



YALE PUBLIC SCHOOLS REQUIRED DOCUMENTS FOR ENROLLMENT

THE FOLLOWING DOCUMENTS ARE REQUIRED BEFORE A STUDENT CAN BE ENROLLED

Please have the following documents ready along with the enrollment forms completed. We will make copies of these documents for the students file and return the original documents.

- **TWO PROOFS OF RESIDENCY;** any of the following will be acceptable: Driver's license, utility bill, rent receipt, lease, tax bill, voter registration.
- **ORIGINAL BIRTH CERTIFICATE**
- **IMMUNIZATION RECORD;** must indicate a minimum of one dose of each of the required shots: DTP, Polio, MMR, Hepatitis B, Meningococcal (age 11 or upon entry to 7th grade) and Varicella. (Varicella is not required if the child has had chickenpox, but documentation stating this fact and a signature is required).

*The new rule allows parents/guardians to have the opportunity to speak with a health educator from their local health department about their concerns and questions regarding immunizations prior to the nonmedical waiver being signed.

Any parent/guardian who wants to claim a nonmedical waiver will need to receive education regarding the benefits of vaccination and the risks of disease from a county health department before obtaining the certified nonmedical waiver form through the Local Health Department. The new rule requires the use of the State of Michigan nonmedical waiver form dated January 1, 2019.

- **TRANSCRIPTS and/or GRADES FROM PREVIOUS SCHOOL –** These can be requested from the school at the time of enrollment, but the enrollment may be delayed until they are received. Providing these will prevent a delay in enrollment.

If you have enrollment questions, please contact our Central Office to be transferred to the appropriate school/building.

**Yale Public Schools Central Office
198 School Drive
Yale, MI 48097
Phone: (810) 387-3231 ext. 7263 or 7264 Fax: (810) 387-4418**



YALE PUBLIC SCHOOLS – STUDENT ENROLLMENT FORM

Enrolling In: Yale High School (9-12) Phoenix Alternative School Yale Junior High (6-8)
 Yale Elementary Avoca Elementary Farrell-Emmett Elementary

STUDENT'S FULL LEGAL NAME: _____ GRADE: _____

GENDER: _____ DATE OF BIRTH: _____ CITY & STATE OF BIRTH: _____

MULTIPLE BIRTH: YES NO *IF YES, BIRTH ORDER: 1 2 3 4 RESIDENT of DISTRICT: YES NO

ETHNICITY/RACE

This is a two-part question required by the federal government.

ETHNICITY: (Check Only One) HISPANIC/LATINO NOT HISPANIC/LATINO

RACE: (Check One or More Regardless of Ethnicity)

- AMERICAN INDIAN or ALASKAN NATIVE ASIAN BLACK or AFRICAN AMERICAN
 NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER WHITE

HOME LANGUAGE SURVEY

The following information will be used to determine the number of children eligible for bilingual instruction according to Section 380.1152-1157 School Code of 1995, Michigan's Bilingual Education Law. Note: Indicating a language other than English to any of the below questions will result in your child being assessed for an additional English Language Learner Program.

WHAT LANGUAGE DID YOUR CHILD FIRST LEARN TO SPEAK? _____

IS YOUR CHILD'S NATIVE LANGUAGE A LANGUAGE OTHER THAN ENGLISH? YES NO

IF YES, WHAT IS THAT LANGUAGE? _____

IS THE PRIMARY LANGUAGE * USED IN YOUR CHILD'S HOME OR ENVIRONMENT A LANGUAGE OTHER THAN ENGLISH?

