

Welcome to South Lyon Community Schools
Criteria for Enrollment
Elementary ~ Middle ~ High School Students

Please fill out the enclosed registration paperwork and bring it to complete registration. Listed below are items required to complete registration.

- Original birth certificate: must have a raised seal. A student may be enrolled with other proof of birth (hospital birth certificate, life insurance policy, court or governmental records, baptismal certificate and a notarized affidavit explaining why they cannot produce the original birth certificate but must have the original, certified birth certificate to the district within 30 days. (Michigan Missing Children’s Act, MCL380.1135.) Photocopies of birth certificates are not acceptable.
- Two proofs of residency in South Lyon Community Schools’ district.
 - Mortgage documents
 - Utility bills
 - Driver’s License OR voters registration card
 - Apartment/Home Rental Lease

OR

- If you are in the process of building a new home and won’t close until August 24 or after, please obtain a letter from your builder stating the projected close date, bring 2 proofs of your current residency and contact Mariann Martin, martinm@slcs.us. Ms. Martin will contact your current district for a tuition release. Once you move into your home, you will need to submit a change of address form and 2 proofs of your new residency.

OR

- If you are living in the home of a relative or friend, you will need to fill out a “shared household” affidavit, have it notarized and submit with 2 proofs of residency of the person you are living with.
- Current and up to date immunization record
- Vision Screening (for Kindergarten only)
- Legal papers (if applicable – showing custody)
- If Special Education services are required, please call the Special Education Department at 248-573-8220. Forms can also be downloaded on the SLCS website.

Additional Information Needed for Middle School Students:

- Before entering 7th grade, the following additional vaccination is required: Meningococcal – 1 dose. Your child will not be able to start school until all vaccinations are current. Waivers are not available from the district. You will need to call the Oakland County Health Department at 1-800-848-5533.
- Last report card

Additional Information Needed for High School Students:

- Unofficial transcript including course grades from 9th grade through the date of leaving the last school. Incoming 9th graders will need an 8th grade report card.
- If a student is returning to South Lyon Schools, an appointment must be made for the student and parent/guardian to meet with the building principal. Please bring the student’s transcript from the previous school with you to the meeting.

South Lyon Community Schools Student Registration Form School Name:

Student Information

Date:	Entering Grade:	Gender: <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Multiple Birth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Twin (02) <input type="checkbox"/> Triplet (3)
Student Last Name:	First Name:	Middle Name:	Country of child's birth: _____
Student Date of Birth:	Birth City/State:	Home Phone:	Date child entered USA: _____ Date 1st enrolled in USA School: _____
Street Address:	City:	Zip Code:	County:

Ethnic Origin

Ethnicity (Select One): Hispanic or Latino Not Hispanic or Latino

Race (Select One or More):

- American Indian: Tribal Affiliation: _____
- Asian Black
- Hawaiian/Pacific White
- Multi-Racial - Please record **percentage** next to race.

Family Information

Parent #1 Last Name:	First Name:	Middle Name:	House Existing New Construct Type: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Work Phone:	Cell Phone:	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepparent <input type="checkbox"/> Other	E-mail:
Parent #2 Last Name:	First Name:	Middle Name:	
Work Phone:	Cell Phone:	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepparent <input type="checkbox"/> Other	E-mail:

Home Language Survey

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

Yes No If yes, what language? _____

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

Yes No If yes, what language? _____

Special Services

Has your child ever been evaluated for or received SPECIAL EDUCATION PROGRAMS OR SERVICES? Yes No

Does your child have a SECTION 504 PLAN? Yes No

If you answered yes to either question, please contact the Special Education Office at 248-573-8220.

Parent Living Elsewhere

Last Name:	First Name:	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepparent <input type="checkbox"/> Other	E-mail:
Street:	City:	State:	Zip: _____ Home Phone: _____
Receive Report Cards? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receive Forms: <input type="checkbox"/> Yes <input type="checkbox"/> No	Custodial Papers: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Residence: where is your child/family currently living? Please check the appropriate box. (This question is federally mandated by NCLB)

Is address a temporary situation? Yes No **If yes**, is it due to economic hardship or loss of housing? Yes or No **If both are yes**, are you (circle one):
motel/hotel shelter foster child campground doubled up other

Other Children Living at Home

Name:	Grade:	Age:	Birth Date:

For Office Use Only

Entry Date	Student #	Teacher	Homeroom	Bus	Faxed to Pupil Service <small>for registrations between count days</small>	UIC Number
<input type="checkbox"/> Yes <input type="checkbox"/> No Birth Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No Immunization Records <input type="checkbox"/> Yes <input type="checkbox"/> No Vision Test (kindergarten registration) <input type="checkbox"/> Yes <input type="checkbox"/> No Request for Records <input type="checkbox"/> Yes <input type="checkbox"/> No Acceptable Use Policy <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmation of discipline			Proof of Residence (2 required) <input type="checkbox"/> <input type="checkbox"/> Utility Bill <input type="checkbox"/> Closing paper documentation (1 piece) <input type="checkbox"/> Rent/Mortgage receipt <input type="checkbox"/> Other _____ <input type="checkbox"/> Bank Statement <input type="checkbox"/> Homeowners Insurance Policy <input type="checkbox"/> Drivers License OR Voter Registration Card			
New to SLCS doing SOC until home is completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Letter from builder that includes the projected closing date <input type="checkbox"/> Yes <input type="checkbox"/> No Non-resident School of Choice Form OR <input type="checkbox"/> Yes <input type="checkbox"/> No Resident School of Choice Form <input type="checkbox"/> Yes <input type="checkbox"/> No Proof 1 of Current Residency <input type="checkbox"/> Yes <input type="checkbox"/> No Proof 2 of Current Residency						
Parent/Guardian Affirmation My signature certifies that all information provided on this form is true and accurate, and that my child and I reside at the listed address. I understand that my student may be dropped from the school's rolls the following school year if a parent/legal guardian moves out the SLCS District. I understand any false information provided by me may subject me to legal penalties for perjury. I understand that I have been provided the "understanding concussions" form at registration.						Subdivision Name: _____

Name of Last School Attended: _____

Name of District: _____

School admission is conditional pending receipt of school records from the previous school.

Has student previously attended a South Lyon School? Yes No

Parent/Guardian Affirmation

My signature certifies that all information provided on this form is true and accurate, and that my child and I reside at the listed address. I understand that my student may be dropped from the school's rolls the following school year if a parent/legal guardian moves out the SLCS District. I understand any false information provided by me may subject me to legal penalties for perjury. I understand that I have been provided the "understanding concussions" form at registration.

Parent Signature: _____

Date: _____

SOUTH LYON COMMUNITY SCHOOLS ACCEPTABLE USE POLICY

Use of the School District's education technology is limited to legitimate education purposes which support and enhance school curriculum and business and which are consistent with the School District's mission statement. The following uses are strictly prohibited and may subject the offender to restriction, suspension or termination of educational technology privileges, and to appropriate disciplinary sanctions, such conduct to include, but not limited to:

1. Using the technology for profit, commercial purposes or political lobbying.
 2. Maliciously using technology to harass or discriminate against others.
 3. Deliberately damaging any technology component.
 4. Unauthorized entry into a file, whether to use, read, change or for any other purpose.
 5. Unauthorized transfer, deletion, or duplication of a file.
 6. Unauthorized use of another individual's identification or password.
 7. Unauthorized access to telecommunications files or facilities.
 8. Use of computing facilities which interfere with the work of another student, faculty member, or school official.
 9. Use of computing facilities to draft, send, or receive inappropriate communications including, but not limited to, communications which are indecent, obscene, profane, vulgar, threatening, defamatory or otherwise prohibited by law.
 10. Use of computing facilities, including telecommunication facilities, to interfere with the operation of the School District's computing system.
 11. Violation of copyright, trademark, trade secrets or licensing agreements.
 12. Use of computing facilities for the purchase, sale, and/or advertisement of goods or services.
- ✂.....

I, _____ have read, understand and will abide by the attached Acceptable Use Policy for Technology. I agree to be responsible for and abide by all the terms of this agreement. I understand that should I commit any violation, my privileges may be revoked, school disciplinary action and/or appropriate legal action may be taken. I understand that my access to and use of the school's technology is subject to such limitations as may be established by the administrators of the system, and may be changed from time to time.

Member Signature

Date

If you are a student of the South Lyon Community School District, a parent or guardian must also read and sign this agreement.

As the parent or guardian of this student, I have read the Technology Acceptable Use Policy (ECH) for Technology and understand the terms of this agreement. I understand that student access to educational technology is a privilege which is conditioned upon the student's adherence to the Technology Acceptable Use Policy for Technology. I further understand that although the School District prohibits inappropriate use of technology, it is impossible to restrict all access to inappropriate materials which may be available on the Internet or through other electronic communications. Accordingly, I will not hold the School District or its employees responsible for materials which may be acquired through the School District's Network.

Parent/Guardian Signature

Date

South Lyon Community Schools

Student's Name: _____ Grade: _____

Please check below all services or conditions that your child received at his/her **previous school**.

- Takes medication regularly at school
- Received special education services
 - LD EMI EI Speech Social Work
- Section 504 plan
- Title I – extra help with Reading Math Social Studies Science
- Bilingual Services/Limited English Proficient Services
- Gifted/Talented Program (school sponsored)
- Alternative Education
Type: _____

Does your child have any physical/medical conditions or other disability which may affect his/her success in school? If yes, please describe:

Official Request for Student Records For South Lyon Community Schools

Student Name: _____

Date of Birth: _____ Grade: _____

Parents/Guardian: _____

Please forward the following information:

- ❖ Cumulative file (CA60)
- ❖ Complete transcript
- ❖ Portfolio or Writing Folder
- ❖ Copy of UIC
- ❖ School Records
- ❖ Check out grades (Date of leaving and grades to date)
- ❖ Test Scores (MEAP, ACT, SAT)
- ❖ Health Records
- ❖ Confidential Records
- ❖ Educational Development Plan

Records for Special Education students need a separate release form dispatched from the South Lyon Special Education Office.

