



ZEELAND PUBLIC SCHOOLS ENROLLMENT CHECKLIST

Please check each box for the following pieces of information that are collected at time of enrollment.

Student Name: _____

REQUIRED DOCUMENTATION for all buildings:

- BIRTH CERTIFICATE:**
 - A certified/state issued birth certificate that can be viewed and verified by ZPS
- PROOF OF RESIDENCY OR SCHOOLS OF CHOICE APPROVAL:**
 - School personnel must have a copy of an assessment/property tax statement, rental/lease agreement, or current utility bill. (Not a driver's license, or voter's registration card)
 - Or, Approved Out of District Schools of Choice Form
- IMMUNIZATION RECORD:**
 - State law requires that your child's immunizations must be up-to-date or your child cannot enter school.
- ZPS ENROLLMENT FORM (completed)**
- REQUEST FOR SCHOOL RECORDS FORM:**
 - 1st thru 12th grades only
- TRANSPORTATION INFORMATION FORM**
- HEALTH APPRAISAL FORM:**
 - (*Kindergarten and any first time enrollees in a Michigan school.*) When a student enrolls that has never entered a Michigan school regardless of grade, they must have their hearing and vision tested along with updated immunizations. Use a Health Appraisal form – this is a state requirement and listed on the bottom of the form.
 - A health appraisal form that has been filled out by your child's doctor
 - Dated health appraisal form must have been completed within the last two years for kindergarten/young fives only
- COURT DOCUMENTATION IN THE EVENT OF CUSTODY ISSUES**
- PHOTO ID OF LEGAL GUARDIAN**
- NEW STUDENT PLACEMENT INFORMATION SHEET**
- CONCUSSION PARENT & ACKNOWLEDGMENT FORMS**
- NON-CONSENT FORM** → *OPTIONAL TO COMPLETE*

ADDITIONAL REQUIRED DOCUMENTATION by grade level:

KINDERGARTEN/ELEMENTARY LEVEL:

- Proof of Vision Screening: State law requires that your child's vision must have been checked within the last two years.
- Proof of Hearing Screening: State law requires that your child's hearing must have been checked within the last two years.

MIDDLE SCHOOL LEVEL:

- Course Information Form
- 8th Grade: Course Selection Sheet
- Infinite Campus Parent Portal

HIGH SCHOOL LEVEL:

- Course Selection Sheet
- New Student – Transfer Information (Athletic)
- Transcript from previous school (10th – 12th only)
- Infinite Campus Parent Portal

CONTACT INFORMATION:

Early Childhood Center:
140 W. McKinley / 748-3275
Fax: 748-1428

Lincoln Elementary:
60 E. Lincoln / 748-3350
Fax: 772-7374

New Groningen Elementary:
10542 Chicago Drive / 748-3375
Fax: 772-7389

Quincy Elementary:
10155 Quincy / 748-4700
Fax: 748-4705

Roosevelt Elementary:
175 W. Roosevelt / 748-3050
Fax: 748-3054

Creekside Middle:
179 W. Roosevelt / 748-3300
Fax: 748-3325

Woodbridge Elementary:
9110 Woodbridge / 748-3400
Fax: 748-1436

Cityside Middle:
320 E. Main / 748-3200
Fax: 748-3210

Zeeland Quest:
175 W. Roosevelt / 748-3050
Fax: 748-3054

East High School & Venture:
3333 96th / 748-3100
Fax: 748-3198

West High School:
3390 100th / 748-4500
Fax: 748-4559

Adams Elementary:
7447 Adams / 748-3475
Fax: 616-688-7500

(Revised 1/2015)



ZEELAND PUBLIC SCHOOLS ENROLLMENT FORM

- Check here if this is an application for ZPS Spanish Immersion (grades K - 3, 9-10)
- Check here if this is an application for Z Quest (K-8)
- Check here if this is an application for Venture Academy or ZPS@ Home (HS)

