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**Central Lake Public Schools**  
**8169 West State Street \* P.O. Box 128**  
**Central Lake, MI 49622**  
**Fax: 231-544-2903**  
**www.centrollake.org**

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## Student Record Request

Federal Law 99:31 : No parent signature is required for educational records sent to another educational agency. As the student's records are necessary in program planning, we are thanking you in advance for our prompt reply. This is in compliance with the "Family Educational Rights & Privacy Act of 1974"

I authorize \_\_\_\_\_ to release records of:  
(School transferring from)

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

Student DOB: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Legal Guardian/Adult Student

\_\_\_\_\_ Date

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Office Use:

\_\_\_\_ All Student Records

\_\_\_\_ Please Fax

€ Special Education records-If applicable

€ High School Transcript-If applicable

€ Middle/High School current class schedule with grades

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**Send to:**

Central Lake Elementary  
Student Records  
P.O. Box 128  
Central Lake, MI 49622

Contact: Brooke Wilks  
Phone: 231.544.3141 ext.54300  
Fax: 231.544.2903  
bwilks@centrollake.org

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Central Lake Middle/High  
Student Records  
P.O. Box 128  
Central Lake, MI 49622

Contact: Robyn Hibbard  
Phone: 231.544.3141 ext.54200  
Fax: 231.544.2903  
rhibbard@centrollake.org

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€ K-12 Counselor  
P.O. Box 128  
Central Lake, MI 49622

Contact: Mary Spyhalski  
231-544-3141 ext. 54220  
mspyhalski@centrollake.org

**STATE BOARD OF EDUCATION APPROVED  
HOME LANGUAGE SURVEY\***

The **Central Lake 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. Please fill out the information below and return to the school office.

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

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

Yes  No

What is the language? \_\_\_\_\_

2. Is the primary language<sup>1</sup> used in your child's home/environment a language other than English?

Yes  No

What is the language? \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

<sup>1</sup>"Primary Language" means the dominant language used by a person for communication.

\*Translation of this survey form in Spanish, Arabic, French, Italian and Ojibwa is available at the Office of Field Services at (517) 373-6066

Central Lake Public Schools  
8169 W State St, PO Box 128  
Central Lake, MI 49622  
P. 231-544-3141/F. 231-544-2903



## Residency Verification Affidavit

According to State Attorney General Opinion No. 5925, school districts have the right to request proof of pupil residency. By signing this affidavit, you are affirming that the address given on all enrollment forms is the legal residence of the parent or guardian enrolling the student and is the residence of the student.

If you are living in the home of another person without a rental agreement, that person must sign this document and prove their residency.

Verification of residency may be made with two (2) of the following: (A copy will be made)

- Driver's License, State I.D. or Voter Registration
  - Purchase Agreement (if it denotes residency)
  - Moving Bill
  - Insurance Form
  - Property Tax Payment
  - Utility Bill
  - Lease Agreement
  - Mortgage Receipt
  - Other (specify)
- 

If you are NOT a resident of Central Lake Public School District please ask to fill out the School of Choice form.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person With Whom Residing (If Applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

# Central Lake Public Schools

8169 W. State St., P.O. Box 128, Central Lake, MI 49622

[www.clps.k12.mi.us](http://www.clps.k12.mi.us)



## Middle/High School Policies

**\*Please read**

**\*Initial**

**\*Sign at the bottom**

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

### Medical Emergency Permission Policy

In the event I cannot be reached in a medical emergency, I hereby give permission for emergency treatment of my child. I understand that I will be contacted ASAP in the event of a medical emergency. I understand that the information found on this data sheet may be released to those working with my child.

Initial \_\_\_\_\_

### Field Trip Permission Policy

I understand that my child may be involved in field trips that require leaving the building. When transportation is required, my child may be transported by bus, school van or vehicles as arranged by the school I gave my child permission to participate in these activities.

Initial \_\_\_\_\_

### Acceptable Technology Use Policy

I understand that all students are held responsible to follow the rules and regulations listed in the technology acceptable use policy. I understand this includes rules and regulations pertaining to electronic device use. I realize that failure to do so may result in loss of use.

Available online at [www.clps.k12.mi.us](http://www.clps.k12.mi.us)

Initial \_\_\_\_\_

### Media/Website Policy

I understand that my child may be photographed during their involvement in school activities. I give my child permission for such photographs to be used in school or newspaper publications.

Initial \_\_\_\_\_ Opt Out \_\_\_\_\_

### Student Handbook

I understand that the handbook is available online at [www.clps.k12.mi.us](http://www.clps.k12.mi.us). I understand that my student will be held accountable to the rules outlined in the student handbook.

Initial \_\_\_\_\_

Parent Signature indicates approval and understanding of all of the above.

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

\_\_\_\_\_  
Date

## CENTRAL LAKE PUBLIC SCHOOLS

### Consent for Disclosure of Personally Identifiable Information and 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 student's 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 and immunization 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.

