

## New Students Enrolling in **WHITEHALL DISTRICT SCHOOLS**

Please complete the following pages and bring with you to the school office that you're enrolling in, along with the following items:

- **Birth Certificate** - with original seal
- **Proof of Residency** - this may consist of a lease/purchase agreement, a utility bill or bank statement. Needs to show physical address, and may not consist of a screenshot
- **Immunization Record**
- If you have special education services, a copy of **most recent IEP**

After all enrollment materials have been received, we will begin the registration process for your child. This may take a few days and we will contact you as soon as possible.

\*If you do not live in the Whitehall school district and have not obtained Schools of Choice paperwork, contact the district office at 893-1010.



# WHITEHALL DISTRICT SCHOOLS

Shoreline, Ealy, Middle, High School and Home School Partnership

## ENROLLMENT FORM

For Office Use Only Date: \_\_\_\_\_

Student Number: \_\_\_\_\_

Student UIC#: \_\_\_\_\_

Building/Teacher: \_\_\_\_\_

DATE \_\_\_\_\_

### STUDENT INFORMATION

Student: \_\_\_\_\_  
Last name First Name Middle

Student Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Main Contact #( ) \_\_\_\_\_ Student Cell( ) \_\_\_\_\_

Enrolling in Grade \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace (city/state) \_\_\_\_\_ Gender (F/M) \_\_\_\_\_

Does student currently receive Special Education Services: ☐ no ☐ yes (must sign 30 day placement)

Last school attended \_\_\_\_\_ city/state/zip \_\_\_\_\_

Last grade attended \_\_\_\_\_ ☐ Promoted ☐ Retained

### PARENT/GUARDIAN INFORMATION

With whom does the student reside (Check all that apply):

Parent: ☐ Mother ☐ Father ☐ Step Mother ☐ Step Father

Guardian: ☐ Legal Guardian ☐ Ward of the Court ☐ Foster Parent ☐ Other Relative ☐ Host Family (exchange student)

Contact information of parents or guardian with whom child resides:

Name \_\_\_\_\_ Cell number ( ) \_\_\_\_\_

Email address \_\_\_\_\_ Employer name/number \_\_\_\_\_ ( ) \_\_\_\_\_

Name \_\_\_\_\_ Cell number ( ) \_\_\_\_\_

Email address \_\_\_\_\_ Employer name/number \_\_\_\_\_ ( ) \_\_\_\_\_

### Please List Any Other Children in Family

\_\_\_\_\_ age \_\_\_\_\_ \_\_\_\_\_ age \_\_\_\_\_

\_\_\_\_\_ age \_\_\_\_\_ \_\_\_\_\_ age \_\_\_\_\_

### Special Conditions

Briefly state any medical conditions or changes in your family situation that we should know about (i.e.: allergies, asthma, divorce, deaths, etc.)

Mandatory forms to be completed:

All buildings: ☐ enrollment ☐ emergency ☐ ca request ☐ transportation ☐ ferpa ☐ residency questionnaire ☐ disclosure of discipline  
☐ ethnicity ☐ home language survey ☐ free/reduced lunch

Shoreline/Ealy: ☐ parent/student compact

Middle/High School: ☐ concussion ☐ athletics participation

### Student Ethnicity and Race

Please answer BOTH questions below by marking the appropriate answer

What is your child's race?

☐ White

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ American Indian or Alaska Native

Is your child Hispanic/Latino? ☐ No ☐ Yes (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race).

### State Board of Education Approved Home Language Survey\*

Michigan welcomes families of all language backgrounds. Speaking more than one language is a valuable asset! Please answer the three questions below. If your response to any of the questions is a language other than English, the school district will give an assessment to see if your student may benefit from English language support.

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

1. What language is used most at home? \_\_\_\_\_

2. What language is used most by the student? \_\_\_\_\_

3. In which language do you prefer to receive communication from the school? \_\_\_\_\_

\*If you need this form translated in another language, please inform a secretary at your child's school.

### Schooling Outside of the U.S.

4. Was the student born outside the U.S. or Puerto Rico? ☐ no ☐ yes

*If yes, when did the student enter U.S. schools?*

(If less than 3 years, mark student as Immigrant in MSDS).