Today's Date _____ Zeeland Resident Boundary School _____
 If no, specify which district _____

Child's Full Legal Name _____

Gender (circle one) Male Female Grade Enrolling For _____ *If applying for Young 5's please indicate preference:*
 _____AM _____PM _____ Full Day

Early Education Experience (Y5/K only): Preschool? (circle one) Yes No If yes, where: _____

Has your child ever received special education services? (circle one) Yes No

Birth date _____ Phone _____ Unlisted? (circle one) Yes No

Home address _____ City _____ Zip _____

Moving before school begins (circle one) Yes No When _____

Future address _____

Race and Ethnicity: (Note: Both Part A and Part B of the question **must be** answered.):

Part A: Is this student Hispanic/Latino? (choose only one)

_____ **NO, not Hispanic/Latino** _____ **YES, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

The above part of the question is about ethnicity, not race. No matter which box you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

Part B: What is the student's race? (choose one or more – if multiple, please rank in order)

_____ **Am. Indian/Alaska Native** (A person having origins in any of the original peoples of North and South American, including Central America)

_____ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)

_____ **Black or African American** (A person having origins in any of the black racial groups of Africa)

_____ **Native Hawaiian/Pacific Islander** (A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands)

_____ **White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa)

Home Language Survey (Required by the State of Michigan; this information will be used for school placement only)

Which language did your child first learn to speak? _____ English _____ Other _____ (list language)

What language does your child use most often at home? _____ English _____ Other _____ (list language)

Has your child previously received ELL/ESL services? _____ No _____ Yes If yes, where _____

In what country was your child born? _____ USA _____ Other _____ (list country)

If your child was born outside of the USA,

Is he/she a refugee? _____ Yes _____ No When did he/she ARRIVE in the US? ____/____/____

Country of immigration: _____ When did he/she FIRST ATTEND a U.S. school? ____/____/____

Parents/Guardians Residing in the Home:

Adult Name _____	Adult Name _____
Relationship _____	Relationship _____
Employer _____	Employer _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
E-mail _____	E-mail _____

List other children in the family who are living at home (ages 0-19)

Name	Birthdate	Gender	Grade	School

Parents/Guardians NOT Residing in the Home (Second Household):

Address _____
 Number/Street Name _____ City _____ State _____ ZIP _____
 Phone _____ Unlisted? YES or NO (circle one)

Adult Name _____	Adult Name _____
Relationship _____	Relationship _____
Employer _____	Employer _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
E-mail _____	E-mail _____

Okay to contact second household parent in case of emergency? Yes ____ No ____
 Send copy of report card (and other reports) to Second Household? Yes ____ No ____ (if yes complete address must be listed above)
If you answered "no" to either of these questions, please attach legal documentation specific to this child and legal documentation specific to communication with the Second Household parent.

Medically Diagnosed/Physician Treated Conditions: *(include only those conditions that are under a doctor's care)*

Will prescribed medications be required at school? Yes ____ No ____
If yes, forms can be obtained from the school office and must be completed by a physician before medications can be administered.

Additional emergency contacts (if parents cannot be reached):

Order	Emergency Contact Name	Relationship to student	Home Phone	Work Phone	Cell Phone
First					
Second					
Third					

Please Read and Sign - Information on this form will be kept confidential and released only according to the Family Rights and Privacy Act.

In order for a student to enroll in Zeeland Public Schools, the parents or guardians must comply with the State of Michigan General School Laws, which require that students attend school in the district in which they live, **with the exception of approved out of district school-of-choice families**. If it is found that a student's documents have been falsified to establish residency in the Zeeland Public Schools district, that student will be immediately dismissed from school, in accordance with district policy.

In order to affirm this student's residency in the Zeeland Public Schools district, I declare that this student physically resides at the address shown. I have presented documents to Zeeland Public Schools confirming the parent/guardian's name and address within the boundaries of the Zeeland district. I declare that these documents are true and accurate. I am aware that deliberate falsification of information for school attendance purposes is unlawful and will result in the student's immediate dismissal from Zeeland Public Schools.