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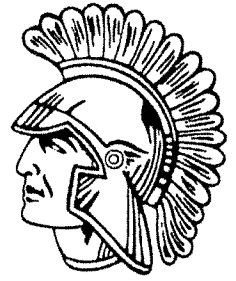
I authorize \_\_\_\_\_ CENTRAL LAKE PUBLIC SCHOOLS \_\_\_\_\_ to release my child's immunization record and personally identifiable information to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness 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's Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

Signature of Parent/Guardian  
or Eligible Student: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Printed Parent/Guardian Name: \_\_\_\_\_

**CENTRAL LAKE PUBLIC SCHOOLS  
STUDENT TRANSPORTATION  
REQUEST or ROUTE CHANGE**



If your home is outside the village limits, he or she may be eligible for bus transportation. Here is the first step. Please fill out this form. Once the Transportation Department receives this completed form, you will receive a phone call or email notification. School of choice transportation is not available.

School Year: \_\_\_\_\_ **Please allow 3 days for processing request**

Student Name:		Grade:
Current Date:	Start Date:	
Home Address:		
Cell Phone:	Work Phone:	
Home Phone:	Email:	
Should the driver be aware of any health concerns your student has: YES NO		
If yes, please explain:		

**BUS ROUTE REQUEST OR CHANGE**

<input type="checkbox"/>	My child is NOT riding the CLPS school bus and I am requesting to have him/her added.
<input type="checkbox"/>	My child presently rides the CLPS school bus and I am requesting the following changes:
Parent Signature:	Date:

**Students are allowed to have only one pick up location and one drop off location.**

- \*The locations must be within the district boundaries,
- \*Location may be either home or day care.
- \*The district does not allow for day varying pick up and drop of locations or extra riders.

**FOR OFFICIAL USE**

Date Received: \_\_\_\_\_ Scheduled: \_\_\_\_\_ Date: \_\_\_\_\_

Notified parent/guardian: \_\_\_\_\_ Bus number: \_\_\_\_\_

CENTRAL LAKE PUBLIC SCHOOLS     [teal@centrallake.org](mailto:teal@centrallake.org)

*Please allow up to 3 days for processing*

# Central Lake Public Schools Student Registration Form

Today's Date \_\_\_\_\_ Re-enrolling in Central Lake Public Schools Yes \_\_\_ No \_\_\_ Start Date \_\_\_\_\_

## STUDENT INFORMATION

Student Legal Name: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ Grade: \_\_\_\_\_  
Last                      First                      Middle                      Suffix

Preferred/Nick Name \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ State/Country of Birth: \_\_\_\_\_

**Ethnicity:** Is this student Hispanic/Latino? Yes \_\_\_ No \_\_\_  
(A person of Cuban, Mexican, Puerto Rican, South or Central American, or Spanish culture or origin, regardless of race)

**Race:** (Please check all that apply)    \_\_\_ White \_\_\_ Hispanic/Latino \_\_\_ Black/African American \_\_\_ American Indian/Alaskan Native  
    \_\_\_ Asian \_\_\_ Native Hawaiian/Pacific Islander

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

## ADDITIONAL STUDENT INFORMATION

Do you live in the Central Lake school district? Yes \_\_\_ No \_\_\_ If No, what school district do you reside in? \_\_\_\_\_

Have you or a family member worked in agriculture, poultry, or dairy in the past 3 years? If yes, where? \_\_\_\_\_

Was the student born outside of the US or Puerto Rico? \_\_\_ If yes, when did the student enter US schools? \_\_\_\_\_

Does the child currently have a parent who is a member of the Armed Forces on active duty (does not include the National Guard)?  
 Please specify: Which parent: \_\_\_\_\_ Branch of the Military: \_\_\_\_\_

Name of the last school attended: \_\_\_\_\_

Has your child ever been suspended or expelled? Yes \_\_\_ No \_\_\_ If yes, from where? \_\_\_\_\_  
 Please explain: \_\_\_\_\_

## STUDENT PRIMARY ADDRESS INFORMATION

Address: \_\_\_\_\_  
Number    N/S/E/W    Street Name                      City                      State                      Zip                      Apt/Lot#                      PO Box

Household Phone: (\_\_\_\_) \_\_\_\_\_ County: \_\_\_\_\_

Student is living with: \_\_\_ Mother \_\_\_ Father \_\_\_ Stepmother \_\_\_ Stepfather \_\_\_ Host Family \_\_\_ Foster-Parent \_\_\_ Guardian \_\_\_ Other

## PARENT/LEGAL GUARDIAN INFORMATION (As it appears on Birth Certificate or Legal Documentation)

LAST Name: _____ FIRST Name: _____ MIDDLE NAME: _____ Gender: M ___ F ___ Marital Status: ___ Single ___ Married ___ Divorced Address if different than the student's address: _____ Street _____ City _____ State _____ Zip _____ Cell #: _____ Daytime #:: _____ Email address: _____ Relationship to student: ___ Parent ___ Foster ___ Court placed Other: _____ Custody of Student: ___ Legal ___ Physical ___ Joint	LAST Name: _____ FIRST Name: _____ MIDDLE NAME: _____ Gender: M ___ F ___ Marital Status: ___ Single ___ Married ___ Divorced Address if different than the student's address: _____ Street _____ City _____ State _____ Zip _____ Cell #: _____ Daytime #:: _____ Email address: _____ Relationship to student: ___ Parent ___ Foster ___ Court placed Other: _____ Custody of Student: ___ Legal ___ Physical ___ Joint
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(OVER)

PLEASE LIST OTHER CHILDREN IN YOUR HOUSEHOLD (OLDEST TO YOUNGEST)





# Consent to Allow Student Use of Google Services

To parents and guardians,

At Central Lake Public Schools, we use Google Workspace for Education, and we are seeking your permission to provide and manage a Google Workspace for Education account for your child. Google Workspace for Education is a set of education productivity tools from Google including Gmail, Calendar, Docs, Classroom, and more used by tens of millions of students and teachers around the world. At Central Lake Public Schools, students will use their Google Workspace for Education accounts to complete assignments, communicate with their teachers, sign into their Chromebooks, and learn 21st century digital citizenship skills.

