

Dear Parent/Guardian,

It is our pleasure to welcome you to the Ann Arbor Public Schools family. We are delighted that you have selected our district for your child and confident that he/she will thrive in our exceptional and enriching educational environment.

This “Student Enrollment Kit” contains our district’s enrollment forms as well as a list of the documents required for admission. Our goal is to make the enrollment process as straightforward as possible and believe that the information provided will assist you in preparing the appropriate materials.

Each address in our district is assigned to an elementary, middle and high school. You may determine which schools your address is assigned by calling the district office, (734)994-2200, or via our website www.a2schools.org, under the “Attendance Area by Street Directory” link. You would then contact your assigned school directly to submit the forms and complete the enrollment process.

We also encourage you to spend a little time browsing our website to learn more about the opportunities available to students through curricular as well as extra-curricular programs. There is also a link to each school building, which allows you to take a closer look at your child’s school. In addition, you may obtain information about curriculum, services and activities by calling the district office, (734)994-2200.

Again, welcome to the Ann Arbor Public Schools. If we can be of further assistance, please feel free to contact us.

Sincerely,

Ann Arbor Public Schools

Welcome to the Ann Arbor Public School District. It is our desire that your family's experience with Ann Arbor Public Schools will be one of fulfillment, enrichment and exceptional opportunities. Below is a checklist of the required documents and information necessary to complete the student enrollment process. Because of the numerous state and local reporting guidelines, this process can be time-consuming and paper intensive. It is our hope that by providing you with this checklist the experience will be less cumbersome. Once you have completed the enrollment application forms, and gathered the required documentation, you will need to contact your school to schedule an appointment. During the enrollment appointment, staff will review your student's enrollment materials and discuss any further documentation needs based on your unique circumstances.

Student Age: In order to receive funding from the State of Michigan, students must be five (5) years old by December 1 and less than twenty (20) years old on September 1 for the enrolling school year.

The enrollment process must be completed in person by a parent or legal guardian. Students in non-traditional living arrangements may fall under Federal law designation. Please see the student Residency questionnaire.

Required Forms:

- Student Enrollment Form
- Supplemental Language Survey (if applicable)
- Health Information Survey (if applicable)
- Student Residency Questionnaire
- Special Needs/Special Education Survey (if applicable)
- Affirmation of Prior Discipline Record
- Request for Educational Records

Required Documents:

- Original birth certificate (with raised seal), student passport or visa
- Official immunization records
- Kindergarten: health appraisal/vision screening
- Address of the school your student last attended
- Certified copies of court orders or placement papers, if applicable (i.e., Appointment of legal guardianship, divorce decree, etc.)
- Driver's license of parent/legal guardian, passport or visa
- Proof of residency. Students in non-traditional living arrangements may fall under designated provisions under Federal law (See Student Residency Questionnaire). The following documents are required to prove residency:
 - Homeowner: Purchase agreement, closing papers or deed
 - Renter: Current lease/rental agreement
 - Property tax statement

AND

- Two (2) different current utility bills: •Gas • Electric •Cable TV •Land line phone bill with the name and AAPS District address of the person enrolling the student or written start up confirmation from company

OR

- Moving company invoice or truck rental receipt validating address in district

In addition, report cards and/or transcripts are helpful when enrolling a student.

Requirements for non-traditional living arrangements (if applicable):

- Notarized Affidavit of Residency
- Notarized Affidavit of Guardianship
- Notarized Statement of Guardian

Ann Arbor Public School District Enrollment Packets may be obtained from any of our schools or found on our web site at [www.a2schools.org/aaps.forparents/especially for parents](http://www.a2schools.org/aaps.forparents/especially%20for%20parents). Additional forms may be required at the building level.

Michigan law provides that, in order to complete and maintain enrollment, a parent or guardian must be a resident within the geographical boundaries of the Ann Arbor School District. The following lists the verification of residency required for enrollment.

HOMEOWNER — If you own a home or are purchasing a home in the Ann Arbor Public School District, we expect the following:

- **Proof of home ownership:** If you currently own or have recently purchased a home in the district, you need to produce a copy of a deed or closing statement in the name of the person seeking to enroll the student. If you have yet to purchase your home, but have a pending purchase agreement with a closing date, this will need to be reviewed before enrollment.
- **And two (2) of the following:** Original current utility bills •Gas •Electric •Cable TV •Land line phone bills with the name and AAPS District address of the person enrolling the student. If you have not yet received utility bills, two verifications of utility activation may be submitted.