I authorize Zeeland Public Schools to share medical information for my child with staff members that are in contact with him/her.

 Signature (Legal Parent/Guardian) Relationship to Student Date (rev 09/14)



Zealand Public Schools

Request for Student Records

Date: _____

Student's Name: _____ Male
(Last) (First) (Initial) Female

Date of Birth: _____ Grade: _____

Records Requested:

- All cumulative records including health and immunization records, report cards, attendance, test scores and results, transcript, discipline records, *Special Education and psychological tests

This Student is Transferring From:

School District Name: _____

School Name: _____

Street Address: _____

City, State, Zip Code: _____

School Phone () _____ School Fax () _____

Parent's Permission:

*I authorize the transferring school to send the special education records of the student named above. I understand that this permission does not waive my right to examine these records or to challenge the accuracy and contents of these records. I understand that my signature **is not** required for transfer of records between public schools as per §99.31 and 99.34 of the *Family Rights and Privacy Act of 1974*.

X _____
(Signature of parent, guardian, or student if over 18)

-----For Office Use Only-----

PLEASE SEND RECORDS TO:

- | | | |
|---|--|--|
| <input type="checkbox"/> Early Childhood Center
140 W. McKinley St.
Zeeland, MI 49464
(616)748-3275; Fax(616)748-1428 | <input type="checkbox"/> Lincoln Elementary
60 E. Lincoln St.
Zeeland, MI 49464
(616)748-3350; Fax(616)772-7374 | <input type="checkbox"/> New Groningen Elementary
10542 Chicago Dr.
Zeeland, MI 49464
(616)748-3375; Fax(616)772-7389 |
| <input type="checkbox"/> Roosevelt Elementary
175 W. Roosevelt St.
Zeeland, MI 49464
(616)748-3050; Fax(616)748-3054 | <input type="checkbox"/> Quincy Elementary
10155 Quincy St.
Zeeland, MI 49464
(616)748-4700; Fax(616)748-4705 | <input type="checkbox"/> Woodbridge Elementary
9110 Woodbridge St.
Zeeland, MI 49464
(616)748-3400; Fax(616)748-1436 |
| <input type="checkbox"/> Cityside Middle School
320 E. Main St.
Zeeland, MI 49464
(616)748-3200; Fax(616)748-3210 | <input type="checkbox"/> Creekside Middle School
179 W. Roosevelt St.
Zeeland, MI 49464
(616)748-3300; Fax(616)748-3325 | <input type="checkbox"/> Adams Elementary
7447 Adams Street
Zeeland, MI 49464
(616)748-3475; Fax(616)688-7500 |
| <input type="checkbox"/> Zeeland East High School
3333 96 th Ave.
Zeeland, MI 49464
(616)748-3100; Fax(616)748-3198 | <input type="checkbox"/> Zeeland West High School
3390 100 th Ave.
Zeeland, MI 49464
(616)748-4500; Fax(616)748-4559 | <input type="checkbox"/> Zeeland Quest
175 W Roosevelt St.
Zeeland, MI 49464
(616)748-3050; Fax(616)748-3054 |
| <input type="checkbox"/> Venture Academy
3333 96 th Ave.
Zeeland, MI 49464
(616)748-3100; Fax(616)748-3198 | | |

X _____
Zeeland Public School's authorizing signature

2015-2016

Zeeland Public Schools

Student Transportation Information Form

DISTRICT POLICY: Bus routes shall be established so that an authorized bus stop is available within reasonable walking distance of the home of every resident student entitled to transportation services. Each student will be allowed to have one pick-up location and one drop-off location 5 days a week, be it home or a caregiver, and shall not be permitted to use any other bus without prior written permission from the Director of Transportation.

