Discover your learning opportunities
Anchor Bay Schools
An AdvanED Accredited District
COMPASS POINTE LEARNING CENTER
A School of Choice Alternative Education Program
Get your Anchor Bay School District Diploma!
Now Accepting New Students Ages 16 – 19 years!

• Smaller class sizes
• Low Teacher to Student ratio
• Day, Night and Summer Credit Recovery Opportunities
• Intramural activities such as bowling, volleyball and basketball
• Earn 10 credits per year
• Traditional classroom, online and blended instruction.

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Low Teacher to Student ratio
Day, Night and Summer Credit Recovery Opportunities
Intramural activities such as bowling, volleyball and basketball
Earn 10 credits per year
Traditional classroom, online and blended instruction.

Super Bowl Spirit Week
Family-style Thanksgiving Dinner

A school focused on your students’ needs.
Setting a course to a quality education while assisting students in setting and attaining their highest possible individual goals.

For 2016-2017 SCHOOL YEAR ENROLLMENT and application information visit our website at: www.anchorbay.misd.net. Compass Pointe Learning or Call (586)-725-2205.
Secondary Registration Checklist

My child will be attending:

- Anchor Bay High School, 6319 County Line Road, Fair Haven, MI, Phone: 586-648-2525
- Anchor Bay Middle School North, 52805 Ashley, New Baltimore, MI, Phone: 586-725-7373
- Anchor Bay Middle School South, 48650 Sugarbush, New Baltimore, MI, Phone: 586-949-4510
- Compass Pointe, 51518 Industrial Dr. Unit H, New Baltimore, MI, Phone: 586-725-2205

Your child is not officially registered for school until all the items below have been submitted.

Required information:

- STUDENT ENROLLMENT FORM
- PERMISSION TO RELEASE OFFICIAL RECORDS
- AFFIRMATION OF PRIOR DISCIPLINE RECORD
- ORIGINAL BIRTH CERTIFICATE
- IMMUNIZATION RECORDS
- PARENT/GUARDIAN PHOTO IDENTIFICATION
- PROOF OF RESIDENCY (2)
- HOME LANGUAGE SURVEY
- REPORT CARD AND/OR TRANSCRIPT
- UNDERSTANDING CONCUSSION

Also included:

- Birth certificate requirements
- Required childhood immunizations
- Statement of Varicella
- Non-owner residency affidavit

- Food Service information
- PowerSchool Parent Portal Agreement
# ANCHOR BAY SCHOOL DISTRICT
## ENROLLMENT FORM

### Student Information

<table>
<thead>
<tr>
<th>Student’s Full Legal Name (as shown on Birth Certificate)</th>
<th>School</th>
<th>Grade Entering</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Primary Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birth Date</th>
<th>Birth City &amp; State (if born in US)</th>
<th>Gender</th>
<th>Secondary Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

### Ethnicity
- [ ] No, not Hispanic or Latino
- [ ] Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

### Race
The question to the left is about ethnicity, not race. No matter what you selected, please answer the following by marking one or more boxes to indicate what you consider your student’s race to be:

- [ ] American Indian/Alaskan Native
- [ ] Asian American
- [ ] Black or African American
- [ ] Native Hawaiian/Other Pacific Islander
- [ ] White

### Previous School

Has your child attended school in Anchor Bay before? (Include Pre-K)

- [ ] Yes
- [ ] No

If Yes, School Attended

<table>
<thead>
<tr>
<th>Year</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Previous District

### Did your child receive Special Services at Former School?

- [ ] Yes
- [ ] No

If yes, check all that apply below and provide copy of plan.