\_\_\_\_\_

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

### Disclosure of Prior Discipline Record

All non-resident students requesting admission to the Whitehall School District must complete this disclosure form. A willful false statement will result in a report to the appropriate authorities and may preclude admission to the district.

Please check the applicable statement below, provide all appropriate information, and sign and date this document.

☐ The undersigned affirm(s) that \_\_\_\_\_ (student name) has **never** been suspended or expelled from any public or private school in Michigan or any other state.

☐ The undersigned hereby discloses that \_\_\_\_\_ (student name) has been suspended or expelled from a public or private school in Michigan and/or another state.

If the second statement is checked, explain the circumstances in detail. Provide the name and location of the school(s), date(s) of suspension(s) and/or expulsion(s), and a clear, complete description of the incident(s).

\_\_\_\_\_  
Explanation of Incident

\_\_\_\_\_  
Name and address of school

\_\_\_\_\_  
Dates of suspension/expulsion

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

\_\_\_\_\_  
Date

### Home School Partnership Virtual Requirement *(to be completed by home school students only)*

In order to participate in the Whitehall Home School Partnership Program a student is required to take a minimum of one seated class and two online virtual elective classes.

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

\_\_\_\_\_  
Date

# WHITEHALL DISTRICT SCHOOLS

*Shoreline, Ealy, Middle, High School and Home School Partnership*

## EMERGENCY FORM

For Office Use Only

Student Number: \_\_\_\_\_

Student UIC#: \_\_\_\_\_

Building/Teacher: \_\_\_\_\_

Student: \_\_\_\_\_ Gender ☐ F ☐ M  
Last name First Name Middle

Student Address: \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street City Zip

Student Cell\_(\_\_\_\_\_) (if applicable)

Student living with (Check all that apply):

Parent: ☐ Mother ☐ Father ☐ Step Mother ☐ Step Father  
Guardian: ☐ Legal Guardian ☐ Ward of the Court ☐ Foster Parent ☐ Other Relative ☐ Host Family(exchange student)

### CONTACT INFORMATION FOR WHOM CHILD LIVES WITH:

Name \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

Home # (if different from cell) (\_\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Place of Work \_\_\_\_\_ Work number\_(\_\_\_\_\_) \_\_\_\_\_ Work email \_\_\_\_\_

Name \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

Home # (if different from cell) (\_\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Place of Work \_\_\_\_\_ Work number\_(\_\_\_\_\_) \_\_\_\_\_ Work email \_\_\_\_\_

If parents are divorced or legally separated and students reside at both residences, please list this additional information below. We will do our best to accommodate any mailings to both addresses. Please let the office know of any custody issues and submit any legal documentation necessary.

Parent/Guardian name of second household Address Phone #

### IF PARENT/GUARDIAN CANNOT BE REACHED IN EVENT OF EMERGENCY PLEASE CALL:

1. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Relationship Phone#

2. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Relationship Phone#

3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Relationship Phone#

### DOCTOR / HOSPITAL / MEDICAL INFORMATION: Any medical condition or allergy we should be made aware of: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone:\_(\_\_\_\_\_) \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone:\_(\_\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

\*The above signature is an indication by parents or guardian that school officials have the authority to decide emergency care for their children while in school attendance.

### OPT IN AGREEMENT

I understand by signing this statement the school district may communicate with me through my contact information, including emails, automated phone calls and/or text messages.

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### HANDBOOK

My signature acknowledges that I have read the school handbook online at ([www.whitehallschools.net](http://www.whitehallschools.net)) or have requested and received a copy of the handbook. I am responsible for abiding by the guidelines and regulations for student conduct contained therein.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### TECHNOLOGY ACCEPTABLE USE AGREEMENT

My signature acknowledges that I have read the Technology Acceptable Use Agreement online at [www.whitehallschools.net](http://www.whitehallschools.net) or have requested and read a copy of the agreement. I am responsible for abiding by the guidelines and regulations for student conduct therein.

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### CHROMEBOOK *(not applicable to all grades)*

My signature acknowledges that my child and I have read and agree to the terms of the Chromebook Policy.

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### FIELD TRIP PERMISSION

My signature acknowledges that I give my child permission to go on all field trips during the current school year. I understand that I will be notified of all school field trips through the school newsletter or notes sent home by the teacher and that students will be transported by school vehicle or private vehicle operated by the teacher and/or staff member.