For additional busing information please visit www.zps.org/transportation

- New forms must be completed every new school year for all students
- Student must be 5 years old on or before December 1, 2015 in order to be eligible for transportation
- Zeeland Public Schools does not provide midday transportation
- ***Alternate address shall be within the student's home school boundary** - busing is not available between all ZPS buildings
- Return completed transportation form to your School Secretary or Zeeland Public Schools, Transportation Center, 720 E Main Ave, Zeeland MI 49464

STUDENT INFORMATION

Last Name _____ First Name _____

2015-2016 School _____ **2015-2016** Grade _____

Home Address _____ City _____

Home Phone () _____

- **A.M.** pick up at the bus stop nearest (circle one) **home** or ***alternate** or **no busing needed**
- **P.M.** drop off at the bus stop nearest (circle one) **home** or ***alternate** or **no busing needed**

*ALTERNATE INFORMATION

(Z-Kids, sitter, daycare, grandparent, other)

Name _____

Address _____ City _____

Phone () _____

Parent/Guardian Signature _____ **Date** _____

Please use the reverse side of this form for additional information, which should be shared, regarding the transportation of your child.



Zeeland Public Schools

New Student Placement Information

Student Name: _____ **Grade:** _____

Dear Parent/Guardian,

It is a goal of Zeeland Public Schools to provide appropriate services to all students in the district. It is important therefore, that the needs for newly enrolled students be identified as soon as possible.

Following is a list of those services often provided in other districts. Please review this list and check whether or not your child has ever received any of these services. You will be contacted before any services are implemented at Zeeland Public Schools.

Please check all that apply:

Program/Services	Currently Receiving	Received In Past	Never Received
Speech/Language			
Reading (chapt.1)			
Resource Room			
Special Ed. Class			
School Social Work			
(ESL) English as a Second Language			
Bilingual Instruction			
Psychology Services			
Tutoring			
Gifted/Enrichment			
Other			

Parent/Guardian Signature: _____ Date: _____



Zeeland Public Schools Non-Consent Form 2015-2016

Dear Parent or Guardian,

At Zeeland Public Schools, we regularly promote the accomplishments of our students and staff. This may include, but is not limited to, class projects, artworks, athletic activities, honor roll, specialized awards and school events.

To keep the public informed of the positive individuals and events in our district, ZPS utilizes district-wide newsletters, video presentations, press releases, and online at zps.org and ZPS social media sites including Facebook and Twitter.

If you as a parent or guardian feel uncomfortable with your child's name, photograph or work being published in print or electronic form by Zeeland Public Schools, you have the right to ask that the information be withheld. Under the Family Educational Rights and Privacy Act, such request must be in writing.

Below is a form providing you the opportunity to withhold your child's information. Please return this form to your child's school office as soon as possible. This form is only required if you wish to have your child's information withheld. By not submitting this form, you agree to the district's responsible use of names, photos and works.

This request is only applicable for the 2015-2016 academic year. Requests must be made each year to ensure complete accuracy.

Thank you.

As a parent or guardian of a child at Zeeland Public Schools:

I do **not** consent to the use of my child's name or photo in any print or electronic form by Zeeland Public Schools during the 2015-2016 academic year.

Please note: if you agree to allow your child's name or photo be published, you can disregard this form.

Student Name _____ Grade (2015-2016) _____

Teacher's Name _____

Signature of parent or guardian _____ Date _____



PARENT & STUDENT CONCUSSION INFORMATION SHEET

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.



WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

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

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

SYMPTOMS REPORTED BY INJURED INDIVIDUAL:

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

DID YOU KNOW?

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

SIGNS OBSERVED BY STAFF:

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



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

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An injured individual should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

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

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

WHY SHOULD A STUDENT REPORT THEIR SYMPTOMS?

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

Please sign the acknowledgement sheet and return (1 per student) to your child's school a.s.a.p.

JOIN THE CONVERSATION  www.facebook.com/CDCHeadsUp



HEADS UP

TO LEARN MORE GO TO [>>> WWW.CDC.GOV/CONCUSSION](https://www.cdc.gov/concussion)

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



I acknowledge that I have received and read the parent & student concussion information sheet.

