### **New Student Registration Information**

### **Atlantis Alternative High School**

1409 W. Maple Ave. Flint, MI 48507 Office: 810-591-3548 Fax: 810-591-3594 www.carman.k12.mi.us

#### PARENT/GUARDIAN MUST BE PRESENT AT THE TIME OF ENROLLMENT

## THE FOLLOWING DOCUMENTS ARE REQUIRED TO COMPLETE STUDENT ENROLLMENT

Proof of Residency- Resident Student (3 pieces required)

Acceptable documents include Mortgage agreement, deed, property tax bill, or signed lease agreement and two pieces of official current mail such as consumer's bill, phone bill, cable bill, car insurance statement, bank statement, DHS mail, etc. dated within the last month.

<u>Proof of Residency –</u> Non-Resident (Prior approval needed for School of Choice, Employee Choice or Administrative Choice)

- One piece of current official mail.
- Original Birth Certificate Only parents named on official birth certificate can enroll the student. If name is not on the birth certificate, you must provide court legal documentation of parental rights.
- ♦ Parent/Guardian Identification
- ♦ Your child's immunization record

\*\*Immunizations must by <u>up-to-date</u> / <u>current</u> in order to complete enrollment.

Including: <u>4 DPT's</u> – the last one on or after 4<sup>th</sup> birthday, <u>2 MMR's</u> on or after 12 months of age, <u>3 Polio's</u> – the last one on or after the 4<sup>th</sup> birthday or 4 are required, <u>3 Hepatitis B's</u>, <u>2 Varicella</u> – on or after 12 months of age or history of chickenpox disease, and <u>FOR CHILDREN 11 – 18 YEARS OLD</u> - <u>1 dose of Meningococcal</u> (MCV4 or MPSV4) and <u>1 Tdap</u> if 5 years since last dose of DTap, Td or DT

- ◆ <u>Custody/Guardianship paperwork</u> (protective custody documents if applicable) If you are not the birth parent listed on the birth certificate **Court legal** paperwork must be provided to enroll the student. Power of Attorney is not accepted.
- High School Transcript / Report Card / Check Out Grades (This information enables us to give you proper credit for classes previously taken and ensure that all required classes are scheduled).
- ◆ <u>IEP</u> if applicable (Individualized Education Program for Special Ed.)
- ♦ Behavior Report

OFFICE USE ONLY				
DOCUN	MENTATION RECEIVED:	ATLANTIS ALT. 1	HIGH SCHOOL 2022-2023	
( ) ( ) ( ) ( ) ( ) ( ) ( )	Parent/Guardian ID Immunization Record ( ) Immunization Waiver Transcript ( ) Report Card Check-Out Grades IEP (Special Education) ( ) Health Form	GRADE: COUNSELOR: GRADES REQUESTED: BUS ROUTE IN: SCHOOL OF CHOICE P	ION # HOMEROOM: RECEIVED: BUS ROUTE HOME: ROGRAM: STATE/ ADMIN /EMPL	
Has vour	child ever attended school in the Carman-Ainsworth	School District before? (p	please circle) YES or NO	
Are you re	equesting 100% online classes for your student for the	e 2020-2021 school year?	*	
	100% online classes, does your child need technology	? YES or NO?		
Name:	Last First Middle	e Name	Grade Entering:	
		. Truine		
Addiess.	Street Address C	City	Zip Code	
Child's B	irthdate: Sex:	Primary Phone Co	ntact #:	
Birth City	r: Birth State:	Birth Cou	untry:	
	ent was NOT born in the USA, what month and year did			
	Location of Last School Attended:			
Is there discipline pending or is your child suspended or expelled from another school? (please circle) YES or NO  Does your child have a current individual education plan (IEP)? (please circle) YES or NO  Does your child have a current 504 plan? (please circle) YES or NO				
	REASON FOR E	ENROLLING		
☐ Droppe	ed from School Suspended Expelled Pregn	nant / Parent Other		
	ETHNIC & RACE DATA /	LANGUAGE SURVI	EY	
Although you are not legally obligated to provide this information, it is required by the U.S. Department of Education for the purpose of educational research. <i>Your response will be kept confidential</i> . If you do not answer, we must use our best judgment. <b>Please answer parts A, B and C.</b>				
Part A Is this student Hispanic / Latino? (please circle 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.)				
Dawi D	Do you consider yourself (or child) to be multi-ra	acial? Yes or No	(If yes, mark more than 1 below)	
Part B				

