accessed, distributed, or used through the Technology Resources. DKS also reserves the right to remove any material from the Technology Resources that the DKS, at its sole discretion, chooses to, including, without limitation, any information that DKS determines to be unlawful, obscene, pornographic, harassing, intimidating, or disruptive.
- C. The Technology Resources do not provide you a "public forum." You may not use the Technology Resources for commercial purposes or to lobby or solicit political positions or candidates unless expressly authorized in advance by a teacher or administrator as part of a class program or activity. You may, however, use the Technology Resources to contact or communicate with public officials.
- D. The DKS's Technology Resources are intended for exclusive use by registered users. You are responsible for your account/password and any access to the Technology Resources made using your account/password. Any problems arising from the use of your account/password are your responsibility. Use of your account by someone other than you is forbidden and may be grounds for loss of access privileges and other disciplinary consequences for both you and the person(s) using your account/password.
- E. You may not use the Technology Resources or any other communication/messaging devices (including devices not owned by DKS) to engage in cyberbullying. Cyberbullying means "the use of email, cell phone and pager text messages, instant messaging (IM), defamatory personal websites, and defamatory online personal polling websites to support deliberate, repeated and hostile behavior by an individual or group that is intended to harm others." [Definition written by Bill Belsy, available at <http://www.cyberbullying.ca>.]
- F. Misuse of Technology Resources may result in suspension of your account privileges and/or other disciplinary action, up to and including expulsion, as determined by the DKS. Misuse includes, but is not limited to:
 - 1. Accessing or attempting to access educationally inappropriate materials/sites including, without limitation, material that is "harmful to minors," unlawful, obscene, pornographic, profane, or vulgar. Material that is "harmful to minors" includes "any picture, image, graphic image file, or other visual depiction that (1) taken as a whole and with respect to minors, appeals to a prurient interest in nudity, sex, or excrement; (2) depicts, describes, or represents, in a potentially offensive way with respect to what is suitable for minors, an actual or simulated sexual act or sexual contact, actual or simulated normal or perverted sexual acts, or a lewd exhibition of the genitals; and (3) taken as a whole lacks serious literary, artistic, political, or scientific value as to minors." 47 USC§ 254(h)(7). The determination of a material's "appropriateness" is based on both the material's content and intended use.
 - 2. Cyberbullying (as defined in paragraph E) or any other use of the Technology Resources that would violate DKS's anti-bullying rules or policies. Cyberbullying may, without limitation, include posting slurs or rumors or other disparaging remarks about another person on a website; sending email or instant messages that are meant to threaten, harass, intimidate, or drive up a victim's cell phone bill; taking or sending embarrassing or sexually explicit photographs, video, or other visual depictions of another person; or posting misleading or fake photographs of others on websites.
 - 3. Sexting, which includes, without limitation, possessing, sending, or distributing nude, sexually explicit, or sexually suggestive photographs, videos, or other visual depictions of yourself or another person over the DKS's Technology Resources or by any other means, including over personally owned devices.
 - 4. Posting personally identifiable information about yourself or others over the Internet even if the information is solicited by a website that requests such information.
 - 5. Vandallism, which includes, without limitation, any malicious or intentional attempt to harm, steal, destroy, or disrupt user data, school materials, or school hardware; violating the integrity of DKS's Technology Resources; uploading or creating viruses; downloading/installing unapproved, illegal, or unlicensed software; or seeking to circumvent or bypass security measures.
 - 6. Hacking, which includes, without limitation, gaining or attempting to gain access to, modifying, or obtaining copies of, unauthorized information or information belonging to other users.
 - 7. Unauthorized copying or use of licenses or copyrighted software.
 - 8. Plagiarizing, which includes the unauthorized distributing, copying, using, or holding out as your own, copyrighted material (most of the Internet is copyrighted), or material written by someone else, without permission of, and attribution to, the author.
 - 9. Misrepresenting others, including, without limitation, posting confidential or inappropriate information (text, video, photo) meant to harass, intimidate, or embarrass other students or staff on any social media network or website.