Note: Purchase of property in the Ann Arbor School District must be for the purpose of a primary residence. Purchasing a residence within the boundaries does not, solely, constitute living within the boundaries.

RENTING/LEASING — If you are renting a property within the district, we expect the following:

- **A signed lease** in the name of the person seeking to enroll the student.
All leases may be reviewed annually at registration or at the request of the district.
- **And two (2) of the following:** original current utility bills •Gas •Electric •Cable TV •Land line phone bills with the name and AAPS District address of the person enrolling the student. If you have not yet received utility bills, two verifications of utility activation may be submitted.

Note: Rental of property in the Ann Arbor School District must be for the purpose of a primary residence. Leasing a residence within the boundaries does not, solely, constitute living within the boundaries.

AFFIDAVIT OF RESIDENCY — If you reside with an Ann Arbor resident within the district, a detailed description of the living arrangement is expected with the application for enrollment, if applicable. The Ann Arbor resident, and the parent or legal guardian living with the resident must complete the Affidavit of Residency form.

This form must be notarized. This affidavit is valid for one (1) year.

If applicable:

A. The AAPS District resident:

- Must meet the residency requirements as a homeowner or renter as listed above.
- Must ensure that their residence is the primary residence of parent or legal guardian as well as the student.

B. The person living with the AAPS resident:

- Must present a valid driver's license, state-issued picture identification, or passport of the person enrolling the student.

NOTE: Living with an Ann Arbor resident in the Ann Arbor School District must be for the purpose of a more suitable home.

GUARDIANSHIP FOR NON-RELATIVE

- The legal guardian must meet the residency requirements as a homeowner or renter as listed above.
- Students will not be enrolled under this provision for “Educational Purposes only”. (MCL 380.1148)
- The legal guardian(s) may need to meet with school staff regarding the requirements of the legal guardian(s).
A copy of these requirements will be given to guardian(s) and an acknowledgement of receipt will be signed.
The name of the student’s legal guardian(s) and a copy of the parent/guardian rights will be given to the student’s school.
- This enrollment option is only valid for one (1) year.

LIVING WITH A RELATIVE — NOTARIZED AFFIDAVIT OF GUARDIANSHIP

If you are enrolling a student who is a relative it must be substantiated with a notarized Affidavit of Guardianship form. This is subject to review by school staff with the possibility of an interview.

- A relative may enroll a student who is not their child if the child is living with them because the parents are unable to provide a suitable home.
- The relative will be asked to complete the Statement of Guardian form available from school staff.
- The student can provide a supporting letter or referral from an outside entity verifying the need to live with the relative and a plan to return the child to the parent(s) if applicable. (i.e., counselor, therapist, clergy, doctor, caseworker, etc.)
- The school staff may review such requests and ask the relative to meet with school staff to substantiate the reason(s) that the parent(s) cannot provide a suitable home.
- Students will not be enrolled for “Educational Purposes only”. (MCL 380.1148)
- This enrollment option is only valid for one (1) year.

EMPLOYEES — CHILDREN OF ANN ARBOR DISTRICT EMPLOYEES ARE ELIGIBLE TO ATTEND THE ANN ARBOR PUBLIC SCHOOLS

- In accordance with MCL 388.1606(6)(1), children of District employees may also enroll if the student is the child of a regular school employee who is under contract with the Board of Education either through a Master Contract Agreement or individual contract and excludes annual supplemental agreement holders who do not fall within the definition of a regular school employee. (Reference Board of Education Policy section 4700.R.01)
- This exception shall cease to exist when the parent or legal guardian ceases to be an employee of the District. Under such circumstances, a student may finish the current academic semester without payment of tuition, or approval from his/her resident district, if the parent or legal guardian discontinues employment with the district after the membership count day.
- Placement of students is based upon available space and assigned staff.

STUDENTS IN TEMPORARY LIVING SITUATIONS

In accordance with the McKinney-Vento Homeless Education Assistance Improvements Act (2001) and AAPS BOE Policy 5110.R.01, students experiencing “homelessness” according to the Federal definition have the right to enroll in school immediately, even if they do not have the required documents.

Residency documentation for all categories will be processed at the school where the student is enrolling. The matters involving enrollment and residency are under the direct supervision of the Superintendent or his/her designee. The designee is the Director of Student Accounting. This office may assist, review or investigate any matters in this regard with Central and/or Building Administrators as needed.