s your child's native tongue a language <u>other</u> than English? Yes or No f yes, what is the language spoken?  s the primary language used in your child's home a language <u>other</u> than English? Yes or No f yes, what is the primary language?			
FAMILY IN	NFORMATION		
Child lives with (name):, who is	Mother		
Mother's Name:	_ Father's Name:		
Address:	Address:		
Home Phone: Work Phone:	Home Phone: Work Phone:		
Cell Phone:	Cell Phone:		
Email Address:	Email Address:		
Please Circle:	Please Circle:		
Contact Allowed? Y N Education Rights? Y N	Contact Allowed? Y N Education Rights? Y N		
Release To? Y N Deceased? Yes No	Release To? Y N Deceased? Yes No		
Step-Parent Name:	Other Name:		
Address:	Please check the appropriate box:		
Home Phone: Work Phone:	□ Legal Guardian □ Foster Placement		
Cell Phone:	Court Placed Other		
Email Address:	Address:		
Please Circle:	Home Phone: Work Phone:		
Contact Allowed? Y N Release To? Y N	Cell Phone:		
	Email Address:		
	Please Circle: Contact Allowed? Y N		
	Education Rights? Y N Release To? Y N		
Siblings or any other children living in your household			
Tame Relationship	Grade School		
	Grade School		
	Grade School		
Vame Relationship	Grade School		
	Y CONTACT INFORMATION lition to both parents listed above		
f parent/guardian cannot be reached, call:			
st Name: Phone	e: Relationship to child:		
nd Name: Phone	e: Relationship to child:		
rd Name: Phone	e: Relationship to child:		

MEDICAL	CONDITIONS / ALLERGIES		
Condition:	Medication:		
Condition: Medication:			
with an Administer Medication Form signed b	edication) must be presented by an adult to the principal's office by the parent/legal guardian and physician. This authorization be stored in its original container for the school to administer		
In case my child becomes ill or is injured at scho called and an ambulance will transport my child	ol and needs emergency medical care, I understand 911 could be to the nearest hospital.		
MILITAR	RY-CONNECTED CHILDREN		
<b>Does this student have any parents/guardians</b> If yes, provide the name(s) and relationship to the	that are connected with the military? Circle One: YES NO e student:		
Is the immediate family member On Act	ive Duty RetiredReservist		
IMPO	RTANT - PLEASE READ		
recognizes the equal rights of parents and guardicases where parents/guardians are legally separate issues between them, the parental rights of both puntil a parent/guardian has a legal court order that the child at school, the child's school records, or to deny non-custodial parent's rights to access or recent court order on file that indicates one parent parent with proper identification, may have access	ERPA), please be advised Carman-Ainsworth Community Schools ans as indicated on a certified birth certificate or legal court order. In ted, divorced, and/or those parents who simply have ongoing custody parties will be equally recognized by your child's school, unless and at specifically restricts or denies the non-custodial parent's access to other protective order. To accommodate a custodial parent's request obtain information on a child, the school must have a copy of the most access and information rights are inhibited. Otherwise, either as to the child at school, request and receive information, and be a have any questions or concerns, please contact the school building		
that my child and I reside at the student's address	as all information provided within this form is true and accurate, and son page 1 of this form. I understand false information provided by and/or my child being removed from Carman-Ainsworth Schools.		
Parent / Guardian Signature	Date		
Parent E-Mail			
Student E-Mail			

