



# Godfrey-Lee Public Schools

## Registration form

School Year \_\_\_\_\_

Student's Legal last Name \_\_\_\_\_

Student's Legal First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Nickname (if applicable) \_\_\_\_\_ Gender ( M or F ) Circle one

Date of Birth \_\_\_\_\_ Grade Entering \_\_\_\_\_

Home Phone \_\_\_\_\_ Student Phone \_\_\_\_\_

Is student living with a legal parent/guardian? [ ] Yes [ ] No

If no, are there legal papers on file? [ ] Yes [ ] No

Who does the student reside with? (Please circle) both parents mother father other

School Residency: [ ] Godfrey-Lee School District [ ] Other \_\_\_\_\_

Specify District

**\*Should the school district at any time learn that the address on the enrollment form(s) is not the actual residence of the parent/guardian and student, and that the student resides outside the boundaries of Godfrey-Lee Public Schools district, the student will be dropped from the rolls and parent/guardian will be notified.**

**Where is student currently living?**

\_\_\_ In permanent housing

\_\_\_ In a shelter

\_\_\_ Transitional housing (shelter or other homeless organization)

\_\_\_ Awaiting foster care placement or within 6 months of foster placement

\_\_\_ With another family or person because of loss of housing/economic hardship (doubled up)

\_\_\_ In a hotel/motel

\_\_\_ In a car, park, camper, abandoned building, etc. (unsheltered)

\_\_\_ Other temporary living situation (please describe)

Do you have immediate family on active duty in the military? \_\_\_\_\_

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### Federal Race/Ethnicity Questions Please answer both questions A and B

A. Is this student Hispanic or Latino?  Yes  No

B. Please select this student's race or races.

- American Indian/Alaskan Native
- Asian American
- African American/Black
- Hawaiian/Pacific Islander
- Caucasian/White

### U.S. Residency Questions

Country of Birth \_\_\_\_\_ U.S. Resident as of Year\* \_\_\_\_\_ *\*(If born in the US, use student's date of birth/age)*  
How many years has your child lived in the US?\* \_\_\_\_\_  
How many years has your family lived in the US? \_\_\_\_\_  
Is student's native language a language other than English?  Yes  No  
If yes, please specify native language \_\_\_\_\_

### Previous School Information

Last school attended \_\_\_\_\_  
City/State of last school \_\_\_\_\_

### Did your child receive any special services at a previous school? Yes No

If yes, please check all that apply.

- Resource Room
- Social Work
- Speech Therapy
- Physical Therapy
- Occupational Therapy
- 504 Plan
- ELL/Bilingual
- Other \_\_\_\_\_

Please List Other Services

### Other Children living in the Family Household: Please list all and circle status.

First and Last Name _____	Birth Date _____
Status: Attending Godfrey-Lee: [grade] _____	Pre -K    Dropout    Enrolled in other district    Unaccompanied Youth
First and Last Name _____	Birth Date _____
Status: Attending Godfrey-Lee: [grade] _____	Pre -K    Dropout    Enrolled in other district    Unaccompanied Youth
First and Last Name _____	Birth Date _____
Status: Attending Godfrey-Lee: [grade] _____	Pre -K    Dropout    Enrolled in other district    Unaccompanied Youth
First and Last Name _____	Birth Date _____
Status: Attending Godfrey-Lee: [grade] _____	Pre -K    Dropout    Enrolled in other district    Unaccompanied Youth
First and Last Name _____	Birth Date _____
Status: Attending Godfrey-Lee: [grade] _____	Pre -K    Dropout    Enrolled in other district    Unaccompanied Youth

## Legal Guardian 1

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Day Phone \_\_\_\_\_ Home Work Cell (circle one)

Secondary Phone \_\_\_\_\_ Home Work Cell (circle one)

Guardian Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Employer \_\_\_\_\_

## Legal Guardian 2

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Day Phone \_\_\_\_\_ Home Work Cell (circle one)

Secondary Phone \_\_\_\_\_ Home Work Cell (circle one)

Guardian Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Employer \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone \_\_\_\_\_ Home Work Cell (circle one)

Emergency Contact #2 \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone \_\_\_\_\_ Home Work Cell (circle one)

Additional adults permitted to pick up student  
Please provide name and phone number

\_\_\_\_\_  
\_\_\_\_\_

### Legal Alert

Person(s) my child may not legally have contact with (please attach copy of court or legal documents)

Name(s): \_\_\_\_\_

# Godfrey-Lee Public Schools

## Registration form

### Permissions

Please check the boxes for each authorized item.

#### Student Release:

Godfrey-Lee Public Schools is including photos of students, teachers, and school activities on its website, newsletter and other district advertisements.

I do allow Godfrey-Lee Public Schools to use my student's:

Photograph

Video

Student Work

on the Godfrey-Lee website, newsletter or other promotional materials.

#### Directory:

Occasionally, various organizations request directory information regarding our students. The following is a list of Godfrey-Lee Public Schools board approved directory items: Student name, participation in officially recognized activities and sports (including height and weight if member of an athletic team), date of graduation, awards received, honor rolls, and scholarships.