It is the policy of the Ann Arbor Public Schools that no person shall, on the basis of sex, race, color, creed, age, marital status, sexual orientation, national origin, weight, height, or handicap, be excluded from participation in, be denied the benefits of, or be subject to discrimination in employment or any of its programs or activities.

STUDENT INFORMATION (PLEASE PRINT) Enter student's full name as it appears on his or her birth certificate.

Student's Legal Last Name	First Name	Middle/Suffix (Jr, III)		
Address Number and Street Name		Apartment/Lot#		
City	Zip Code	Date of Birth	Grade at Enrollment	Age
Home Phone Number	Unlisted Yes/No	Gender M/F	Birthplace (City, State, Country)	

STUDENT'S ETHNIC GROUP

Part A: Is the student of Hispanic/Latino descent? Yes No
(A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin, regardless of race.)

Part B: Student's Race: Choose one or more

<input type="checkbox"/> American Indian or Alaskan	<input type="checkbox"/> Asian
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Arab American
<input type="checkbox"/> African American/Black	<input type="checkbox"/> Native Hawaiian/Pacific Islander

Note: both parts A and B must be completed. We encourage you to select an answer for both parts. If either part A or B is not answered, the US Department of Education requires the school district to supply an answer on your behalf.

PREVIOUS SCHOOL ATTENDED (Include Preschool through 12th Grade)

School Name	City, State, Zip Code
School mailing address	Phone Number Fax Number

1. Were you ever enrolled in Ann Arbor Public Schools? Yes No
2. Are there any physical or personal problems for which the student might require special attention or help from school personnel (e.g. severe allergies, asthma etc.)? Yes No
3. Has the student had the chickenpox? Yes No
4. Has the student received any IEPC/IFSP/IEP/MET Special Education Services or a 504 Plan? Yes No If yes, please complete the Special Education Survey.
- 5a. Is your child's native tongue a language other than English? Yes No
What is the language? _____
- 5b. Is the primary language used in your child's home or environment a language other than English? Yes No
What is the language? _____
Note: "Primary language" means the dominant language used by a person for communication.
If yes, please complete the Supplemental Language Survey.
6. Has the student had a long-term suspension or expulsion from another school and/or district? Yes No
If yes, please complete the Affirmation of Prior Discipline Record. Expulsion does not automatically disqualify a student from enrollment but AAPS reserves the right to review the enrollment and determine the appropriateness of his/her enrollment.

FOR OFFICE USE ONLY

Survey Given Health	
Survey Given Special Ed	
Survey Given Home Language	
Survey Given Affidavit of Prior Discipline Record	

FOR OFFICE USE ONLY

Student ID _____	Year of Grad _____	Counselor _____
Registration Date _____	Residency _____	Perm to Pub _____
School _____	Orig Birth Cert _____	ESL Form _____
Date of Entry _____	Immunization _____	Comp Use Form _____

PARENT/GUARDIAN INFORMATION

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(1) Parent/Guardian Last Name, First Name

Cell Phone/Pager

--	--

Name of Employer/Occupation

Work Phone

--	--

Relationship to Student

Email Address

Does student reside with the person?

Is this person the custodial parent?

Yes No

Yes No

--	--

(2) Parent/Guardian Last Name, First Name

Cell Phone/Pager

--	--

Name of Employer/Occupation

Work Phone

--	--

Relationship to Student

Email Address

Does student reside with the person?

Is this person the custodial parent?

Yes No

Yes No

--	--

(3) Parent/Guardian(living elsewhere) Last Name, First Name

Cell Phone/Pager

--	--

Name of Employer/Occupation

Work Phone

--	--

Relationship to Student

Email Address

Does student reside with the person?

Is contact allowed?

Yes No

Yes No

Not allowed per court order. Copy of court order must be provided.

Law entitles non-custodial parents the right to receive mailings upon request.

(4) Sibling Information

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Student Last name, First name

Grade

School

Date of Birth

--	--	--	--

Student Last name, First name

Grade

School

Date of Birth

--	--	--	--

Student Last name, First name

Grade

School

Date of Birth

I certify that the information provided herein is current and true, and by my signature below acknowledge Ann Arbor Public Schools' lawful right to disenroll my child and to charge prorated tuition to the family of any student who has been found to have misrepresented residency in the Ann Arbor Public School District.