STUDENT NAME PRINTED

STUDENT NAME SIGNED

DATE

PARENT/GUARDIAN NAME PRINTED

PARENT/GUARDIAN NAME SIGNED

DATE

Please keep the information sheet for reference and return this acknowledgement form to your child's (1 per student) school a.s.a.p.



I acknowledge that I have received and read the parent & student concussion information sheet.

STUDENT NAME PRINTED

STUDENT NAME SIGNED

DATE

PARENT/GUARDIAN NAME PRINTED

PARENT/GUARDIAN NAME SIGNED

DATE

Please keep the information sheet for reference and return this acknowledgement form to your child's (1 per student) school a.s.a.p.

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code)	TODAY'S DATE (mm/dd/yy) / /
			MI
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ()
ADDRESS (Number & Street)	(City)	(ZIP Code)	WORK TELEPHONE NUMBER ()
			MI

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)	Birth History: Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: If yes, list medications: Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Exzema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?	
			Reason for Medication	
			/ /	
			Parent/Guardian Signature _____ Date _____	

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: / /	Visual Acuity Muscle Imbalance Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Other: _____	Height Weight Other: _____			
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: / /	Audiometer Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE	⇒			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: / /	Sugar Albumin Microscopic				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN Date: / /	Type: _____ Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm			
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: / /	Level _____ ug/dl				NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.						

Examinations and/or Inspections

Essential Findings Deviating from Normal:
Exam Date: / /

SECTION III - IMMUNIZATIONS

Statements such as "UP TO DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (Hep B)	1	3	Hepatitis A (Hep A)	1	2
	2			2	3
DTaP/DTP/DT/Td	1	4	Influenza TIV/LAIV	1	4
	2	5		2	4
	3	6			
Tdap	1		Meningococcal MCV4 / MPSV4	1	2
Haemophilus Influenzae type b (HIB)	1	3	Human Papillomavirus (HVP4/HPV2)	1	2
	2	4		2	3
Polio - IPV / OPV	1	3	OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	2	4		1	
				2	
Pneumococcal Conjugate (PCV7/PCV13)	1	3	3		
	2	4			
Rotavirus (RV1/RV5)	1	3	<i>Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable</i>		
	2		*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your child's school or local health department.		
Measles, Mumps, Rubella (MMR)	1	2	Parent/Guardian refused immunizations: <input type="checkbox"/>		
	2				
Varicella (Chickenpox)	1	2			
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date:					

I certify that the immunization dates are true to the best of my knowledge

_____ / ____ / ____
 Health Professional's Signature Title Date

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other
Other Recommendations		

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____'s teeth. As a result of this examination, my recommendation for treatment is: _____

_____ / ____ / ____
Dentist's Signature Date

PHYSICIAN'S SIGNATURE

_____ / ____ / ____
 Examiner's Signature Date Examiner's Name (Print or Type) Degree or License
 _____ MI _____
 Number & Street City ZIP Code Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the schedule of well-child care required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia and regular intervals based on age.

Developed in Cooperation with the Departments of Human Services, Education, Community Health, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.



Zeeland Public Schools Infinite Campus Parent Portal

Zeeland Public Schools is pleased to announce a communication tool for parents known as the Parent Portal. The Parent Portal will allow parents to view their own child's school records anywhere, any time through a secure web browser. It will allow parents more information to help promote educational excellence and enhance communication with teachers.