10. Allowing anyone else to use an account or not locking access to computer devices when leaving them unattended.
 11. Using or soliciting the use of, or attempting to use or discover the account information or password of, another user.
 12. Attempting to or successfully disabling security features, including technology protection measures required under the Children's Internet Protection Act (CIPA).
 13. Misusing equipment or altering system software without permission.
 14. Commercial for-profit activities, advertising, political lobbying, or sending mass mailings or spam. However, you may contact a public official to express an opinion on a topic of interest.
 15. Using the Technology Resources in any way that violates DKS's student code of conduct, or any federal, state, or local law or rule.
- G. It is the policy of DKS, as a recipient of certain federal funds, to monitor the online activities of its minor students and provide technology protection measures on its computers with Internet access designed to prevent minors from accessing visual depictions that are (1) obscene, (2) child pornography, or (3) harmful to minors. DKS staff must regularly monitor to ensure that technology blocks are working appropriately. The technology blocks may be disabled by an authorized person, *during adult use*, to enable access to bona fide research or for other lawful purposes.
- H. It is the policy of DKS to prohibit its minor students from (1) accessing inappropriate matter on the Internet; (2) engaging in hacking or other unlawful online activities; (3) disclosing, using, or disseminating personal information online; or (4) accessing materials that are harmful to minors. It is also the policy of DKS to educate students about cyberbullying awareness and response and about appropriate online behavior, including safely interacting with other individuals in social networking websites, chat rooms, and by email.
- I. DKS does not guarantee that measures described in paragraphs G and H will provide any level of safety or security or that they will block all inappropriate material from DKS's minor students. You agree that you will not intentionally engage in any behavior that was designed to be prevented by paragraphs G and H.
- J. The DKS does not warrant or guarantee that its Technology Resources will meet any specific requirement, or that they will be error free or uninterrupted; nor will DKS or its Internet provider be liable for any direct or indirect, incidental, or consequential damages (including lost data, information, or time) sustained or incurred in connection with the use, operation, or inability to use the Technology Resources.
- K. When utilizing the DKS Technology Resources, you may use only DKS authorized messaging and communication systems. There is no expectation of privacy in electronic communications. The DKS reserves the right to monitor electronic communications.
- L. As soon as possible, you must disclose to your teacher or other school employee any message you receive that is inappropriate or makes you feel uncomfortable, harassed, threatened, or bullied, especially any communication that contains sexually explicit content. You should not delete such content until instructed to do so by a staff member.
- M. The DKS and/or the Internet provider will periodically determine whether specific uses of the DKS's Technology Resources are consistent with this acceptable-use policy. The DKS or its Internet provider reserves the right to log Internet use and to monitor mail space and file server utilization by users. The DKS reserves the right to remove a user account on the DKS's Technology Resources to prevent further unauthorized activity.
- N. You may not transfer intellectual property or software belonging to DKS without the permission of the DKS Director of Organizational Technology Services or his/her designee. Without first obtaining such permission, you will be liable for any damages and will be required to pay the cost of any damages caused by such transfer, whether intentional or accidental.
- O. You are responsible for the proper use of Technology Resources and will be held accountable for any damage to or replacement of the Resources caused by your inappropriate use.

In consideration for the privileges of using the DKS's Technology Resources and in consideration for having access to the information contained therein, I release the DKS, its Board of Education, individual Board members, administrative employees and agents, the Internet provider and its operators from any and all claims of any nature arising from my use, or inability to use, the Technology Resources. I agree to abide by this Acceptable Use Policy and Agreement and by any rules or regulations that may be added from time-to-time by the DKS and its Internet provider as well as DKS's Internet Safety Policy and its Student Code of Conduct. All additional rules, regulations, and policies are available in hardcopy in the Principal's office.

I have read this Acceptable Use Policy and Agreement and sign it knowingly and freely.

Student Signature

Date

EMERGENCY MEDICAL AUTHORIZATION PERMIT

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed below and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present.

This authorization is valid for the current school year or until such time as I withdraw the authorization.