I do allow Godfrey-Lee public Schools to release directory information for public purposes as stated above for my student.

I do allow Godfrey-Lee Public Schools to release directory information to the Military for my student.

#### Field Trips:

I do allow my student to attend field trips.

#### Emergency Medical Authorization:

Whenever my child is involved in a school activity and I am unavailable to provide authorization directly, I authorize the school principal or his/her designee to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnosis, and treatment, including surgical intervention, if necessary on behalf of my minor child listed and to take all necessary reasonable actions to provide for my child's health and safety. This authorization is valid until such time as I withdraw the authorization in writing.

I affirm, that as the parent/legal guardian, all information provided on this form is true and accurate, and that my student and I reside at the listed address. I understand any false information provided by me may subject me to legal penalties for perjury.

Student name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



### HOME LANGUAGE SURVEY

The Godfrey-Lee Public School District is collecting information regarding the language background of each of its students. This information will be used by the District to determine the number of children who should be provided bilingual education according to Sections 380.1151-380.1155 of the School Code of 1995, Michigan's Bilingual Education Law. Would you please help by providing the following? Thank you very much for your cooperation.

**\*\* "Primary language" means "dominant language used by a person for communication."**

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ School Building \_\_\_\_\_

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

- Yes  No    *What is the language?*  Albanian  Burmese  Swahili  Vietnamese
- Arabic  Spanish  Other \_\_\_\_\_

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

- Yes  No    *What is the language?*  Albanian  Burmese  Swahili  Vietnamese
- Arabic  Spanish  Other \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

1. a. How well does the child read in their primary\*\* language?

- Very Well  Well  Somewhat  Not at all

b. How well does the child write in their primary\*\* language?

- Very Well  Well  Somewhat  Not at all

2. What primary\*\* language do the parents use to speak to the child?

- Albanian  Burmese  Spanish  Vietnamese
- Arabic  English  Swahili  Other \_\_\_\_\_

3. Name the primary\*\* language spoken by the adults at home.

- Albanian  Burmese  Spanish  Vietnamese
- Arabic  English  Swahili  Other \_\_\_\_\_

4. In what country was the child born? \_\_\_\_\_

5. World Language Credit – Has the student attended school for at least one semester in a country other than the United States in which a language other than English is spoken? \_\_\_\_\_

- Yes  No    *if NO, skip next steps.*

If yes, what country and language? \_\_\_\_\_

For every documented semester, please supply the secretary of the school attending with a copy of transcripts or report cards to verify successful completion of semesters, to exempt student from applicable World Language requirements when s/he reaches high school.

**GODFREY-LEE PUBLIC SCHOOLS  
STUDENT HEALTH INFORMATION**

Dear Parent/Guardian:

Please complete the following health history of your child. This information allows us to meet the physical, intellectual and emotional needs of your child. This information will be shared with your child's teacher and office personnel as appropriate. Please return this form to your child's teacher.

Student's name: Last \_\_\_\_\_ First \_\_\_\_\_ Grade: \_\_\_\_\_  
Teacher: \_\_\_\_\_

Check any of the following that applies to your child:

- ADD/ADHD
- Allergies (life threatening **ONLY**), specify: \_\_\_\_\_
- Asthma
- Blood Disorders, specify: \_\_\_\_\_
- History of Chicken Pox    Date of disease \_\_\_\_\_
- Diabetes
- Hearing Impairment
- Heart conditions, specify: \_\_\_\_\_
- Seizures/Epilepsy
- Skin conditions, specify: \_\_\_\_\_
- Vision difficulties    Glasses: yes no
- Other, specify: \_\_\_\_\_

Medications taken on a regular basis:

Medication: \_\_\_\_\_ Reason: \_\_\_\_\_  
\_\_\_\_\_

Is your child covered by medical insurance? yes no

Please indicate any other health concerns/information:

\_\_\_\_\_  
\_\_\_\_\_

Please list emergency contacts: name \_\_\_\_\_ telephone number: \_\_\_\_\_  
name \_\_\_\_\_ telephone number: \_\_\_\_\_  
name \_\_\_\_\_ telephone number: \_\_\_\_\_

If you have any questions or concerns regarding your child's health, please contact the school nurse through the school office.

Sincerely,

Renee Dix, RN and Rebecca Quigley, RN  
Spectrum Health/GLPS District Nurses

# 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 Concussion Fact Sheet for Students provided by Godfrey-Lee Public Schools.

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Participant/Student Name – Printed

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Parent or Guardian Name - Printed

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Participant/Student Name – Signature

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Parent or Guardian Name – Signature

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Date

---

Date

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

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

## 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](http://www.cdc.gov/concussion)

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





# Infinite Campus Parent/Guardian Access Request Form

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Godfrey-Lee Public Schools can provide access to parents/guardians to student information via the Infinite Campus Parent Portal. In order to protect the confidentiality of student records, all parents/guardians who want to use this service are required to fill out this form.

Parent/Guardian Name:

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Initial

\_\_\_\_\_

Last Name

Parent/Guardian Phone Number: \_\_\_\_\_

Parent/Guardian E-Mail Address: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_