YES NO IF YES, WHAT IS THAT LANGUAGE? _____

**PRIMARY LANGUAGE MEANS THAT THE DOMINATE LANGUAGE USED BY A PERSON FOR COMMUNICATION*

FAMILY #1

STUDENTS PRIMARY RESIDENCE

ADDRESS: _____ APARTMENT/LOT: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PRIMARY PHONE NUMBER: _____

MAILING ADDRESS (IF DIFFERENT THAN ABOVE): _____

GUARDIAN #1: _____

GUARDIAN #2: _____

Is Guardian #1 in the Armed Forces on ACTIVE Duty? Yes No

Is Guardian #2 in the Armed Forces on ACTIVE Duty? Yes No

RELATIONSHIP: _____

RELATIONSHIP: _____

CELL PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

WORK PHONE: _____

EMAIL: _____

EMAIL: _____

FAMILY #2

ADDRESS: _____ APARTMENT/LOT: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PRIMARY PHONE NUMBER: _____

GUARDIAN #1: _____

GUARDIAN #2: _____

Is Guardian #1 in the Armed Forces on ACTIVE Duty? Yes No

Is Guardian #2 in the Armed Forces on ACTIVE Duty? Yes No

RELATIONSHIP: _____

RELATIONSHIP: _____

CELL PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

WORK PHONE: _____

EMAIL: _____

EMAIL: _____

IF STUDENT ALSO RESIDES WITH FAMILY #2, WOULD YOU LIKE TO RECEIVE MAILINGS AT THIS ADDRESS? YES NO

ADDITIONAL EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____ HOME PHONE: _____ CELL PHONE: _____

MEDICAL ALERT INFORMATION:

PLEASE LIST BELOW ANY MEDICAL CONDITIONS, ALLERGIES, OR HEALTH CONCERNS YOUR CHILD HAS THAT WE SHOULD BE AWARE OF.
IF YOUR STUDENT HAS MEDICATION THAT NEEDS TO BE OR MAY NEED TO BE TAKEN THROUGH OUT THE SCHOOL DAY, PLEASE FILL OUT THE YALE PUBLIC SCHOOLS MEDICATION PERMISSION FORM.

PHYSICIAN: _____
DENTIST: _____
HOSPITAL: _____

SIBLING INFORMATION

STUDENT NAME: _____ SCHOOL: _____
STUDENT NAME: _____ SCHOOL: _____
STUDENT NAME: _____ SCHOOL: _____

SPECIAL EDUCATION INFORMATION

If your student receives Special Education Services, please provide documentation of the current plan to the school.

DOES YOUR CHILD CURRENTLY RECEIVE SPECIAL EDUCATION SERVICES? YES NO

IF YES, PLEASE COMPLETE THE 30 DAY PLACEMENT FORM AND CHECK ALL THAT APPLY:

- IEP SPEECH/LANGUAGE PHYSICAL THERAPY OCCUPATIONAL THERAPY SOCIAL WORK

DOES YOUR CHILD HAVE A CURRENT 504 PLAN? YES NO

PLEASE LIST ANY OTHER SPECIAL NEEDS YOUR CHILD MAY HAVE: _____

PERMISSION FOR PUBLICATION OF STUDENT NAME/PHOTO/VIDEO

YALE PUBLIC SCHOOLS LIKE TO RECOGNIZE STUDENTS FOR THEIR EFFORTS AND ACCOMPLISHMENTS IN A VARIETY OF WAYS. WE MAY USE YOUR CHILDS NAME/PHOTO/OR VIDEO USED ON CLASSROOM WEBPAGES, SCHOOL/DISTRICT MEDIA SITES, ELECTRONIC NEWSLETTERS AND SOCIAL MEDIA SITES (SCHOOL FACEBOOK OR TWITTER).