Authorized _____ Date _____
Signature of Parent/Guardian

Child's Name _____
(Last) (First) (Middle)

School _____ Grade _____ Teacher _____

Birthdate _____ Sex _____ Telephone _____

Parent or Guardian Names _____

Home Address _____

Mother's Employment _____ Telephone _____

Father's Employment _____ Telephone _____

Doctor Preferred _____ Telephone _____

Doctor's Address _____

Dentist Preferred _____ Telephone _____

Dentist's Address _____

Insurance Company _____ I.D. No. _____

Important Medical Information

Allergies _____

Current Medications or Treatments _____

Previous Operations or Hospital Confinements _____

Other: _____

DELTON KELLOGG SCHOOLS
STUDENT RECORD RELEASE FORM

ELEMENTARY SCHOOL
327 NORTH GROVE ST.
DELTON, MI 49046
269-623-1532
FAX 269-623-1538

MIDDLE SCHOOL
6525 DELTON RD.
DELTON, MI 49046
269-623-1542
FAX 269-623-1548

HIGH SCHOOL
10425 PANTHER PRIDE DR.
DELTON, MI 49046
269-623-1521
FAX 269-623-1150

PREVIOUS SCHOOL INFORMATION

DATE: _____

SCHOOL NAME: _____

SCHOOL PHONE AND FAX NUMBER: _____

STUDENT NAME: _____

I(WE) _____ do hereby authorize you to release
the records of the above named student to the following school:

Check one:

DKES _____ DKMS _____ DKHS _____

This authorization is subject to the following limitations:

_____ Initial here if above named student receives Special Education Services (Ex, Speech, LD,
Social work Services etc) and parent/guardian allows release of IEP, Current MET and Psych report.

Previous School – Please fax these 3 items ASAP

Signature of Parent(s), Legal Guardians

Address

Phone

NEW STUDENT - TRANSFER INFORMATION

Yes No I am interested in participating in athletics this school year.

To be completed by new student and parents. For internal school use; do not send this form to the MHSAA. This form is designed to assist in researching athletic eligibility at Michigan High School Athletic Association member schools for students in grades 9-12, except those entering the 9th grade for the first time. Consult *MHSAA Handbook* Int. 64 and 76 assist in determining whether residential changes are full and complete. Int. 37 states two current and complete documents are prerequisites for participation: Physical Exam/Consent Form and official school record (transcript) since first enrolling in the 9th grade of any school.

THIS SECTION COMPLETED BY SCHOOL & STUDENT	Number of classes for which credit has been given in the previous academic term: _____ Number of potential classes for a full-time student in our high school: _____ Official enrollment date (in school books & attending one or more classes) ____/____/____ Number of semester's _____ and/or trimesters _____ in grades 9-12 completed to date. In what school year did the student end the 8 th grade (and begin grade 9)? 20__ - 20__. Has the student repeated any grade 9-12? Yes ___ No ___
--	--

STUDENTS NAME _____ GRADE _____ BIRTHDATE ____/____/____

PHONE: _____ EMAIL: _____

CURRENT (NEW) ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF RESIDENCE CHANGE INTO CURRENT (NEW) ADDRESS _____

CURRENT (NEW) PUBLIC SCHOOL DISTRICT IN WHICH YOU RESIDE _____

OLD HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

OLD PUBLIC SCHOOL DISTRICT OF RESIDENCE _____

PARENT(S) or GUARDIAN(S) _____ Phone: _____

1. The last school the student attended: _____
2. While enrolled at former school, the student lived with _____
(Note all people: Parents, guardians, siblings, or others)
3. YES NO The student lived with the above for at least 30 days during the most recent previous academic term.
The student now lives with _____
(Note all people: Parents, guardians, siblings, or others)

CIRCLE THE CORRECT ANSWER:

4. 8 9 10 11 12 Circle the highest grade in which the student was enrolled at any previous school.
5. YES NO The school previously attended is a nonpublic, private or parochial school.
6. YES NO The student is a "Ward of the Court/State" and was placed in this school district by court order.
7. YES NO The student is a foreign exchange student. COUNTRY _____ VISA: F-1 J-1
7a. Name of Exchange Program _____
7b. YES NO The program is on the current CSIET Approved Listing.
8. YES NO The student's previous school has been closed, dissolved or reorganized (See Int. 63 & 86)
9. YES NO The student's parents are divorced. If divorced, give decree date: Month _____ Year _____
10. YES NO The student is 18 or under; if 19 his/her birthday is on or after Sept. 1 of this school year.
11. YES NO Last year, the student was a student at a boarding school, or while enrolled out of state attended a sports academy.
12. YES NO The student is 18 and moved into this district without parents.
13. YES NO The student is a 9th or 10th grader and has not participated in any MHSAA sponsored sport.
14. YES NO The student participated in a cooperative program involving his/her previous school and our school.
15. YES NO The student wishes to discuss her/her situation with the athletic director.