The notice below provides answers to common questions about what Google can and can't do with your child's personal information, including:

- What personal information does Google collect?
- How does Google use this information?
- Will Google disclose my child's personal information?
- Does Google use student personal information for users in K-12 schools to target advertising?
- Can my child share information with others using the Google Workspace for Education account?

Please read it carefully, let us know of any questions, and then sign below to indicate that you've read the notice and give your consent. If you don't provide your consent, we will not create/maintain a Google Workspace for Education account for your child. If you choose not to provide consent to use Google services, your student who cannot use Google services may need to use other software to complete assignments or collaborate with peers.

Thank you,

Mr. Larry Rager, K-12 Principal

**I give permission    I do not give permission    (circle one)**

**for Central Lake Public Schools to create/maintain a Google Workspace for Education account for my child and for Google to collect, use, and disclose information about my child only for the purposes described in the notice below.**

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Full name of student

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Printed name of parent/guardian

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Signature of parent/guardian

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Date

# Google Workspace for Education Notice to Parents and Guardians

This notice describes the personal information we provide to Google for these accounts and how Google collects, uses, and discloses personal information from students in connection with these accounts.

Using their Google Workspace for Education accounts, students may access and use the following "Core Services" offered by Google (described at [https://workspace.google.com/terms/user\\_features.html](https://workspace.google.com/terms/user_features.html)):

- Gmail
- Calendar
- Chrome Sync
- Classroom
- Cloud Search
- Contacts
- Docs, Sheets, Slides, Forms
- Drive
- Groups
- Google Chat, Google Meet, Google Talk
- Jamboard
- Keep
- Sites
- Vault

In addition, we also allow students to access certain other Google services with their Google Workspace for Education accounts. Specifically, your child may have access to the following "Additional Services":

- Google Earth
- Google Maps
- Youtube
- (Other services may be added with Administration approval as curriculum needs change. Please contact Mr. Larry Rager, K-12 Principal, 231-544-3141, for the latest list of Additional Services to which your child has access.)

Google provides information about the information it collects, as well as how it uses and discloses the information it collects from Google Workspace for Education accounts in its Google Workspace for Education Privacy Notice. You can read that notice online at [https://workspace.google.com/terms/education\\_privacy.html](https://workspace.google.com/terms/education_privacy.html) You should review this information in its entirety, but below are answers to some common questions:

## What personal information does Google collect?

When creating a student account, Central Lake Public Schools may provide Google with certain personal information about the student, including, for example, a name, email address, and password. Google may also collect personal information directly from students, such as a telephone number for account recovery or a profile photo added to the Google Workspace for Education account.

When a student uses Google services, Google also collects information based on the use of those services. This includes:

- device information, such as the hardware model, operating system version, unique device identifiers, and mobile network information including phone number;
- log information, including details of how a user used Google services, device event information, and the user's Internet protocol (IP) address;

- location information, as determined by various technologies including IP address, GPS, and other sensors;
- unique application numbers, such as application version number; and
- cookies or similar technologies which are used to collect and store information about a browser or device, such as preferred language and other settings.

### How does Google use this information?

In Google Workspace for Education Core Services, Google uses student personal information to provide, maintain, and protect the services. Google does not serve ads in the Core Services or use personal information collected in the Core Services for advertising purposes.

In Google Additional Services, Google uses the information collected from all Additional Services to provide, maintain, protect and improve them, to develop new ones, and to protect Google and its users. Google may also use this information to offer tailored content, such as more relevant search results. Google may combine personal information from one service with information, including personal information, from other Google services.

### Does Google use student personal information for users in K-12 schools to target advertising?

No. For Google Workspace for Education users in primary and secondary (K-12) schools, Google does not use any user personal information (or any information associated with a Google Workspace for Education Account) to target ads, whether in Core Services or in other Additional Services accessed while using an Google Workspace for Education account.

### Can my child share information with others using the Google Workspace for Education account?

We allow students to access Google services such as Google Docs and Sites, which include features where users can share information with others or publicly. When users share information publicly, it may be indexable by search engines, including Google.

### Will Google disclose my child's personal information?

Google will not share personal information with companies, organizations and individuals outside of Google unless one of the following circumstances applies:

- With parental or guardian consent. Google will share personal information with companies, organizations or individuals outside of Google when it has parents' consent (for users below the age of consent), which may be obtained through Google Workspace for Education schools.
- With Central Lake Public Schools. Google Workspace for Education accounts, because they are school-managed accounts, give administrators access to information stored in them.
- For external processing. Google may provide personal information to affiliates or other trusted businesses or persons to process it for Google, based on Google's instructions and in compliance with the Google Workspace for Education privacy notice and any other appropriate confidentiality and security measures.
- For legal reasons. Google will share personal information with companies, organizations or individuals outside of Google if it has a good-faith belief that access, use, preservation or disclosure of the information is reasonably necessary to:
  - meet any applicable law, regulation, legal process or enforceable governmental request.
  - enforce applicable Terms of Service, including investigation of potential violations.
  - detect, prevent, or otherwise address fraud, security or technical issues.
  - protect against harm to the rights, property or safety of Google, Google users or the public as required or permitted by law.