- I GIVE PERMISSION FOR MY CHILDS NAME/PICTURE/VIDEO PUBLISHED ON SCHOOL/DISTRICT WEBPAGES, NEWSLETTERS, OR SOCIAL MEDIA.
 I **DO NOT** GIVE PERMISSION FOR MY CHILDS NAME/PICTURE/VIDEO PUBLISHED ON SCHOOL/DISTRICT WEBPAGES, NEWSLETTERS, OR SOCIAL MEDIA

PARENTAL CONSENT FOR ENROLLMENT

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE STATEMENTS CONTAINED HEREIN AND ON ANY ATTACHMENTS ARE TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

OFFICE USE ONLY:

DATE OF ENTRY _____ STUDENT ID # _____ STUDENT UIC# _____
BIRTH CERT. ___ IMMUNIZATION ___ COMPUTER USE FORM ___ CONCUSSION FORM ___ RESIDENCY PROOFS ___
RELEASE OF RECORDS FORM ___ P2P FORM TO SP ED OFFICE ___ COPIES TO: TRANSPORTATION ___ FOOD SERVICES ___



YALE PUBLIC SCHOOLS – REQUEST FOR RECORDS

PREVIOUS SCHOOL: _____ PHONE: _____

ADDRESS: _____ FAX: _____

THE STUDENT LISTED BELOW HAS ENROLLED IN A YALE PUBLIC SCHOOL. PLEASE MAIL THE STUDENT’S COMPLETE SCHOOL RECORDS TO THE ADDRESS LISTED AT THE BOTTOM OF THIS FORM OR NOTIFY THE SCHOOL IF YOU HAVE NO RECORD OF THE STUDENT. **RECORDS INCLUDE: CA60, TRANSCRIPT OF GRADES AND CREDITS, ACHIEVEMENT AND ABILITY TEST SCORES, HEALTH RECORDS, CURRENT IEP AND ANY OTHER PERTINENT INFORMATION CONCERNING THE STUDENT.** THESE WILL BE USED FOR THE PROFESSIONAL USE OF AUTHORIZED YALE PUBLIC SCHOOLS PERSONNEL ONLY.

STUDENT: _____ GRADE: _____

DATE OF BIRTH: _____ START/ENTRY DATE: _____

AFFIRMATION OF PRIOR DISCIPLINE RECORD

HAS YOUR CHILD BEEN EXPELLED FROM SCHOOL? YES NO

HAS THIS STUDENT HAD ANY IN-SCHOOL/OUT-OF-SCHOOL SUSPENSIONS FOR ANY MAJOR VIOLATIONS? YES NO

IF YOU CHECKED YES, PLEASE EXPLAIN THE CIRCUMSTANCES IN DETAIL, ALONG WITH THE SCHOOL NAME AND DATES OF SUSPENSION OR EXPULSION. _____

I VERIFY THE ABOVE INFORMATION TO BE TRUE AND ACCURATE. I REQUEST STUDENT RECORDS AND INFORMATION BE DISCLOSED TO THE YALE PUBLIC SCHOOL DISTRICT.

PARENT/GUARDIAN SIGNATURE

DATE

PRIOR SCHOOL – PLEASE COMPLETE THE FOLLOWING INFORMATION

PLEASE CHECK ONE:

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

____ According to our records, we can verify that the information provided by the above parent/student is NOT correct.

If the student has been suspended or expelled from your district, please forward the appropriate disciplinary documentation immediately. Thank you.

Administrator’s/Designee’s Signature: _____

Title: _____

Date: _____

PLEASE FORWARD STUDENT RECORDS TO:

SECRETARY
YALE ELEMENTARY
200 SCHOOL DRIVE
YALE, MI 48097

PHONE: (810) 387-3231 ext. 1221

FAX: (810) 387-9413

PLEASE FORWARD SPECIAL EDUCATION RECORDS TO:

SPECIAL EDUCATION CLERK
AVOCA ELEMENTARY
8757 WILLOW STREET
AVOCA, MI 48006

PHONE: (810) 387-3231 ext. 2265

FAX: (810) 324-2843

OFFICE USE ONLY:
1ST REQUEST: _____
2ND REQUEST: _____

Yale Public Schools

TRANSPORTATION DEPARTMENT
253 SCHOOL DRIVE ~ YALE, MICHIGAN 48097
PH: (810) 387-3231 ext. 6271 ~ FAX: (810) 387-9074
Jeri Fishel, Director of Transportation

Dear Parent and/or Guardian,

School Bus Transportation is available for all eligible students enrolled within the attendance boundaries of Yale Public Schools and reside outside of the city limits of the city of Yale. Eligible students **must register for Transportation Services** in order to receive bus service for the current school year. Failure to submit a transportation form constitutes "voluntary waiver" of transportation and students will not be assigned a bus. If your student should require transportation, please complete this form and return it to the Transportation Department as soon as possible. ****NOTE** this must also be renewed every school year.