With a password through the Internet, parents are able to access their child's class schedule, up-to-date progress reports, discipline history, report cards and other information. While we are confident the information contained in the Parent Portal will be secure, parents will be expected to act in a responsible, ethical and legal manner. Parents will be asked to adhere to the following Acceptable Use Policy:

1. Parents will not share their passwords with anyone, including their children
2. Parents will not attempt to access data or any account owned by another parent.
3. Parents will not attempt to harm or destroy data of their own children, of another user, school or district network on the Internet.
4. Parents who are identified as a security risk to the Parent Portal will be denied access to the Portal

In order to access the Parent Portal, you will need the following technology:

- Computer with Internet connection (minimum 56K modem)
- Windows 98 or higher or Mac OS9 or higher
- Firefox 1.4 or higher
- Internet Explorer 5.0 or higher (Parent Portal does not work well with Netscape)
- Acrobat Reader (a free download program many computers already have)

If you are interested in taking advantage of this technology, you will have to follow the steps below:

1. Fill out the form found below. Send it to you child's school office. You can mail it in, drop it off or have your child drop it in the office
2. We will then send you the URL for the Parent Portal, along with your unique Activation Key. You will only need this Activation Key the first time you access the portal. Notice, you can check below if you would like this info by e-mail or by "snail mail".
3. We will also send you directions to log on to the Parent Portal for the first time, where you will be able to set your own user name and password.

-----CUT HERE-----

NOTE: There is a need for only one form per family. You will have access until each child graduates or transfers from Zeeland Public Schools.

Please print the name(s) of your student(s) who attend Zeeland Public Schools:

Student Name	Grade	Student Name	Grade	Student Name	Grade

I would like the information about the Parent Portal to be sent to me by: _____ e-mail _____ mail

I have read the Parent Portal Acceptable Use Policy and I agree to abide by and support these rules. I understand that if I violate any term(s) of this policy, I may lose my privilege to use the Parent Portal.

Print name of Parent #1	Signature of Legal Parent/Guardian	Date	Email Address (<i>please print neatly</i>)

Print name of Parent #2 (<i>if needed</i>)	Signature of Legal Parent/Guardian Parent	Date	Email Address (<i>please print neatly</i>)

If you have any questions, please contact any school office and ask for the parent portal liaison.



LEARNING FOR LIFE!

Middle School Course Information Form

8th Grade & High School – Please complete a course selection sheet.

Student Name _____ Grade _____

Please choose one of the following:

Band - instrument _____ (percussion must be approved by director)

(In order to choose band, you must currently be in a band program or you may choose band at the beginning of your 6th grade)

Choir

Orchestra **(In order to choose orchestra you must currently be in an orchestra program)**

Non-music _____ **(This course is for those not participating in a music program)**

Please list your current math level: _____

Parent / Guardian Signature _____ Date _____



ZEELAND PUBLIC SCHOOLS
8TH GRADE MIDDLE SCHOOL COURSE SELECTION

Student Name: _____

You must complete Step 1 & Step 2

Step 1: Select Music Choice – place an “X” on one of the four choices below
 (music is a yearlong class);

- _____ ***Band** - instrument _____ (percussion must be approved)
- _____ **Choir**
- _____ ***Orchestra**
- _____ **None – do not want music**

**Band and Orchestra require previous experience or teacher permission.*

Step 2: Select Elective Courses

Please mark the following courses **in order from 1-5**. The course you mark with a 1 is your first choice, on down to your fifth option. We will do everything we can to get as many students as possible their top two choices, but the reality is some students will be scheduled into choices outside of their top two.

# your Preference	<i>CREEKSIDE ONLY</i>	# your Preference	<i>CITYSIDE ONLY</i> (all are yearlong classes)
	Spanish (2 semesters)		Spanish
	Art (1 semester)		Art
	Computers (1 semester)		PE/ Health
	Dance/Drama (2 semesters) (requires teacher approval)		Dance/Drama (requires teacher permission)
	Choices (1 semester) (a career exploration class)		Traditional Exploratory Rotation (PE, Art, Spanish & Choices)
	PE/Health (1 semester)		

I would like to be *considered* for one or more of the following academic help courses (please mark with an “X” on any of the following you would like to include in your schedule *note: this class would take the place of an elective choice*).

- _____ **Reading/ELA Lab**
- _____ **Math Lab (Creekside only)**

Parent Signature -- _____