Google also shares non-personal information – such as trends about the use of its services – publicly and with its partners.

## What choices do I have as a parent or guardian?

First, you can consent to the collection and use of your child's information by Google. If you don't provide your consent, we will not create a Google Workspace for Education account for your child, and Google will not collect or use your child's information as described in this notice.

If you consent to your child's use of Google Workspace for Education, you can access or request deletion of your child's Google Workspace for Education account by contacting Mr. Larry Rager, K-12 Principal, 231-544-3141. If you wish to stop any further collection or use of your child's information, you can request that we use the service controls available to limit your child's access to features or services, or delete your child's account entirely. You and your child can also visit <https://myaccount.google.com> while signed in to the Google Workspace for Education account to view and manage the personal information and settings of the account.

## What if I have more questions or would like to read further?

If you have questions about our use of Google's Google Workspace for Education accounts or the choices available to you, please contact Mr. Larry Rager, K-12 Principal, 231-544-3141. If you want to learn more about how Google collects, uses, and discloses personal information to provide services to us, please review the Google Workspace for Education Privacy Center (at <https://www.google.com/edu/trust/>), the Google Workspace for Education Privacy Notice (at [https://workspace.google.com/terms/education\\_privacy.html](https://workspace.google.com/terms/education_privacy.html)), and the Google Privacy Policy (at <https://www.google.com/intl/en/policies/privacy/>).

The Core Google Workspace for Education services are provided to us under Google Workspace for Education Agreement (at [https://www.google.com/apps/intl/en/terms/education\\_terms.html](https://www.google.com/apps/intl/en/terms/education_terms.html)).

## EDUCATION BENEFITS FORM SY 2024 - 2025

District: \_\_\_\_\_ 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

**Part B: BENEFITS RECEIVED (if applicable)**

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	Part D: ANNUAL HOUSEHOLD INCOME - Select the appropriate range of combined annual income for all people in the household (Include all income before taxes)		
<input type="checkbox"/> 1 →	<input type="checkbox"/> At or below \$19,578	<input type="checkbox"/> Between \$19,579 and \$27,861	<input type="checkbox"/> At or above \$27,862
<input type="checkbox"/> 2 →	<input type="checkbox"/> At or below \$26,572	<input type="checkbox"/> Between \$26,573 and \$37,814	<input type="checkbox"/> At or above \$37,815
<input type="checkbox"/> 3 →	<input type="checkbox"/> At or below \$33,566	<input type="checkbox"/> Between \$33,567 and \$47,767	<input type="checkbox"/> At or above \$47,768
<input type="checkbox"/> 4 →	<input type="checkbox"/> At or below \$40,560	<input type="checkbox"/> Between \$40,561 and \$57,720	<input type="checkbox"/> At or above \$57,721
<input type="checkbox"/> 5 →	<input type="checkbox"/> At or below \$47,554	<input type="checkbox"/> Between \$47,555 and \$67,673	<input type="checkbox"/> At or above \$67,674
<input type="checkbox"/> 6 →	<input type="checkbox"/> At or below \$54,548	<input type="checkbox"/> Between \$54,549 and \$77,626	<input type="checkbox"/> At or above \$77,627
<input type="checkbox"/> 7 →	<input type="checkbox"/> At or below \$61,542	<input type="checkbox"/> Between \$61,543 and \$87,579	<input type="checkbox"/> At or above \$87,580
<input type="checkbox"/> 8 →	<input type="checkbox"/> At or below \$68,536	<input type="checkbox"/> Between \$68,537 and \$97,532	<input type="checkbox"/> At or above \$97,533

**\* Special Instructions for households with more than 8 people: DO NOT check the boxes above. Instead, fill in items below:**  
 Household size (# people): \_\_\_\_\_ Total annual income: \_\_\_\_\_

**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: Household Size** - Check the box for 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: Annual 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: Household Size** – Check the box for 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: Annual Household Income** – Moving across the same row as the household size check box, check the box that shows the range of annual income for all people in your household. Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

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



## Parent/Guardian/Adult Consent for Services

### STUDENT INFORMATION

Name:	Preferred Name:	Date of Birth:	Age:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Decline	Ethnicity: <input type="checkbox"/> non/Hispanic <input type="checkbox"/> Hispanic		
Race: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Multiple			
Street Address:	Mailing Address: _____		
City:	Zip: _____		
Student Phone Number:	Student Email:		
<b>Parent/Guardian Name:</b>	Phone:	Legal Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship:	Email:		
<b>Parent/Guardian Name:</b>	Phone:	Legal Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship:	Email:		
<b>Emergency Contact:</b>	Relationship:	Phone:	

### SERVICES AVAILABLE

Our program is designed to provide connections to health care and community resources, a student health questionnaire (with consent), assistance with Medicaid insurance enrollment, and coordination of care with school and parents/guardians and primary care provider, with proper release of information.