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

\_\_\_\_\_  
Date

### LOCKER ASSIGNMENT *(not applicable to all grades)*

In accepting a locker assignment and using the locker, I understand I am fully responsible for all of its contents. I agree that the principal of this building, or his representative, has the joint use and control of it and may open this locker and examine any of the items or contents thereof at any time. This agreement will be in effect as long as I am assigned to a locker.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### MILITARY STATEMENT

Is at least one parent a full-time member of the Armed Forces on active duty? ☐ no

☐ yes

If yes: Name of Armed Forces Branch \_\_\_\_\_ Name of Parent(s) \_\_\_\_\_

# WHITEHALL DISTRICT SCHOOLS

## REQUEST FOR STUDENT CA-60 RECORDS

Date: \_\_\_\_\_

Information is requested on the following student:

Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous School Name and Numbers:

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Fax number

\_\_\_\_\_  
Phone number

The above student is transferring to Whitehall District Schools. Please mail his/her CA-60 cumulative record and all related information pertaining to the student to the building selected below. Thank you.



CJ Van Wieren, Superintendent  
Whitehall District Schools

☐

Shoreline Elementary

Attn: Student Records  
205 Market Street  
Whitehall, MI 49461  
P: 231-893-1050 F: 231-893-4705

☐

Ealy Elementary

Attn: Student Records  
425 Sophia Street  
Whitehall, MI 49461  
P: 231-893-1040 F: 231-894-9060

☐

Whitehall Middle School

Attn: Student Records  
401 S. Elizabeth Street  
Whitehall, MI 49461  
P: 231-893-1030 F: 231-894-6844

☐

Whitehall High School

Attn: Student Records  
3100 White Lake Dr.  
Whitehall, MI 49461  
P: 231-893-1020 F: 231-893-2923

☐

Parents are currently here to enroll the student. Please fax the requested documents below upon receipt of this form, so we may begin the enrollment process. We appreciate your help. Thank you.

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

\_\_\_\_\_  
Date

# WHITEHALL DISTRICT SCHOOLS

## STUDENT RESIDENCY QUESTIONNAIRE

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Please list all of your preschool and school-aged children currently living with you: (continue on back if more space is needed)

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School: \_\_\_\_\_

**Information provided on this form is confidential.**

If this student is **not** living with his/her biological/adopted parent or legal guardian, please indicate the circumstances here: \_\_\_\_\_

What is your current living situation? *(Based on your situation, your child may be eligible for additional services)*

\_\_\_\_\_ **I own or rent my own home/apartment.** If you checked this box, **STOP** here...you do not need to answer any additional questions

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\_\_\_\_\_ **Sharing the housing of other persons due to:** (check one)

☐ Loss of housing due to eviction, foreclosure, or other economic hardship

Explain: \_\_\_\_\_

☐ Long-term, cooperative living arrangement to save money or a similar reason

\_\_\_\_\_ **At a motel, hotel, campground or similar setting due to:** (check one)

☐ Lack of alternative adequate accommodations

☐ It being a convenient living arrangement, or waiting for apartment or house to be ready

\_\_\_\_\_ **In an emergency or transitional shelters** (domestic violence or homeless shelters or transitional housing)

\_\_\_\_\_ **In a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans**

\_\_\_\_\_ **In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar setting**

How long do you anticipate living at this location? \_\_\_\_\_

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Current Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian/Unaccompanied Youth Signature Date: \_\_\_\_\_

Please take a moment to fill out the survey to let us know whether or not your child will need our transportation services.

You will need your student ID number for each of your children to enter into the form. (New enrollees, you'll receive your number in August, so instead, please use your child's last,first name combo as his/her student ID number on the form.)

You will fill out this survey once for each of your children who will ride the bus.

If you have any questions, please call the Transportation Department at 231-893-1060.

Thank you for your help.

<https://forms.gle/JA2vR841egguCHKv9>





# WHITEHALL DISTRICT SCHOOLS

## FERPA Opt-Out Form

The Family Educational Rights and Privacy Act (also known as “FERPA”) is a federal law that protects the privacy of educational records, and is described in Board Policy 8330 on our district website ([www.whitehallschools.net](http://www.whitehallschools.net)). A copy of the notice may also be obtained by contacting your child’s school office.