- [ ] Special Education
- [ ] 504 Plan
- [ ] Speech/Language
- [ ] Title 1
- [ ] Math
- [ ] Reading
- [ ] Social Work
- [ ] Other Services

Please describe other services:

### Primary Household Information
- Student lives with:
  - [ ] Both Parents
  - [ ] Father/Stepmother
  - [ ] Mother/Stepfather
  - [ ] Father Only
  - [ ] Mother Only
  - [ ] Guardian
  - [ ] Relative
  - [ ] Foster
  - [ ] Court Placed

#### Parent/Guardian Name

<table>
<thead>
<tr>
<th>Relationship to Child</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Employer</th>
<th>Work Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

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<th>Work Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Name of Parent Living Elsewhere

<table>
<thead>
<tr>
<th>Relationship to Child</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Home Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have custody papers been provided to the office?

- [ ] Yes
- [ ] No

Custody Restrictions

### Emergency Contacts
- My student may be released to the following local contacts when primary contacts above cannot be reached:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Child</th>
<th>Primary Phone</th>
<th>Secondary Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
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<th>Name</th>
<th>Relationship to Child</th>
<th>Primary Phone</th>
<th>Secondary Phone</th>
</tr>
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<th>Relationship to Child</th>
<th>Primary Phone</th>
<th>Secondary Phone</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tr>
</tbody>
</table>
STUDENT ENROLLMENT FORM (page 2 of 2)

School Age Child Care (SACC)

Does student attend Anchor Bay School Age Child Care (SACC)?  □ Yes  □ No

If yes  □ Before School  □ After School  □ Both  □ Other:

New Enrollee Transportation  (If eligible, please check transportation requested)

□ No transportation needed  □ Both to school and home  □ To school only  □ Home from school only  □ ½ Kg.  □ ECSE am  □ ECSE pm

Please indicate if parents have joint/shared custody and student requires transportation from both parent locations within district.  □ Yes  □ No

If your child will be transported to the address of an assigned caregiver different from your home address, please complete the ALTERNATE BUS FORM.

Other Children Who Reside In the Home

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>School/Grade</th>
<th>Relationship to Student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Health Information  If nothing known, please check  □

□ Asthma  □ Allergy  □ Diabetes  □ Heart Condition  □ Seizure  □ Hearing Problem  □ Vision Problem

List all non-food allergies  □ Epi-Pen

List all food allergies  □ Epi-Pen

Other Medical Alerts/Health Conditions

Physical Limitations

Medications Taken (include inhaler)  Is your child required to taken medication or inhaler during the school day?  □ Yes  □ No  If yes, Medical Form required

Medical Plan: Complete a medical plan if your child has allergies/asthma/diabetes/seizures or other condition which requires treatment during the school day.

<table>
<thead>
<tr>
<th>Physician Name</th>
<th>Physician Phone</th>
<th>Preferred Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

By signing this form below, I authorize the physician and/ or hospital listed on this document (or any medical care facility) to treat my child in the event of serious illness or accident when I cannot be reached. Any obligation for medical expenses resulting from treatment in such a case is my responsibility and I agree to hold the school harmless. Permission to transport my child in case of emergency is also given.

Information for Parents

Your preschool-aged and school-aged children have certain rights or protections under the McKinney-Vento Homeless Education Assistance Act. Is your current living arrangement the result of a loss of housing or economic hardship?  □ Yes  □ No  □ Unsure

Your truthful and accurate answers help the district identify services that your student may be eligible to receive.

Local Area Contacts: Carol Selby 586-648-2525 ext. 2342, MISD Coordinator – Mary Lebiota 586-228-349C

School Release

Anchor Bay School District students may be photographed or videotaped and their name and/or work displayed for educational and/or not-for-profit use in various ways: newsletter articles, building videos, Channel 6 broadcasts, building video networks, athletic team rosters, club rosters, as well as, district, building and classroom web pages, etc. Students may also participate in additional learning opportunities through distance learning and virtual field trips. If you do not want your child to participate in the above activities, make your request in writing to the building principal.