#### **NURSING:**

- Care for minor injury and illness
- Administration of some over-the-counter medications
- Coordination for chronic disease management
- Assessment of immunization record, we will not administer immunizations.
- Referral to primary care, oral healthcare, specialty service or mental health providers
- Health education or counseling
- Access to a nurse practitioner through telehealth services, including basic laboratory services

#### **MENTAL HEALTH:**

- Individual, family and group counseling
- Crisis intervention
- Coordination of care with school, parents/guardians, nurse, healthcare providers
- Referral to nurse
- Referral to outside mental health provider

### CONSENT FOR SERVICES POLICY

Parents/Guardians must provide consent for their minor children for services at the school wellness program. Minors without written consent will only be seen once with verbal parent/guardian permission. Exceptions to this policy, required by federal and Michigan laws\*, include emergencies threatening life or limb, and substance use services. Minors 14 years and older can obtain limited mental health services not to exceed 12 sessions over 4 months, without parent/guardian consent. The school wellness program can offer referrals, if applicable, without parent consent for certain confidential services, allowed by federal and Michigan laws, not directly offered by the school wellness program. People who are 18 or older, legally emancipated, legally married, under court-order, in the presence of a law officer when the parent cannot be promptly located and/or members of the U.S. Armed Forces provide consent for themselves.



**Parent/Guardian/Adult Consent for Services**

**STUDENT HEALTH QUESTIONNAIRE POLICY**

Health questionnaires give students and parents an opportunity to inform us about the students’ physical and mental health. The Health Department of Northwest Michigan (HDNW) offers the School Health Questionnaire annually to all consented individuals.

**CONSENT FOR STUDENT HEALTH QUESTIONNAIRE**

I consent to the completion of the Student Health Questionnaire annually while my child is enrolled in the current school building.

My child may complete the child version:  Yes  No

Parent/Guardian may complete the parent version:  Yes  No

By signing this consent form, I certify that I am the parent/legal guardian of the student named above and give consent for the following services: (check one)

Mental health **AND** nursing services  Mental health services **ONLY**  Nursing services **ONLY**

I agree that I have reviewed and understand the Consent for Services Policy and the school wellness program services available. In addition, I acknowledge and consent that:

- This consent is valid while my child is enrolled at this current school building, and I can withdraw my consent, in writing, at any time.
- I understand that services can be refused or delayed at any time.
- All medical records are protected by the Health Insurance Portability and Accountability Act (HIPAA) and will only be released in accordance with the HDNW confidentiality and release of information policy, which is available for review.
- I authorize HDNW to release information regarding treatment and care to the following: health care providers, relevant school staff, and insurance companies. Information will only be shared as necessary for care or required through law.
- Services, including certain confidential services, that meet age criteria, operate in compliance with federal and Michigan laws.\*
- I have been given or have had the opportunity to review the HDNW Notice of Privacy Practices.
- I reviewed the Student Health Questionnaire and/or parent version, as applicable.
- Testing for bloodborne diseases, including HIV/AIDS, may be performed upon a patient without separate consent if a healthcare professional receives a cut or exposure to my child’s blood or body fluids.
- HDNW staff may access school records, such as PowerSchool, to coordinate appointments and services.

**Signature of Parent/Guardian/Adult:**

**Date:**

\*Laws include Child Protection Law Act 238 of 1975, Civil Rights Act of 1991, Health Insurance Portability & Accessibility Act of 1996, Michigan’s Mental Health Code which includes minor consent, Public Health Code, Communicable Disease Rules, and Medical Records Access Act.





**Parent/Guardian/Adult Consent for Services**

<u>STUDENT INSURANCE INFORMATION</u>		<u>CONTACT ME FOR INFORMATION REGARDING</u>
<input type="checkbox"/> No Insurance (Underinsured)	Policy Number:	<input type="checkbox"/> Health Insurance Options
<input type="checkbox"/> Medicaid/Medicaid HMO	Policy Holder Name:	<input type="checkbox"/> Finding a Healthcare Provider
<input type="checkbox"/> Blue Cross Blue Shield	Group Number:	<input type="checkbox"/> Finding a Dentist
<input type="checkbox"/> Blue Care Network	Policy Holder Birth Date:	<input type="checkbox"/> Paying for medical bills
<input type="checkbox"/> Priority Health	Relationship to Student:	<input type="checkbox"/> Emotional wellbeing of child or adult in my home
<input type="checkbox"/> Tricare		<input type="checkbox"/> Paying for transportation to Healthcare Provider
<input type="checkbox"/> Other:		<input type="checkbox"/> Help paying for heat/water/utility bills
		<input type="checkbox"/> Shelter <input type="checkbox"/> Food <input type="checkbox"/> Clothing

**STUDENT HEALTH INFORMATION**

Allergy (medicine, food, environment)		Reaction/severity		
Medication (prescription, vitamins)	Dose	Frequency	Prescribed by	Reason for Medication