## **TIME SENSITIVE REQUEST**

### **AUTHORIZATION FOR RELEASE OF STUDENT RECORDS**

Student's Name: Please print		Grade:	Student's Birth	date:
Please print	t full name			
Please check if your child has re	eceived any of th	e following s	services:	
Speech C.I	_ E.IL.D.	Socia	al Work Other:	
Please fax back the following:  Birth Certificate		s	chool Last Attend	ded:
Transcript Report Card Check out grades Attendance Report			Name of School	
Behavior Report Social Security #			Street Address	
Immunization Record IEP – Special Education CA60		City	State	Zip code
SAT/ACT/M-Step Result	s	Phone Nu	ımber	FAX
<ul> <li>◆ Please also fax the most recent IEP on the above mentioned child (if applicable)</li> <li>◆ If this student is using the Career Cruising Program through the Genesee Intermediate         School District, please transfer his/her EDP to Bendle Carman-Ainsworth Atlantis.</li> <li>◆ Michigan schools, please note the Student UIC number if known:</li></ul>				
Do N	NOT mail us the	CA60 until	requested.	
By Signing this release I am confirming my consent to release information and that no "Weapons in Schools," "Arson," or "physical or verbal assault" infractions have occurred.				
XSignature of Parent/Guardian				
By signing this release form, you are confirming that this student has not been expelled by a former school due to no "Weapons in Schools," "Arson," or "physical or verbal assault" infractions.				
X				
Signature of Former School Administrator/Designee				
Please send this information to		s Alternativo on: Enrollm		
Date sent:	1409 E.	Maple Ave.		
2 <sup>nd</sup> Request:	Flint, N	II 48507		
3 <sup>rd</sup> Request:	Fax: 8	10-591-3594	l / Phone: 810-591	I-3548

### **VEHICLE REGISTRATION FORM**

Student Name:	
Parent Name:	
Make & Model of Vehicle:	
Color of Vehicle:	
Year of Vehicle:	
License Plate Number:	
I will abide by the school's driving regulation the designated area. If I do not abide by the understand that my driving privileges will be	se rules, I
Student Signature	Date

### • Required documents

- Valid Driver's License
- Proof of Insurance
- Vehicle Registration

#### ATLANTIS HIGH SCHOOL

## (An alternative program for Carman-Ainsworth Community Schools) BEHAVIOR IMPROVEMENT AGREEMENT

All Students, Parents/Guardians and School Staff will promote a POSITIVE and RESPECTFUL school environment where all stakeholders feel safe to learn, work and communicate.

PLEASE INITIAL EACH STATEMENT that you AGREE TO UPHOLD as a student at our school: I will show respect and pride to all students, staff, guests and school property while attending this school. Profanity, Put-downs and Prejudice will not be tolerated. Any incident that results in a written referral or written statement by a victim or by-stander can result in a suspension, up to an expulsion, from the school district. Vulgarity, insubordination, bullying, vandalism, harassment, intimidation, or the threat of violence will result in immediate suspension with recommendation for long-term suspension or expulsion from the school district. Fighting or weapons on the property "during the school day" will result in long-term suspension and can result in an expulsion from the school district. I will attend as a student, and uphold, to a tobacco-, alcohol-, illegal substances- and drug-FREE school. Suspicion of substance use/abuse/possession will result in suspension, up to permanent removal. Students may be searched at any time with good cause. Failure to permit searches and seizures will be grounds for disciplinary action, removal from the program and possible calling of police. I will dress in a manner that is in a manner that meets positive standards of learning, health, cleanliness and safety. Dress will not be disrespectful, distracting or disrupting to the learning environment. If a reasonable individual makes a complaint about a student's wear of clothing then a staff member will investigate to take appropriate actions to keep the learning environment more positive. Students are expected to abide by C-A High School's dress code. Anyone with inappropriate dress will be asked to change clothing or leave school property. If students are asked to leave, they will be marked absent for the day. I will behave responsibly and respectfully throughout the school and during the school day. ALL media technology is to be used as directed by the lab rules and school staff. Students are permitted to listen to music to themselves before and after school, or with the permission of school staff. Music that becomes a distraction or disruption to the learning environment will result in LOSS of media technology use while in school. Headphones or earphones must be used when listening to music. I agree to follow all school and individual learning lab rules and fulfill all expectations as a student. I understand if I choose not to follow these guidelines, disciplinary action will be taken. When driving to school, I will drive responsibly and safely on school property and throughout the surrounding community. Students are expected to drive in a safe/responsible manner at all times. Infractions or vetted complaints will result in immediate suspension of driving privileges for the remainder of the semester. Irresponsible driving will result in police being contacted. If police are contacted, student will lose driving privileges permanently while attending our school. I will be a positive example and act responsibly within our school and the surrounding community. Students are expected to maintain appropriate behaviors within 'our' community. Students walking to and from school will demonstrate appropriate behaviors in the neighborhoods. Students who violate these expectations will be subject to student discipline. Student Name (Print) \_\_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ As a parent/guardian of our student, I understand the expectations for my student to attend school. I make full effort to support my student and the school to provide and uphold a positive, clean, healthy and safe learning environment for all stakeholders. Parent Name (Print) \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_