Verification of Information—the undersigned acknowledges that the information provided on this form is true and accurate

Parent/Legal Guardian Signature  Date
# PERMISSION TO RELEASE OFFICIAL RECORDS

<table>
<thead>
<tr>
<th>Student Name (as it appears on birth certificate)</th>
<th>Birthdate</th>
<th>Grade Entering:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous School Name:</td>
<td>Phone Number:</td>
<td>Fax Number:</td>
</tr>
<tr>
<td>Previous School Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous School City/State</td>
<td>Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

The student listed above is now enrolled in Anchor Bay School District. Please mail the following school records to the school indicated below or notify us if you have no record of this student:

- Official cumulative record
- Transcript of grades and credits
- Achievement and ability test scores
- Health and/or immunization records
- Attendance
- Discipline/citizenship record
- Special Education Records (IEP, diagnostic reports, medical records)
- State of Michigan UIC number if available

I hereby grant permission for the release of the above record(s) to Anchor Bay School District:

<table>
<thead>
<tr>
<th>Parent/Guardian Signature (Student if 18 years of age)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please send records to:

Please send Special Education records to: Anchor Bay Student Services

5201 County Line Road, Casco, MI 48064

Rev. 8/2015
ANCHOR BAY SCHOOL DISTRICT

STATEMENT OF PRIOR DISCIPLINE RECORD

Student's Name: ____________________________ Previous School: ____________________________

Section 1 – For Student and Parent

A willful false statement on this affirmation will result in possible removal from Anchor Bay School District.

DIRECTIONS: Please check the applicable paragraph, provide all appropriate information, and sign this document.

Paragraph 1:

________ The undersigned affirms that __________________________ has NOT been suspended or expelled, or is not in the process of being suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

Paragraph 2:

________ The undersigned affirms that __________________________ has been suspended or expelled or is in the process of being suspended or expelled from a public or private school in Michigan or another state for one or more offenses involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for an act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

IF YOU CHECKED PARAGRAPH 2, EXPLAIN THE CIRCUMSTANCES IN DETAIL. INCLUDE THE SCHOOL NAME, DATES OF SUSPENSION OR EXPULSION, AND A DESCRIPTION OF THE INCIDENT GIVING RISE TO THE SUSPENSION OR EXPULSION.

__________________________________________________________

Date ____________________________ Signature of Parent/Guardian (Student signature if 18 years or older)

Date copy sent for verification: ____________________________ Initials of Anchor Bay staff member ____________________________

Section 2 – Previous School – Please check one of the statements below, sign and send back to requesting school

Name of Sending (Former) School District ____________________________

_______ According to our records, we can verify that the information provided above by the parent/student is correct.

_______ According to our records, the information provided above by the parent/student is not correct.

If the student has been involved in offenses involving weapons, alcohol or drugs, or willful infliction of injury to persons or an act of violence against persons and/or property committed on school premises, at a school sponsored activity, or on a public or private conveyance providing transportation to or from school or a school sponsored activity, please forward appropriate disciplinary documentation.

Date ____________________________ Signature of Previous School Administrator

Phone ____________________________ Title ____________________________
Birth Certificate Requirements

Dear Parents / Guardians,

Public Act No. 84 (known as the Missing Children’s Act) of the State of Michigan became effective June 27, 1987 and states that:

“Upon enrollment of a student for the first time in a local school district, the district shall notify, in writing, the person enrolling the student that within thirty (30) days he or she shall provide to the local school district a certified copy of the student’s birth certificate or other reliable proof."

Please consider this letter your notification of the law.

For record-keeping purposes, your 30-day notification will begin with the first day of school. Within 30 days from that date please provide us with acceptable proof of birth for your child. If you fail to do so by the 30-day deadline, we are obligated to notify the Michigan State Police for investigation.

This public act is intended to help locate missing children. Thank you in advance for your cooperation.