Although you may not request transportation services at this time, you may request transportation when needed in the future, depending on your location, it may take up to 3 days to have your child(ren) assigned to a bus and implement them into the bus run.

It is important that you fill this form out completely if your child(ren) are enrolled in school, even if you will not be utilizing bus transportation services.

You may return this form to your child's school of attendance, the child's bus driver, or fax it to the bus garage (810)-387-9074.

Reminders:

One Stop Pick-up/One Stop Take-home: Yale Public Schools has a one-stop pickup and one-stop take home policy. Parents/guardians are requested to identify one (1) pick up location and one (1) take home location for the school year. These locations may have two different addresses due to childcare, etc.; however both addresses must be consistent everyday, Monday through Friday. The bus stop may or may not be located at the address requested. Students will be assigned a bus stop within the prescribed walking distance of the address location. Walking distances and bus routes may be adjusted temporarily, if necessary, by reason of ridership, unsafe or impassable roads.

Childcare: The childcare address must be located within the school of attendance boundaries. It is not possible to provide transportation to childcare facilities located outside of the school of attendance boundaries.

It is important that you fill out this form in its entirety; if you will not be utilizing bus transportation services please also indicate that. If we do not receive a form from you, your child(ren) will be removed from the bus transportation service roster and no transportation will be provided to and from school.

As always, your cooperation is greatly appreciated; by working together we can achieve not only safe but efficient bus routes. If you have any questions please feel free to contact the transportation office. 810-387-3231 ext. 6275 or 6271.

Sincerely,

Jeri Fishel,
Director of Transportation
(810) 387-3231 ext. 6271

YALE PUBLIC SCHOOLS Transportation Registration Form

Transportation is available for all *eligible* students that attend Yale Public Schools with in the attendance boundaries. Please fill out this form when enrolling. This form must be renewed every year by June 8th for the upcoming school year.

Yale Public Schools has a one stop pick up and one stop take home policy. These addresses may be different; however they must be consistent every day. The bus stop will be located in accordance to state law and school district policy Students will be assigned a bus stop within the prescribed walking distance of the address location.

Please list all students in household, their school of attendance and address for pickup and drop off:

Students Name: _____ School of Attendance: _____ Grade: _____

PICK UP: Home address Alt. Address _____ **AM Transportation Is Not Required**

DROP OFF: Home address Alt. Address _____ **PM Transportation Is Not Required**

Students Name: _____ School of Attendance: _____ Grade: _____

PICK UP: Home address Alt. Address _____ **AM Transportation Is Not Required**

DROP OFF: Home address Alt. Address _____ **PM Transportation Is Not Required**

Students Name: _____ School of Attendance: _____ Grade: _____

PICK UP: Home address Alt. Address _____ **AM Transportation Is Not Required**

DROP OFF: Home address Alt. Address _____ **PM Transportation Is Not Required**

Students Name: _____ School of Attendance: _____ Grade: _____

PICK UP: Home address Alt. Address _____ **AM Transportation Is Not Required**

DROP OFF: Home address Alt. Address _____ **PM Transportation Is Not Required**

Students Name: _____ School of Attendance: _____ Grade: _____

PICK UP: Home address Alt. Address _____ **AM Transportation Is Not Required**

DROP OFF: Home address Alt. Address _____ **PM Transportation Is Not Required**

Parent/Guardian Contact Information:

Last Name _____ First Name _____

Street Address: _____ E-mail _____

Home Tel: _____ Cell Ph: _____

Signature of Parent/Guardian: _____ **Date:** _____

THIS FORM MUST BE SUBMITTED FOR TRANSPORTATION SERVICES:



HEADS UP SCHOOLS

A Fact Sheet for Parents

What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports *one or more* of the symptoms of concussion listed below, or if you notice the symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

SIGNS AND SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY PARENTS OR GUARDIANS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to the hit, bump, or fall
- Can't recall events *after* the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

SYMPTOMS REPORTED BY YOUR CHILD OR TEEN

Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Emotional:

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*:

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual
- Has trouble falling asleep

**Only ask about sleep symptoms if the injury occurred on a prior day.*

To download this fact sheet in Spanish, please visit: www.cdc.gov/Concussion. Para obtener una copia electrónica de esta hoja de información en español, por favor visite: www.cdc.gov/Concussion.



DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Children and teens with a concussion should **NEVER** return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care professional experienced in evaluating for concussion says they are symptom-free and it's OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class,
- Sports practices or games, or
- Physical activity at recess.

What should I do if my child or teen has a concussion?

1. **Seek medical attention right away.** A health care professional experienced in evaluating for concussion can determine how serious the concussion is and when it is safe for your child or teen to return to normal activities, including physical activity and school (concentration and learning activities).
2. **Help them take time to get better.** If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen may need to limit activities while s/he is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. After a concussion, physical and cognitive activities—such as concentration and learning—should be carefully managed and monitored by a health care professional.
3. **Together with your child or teen, learn more about concussions.** Talk about the potential long-term effects of concussion and the dangers of returning too soon to normal activities (especially physical activity and learning/concentration). For more information about concussion and free resources, visit: www.cdc.gov/Concussion.

How can I help my child return to school safely after a concussion?

Help your child or teen get needed support when returning to school after a concussion. Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms. Your child may feel frustrated, sad, and even angry because s/he cannot return to recreation and sports right away, or cannot keep up with schoolwork. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement. As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Be given more time to take tests or complete assignments,
- Receive help with schoolwork, and/or
- Reduce time spent reading, writing, or on the computer.

*To learn more about concussion and to order materials **FREE-OF-CHARGE**, go to: www.cdc.gov/Concussion or call 1.800.CDC.INFO.





YALE PUBLIC SCHOOLS - PARENT AND STUDENT CONCUSSION AWARENESS EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012, as amended, that I have received and reviewed the Concussion Awareness Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by the Yale Public School District and will keep the educational material for future reference.

STUDENTS NAME (PRINTED)

PARENT/GUARDIAN NAME (PRINTED)

STUDENTS SIGNATURE

PARENT/GUARDIAN SIGNATURE

DATE

DATE

Please return this signed form to your child's school. The form will be kept on file for the duration of your child's attendance in the Yale Public School District.



YALE PUBLIC SCHOOLS - IMMUNIZATION REQUIREMENTS

To Enter School: State law prohibits a principal or representative from admitting new entrants to school without a record of having received **at least one dose of each:** Measles, Mumps, Rubella, Diphtheria, Meningococcal (age 11 or upon entry to 7th grade), Polio, Tetanus, Pertussis, Hepatitis B and Varicella (chickenpox vaccination or documentation of immunity). If the student has had the chickenpox disease, you will need to document on the shot record and provide a parent signature on this form below that would verify this.

If your student has one dose of each shot that is listed below, but is still incomplete with the rest of the doses, then the following paragraph applies:

According to Act 368 of the Public Acts of 1978, State of Michigan, I understand that my child is being allowed to attend school on a temporary basis for four months (4) from the date of this certificate because immunization records/immunizations are incomplete.

I understand that in order to remain in school after the four month temporary basis, my child must have received or be in the process of receiving the required vaccines.