## **Atlantis Bus Form**

Name:
Parent Name:
Address:
Phone Number:
Best time to call:
Nearest Main/Major Intersection:
Resident School District:

# LANGUAGE AND LITERACY BACKGROUND SURVEY FOR ENGLISH LANGUAGE LEARNERS

#### Enrollment Information (to be completed by building staff)

School District	Sch	ool Building		
Building ESL Contact	Tea	icher		
Enrollment Date Gra		de	Student ID#	
General Information (to	be completed by parent / guardian	)		
Name (Last, First, Middle)			Entry Date	
Home Address				
City	State		Zip Code	
Home Phone	Alternate Phone		555°	
Birth Date	Home Country			
Native Language	Other language(s) spoken		Gender: Male Female	
Father's Name (Last, First, I	Middle)			
Mother's Name (Last, First,	Middle)			
Please list names of brother	r(s)/sister(s), their age, and indicate if Ma	le or Female		
Name	Age Male Female	Name	Age Male Female	
Name	Age Male Female	Name	Age	
Other relatives living in hom	e: Yes No	How long has the ch	nild been in the U.S.?	
Has the child lived in other of	countries? (besides home country and the	e U.S.) 🔲 Ye	s 🔲 No	
If yes, please list where:				
Educational Information	n			
Where has the child attended	ed school in the past?			
How many years of formal	schooling has the child received in his/he	r home country?		
What was the language used in school?				
Does the child:	Read in native language?	Yes	No	
Docs the office.	Write in native language?	Yes	No	
How many years of formal schooling has the child received in the U.S.?				
Does the child:	Read in English?	Yes	No	
Does the child.	Write in English?	Yes	No	
Have there been any interruptions in the child's schooling?		Yes	No	
Does the child currently receive help from a tutor or other program?		Yes	No	
(i.e., Title I parapro, ISD parapro, Reading Recovery, etc.) Please indicate.				
How did the child perform a	academically in his/her home country?			
Has the child received any special education services in the past?		Yes	No	

Language Background	
What language(s) is/are spoken in the home?	
Adult to Adult	
Adult to Child	
Child to Adult	
Sibling to Sibling	
Media in the Home	
Does the child read newspapers, magazines, or books in the home language?	Yes No
Does the child read newspapers, magazines, or books in English?	Yes No
Does the child watch television and/or listen to music in the home language?	☐ Yes ☐ No
Does the child watch television and/or listen to music in English?	☐ Yes ☐ No
Personal Background	
What are the child's strengths?	
What are the child's weaknesses?	
What are the child's interests, hobbies?	
Are there any health conditions or concerns?  Yes	☐ No
If yes, please explain	
Reasons for coming to the U.S.	
Intended length of stay	
With whom does the child live?	
Parent's/Guardians highest level of education	
	he native language?
Are there religious factors that may affect the child's learning or experiences in sol	
Is the child's behavior culturally appropriate in the native culture?	In the U.S.?
Has the child had any traumatic experience(s) which may affect him/her?	
Does the child have responsibilities outside of school?	
If yes, what?	