Sincerely,

Leonard Woodside

Leonard Woodside
Superintendent
### Required Childhood Immunizations for Michigan School Settings

School communicable disease rules are the minimum standard for preventing disease outbreaks in school settings. To best protect patients from all diseases we have the power to prevent, healthcare providers in Michigan should follow the 2013 Recommended Immunization Schedule at www.cdc.gov/vaccines or www.michigan.gov/immunize.

<table>
<thead>
<tr>
<th>Age</th>
<th>Vaccine**</th>
<th>4 years through 6 years</th>
<th>7 years through 18 years including all 6th grade students</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Diphtheria, Tetanus, Pertussis</td>
<td>4 doses DTP or DTaP, one dose must be on or after 4 years of age</td>
<td>4 doses D and T OR 3 doses Td if #1 given on or after 7 years of age. 1 dose of Tdap*** for children 11 through 18 years IF 5 years since the last dose of tetanus/diphtheria containing vaccine.</td>
</tr>
<tr>
<td></td>
<td>Polio</td>
<td>4 doses, if dose 3 administered on or after 4 years of age, only 3 doses are required</td>
<td>3 doses</td>
</tr>
<tr>
<td></td>
<td>Measles,* Mumps,* Rubella*</td>
<td>2 doses on or after 12 months of age</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hepatitis B*</td>
<td></td>
<td>3 doses</td>
</tr>
<tr>
<td></td>
<td>Meningococcal****</td>
<td>None</td>
<td>1 dose for children 11 years of age or older upon entry into 6th grade or higher</td>
</tr>
<tr>
<td></td>
<td>Varicella* (Chickenpox)</td>
<td>2 doses of varicella vaccine at or after 12 months of age OR current lab immunity OR reliable history of disease</td>
<td></td>
</tr>
</tbody>
</table>

* Current laboratory evidence of immunity is acceptable instead of immunization with antigen.
** All doses of vaccines must be given with appropriate spacing between doses and at appropriate ages to be considered valid.
***Tdap is required at 11 years of age or older regardless of grade.
****Meningococcal is not assessed in MCIR/SIRS if the child is 11 years of age and in a grade lower than 6th grade.
STATEMENT
OF
VARICELLA DISEASE
(CHICKENPOX)

Macomb County Immunization Regulations require all children admitted to any public, private, or parochial elementary or secondary school, day care center, camp, or any other organized care or educational facility operating in Macomb County to present a certificate indicating dates of all required immunizations.

Complete the portion below only if your child has had varicella (chickenpox) disease. This must be signed and witnessed at your child’s school/child care program.

I certify my child:

Last Name          First Name          M.I.

Birth Date          Grade          Date of School Enrollment

has had varicella disease __________________________________________

(When did varicella occur: age or date)

Signature: ___________________________  Date: ___________________________

(Parent or Legal Guardian)

Witnessed by: ___________________________  Date: ___________________________

(School/Program Staff)

School District: ___________________________

School/Child Care Program: ___________________________

PLACE IN CHILD’S PERMANENT RECORD
Dear Parent/Guardian:

Key Points Regarding Claiming a Nonmedical Waiver or Michigan Schools and Licensed Childcare

Michigan recently modified the administrative rules that change how nonmedical waivers for immunizations will be processed for school childcare programs. The new rule went into effect on January 1, 2015.

With Michigan having one of the highest waiver rates in the country, a proactive approach has been established to help inform everyone regarding the benefits of vaccinations and the risks of disease. Some counties in Michigan have waiver rates as high a 20.7%. This means that more than 20% of the students in those counties haven’t had all their vaccines. Some school buildings have even higher waiver rates. The hope is that the new rule will help answer any questions/concerns one may have regarding immunizations.