OVER

THIS FORM MUST BE GIVEN TO THE ATHLETIC DIRECTOR OR PRINCIPAL FOR IMMEDIATE EVALUATION
STUDENT OR PARENTS - DO NOT WRITE BELOW THIS LINE

School Administrators should complete the following:

The eligibility status of this student at _____ High School is checked below.

- _____ This student is IMMEDIATELY ELIGIBLE to participate in interscholastic athletics.
_____ This student will be eligible upon completion and processing of the Educational Transfer Form.
_____ There is a question about the eligibility of this student and he/she may not participate in interscholastic athletics until written permission is given by the Principal.
_____ This student is NOT ELIGIBLE to participate in interscholastic athletics.
_____ This student may be ELIGIBLE effective ____/____/____

SIGNED: _____
Athletic Director

DATE: _____

SIGNED: _____
Principal

DATE: _____

DO NOT SEND THIS FORM TO THE MHSAA
This form is intended for local use only -- MAY BE DUPLICATED

This form was designed to assist schools in compiling information to determine eligibility under MHSAA Regulations. It is not possible to immediately and unconditionally determine eligibility.

Schools should fill in their school name at the top this page and provide copies of forms to be included in the enrollment material. Schools should make this form available in the guidance, administration and athletic offices. Request that the form be submitted as soon as possible after enrollment, to the athletic director for his/her evaluation. Schools may meet with students and parents to further clarify eligibility issues. Schools may contact the MHSAA for assistance.

Assistance in Applying the MHSAA Transfer Rule and Interpretations

The reverse side of this form is based upon the following MHSAA Regulations, Sections and Interpretations. Administrators should consult the *MHSAA Handbook* and then, if necessary, the MHSAA staff to assist in processing a new student transfer. The only interpretations that are official are those received in writing.

The boxed information is intended to provide evidence to address Regulation 1, Section 2 (age eligibility), Section 4 (maximum enrollment), Section 7 (previous academic term record), and Section 9(A) (transfer student). A transfer student must be enrolled prior to Oct 1 to participate in fall MHSAA tournaments, Feb 1 winter tournaments or May 1 for spring tournaments. See Reg. 1, Section 9 [F].

The CAPITALIZED INFORMATION on residence relates to Regulation 1, Section 9 exceptions regarding residence change "from one public school district to a different public school district." Exceptions: 1, 2, 3, 4, 5, 8, and 12.

- Line 1: Indicates type of school: public, nonpublic or charter school.
Lines 2/3: Regulation 1, Section 9(A), Exception 1, (30 days) Interpretations 64 and 76.
Line 4: Determine grade level. Regulation 1, Section 9(A), Exceptions 10 and 11.
Line 5: Verification of line 1 and Interpretation # 61.
Line 6: Regulation 1, Section 9(A), Exception 3.
Line 7: Regulation 1, Section 9(A), Exception 4. J-1 VISA usually (not always) provides eligibility. The F-1 VISA is not issued to exchange students. See Interpretations 82-85 and mhsaa.com for CSIET listing.
Line 8: Regulation 1, Section 9(A), Exception 8, (also see Interpretations 83 and 86)
Line 9: Regulation 1, Section 9(A), Exception 8 (allowed one time. See Educational Transfer Form on mhsaa.com). If student is moving between parents who never married see Interpretation 88 and include documentation.
Line 10: Regulation 1, Section 2.
Line 11: Regulation 1, Section 9(A), Exception 2 or Exception 1, Interpretations 60 & 66 (out-of-state sports academy).
Line 12: Regulation 1, Section 9(A), Exception 12 (allowed one time. See Educational Transfer Form).
Line 13: Regulation 1, Section 9(B). Subvarsity for 9th or 10th grade students with no athletic participation.
Line 14: Regulation 1, Section 9(C). Former school must concur and student must have participated in the co-op.
Line 15: Acknowledges that the student or parents need to discuss the matter of eligibility further.