**Check if your student has had any of the following:**

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> ADD/ADHD                   | <input type="checkbox"/> Anxiety              | <input type="checkbox"/> Unexplained Tiredness        | <input type="checkbox"/> Shortness of Breath/Asthma        |
| <input type="checkbox"/> Autoimmune disorders       | <input type="checkbox"/> Depression           | <input type="checkbox"/> Blood disorder/cancer        | <input type="checkbox"/> Head, Eyes, Ears, Throat Problems |
| <input type="checkbox"/> Anemia                     | <input type="checkbox"/> Sleep Problems       | <input type="checkbox"/> Unexplained Weight Gain/Loss | <input type="checkbox"/> Blood Transfusions                |
| <input type="checkbox"/> Birth Defects              | <input type="checkbox"/> Abnormal Mood Swings | <input type="checkbox"/> Eating Concerns              | <input type="checkbox"/> Anaphylactic Episodes             |
| <input type="checkbox"/> Diabetes                   | <input type="checkbox"/> Seizures             | <input type="checkbox"/> Stomach or Bowel Problems    | <input type="checkbox"/> Joint or Muscle Pain or Stiffness |
| <input type="checkbox"/> Developmental Disorders    | <input type="checkbox"/> Chest Pain           | <input type="checkbox"/> Head Injury                  | <input type="checkbox"/> Physical/sexual/other trauma      |
| <input type="checkbox"/> Developmental Disabilities | <input type="checkbox"/> Cognitive Impairment | <input type="checkbox"/> Headaches                    | <input type="checkbox"/> Other                             |

Please describe anything checked above: \_\_\_\_\_

Serious injuries or illness (describe): \_\_\_\_\_

Surgeries (reason/date):

Hospitalizations (reason/date):



Parent/Guardian/Adult Consent for Services

Birth:  C-section  Vaginal  Premature Birth: # weeks: \_\_\_\_ Prenatal/Delivery Complications:

Any trouble meeting developmental milestones? (i.e. speech, gross/fine motor):  No  Yes; please explain below:

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

Student's Doctor: Phone:

Student's Dentist: Phone:

**FAMILY MEDICAL HISTORY**

Please indicate which-of the student's blood relatives (mother, father, sibling, grandparent) have any of the following conditions:

- HIV/AIDS: \_\_\_\_\_
- Alzheimer's: \_\_\_\_\_
- Arthritis: \_\_\_\_\_
- Asthma: \_\_\_\_\_
- Blood Disorder: \_\_\_\_\_
- Bleeding Disorders: \_\_\_\_\_
- COPD/Emphysema/Bronchitis: \_\_\_\_\_
- Diabetes: \_\_\_\_\_
- Epilepsy/Seizures: \_\_\_\_\_
- Heart Attack/Stroke: \_\_\_\_\_
- High Cholesterol: \_\_\_\_\_
- Kidney Disease: \_\_\_\_\_
- Liver Disease/Hepatitis: \_\_\_\_\_
- Mental Illness: \_\_\_\_\_
- Osteoporosis: \_\_\_\_\_
- Thyroid Disorder: \_\_\_\_\_
- Tuberculosis/TB: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

\*Laws include Child Protection Law Act 238 of 1975, Civil Rights Act of 1991, Health Insurance Portability & Accessibility Act of 1996, Michigan's Mental Health Code which includes minor consent, Public Health Code, Communicable Disease Rules, & Medical Records Access Act.

## ANNUAL NOTIFICATIONS for FAMILIES OF CENTRAL LAKE PUBLIC SCHOOLS

### Parents/Guardians of Central Lake Public Schools Students:

School districts are required by state and federal law to notify parents annually of information pertaining to your children, students of our district. You will find these notices included in the information listed below. If you have any questions concerning any of the information, please feel free to contact the school office, 231-544-3141.

**Annual Education Reports**  
*These are available for your review on the District's website [www.clps.k12.mi.us](http://www.clps.k12.mi.us). Just click on the "Michigan School Data" link at the top right.*

**Dr. Ryan Cunningham**  
CLPS Superintendent and K-5 Principal

### ANNUAL NOTIFICATION TO PARENTS REGARDING STUDENT RECORDS

The Family Educational Rights and Privacy Act ("FERPA") affords parents and students over 18 years of age ("eligible students") certain rights with respect to student's education records. Those rights are:

- The right to inspect and review the student's education records within 45 days after the school receives a request for access. Parents or eligible students should submit to the school administrator or staff [or appropriate school official] a written request that identifies the record(s) they wish to inspect. The school official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.
- The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA. Parents or eligible students who wish to ask the school to amend a record should write the school administrator or appropriate official, clearly identifying the part of the record they want changed, and specify what should be changed. If the school decides not to amend the record as requested by the parent or eligible student, the school will notify the parent or eligible student of the decision and of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.
- The right to provide written consent before the District discloses personally identifiable information (PII) from the student's education records, except to the extent that FERPA authorizes disclosure with consent. One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the school as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel) or a person serving on the school board. A school official also may include a volunteer or contractor outside of the school who performs an institutional service or function of which the school would otherwise use its own employees and who is under the direct control of the school with respect to the use and maintenance of PII from education records, such as an attorney, auditor, medical consultant, or therapist; a parent or student volunteering to serve on an official committee, such as a disciplinary or grievance committee; or a parent, student, or other volunteer assisting another school official in performing his or her tasks. In addition to the Central Lake Public School District, the Charlevoix-Emmet Intermediate School District employees are considered to be included as school officials with legitimate educational interests. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.
- Upon request, the District discloses education records without consent to officials of another school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for purposes of the student's enrollment or transfer. FERPA requires a school district to make a reasonable attempt to notify the parent or student of the records request unless it states in its annual notification that it intends to forward records on request.
- The right to file a complaint with the U.S. Department of Education concerning alleged failures by the District to comply with the requirements of FERPA. The name and address of the office that administers FERPA are: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue SW, Washington, D.C. 20202-4605.