STUDENT NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

REQUIRED IMMUNIZATIONS FOR ENTRY IN ALL PUBLIC & NON-PUBLIC SCHOOLS

Age → Vaccine**↓	All Kindergarteners and 4 years through 6 years	All 7 th Graders and 7-18 year Old transfer students
Diphtheria, Tetanus, Pertussis (DTP, DTaP, Tdap)	4 doses DTP or DTaP, 1 dose must be at or after 4 years of age	4 doses D and T OR 3 doses Td if 1 st dose given at or after 1 year of age. 1 dose Tdap at 11 years of age or older upon entry into 7 th grade or higher
Polio	4 doses OR 3 doses if dose 3 was given at or after 4 years of age	
Measles, Mumps, Rubella (MMR)*	2 doses at or after 12 months of age	
Hepatitis B *	3 doses	
Meningococcal Conjugate (MenACWY)	None	1 dose at 11 years of age or older upon entry into 7 th grade or higher
Varicella (Chickenpox)*	2 doses of varicella vaccine at or after 12 months of age OR current lab immunity OR History of varicella disease	

*If the student has not received these vaccines, documented of immunity is required.

**Students susceptible to these diseases may be excluded from school.

COMPLETE THE PORTION BELOW ONLY IF YOUR CHILD HAS HAD VARICELLA (CHICKENPOX) DISEASE

I certify that my child: _____
STUDENT NAME BIRTHDATE GRADE

has had Chickenpox/varicella disease _____
WHEN DID VARICELLA OCCUR? AGE OR DATE

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

WITNESS/STAFF SIGNATURE: _____ DATE: _____

____ Witness/Staff has verified documentation of having the chickenpox disease on shot record



YALE PUBLIC SCHOOLS
CONSENT FOR DISCLOSURE OF IMMUNIZATION INFORMATION
TO LOCAL AND STATE HEALTH DEPARTMENTS

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the students name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize Yale Public Schools to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

STUDENT NAME: _____ **DATE OF BIRTH:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PRINTED PARENT/GUARDIAN NAME: _____



YALE PUBLIC SCHOOLS – SPECIAL EDUCATION PERMISSION TO PLACE FORM

STUDENT NAME: _____ BIRTHDATE: _____

ADDRESS: _____

PARENT/GUARDIAN NAME: _____ PHONE NUMBER: _____

PRIOR DISTRICT: _____ PRIOR SCHOOL: _____ GRADE: _____

TO BE COMPLETED BY SCHOOL DESIGNEE:

Last IEP Date: _____ Last MET Date: _____ Last Eligibility Category: _____

Staff person who verified the above information: _____ Date: _____

Method: Inspection of IEP Phone call to prior district staff: _____

Name Title

We will immediately implement your student's **CURRENT** individualized education program (IEP) R340.1722e(1)(a).

We will immediately place your student in an appropriate program or service and convene an individualized education program team meeting **WITHIN 30 SCHOOL DAYS** to develop an IEP R340.1722e(1)(b).

Comments: _____

CIRCLE TEMPORARY CLASSROOM PROGRAM PLACEMENT PLAN:

RR	Resource Room Rule 340.1749a (elementary) Rule 340.1749b (secondary)	ECP	Early Childhood Program Rule 340.1754
CI	Mild Cognitive Impairment Rule 340.1740	NCP	Non-classroom Early Childhood Services Rule 340.1755

AMOUNT OF SE CLASSROOM TIME: _____ HOURS PER WEEK

Time in the SE class may vary slightly during these 30 days as we adjust the program to the student's needs.