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Parent/Guardian Signature

Date

REQUEST FOR EDUCATIONAL RECORDS

School Requesting Records: _____

Address: _____

Phone # /Fax #: _____ / _____

Date: _____

To: _____

School Name

Street Address

City

State

Zip

We have just enrolled the following child/children in Ann Arbor Public Schools. Please send records, including medical, social, psychological and any other reports that would assist us in placing and evaluating this student.

These reports should be forwarded to the above address.

Student Legal Name (Last, First)

Grade

Date of Birth

Parent /Guardian Signature

Date

Name of Student: _____ Grade: _____

Age: _____ School Building: _____

In order to ensure that your student receives the appropriate evaluations and services,
please provide the following information:

1. Has student received any IEPC/IEP Special Education Services? ____ Yes ____ No

If Yes, what years?

From what school district?

What kind(s) of services?

2. Has student had a 504 plan? ____ Yes ____ No

If Yes, what years?

From what school district?

What kind(s) of services?

Parent/Guardian Name

Parent/Guardian Name

Date

I am not able to produce a certified birth certificate for

Name of Student

for the following reasons:

I am able to provide reliable proof of the student's identity and age, the following document(s):

- _____ Non-Certified Birth Certificate
_____ Baptismal Certificate
_____ Doctor or Hospital Records
_____ Court Records
_____ Passport or Immigration Records
_____ Other (please specify) _____

Date

Parent/Guardian Signature

The Ann Arbor Public School District Rights and Responsibilities govern the behavior of students who attend the Ann Arbor Public School District. The Rights and Responsibilities provides that a student who has engaged in misconduct resulting in expulsion or long-term suspension in another school system, or who has withdrawn from said school system before such misconduct was established by an appropriate hearing, which misconduct, if true, is of sufficient gravity to pose a threat to the health or welfare of students or district personnel, or makes the presence of the student in the school district disruptive to the educational process, may be subject to a suspension or expulsion due process hearing prior to admission to the Ann Arbor Public School District. Such conduct, if established, may make a student ineligible to enroll in and attend the Ann Arbor Public School District.

In order to process the student's enrollment, the parent or legal guardian (if the student is under 18 years of age) or student (if the student is 18 or older) must answer the questions below:

1. Has the student been convicted of a crime, or are any felony charges pending against the student?

Yes _____ No _____

If yes, please explain:

2. Has the student had a long-term suspension (more than 10 days) or expulsion from another school district?

Yes _____ No _____

If yes, please explain:

3. Has the student withdrawn from a school district in lieu of being charged with conduct that may have resulted in a long-term suspension or expulsion?

Yes _____ No _____

Parent/Guardian Signature

Date

Student Last Name First Name Gender M/F

Date of Birth Grade School Attending School Year

Please note any physical or personal problems for which the student might require special attention or help from school personnel (e.g., severe allergies, asthma, mental health issues, etc.).

My child's health concerns include:

- Asthma
- Diabetes
- Seizures
- Severe food allergy
- Severe stinging insect allergy
- Heart condition
- Other _____

Medications:

If your child does have a medical concern, the nurse will contact you to obtain more information as needed, to plan for the upcoming school year.

Parent/Guardian Name

Parent/Guardian Signature

Date

Best Contact Phone Number

Email Address

This form is not a medication authorization form. If your student will or may require medication at school, contact the school's office.

Student Name: _____

School: _____

This questionnaire is given to ALL students to ensure our district remains in compliance with federal law. Your answers will help school staff determine if the student is eligible for certain rights under federal law and supportive services.

The student lives in the following situation:

- Owner-occupied home
- Rental unit
- Emergency shelter or transitional housing*
- Motel/hotel*
- Campground*
- Public or private place not designed for or ordinarily used as regular sleeping accommodation for humans, including cars, parks, public spaces, abandoned buildings, substandard housing, and bus or train stations*
- Foster care placement for 6 months or less*
- Long-term, stable, cooperative living arrangement
- Temporary, shared housing with friends, family or others due to:
 - Loss of personal housing* (due to reasons such as eviction, inability to pay rent, destruction or damage to home, abuse or neglect, unhealthy conditions, parental abandonment or incarceration)
 - Economic hardship*
 - Other, similar reason: _____*

* Living in these situations may qualify you for services, including immediate enrollment, transportation, school supplies, education advocacy and community referrals.