FERPA requires that the Board, with certain exceptions, obtain a parent or adult student's written consent prior to the disclosure of personally identifiable information about a student. However, the Board may disclose appropriately designated "directory information" without written consent, unless the parent or adult student advises the Board to the contrary in accordance with District procedures. The Board of Education of Central Lake Public Schools has designated the following personally identifiable information contained in a student's education record as "directory information":

1. Name, address, telephone number
2. Date and place of birth
3. Participation in officially recognized activities and sports
4. Dates of school attendance and grade level
5. Honors and rewards received
6. Photographs and email address
7. Other similar information: e.g. height and weight of athletes, honor roll members, information generally found in yearbooks.

The Board will make the above information available upon a legitimate request unless a parent, guardian, or adult student notifies the Superintendent's Office (8169 W. State St. PO Box 128 Central Lake MI 49622) in writing within ten days of receipt of this notice. Directory information will not be provided to any organization for any profit-making purpose. Parents or eligible students who choose to prohibit the Board from disclosing any or all such directory information may not prevent the Board from requiring a student to disclose a student ID card or badge that exhibits directory information. Students enrolled in online courses or programs sponsored or conducted by the Board must disclose or permit the disclosure of the student's name identifier, or school email address in a class in which the student is enrolled.

\*From time to time, newspaper photographers, reporters, and/or television crews visit our schools. We also may wish to publish your child's picture and/or name in a newsletter or on a school-authorized Website. We will assume we have your permission for your child to appear in a picture and/or be interviewed by a reporter for possible publication unless written notice is given to the Superintendent's Office, 8169 W. State St. PO Box 128, Central Lake MI 49622.

#### **Right to Request Teacher and Paraprofessional Qualifications**

Central Lake Public Schools, as an educational institution that receives funds under Title I, and hereby notifies all parents that you may request information regarding the professional qualifications of your child's classroom teacher(s) including:

1. whether the teacher has met Michigan licensing requirements for the grade level(s) and subject area(s) for which the teacher provides instruction;
2. whether the teacher is teaching under emergency or other provisional status through which Michigan licensing requirements have been waived;
3. the baccalaureate degree major of the teacher and any other graduate certification or degree held by the teacher, and the field of discipline of the certification or degree;
4. whether your child is provided services by Title I para-educators and if so, their qualification.

Those requesting this information, may contact Larry Rager, 6 -12 Principal, 231-544-3141 ext.54201.

Dr. Ryan Cunningham, K-5 Principal & Superintendent, 231-544-3141 ext. 54301

#### **Notice About Release of Certain Student Information to Military Recruiters**

Two Federal laws and one Michigan law require Central Lake Public Schools to provide military recruiters, upon request, the names, addresses, and telephone numbers of high school students. High school students and their parents/guardians may prevent disclosure of this information by submitting a signed written request to that effect to: Larry Rager, 6 -12 Principal, Central Lake High School 8169 W. State St. PO Box 128, Central Lake, MI 49622.

#### **Notification of Rights Under the Protection of Pupil Rights Amendment (PPRA)**

The Board of Education respects the privacy rights of parents and their children. No student shall be required as a part of the school program or the District's curriculum, without prior written consent of the student, (if an adult or an emancipated minor) or, if a non-emancipated minor, his/her parents, to submit to or participate in any survey, analysis, or evaluation that reveals information concerning:

- A. political affiliations or beliefs of the student or his/her parents;
- B. mental or psychological problems of the student or his/her family;
- C. sex behavior or attitudes;
- D. illegal, anti-social, self-incriminating or demeaning behavior;
- E. critical appraisals of others individuals with whom respondents have close, family relationships;

- F. legally-recognized privileged and analogous relationships, such as with those of lawyers, physicians or ministers;
- G. religious practices, affiliations or beliefs of the student or his/her parents; or
- H. income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such a program).

Further, parents have the right to inspect, upon request, a survey or evaluation created by a third party before the survey/evaluation is administrated or distributed by the school to the student. The parent will have access to the survey/evaluation within a reasonable period of time after the request is received by the building administrator.

To ensure the rights of parents, the Board directs building and program administrators to:

- A. notify parents of any surveys, analyses, or evaluations, which may reveal any of the information, as identified in A-H above, in a timely manner, and which allows interested parents to request an opportunity to inspect the survey, analysis, or evaluation; and the administrator to arrange for inspection prior to initiating the activity with students.
- B. allow the parent the option of excluding their student from the activity.
- C. report collected data in a summarized fashion which does not permit one to make a connection between the data and individual students or small groups of students.
- D. treat information as identified A-H above as any other confidential information in accordance with Board policy.

Additionally, parents have the right to inspect, upon request, any instructional material used as a part of the educational curriculum of the student. The parent will have access to the instructional material within a reasonable period of time after the request is received by the building administrator. The term instructional material means instructional content that is provided to a student, regardless of its format, including printed and representational materials, audio-visual materials, and materials in electronic or digital formats (such as materials accessible through the Internet). The term instructional material does not include academic tests or assessments.

The Board will not allow the collection, disclosure, or use of personal information collected from students for the purpose of marketing or for selling that information (or otherwise providing that information to others for that purpose).