Last School Attended: _____

Address: _____

Phone: _____

Parent /Guardian Signature

Date

Forward Records to:

- Frank E. Bartlett Elementary School**
350 School Street, South Lyon, MI 48178
248-573-8300
- William A. Brummer Elementary School**
9919 North Rushton Road, South Lyon, MI 48178
248-573-8520
- Ann L. Dolsen Elementary School**
56775 Rice St., New Hudson, MI 48165
248-573-8400
- Sharon J. Hardy Elementary School**
24650 Collingswood, South Lyon, MI 48178
248-573-8650
- Kent Lake Elementary School**
30181 Kent Lake Road, South Lyon, MI 48178
248-573-8350
- Salem Elementary School**
7806 Salem Road, Salem, MI 48175
248-573-8450
- Sayre Elementary School**
23000 Valerie, South Lyon, MI 48178
248-573-8500
- Centennial Middle School**
62500 West Nine Mile Road, South Lyon, MI 48178
Attn: Nancy Horvat
248-573-8600
- Millennium Middle School**
61526 West Nine Mile Road, South Lyon, MI 48178
Attn: Jill Smith
248-573-8200
- South Lyon High School**
1000 N. Lafayette, South Lyon, MI 48178
Attn: Carolyn Krueger
248-573-8150
- South Lyon East High School**
52200 Ten Mile Road, South Lyon, MI 48178
Attn: Denise Brandon
248-573-8700

AFFIRMATION OF STUDENT DISCIPLINE RECORD

A willful false statement on this document will result in a report to the appropriate authorities.

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

The undersigned affirms that _____, DOB _____

has not been suspended or expelled from a public or private school for an offense involving weapons, alcohol, drugs, the willful infliction of injury to a person, or any act of violence against a person or property .

has been suspended or expelled from a public or private school for an offense involving a weapon, alcohol, drugs, the willful infliction of injury to another a person, or any act of violence against a person or property.

Identify the school, date(s) of suspension/expulsion, and describe the incident giving rise to the suspension/expulsion.

I affirm that the above information is true to the best of my knowledge and belief. I also authorize the _____ (former school district) to complete this form and forward the requested records.

Date

Student Signature

Date

Parent/Guardian Signature

.....
Sending (former) School District: _____

Please check one:

- According to our records, we 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. (explain)

If the student has been involved in any offense involving a weapon, alcohol, drugs, the willful infliction of injury to a person, or any act of violence against a person or property, please forward appropriate disciplinary documentation. Thank you.

Date

Signature of Sending District Administrator, Title

Please mail or fax completed form to requesting South Lyon Community School.

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 CONCUSSIONS

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:

- 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.
- 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.
- 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/

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



Due to an immunization rule change from the Michigan Department of Community Health, waivers exempting children from receiving immunizations can no longer be obtained from a school or childcare.

Non-Medical waivers based on religious or philosophical beliefs must first be certified at the Oakland County Health Division.

Parents/guardians of children who are unable to receive vaccinations due to medical reasons should consult their healthcare provider for a medical waiver form.

For more information, go to www.oakgov.com/health or contact Nurse On Call (NOC) at 1-800-848-5533.



@PUBLICHEALTHOC

The South Lyon Community School District has implemented an exciting new district-wide notification system called *Skylert*. *Skylert* provides the district with the ability to send instant communication via phone, SMS text message, and e-mail to parents and staff. Our goal is to utilize this effective and efficient communication system as part of our continuous effort in keeping staff, students and parents informed and safe!

In order for *Skylert* to be as effective as possible, we ask you to review and update your contact information and notification preferences in your Skyward Family Access account. We highly recommend updating your information, as we will be relaying important district updates during the 2012-2013 school year. To make changes to your *Skylert* preferences, log in to **Skyward Family Access** (If you do not know your family access login and password, please contact your child's school office). Once logged-in, click on **Skylert** on the **General Information** menu on the left navigation bar. Your *Skylert* settings will display. If you desire to make changes, click on **Edit** on the right of the screen. Please contact your child's school office staff if you have questions regarding changes to your *Skylert* account.

Note: Only Primary Guardians are able to update the *Skylert* primary contact information via Family Access.

The *Skylert* notification system allows South Lyon Community Schools the ability to disseminate information to parents and staff by way of three notification types: Emergency, General, and Attendance.

- **Emergency** notifications will reference events such as school closings, safety related incidents, and other emergency notifications determined by district administrators. Emergency notifications will be sent out to all families between the hours of 6:00AM and 9:00PM, or as needed.
- **General** notifications are for informational purposes only and will reference various district and school events and information. General notifications will be sent between the hours of 5:00PM and 9:00PM.
- **Attendance** notifications will only be generated if your student has an unexcused absence for one or more periods during an instructional day. (*We hope to roll out this feature by the end of September.*)

Again, we encourage you to visit Family Access and update your contact information and notification preferences. If you have further questions regarding our new messaging system, please contact the high school office.