If you are living in temporary shared housing, please answer the following questions:

1. Is the living situation intended to be temporary or long-term? _____
2. How long have you lived there? _____
3. Do you consider yourself a guest in the home? Yes No
4. Are you paying rent? Yes No
5. Are you looking for another place to live? Yes No
6. Do you plan to move out soon? Yes No
7. Does the student have a legal right to be in the home? Yes No
8. Can the student or family be asked to leave at any time with no legal recourse?
 Yes No
9. Did the student move into the home as an urgent measure to avoid being on the street or in another precarious situation? Yes No
10. How many people live in the home? _____ How many bedrooms are there? _____
11. Where does the student sleep? _____

Name of Student: _____
 School: _____
 Grade: _____ Date of Birth: _____
 Address: _____ Telephone #: _____
 City and Country of Birth: _____

1. Is this the first time your child has enrolled in a school in the United States? Yes No

If NO, when did your child first enroll in a school in the United States?

Month _____ Year _____

2. I have ____ children at this school/any Ann Arbor School. (Grade/Age): _____

3. My child first started to speak English at _____ years old.

4. Is your child's native tongue a language other than English? Yes No

If Yes, what is the language? _____

5. Is the primary language used in your child's home or environment
 a language other than English? Yes No

Note: "Primary language" means the dominate language used by a person for communication.

If Yes, what is the language? _____

6. My child has gone to school:

Dates From/To	City/County of School	Grades	English Taught Yes/No	Home Language used at School?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The Ann Arbor 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 instruction according to Sections 380.1152-380.1157 of the School Code of 1995, Michigan's Bilingual Education Law. Thank you for your cooperation.

Signature of Parent or Guardian

Address

Date

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This form covers permission for all years
the student is enrolled in this school.

School 2014-2015

Year of Graduation _____

ANN ARBOR PUBLIC SCHOOLS Permission to Publish Student Image and Work

Students who attend the Ann Arbor Public Schools ("District") may occasionally be asked to participate in school and/or District publicity, publications and or public relations activities ("Publication Activities"). Publication Activities may include videotaping, recording and/or photographs that may be published, displayed, distributed, or broadcast outside by the District or third parties with District consent. Publication Activities may include use of the student's name, photograph, art, written work, voice, verbal statements or portrait (video or still) in school publicity, District publications, videos, digital or electronic media or on the District web site. For example, pictures and articles about school activities may appear in local newspapers or District publications.

1. Permission to Publish - If you **DO NOT** want to allow your child's name, likeness or work to be published as part **AAPS PUBLICATION ACTIVITIES**, please check (NO) in the box below, sign the form, and return it to your child's school by October 3, 2014. We do ask that you complete a separate form for each student you have in the District.

If you do not check this box the school will assume you approve the Permission to Publish request

NO – We do not approve a permission to publish request

2. YEARBOOK INCLUSION: Each school produces a yearbook and elementary schools produce a class composite photo. Do you approve for your child's likeness and name to be included in the school yearbook, school newspaper, composite class photo, and other school publications if one is produced?

YES

NO

3. SCHOOL DIRECTORY INCLUSION: Many schools produce a school directory. The directory contains student name, address, parent(s) name, phone number and email. Do you approve of this information published in the school directory? You may write below the boxes any items you wish to not include in the directory information.

YES

NO

___ Include student name ___ Do not include phone number ___ Do not include address

___ Do not include parent(s) name ___ Do not include Email

The District does not anticipate commercial use or sale of your student's name, picture, art, written work, voice, verbal statements, portraits (video or still). However, to the extent works described in this form result in any profits, by signing this form you and your student agree to waive any and all rights to any copyright interest in such works and any royalties that may be paid. Any profits generated by the works described in this form will be used to benefit the Ann Arbor Public Schools and its programs.

Parent/Guardian Name (print name)

Parent/Guardian Signature

Date

Student's Name (please print)

Student Signature



Student Google Apps Permission Form

Student Name: _____ Student ID: _____ Grade: _____
(Please print Last Name, First Name, MI)

School _____ Teacher _____

The Ann Arbor Public School District has the ability to create accounts for all students to allow for collaborative sharing using our Google Apps for Education Domain, aaps.k12.mi.us or A2schools.org.

General uses for a school Google account for your child include, but are not limited to:

- Email account for on-going communication with teacher
- Access to programs and web tools that require an e-mail account
- Google Apps: calendar, word processor, spreadsheet, presentation software, and website authoring tools
- Google Drive which allows students to access and share files.

The District Acceptable Use Policy provides guidelines for electronic communications. Students will be assigned an aaps.k12.mi.us account only with parent or guardian permission. This account will be considered the student's official District email address until such time as the student is no longer enrolled in the Ann Arbor Public School District.