## **CLPS ANNUAL NOTICE TO PARENTS**

### **NONDISCRIMINATION AND ACCESS TO EQUAL EDUCATION OPPORTUNITY**

Any form of discrimination or harassment can be devastating to an individual's academic progress, social relationship and/or personal sense of self-worth. As such, the Board of Education does not discriminate on the basis of the Protected Classes of race, color, national origin, sex (including sexual orientation or transgender identity), disability, age (except as authorized by law), religion, military status, ancestry, or any other statutorily protected category (collectively, "Protected Classes") in its educational programs or activities.

The Board does not discriminate on the basis of Protected Classes in its employment policies and practices as they relate to students, and does not tolerate harassment of any kind.

Equal educational opportunities shall be available to all students, without regard to the Protected Classes, race, color, national origin, sex, disability, age (unless age is a factor necessary to the normal operation or the achievement of any legitimate objective of the program/activity), place of residence within the boundaries of the District, or social or economic background, to learn through the curriculum offered in this District. Educational programs shall be designed to meet the varying needs of all students.

All students shall have an equal opportunity to participate in, and benefit from all academic and extra-curricular activities and services. Any inquiries or complaints concerning Title II of the Americans with Disabilities Act (as amended), Title VI, and Title VII of the civil Rights Act of 1964, Title IX of the Education Amendment Act of 1972, and Section 504 of the Rehabilitation Act of 1973 (as amended) should be addressed to the School District's Compliance Officer (Larry Rager, 6 -12 Principal, 231-544-3141 ext.54201).

### **PESTICIDE INFORMATION NOTICE**

CLPS has adopted an Integrated Pest Management program. Inherent with this are the District's efforts to reduce pesticide use as much as possible. While it may occasionally be necessary to apply a pesticide, these will only be used as a last

resort. This program does not rely on routine pesticide applications to resolve problems. We use various techniques such as habitat alteration, sanitation, mechanical means, exclusion, etc. to prevent pest from becoming a problem.

You will receive advanced notice of the application of a pesticide, other than bait or gel formulations at your child's school. This advance notice of the application will be given 48 hours before the application. The law requires us to do this notification by using two methods.

- The first method required by law is the posting at the primary entrances to your child's school. The entrances that will be posted are those entrances that have a sidewalk that leads directly to a parking lot.
- The second method we are going to use is the posting in a common area located by the main office of the school.
- 

Parents are also entitled to receive this notice by first-class United States mail postmarked at least 3 days before the application. If you would like to be notified by mail, please contact the administration at the following number (231) 544-3341. Please give the secretary your name, mailing address and what school your child attends. In an emergency (for example, bees nest), pesticides may be applied without prior notice, but you will be provided notice following any such application. You may review our IPM program or pesticide application records for your child's school by calling McLain Eckhardt, Director of the Facilities & Grounds, at 231-544-3141 ext.54216.

### **BULLYING & OTHER AGGRESSIVE BEHAVIOR**

It is the policy of the District to provide a safe and nurturing educational environment for all of its students. This policy protects all students from bullying/aggressive behavior regardless of the subject matter or motivation for such impermissible behavior. Bullying or other aggressive behavior toward a student, whether by other students, staff, or third parties, including Board members, parents, guests, contractors, vendors, and volunteers, is strictly prohibited. Any student who believes s/he has been or is the victim of bullying, hazing, or other aggressive behavior should immediately report the situation to the Administration. The student may also report concerns to a teacher or counselor who will be responsible for notifying the appropriate administrator or Board official.

### **ANNUAL AHERA NOTIFICATION (Asbestos Hazard Emergency Response Act)**

Central Lake Public Schools conducted a three-year mandatory re-inspection for the presence of friable asbestos in our schools. Based on the findings of this inspection, a comprehensive management plan was updated. This plan details the response action the district will take regarding any asbestos containing material. The AHERA management plan is located at the Board of Education office and the Facilities Office and is available for inspection without cost or restriction during normal business hours, from 8:30AM-4:00PM, Monday through Friday. Our procedures for dealing with asbestos in our schools reflect our desire to make our schools a safe place in which students learn. If you have further questions, please call McLain Eckhardt, Director of the Facilities & Grounds, at 231-544-3141 ext.54216.

### **NOTICE OF USE OF FREE AND REDUCED PRICE MEALS APPLICATION DIRECTORY INFORMATION**

Free and Reduced Price lunch application information will only be used as authorized for identification of students for free or reduced meals, Title I services, Michigan 31a, At-Risk Program services, All Students Achieve Program Services, and/or those services allowed under federal regulations. This information shall not be made generally known and will only be used by the Offices of the Director of Food Service and the Director of Title I/At-Risk Services to provide services to qualified students.

### **MEMORANDUM REGARDING SCHOOL BOARD POLICY ON DRUG-FREE SCHOOLS**

In accordance with Federal Law, the Board of Education prohibits the use, possession, concealment, or distribution of drugs by students on school grounds, in school or school approved vehicles, or at any school-related event. Drugs include any alcoholic beverage, anabolic steroid, dangerous controlled substance as defined by State statute, or substance that could be considered a "look-a-like" controlled substance. Compliance with this policy is mandatory for all students. Any student who violates this policy will be subject to disciplinary action, in accordance with due process and as specified in the student handbooks, up to and including expulsion from school. When required by State law, the District will also notify law enforcement officials. The District is concerned about any student who is a victim of alcohol or drug abuse and will facilitate the process by which s/he receives help through programs and services available in the community. Students and their parents should contact the school administrator or counseling office whenever such help is needed.