Key Points

- The new rule applies to all children who are enrolled in a public or private:
  - Licensed childcare, preschool, and Head Start programs
  - Kindergarten, 7th grade, and any newly enrolled student into the school district
- The new rule does not take away your right to obtain a nonmedical waiver
- Nonmedical waivers (religious or philosophical (other) objections) will need to be obtained from a county health department: the schools childcare centers will not have them.
- Parents/Guardians must follow these steps when requesting a nonmedical waiver:
  - Contact your county health department for an appointment to speak with a health educator.
  - Waiver education is available by APPOINTMENT ONLY at the Macomb County Health Department in Mount Clemens. Call the School Immunization Program at (586)466-6840 to schedule an appointment. Walk-in requests for waiver education will not be available.
  - During the visit, there will be an opportunity to have a discussion about immunizations with the county health department staff.
  - If at the end of the visit, you request a nonmedical waiver for your child, you will receive a copy of the current, certified (stamped and signed) State of Michigan Nonmedical Waiver Form
    - School/childcare centers will only accept the current, official State of Michigan form (Current date: January 1, 2015).
    - Forms cannot be altered in any way (such as crossing information out).
  - Take completed, certified waiver form to your child’s school or childcare center.
- If your child has a medical reason (a true contraindication or precaution) for not receiving a vaccine, a physician must sign the State of Michigan Medical Contraindication form; this form is available at your doctor’s office (not the county health department).
- Based on the public health code, a child without either an up-to-date immunization record, a certified nonmedical waiver form or a physician signed medical waiver form can be excluded from school/childcare.

For more information, please visit www.michigan.gov/immunize> then click on Local Health Department> then click on Immunization Waiver Information. There is a list of all the county health departments on this website, along with their address and phone numbers.
The Anchor Bay School District is required by Federal and state law to collect 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 Michigan School Code of 1995, Michigan’s Bilingual Education law.

Name of Student: ___________________________  Grade: _______  Age: _______

Name of School Building: ________________________________

1. Is your child’s native tongue a language other than English?
   
   Yes  No  If yes, what is that language? ________________________________

2. Is the “primary language” (the dominant language used by a person for communication) used in your child’s home a language other than English?
   
   Yes  No  If yes, what is that language? ________________________________

3. Has your student been identified or have they received Bilingual/ESL services in another district?
   
   Yes  No  If yes, what district? ________________________________

4. *What country was your child born in? ________________________________

5. *When did your child enter the United States? ________________________________

   *Optional

   Parent/Guardian Signature: ____________________________________________

   Date Completed: ________________________________
Understanding Concussion

Some Common Symptoms

<table>
<thead>
<tr>
<th>Headache</th>
<th>Balance Problems</th>
<th>Sensitive to Noise</th>
<th>Poor Concentration</th>
<th>Not “Feeling Right”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure in the Head</td>
<td>Double Vision</td>
<td>Sluggishness</td>
<td>Memory Problems</td>
<td>Feeling Irritable</td>
</tr>
<tr>
<td>Nausea/Vomiting</td>
<td>Blurry Vision</td>
<td>Nazziness</td>
<td>Confusion</td>
<td>Slow Reaction Time</td>
</tr>
<tr>
<td>Dizziness</td>
<td>Sensitive to Light</td>
<td>Fogginess</td>
<td>“Feeling Down”</td>
<td>Sleep Problems</td>
</tr>
</tbody>
</table>

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

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 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 ____________________________ Sponsoring Organization

__________________________________________
Participant Name Printed

__________________________________________
Participant Name Signature

__________________________________________
Date

__________________________________________
Parent or Guardian Name Printed

__________________________________________
Parent or Guardian Name Signature

__________________________________________
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.
ANCHOR BAY SCHOOL DISTRICT

NON-OWNER RESIDENTIAL AFFIDAVIT

1. This form is to be completed if you are unable to provide proof of residency at your current address because you are not the owner or lessee of the property.
2. This form, plus 2 proofs of residency in the property owner or lessee's name, must be on file in the enrolling student's CA60 file at the school building.
3. Parent/Guardian must provide proof of residency within 30 days.