In accordance with the Federal Educational Rights and Privacy Act of 1974 (FERPA), as amended, a student’s education records are maintained as confidential and, except for a limited number of special circumstances listed in that law, will not be released to a third party without the parent/student’s prior written consent. The law, however, does allow schools to release student “directory information” without obtaining the prior consent of the parent/student. If you do not want the release of certain types of directory information without your prior consent, you may choose to “opt-out” of this FERPA exception.

Occasionally the press and other publicly supported institutions including alumni groups, colleges, military recruiters, and school-related activity sponsors could ask for the following types of directory information: student’s name, grade, major field of study, extracurricular participation, achievement awards, information to the military, student picture, student picture on district website. If for any reason you do not wish to have this information released, please fill out the form below and return to the school office.

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**Only those parents who want to exclude information should return this form.**

Mark the items below to be excluded, and return to the school office. Thank you.

School Building: (circle one)      **Ealy**              **Shoreline**              **Middle School**              **High School**

Student’s Name: \_\_\_\_\_ Student’s Grade: \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this form, I indicate that I do not want the following information released for my child:

- |   |   |
|---|---|
| <input type="checkbox"/> Student’s address                  | <input type="checkbox"/> Picture on the district website      |
| <input type="checkbox"/> Major field of study               | <input type="checkbox"/> Grade placement                      |
| <input type="checkbox"/> Achievement awards                 | <input type="checkbox"/> Extracurricular participation        |
| <input type="checkbox"/> Picture in yearbook                | <input type="checkbox"/> Information to military              |
| <input type="checkbox"/> Picture in media releases          | <input type="checkbox"/> Weight & height for athletic rosters |
| <input type="checkbox"/> Picture on social media (Facebook) | <input type="checkbox"/> Immunizations                        |

# EDUCATION BENEFITS FORM SY 2025 - 2026

District: Whitehall District Schools

School: \_\_\_\_\_

## PART A: STUDENT INFORMATION – Complete for each student Pre-K through 12th Grade

Student's Last Name	Student's First Name	Grade Level	School	Identify H if Homeless M if Migrant R if Runaway F if Foster

If you need additional lines, attach a second sheet to this report or attach a copy of this report clearly marked as a **Page 2**.

**PART B: BENEFITS RECEIVED** - If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

**PART C: HOUSEHOLD SIZE** - Enter the total number of individuals living in your household, including all adults and children → \_\_\_\_\_

**PART D: TOTAL MONTHLY HOUSEHOLD INCOME** – Report income for all members of household excluding Foster Children. If you have reported a case number above, you do not need to fill in this section. Move on to PART E.

Type of Income	Income	Circle if None
1. Gross <b>Monthly</b> Earnings: Wages, Salary, Commissions	\$	None
2. <b>Monthly</b> Welfare Payments, Child Support, Alimony	\$	None
3. <b>Monthly</b> Payments from Pensions, Retirement, Social Security	\$	None
4. <b>Monthly</b> Dividends or Interest on Savings	\$	None
5. <b>Monthly</b> Worker's Compensation, Unemployment, Strike Benefits	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
<b>Total Monthly Household Income</b> (Add lines 1-6)	\$	

**PART E: CERTIFICATION** - The head of household or adult designee who completed this form must complete this certification section.

I certify (promise) that all information on this form is true and that all income is reported to the best of my knowledge. I understand that this form may impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

(Signature) \_\_\_\_\_ (Printed Name) \_\_\_\_\_ (Date) \_\_\_\_\_

(Address) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip) \_\_\_\_\_

(Email Address) \_\_\_\_\_ Home Phone) \_\_\_\_\_ (Work Phone) \_\_\_\_\_

**Do NOT fill out this section. This is for school use only.**

Status: F \_\_\_\_\_ R \_\_\_\_\_ N \_\_\_\_\_ Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **INSTRUCTIONS FOR COMPLETING THE EDUCATION BENEFITS FORM**

This form is used to determine eligibility for state benefits for which your child(ren)'s school may qualify. Please complete, sign, and return this form to your child's school.