michigan high school athletic association

John E. Roberts, Executive Director

1661 Ramblewood Drive • East Lansing, MI 48823-7392 • 517-332-5046 • Fax 517-332-4071 • Web mhsaa.com

TO: Principals and Athletic Directors of MHSAA Member Junior High/Middle and Senior High Schools
FROM: John E. Roberts, Executive Director
DATE: April 22, 2013 (Updated Sept. 10, 2013)
SUBJECT: Action Under Public Acts 342 and 343 (Concussion Law)

The above laws become effective June 30, 2013, and require all levels of schools and youth sports organizations to educate, train and collect forms for non-MHSAA activities including physical education classes, intramural and out-of-season camps or clinics. You may wish to share this information with others in your school district and youth sports groups in your community.

It should be understood that for MHSAA sports, the existing rules meeting completion requirement and concussion removal and return-to-play protocols, first begun in 2010, remain in effect. This includes that each school shall designate the person who shall evaluate suspected concussions. If a student is withheld from competition due to a suspected concussion, he or she may not return at all on that day and only on a subsequent day with the written clearance of an MD or DO. This is more stringent than the new law and must be followed for MHSAA competition and practices. Not adhering to this protocol results in ineligibility of the student and forfeiture of contests.

Compliance with other respects of the new concussion law is accomplished through a website of the Michigan Department of Community Health (MDCH) michigan.gov/sportsconcussion.

Below is a brief summary of what the new law is requiring youth sports organizations and schools to do for non-MHSAA sport activities such as physical education, intramurals and out-of-season or summer camps and clinics:

1. Adults (coaches and teachers) must complete a free online training course. There are two options on the MDCH website, one through the Centers for Disease Control (CDC.gov) and one through the National Federation of State High School Associations (NFHS.org). These courses are the only options to fulfill the adult training requirement unless attorneys for a school or organizing entity attest that their content has met the criteria of the law and accept liability. Schools should collect and file the certificate of completion for each adult. A school may hold a group meeting, show an approved online course, record and vouch for completion of the tests at the end of the course and then collect individual documentation that the course was completed.
2. Sponsoring organizations must provide educational training materials to students and parents and collect and maintain their signed statement of receipt of that information for the duration of the student's involvement with the organization, or age 18. The MDCH website's educational material is found under "Information for Parents & Athletes." The content of this material may not be altered, but it may be reformatted.

The website also links to an "Acknowledgement Form" (under Popular Documents and Links). This form can be used as the signed statement, or the sponsoring organization may create its own form provided the content is similar. Some schools are including concussion information and signed statements with school registration and handbook materials, at first for all students and in subsequent years for new students.

3. Sponsoring organizations must follow the same concussion protocols for non-MHSAA events as is currently done for MHSAA sports when a student is suspected of a concussion. Sit them out, find out and do not allow them to return to practice or competition until cleared in writing. The new law requires sponsoring organizations to maintain a copy of any written clearance until the student is 18 years of age.

This is not intended to be legal advice. Schools should review the website and contact their own attorneys if they so choose. This is a summary to assist schools this spring so they are in compliance for activities beginning this summer and moving into the 2013-14 school year and beyond.

Educational Material for Parents and Students (Content Meets MDCH Requirements)

Sources: Michigan Department of Community Health, CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

UNDERSTANDING CONCUSSION

Some Common Symptoms

Headache	Balance Problems	Sensitive to Noise	Poor Concentration	Not "Feeling Right"
Pressure in the Head	Double Vision	Sluggishness	Memory Problems	Feeling Irritable
Nausea/Vomiting	Blurry Vision	Haziness	Confusion	Slow Reaction Time
Dizziness	Sensitive to Light	Fogginess	"Feeling Down"	Sleep Problems
		Grogginess		

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 rests 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.

Parents and Students Must Sign and Return the Educational Material Acknowledgement Form

**CONCUSSION AWARENESS
EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM**

By my name and signature below, I acknowledge in accordance with the Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for the Parents provided by the Delton Kellogg Area School System.

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian Name Signature

Date

Date

Return this signed form to Delton Kellogg Elementary School –this must be kept on file for the duration of the participation or age 18.

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