**Part 1: To be completed by the parent/legal guardian and signed.**

I do hereby certify that the information supplied concerning residency is correct. I understand that if I change addresses within the district, or move out of the district, I must immediately notify the office at my child's school.

I fully understand if I falsify this statement, the child(ren) may be dropped from the Anchor Bay School District immediately. In addition, I may be responsible for paying tuition for each day the child(ren) attended Anchor Bay School District.

<table>
<thead>
<tr>
<th>Parent/Guardian (please print)</th>
<th>Date:</th>
</tr>
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<tbody>
<tr>
<td>Parent/Guardian (signature)</td>
<td></td>
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**Part 2: To be completed by the resident/property owner or lessee, and signed.**

Resident/Property Owner or lessee must provide 2 pieces of proof of residency to support the affidavit. Proof may be a lease, utility bills, closing statement, or property tax statement.

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>City:</td>
<td>Zip Code:</td>
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I declare that I live within the Anchor Bay School District boundaries at the above address. I further declare that the student(s) listed below and their parent(s) or legal guardian(s) are residing at my home.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Date of Birth</th>
<th>Grade</th>
<th>School Name</th>
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Resident/Property Owner Signature:  

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<th>Date:</th>
</tr>
</thead>
</table>

Rev. 2/1/2014
INFORMATION
For Parents

IF YOUR FAMILY LIVES IN ANY OF THE FOLLOWING SITUATIONS:

- In a shelter
- In a motel or campground due to the lack of an alternative adequate accommodation
- In a car, park, abandoned building, or bus or train station
- Doubled up with other people due to loss of housing or economic hardship

Your school-age children may qualify for certain rights and protections under the federal McKinney-Vento Act.

Your eligible children have the right to:

- Receive a free, appropriate public education.
- Enroll in school immediately, even if lacking documents normally required for enrollment.
- Enroll in school and attend classes while the school gathers needed documents.
- Enroll in the local school; or continue attending their school of origin (the school they attended when permanently housed or the school in which they were last enrolled), if that is your preference and is feasible.

* If the school district believes that the school you select is not in the best interest of your children, then the district must provide you with a written explanation of its position and inform you of your right to appeal its decision.

- Receive transportation to and from the school of origin, if you request this.
- Receive educational services comparable to those provided to other students, according to your children's needs.

If you believe your children may be eligible, contact the local liaison to find out what services and supports may be available. There also may be supports available for your preschool-age children.

If you need further assistance with your children's educational needs, contact the National Center for Homeless Education:
1-800-308-2145 * homeless@serve.org * www.serve.org/nche
Anchor Bay Schools Food & Nutrition Department
Visit our website: http://www.anchorbay.misd.net/departments/foodservice/

Why is the price for lunch increasing?
There is a required federal mandate that all school districts must comply with and it is called

“The Equity in School Lunch Pricing Provision”

This USDA requirement states the full priced lunch cost must average to be equal or greater than $2.70 for the 2015-16 school year. Current lunch prices at Anchor Bay have an average of $2.44 for each full price meal. Therefore we are required to raise prices at a minimum of 10 cents.

New Lunch Prices for 2015/16 School Year
Elementary School Lunch = $2.40
Middle School and High School Lunch = $2.65
Reduced Lunch Cost = .40 cents

Student Meal Accounts
How Do I Locate?

Each student has an account that can be found online at SendMoneytoSchool.com Please note that there is a one time set up required (no fee for this). You may contact the Food & Nutrition Department at 586-598-7663 to obtain the student’s 10 digit ID # to start.
We’ll be happy to help!😊

HOW CAN I PREPAY FOR SCHOOL MEALS?
1. Send Cash to school with your student
2. Send Check payable to Anchor Bay Schools
3. Make an online payment at SendMoneyToSchool.com
   – A $1.85 fee charged for each online deposit

WE LOOK FORWARD TO SEEING AND SERVING YOUR STUDENT AT LUNCH!