CIRCLE TEMPORARY SUPPORT SERVICE PLAN:

TC	Teacher Consultant Rule 340.1749	PT	Physical Therapy
SLI	Speech/Language Instruction Rule 340.1745	OT	Occupational Therapy
HH	Homebound/Hospitalized Rule 340.1746	SSW	School Social Work
		WS	Work Site Based Learning
		OTHER	_____

SPECIALIZED TRANSPORTATION: NO YES, Specify: _____

PLACEMENT BEGINS ON: _____ FOR 30 SCHOOL DAY UNTIL: _____

TO BE COMPLETED BY THE SPECIAL EDUCATION OFFICE:

These resources are being authorized by: _____
Superintendent or Designee Title

Person responsible for this plan: _____ at _____
Primary Special Education Provider School

REQUEST FOR PARENT CONSENT:

I GIVE PERMISSION for the immediate placement of my child & for the release of his/her Special Education records to Yale Public Schools.

I REFUSE PERMISSION for this immediate placement of my child.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



YALE PUBLIC SCHOOLS – MCKINNEY VENTO REPORTING FORM

The term 'homeless children and youths' means individuals who lack a fixed, regular, and adequate nighttime residence includes-children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or similar reason; are living in motels, hotels, trailer parks, or camping grounds due to lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings. The term "unaccompanied youth" includes youth in homeless situations who are not in the physical custody of a parent or guardian.

DATE: _____

SCHOOL DISTRICT: YALE PUBLIC SCHOOLS BUILDING: _____

STUDENT NAME: _____ DATE OF BIRTH: _____

AGE: _____ SEX: _____ GRADE ENROLLED: _____

PARENT/GUARDIAN NAME: _____

STUDENT IS LIVING WITH: _____

ADDRESS: _____ CITY: _____ ZIP: _____

TELEPHONE NUMBER: _____

PRIMARY NIGHTTIME RESIDENCE: (PLEASE CHECK APPROPRIATE SETTING)

- SHELTER
- UNSHELTERED (CARE/PARK/STREET)
- DOUBLED-UP
- MOTEL/HOTEL
- TRANSITIONAL HOUSING
- UNACCOMPANIED YOUTH (youth living with friends/friend's parents/ relatives)

HOMELESS STUDENTS ARE ELIGIBLE FOR ALL OF THE FOLLOWING SERVICES. PLEASE INDICATE THE SERVICES THE STUDENT RECEIVES WITHIN THE CURRENT SCHOOL DISTRICT. (Please check all that apply, the building secretary can assist with identifying the services.)

- SPECIAL EDUCATION
- TITLE 1 PROGRAMS
- GIFTED/TALENTED
- FREE LUNCH/BREAKFAST
- GED/ADULT EDUCATION
- GREAT START READINESS PROGRAM (4 YEAR OLDS)
- SCHOOL SUPPLIES
- TRANSPORTATION
- ENGLISH LIMIT LANGUAGE
- MIGRANT
- OTHER

MODE OF TRANSPORTATION TO SCHOOL: _____

PERSON COMPLETING THIS FORM: _____

- PLEASE CHECK THIS AREA IF YOU WOULD LIKE TO BE CONTACTED BY THE YALE PUBLIC SCHOOLS' HOMELESS LIAISON, JOSEPH HAYNES.
- PLEASE CHECK THIS AREA IF YOU WOULD LIKE TO BE CONTACTED BY THE RESA TEACHER COORDINATOR/HOMELESS LIAISON, LAURA MCDOWELL.
- PLEASE CHECK THIS AREA IF YOU WOULD LIKE TO KNOW MORE ABOUT THE SERVICES AVAILABLE TO PARENTS, UNACCOMPANIED YOUR, AND HOMELESS STUDENTS THROUGH THE ST. CLAIR COUNTY RESA.

CONTACT INFORMATION:

Yale Public Schools, Homeless Liaison
Joseph Haynes
198 School Drive
Yale, MI 48097

(810) 387-3231 ext. 7264 Fax: (810) 387-4418

St. Clair County RESA, Homeless Liaison
Laura McDowell
499 Range Road
Marysville, MI 48040

(810) 364-8990 Fax: (810) 364-7474

*THIS INFORMATION WILL BE FORWARDED TO THE ST. CLAIR COUNTY RESA FOR PROGRAM RECORD