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (FAP), FAMILY INDEPENDENCE PROGRAM (FIP), OR FDPIR PLEASE FOLLOW THESE INSTRUCTIONS:

Part A: Student Information - For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received: If any household member, including adults, receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR), provide the name and case number. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Part C: Size of Family - Enter the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Total Monthly Household Income - Skip this part

Part E: Certification - Sign the form. Print your name and Date.

IF YOUR HOUSEHOLD DOES NOT RECEIVE BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (FAP), FAMILY INDEPENDENCE PROGRAM (FIP), OR FDPIR PLEASE FOLLOW THESE INSTRUCTIONS:

Part A: Student Information - For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received: Skip this part.

Part C: Size of Family - Enter the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Total Monthly Household Income - Enter monthly income for all household members for each type of income that applies. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc. If you have no income for a category, circle NONE. Add lines though 1 through 6 and enter the Total Monthly Household Income.

Part E: Certification - Sign the form. Print your name, date, and contact information.

## WHITEHALL DISTRICT SCHOOLS

### 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	Lost Consciousness	

#### 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 – DON'T HIDE IT, REPORT IT.** Playing or practicing with concussion symptoms is dangerous and can lead to a longer recovery. 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. 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 must be kept out of athletic activity the day of the injury. The student shall only return to activity (practice, scrimmage or competition) with written unconditional permission from an MD, DO, Physician's Assistant or Nurse Practitioner. 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.

**Parent and Student Must Sign Consent & Waiver on MHSAA Physical Form Acknowledging Awareness**

# WHITEHALL DISTRICT SCHOOLS

## CONCUSSION AWARENESS

### EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by Whitehall District Schools, 541 E. Slocum St., Whitehall, MI 49461.

\_\_\_\_\_  
Participant Name Printed

\_\_\_\_\_  
Parent or Guardian Name Printed

\_\_\_\_\_  
Participant Name Signature

\_\_\_\_\_  
Parent or Guardian Name Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Return this signed form to the participant's MHSAA member school. The school should keep this document on file for five years following the student's high school graduation.

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

GRADUTATION YEAR \_\_\_\_\_



# Vaccines Required for School Entry in Michigan

Whenever children are in group settings, there is a chance for disease to spread. Parents must follow state vaccine laws in order for their children to attend school. These laws are the minimum standard for preventing disease outbreaks in group settings. The best way to protect children from serious diseases is to follow the recommended vaccination schedule at [www.CDC.gov/Vaccines](http://www.CDC.gov/Vaccines). When following the recommended schedule children are fully protected and any school vaccination requirements are met.



	All kindergartners and 4–6-year-old transfer students	All 7th graders and 7–18-year-old transfer students
Diphtheria, Tetanus, Pertussis (DTP, DTaP, Tdap) <sup>1</sup>	4 doses DTP or DTaP 1 dose must be at or after 4 years of age	4 doses diphtheria and tetanus or 3 doses if 1 <sup>st</sup> dose given on or after 1 year of age 1 dose Tdap at 11 years of age or older upon entry into 7 <sup>th</sup> grade or higher
Polio <sup>1</sup>	4 doses or 3 doses if dose 3 was given on or after 4 years of age	
Measles, Mumps, Rubella (MMR) <sup>1, 2</sup>	2 doses at or after 12 months of age	
Hepatitis B <sup>1, 2</sup>	3 doses	
Meningococcal Conjugate (MenACWY) <sup>1</sup>	None	1 dose at 11 years of age or older upon entry into 7 <sup>th</sup> grade or higher
Varicella (Chickenpox) <sup>1, 2</sup>	2 doses at or after 12 months of age or current lab immunity or history of varicella disease	

<sup>1</sup>Vaccines should be given at certain ages and at certain times (follow [CDC Immunization Schedule](http://www.CDC.gov/ImmunizationSchedule) for the recommended number of doses, correct spacing, and ages); this chart is based on Michigan school immunization requirements. We strongly encourage parents and providers to follow the CDC recommended schedule because school requirements are the minimum for protection. Follow this chart when assessing immunization status for school immunization requirements.<sup>2</sup> If the child has not received these vaccines, documented immunity/waiver is required. During disease outbreaks, incompletely vaccinated children may be excluded from school. Parents and guardians choosing to decline vaccines must obtain a certified non-medical waiver from a local health department. Read more about waivers at [www.michigan.gov/immunize](http://www.michigan.gov/immunize). The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.