Access to and use of Google Apps for Education is considered a privilege accorded at the discretion of Ann Arbor Public Schools. The District maintains the right to immediately withdraw the access and use of the account when there is reason to believe that violations of law or School Board policies have occurred. In such cases, the alleged violation will be referred to the Principal for further investigation and application of necessary consequences.

Parent / Guardian Section

I will instruct my child regarding any restrictions against accessing material that are in violation of the District Acceptable Use Policy. I will emphasize to my child the importance of following the rules for personal safety.

____ I give permission for my child to be assigned a Google Apps account.

____ I do **NOT** give permission for my child to be assigned a Google Apps account.

Parent signature: _____ Date: _____

Student Section

I have read the District Internet Acceptable Use Policy, and agree to follow the rules and guidelines. I understand that if I violate the rules my account can be terminated and I may face other disciplinary measures.

Student Signature _____ Date _____

For System Administration

Google ID: _____

Assigned by: _____ Date: _____

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



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 bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

SIGNS OBSERVED BY COACHING STAFF:

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

Michigan Department
of Community Health



Rick Snyder, Governor
James K. Haveman, Director

▶ **“IT’S BETTER TO MISS ONE GAME
THAN THE WHOLE SEASON”**

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

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

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes 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.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

JOIN THE CONVERSATION  www.facebook.com/CDCHeadsUp



HEADS UP

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

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



COMPUTER USE GUIDELINES for ELEMENTARY SCHOOL STUDENTS



I will use the computer for school work and to learn.

When using school computers, I will be a good digital citizen:

- *use good manners.
- * use appropriate language
- * not look at or use anyone

else's work without permission.

I will be careful with all hardware and software that I use.

I will keep my passwords private.

I will share the computer and the network.

If I do not know how to use any or part of the computer system, I will ask for help.

I will not share personal information about myself or anyone else on the Internet. This includes address, phone number, work or photograph, etc.

I understand that anyone can read the messages I send and that my work on the computer is not private.

I will not write bad words on the computer.

I will not use anything from the computer or Internet or send anything over the Internet that belongs to someone else without their permission.

I will only use the Internet for appropriate learning activities.

Please cut and return to your school the 3x5 Computer Use Agreement card to the right. Thank you.

I understand these rules and promise to follow them. If I do not follow these rules I know that I may have my computer privileges restricted or taken away.

I have discussed these rules with my child and my child agrees to follow them.

COMPUTER USE AGREEMENT

Name of Student (Please Print)

Signature of Student

Signature of Parent(s)

RETURN TO SCHOOL

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ANN ARBOR PUBLIC SCHOOLS
Parental Instructions in Case of Emergency
Please Print

Teacher: _____

Bus # : _____

Student: _____ / _____ / _____ Grade _____
Last Name Legal First Name Nickname (if applicable)

Address: _____ Apt. # _____ Zip Code: _____

Student's Home Phone: _____ Date of Birth: _____ Gender: M F
Mandatory

Please list everyone we can contact in case of an emergency, illness, or school closing and provide his or her contact information.
PLEASE NOTE: We will not release your son or daughter to anyone that is not listed on this emergency card without prior permission.

	<i>Father's Email</i>	<i>Mother's Email</i>		
1.	Father/Guardian	Cell Phone	Work Phone	
2.	Mother/Guardian	Cell Phone	Work Phone	
3.	Name/Relationship	Home Phone	Work Phone	Cell Phone
4.	Name/Relationship	Home Phone	Work Phone	Cell Phone

Over →

MEDICAL INFORMATION

This information will be shared with appropriate school staff.

If the designated parties are not available, I understand that appropriate emergency care deemed advisable by school authorities will be sought.
 Any special directions appropriate to my child have been checked.

Doctor's Name _____ Phone Number _____

Dentist's Name _____ Phone Number _____

Hospital _____ Phone Number _____

Please put an "X" in the appropriate box and specify where indicated.

<input type="checkbox"/>	Religious objections to physician contact	<input type="checkbox"/>	Hypertension/High Blood Pressure
<input type="checkbox"/>	Contact Lens/Glasses	<input type="checkbox"/>	Medications Needed or Used
<input type="checkbox"/>	Bone/Joint Condition	<input type="checkbox"/>	Life-Threatening Allergies
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Other Conditions:
<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	
<input type="checkbox"/>	Seizure Disorder	<input type="checkbox"/>	None Known

Date: _____ Signature _____
Parent/Guardian

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