#### **Carman-Ainsworth Community Schools** Student Health Information Part 1: Parent/Guardian to complete Student Name: (Last, First, M.I.) Gender: DOB: Grade: School Year: $\square$ M $\Box$ F Father's Work/Cell Phone: ( Mother's Work/Cell phone: ( Home Phone: ( My child has a medical condition that may affect his/her school day: □ No ☐ Yes (Please complete part 2) My child is covered by health insurance: ☐ Yes, Name of Insurance\_ □ No Parent/Guardian Name (Please Print): PARENT/GUARDIAN SIGNATURE: DATE: Secretarial Part 2: Please complete all that applies to your child. The parent/guardian is responsible for providing any Acknowledgement medication, special food, and/or equipment that the student will require throughout the school day. Please see office staff for correct medication forms. **Allergies** Med. Form Allergy Type □ Food List Food(s): □ Bee Sting □ Other: Action/Care Plan Reactions Synergy (2) □ Coughing □ Nausea □ Wheezing ☐ Hives □ Rash □ Difficulty Breathing □ Generalized Swelling □ Swelling □ Other \_\_\_ Initials/Date: Treatments to be provided in school: □ Oral medications (Benadryl, etc.) □ Epi-Pen □ Other **Asthma** \_\_\_\_ Med. Form Severity: □ Mild ☐ Moderate ☐ Severe **Triggers:** □ Exercise □ Environmental □ Other \_ Action/Care Plan Symptoms or Reactions: Chest tightness, discomfort or pain Difficulty breathing Throat itch, tightness, Synergy (2) ☐ Hoarseness ☐ Wheezing □ Other Initials/Date: ☐ Inhaler ☐ Oral Medications ☐ Nebulizer Medications to be used in school: / \* Please see office staff for Asthma Action Plan to be completed by parent/quardian and physician for every student with asthma. **Diabetes** Med Form <u>Treatments to be provided in school</u>: □ Insulin: □ Syringe □ Pump Action/Care Plan □ Blood Sugar Testing □ Glucagon (need physician authorization) □ Oral Medications □ Carbohydrate Counting \* Please see office staff or school nurse for Diabetes Medical Management Plan to be completed by Synergy (2) parent/guardian and physician for every student with diabetes. Initials/Date: **Seizure Disorder** Med. Form Type of seizure: □ Absence ☐ Complex Partial ☐ Generalized Tonic-Clonic ☐ Other: Action/Care Plan Physical Education Restrictions: No Yes (explain) Medications needed in school: □ No □ Yes: List medication(s) \_\_\_ Synergy (2) Date of last seizure: Length of seizure: Initials/Date: \* Please see office staff or school nurse for Seizure Care Plan to be completed by parent/quardian and physician

This information may be shared with teachers, bus drivers, etc., in order to promote the health and safety of your child.

☐ Hemophilia/Bleeding disorder ☐ Heart Condition \_\_\_\_\_ ☐ Physical disability

Special procedures needed in school (cardiac monitoring, etc.):

for every student with seizure disorder.

□ Other Medication needed in school:  $\square$  No  $\square$  Yes List medication(s):

**Other Health Conditions** 

□ Sickle Cell Anemia

□ Cancer

Med. Form

Synergy (2)

Initials/Date:

Action/Care Plan

#### **Educational Material for Parents and Students (Content Meets MDCH Requirements)**

Sources: Michigan Department of Community Health. CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

#### **UNDERSTANDING CONCUSSION**

#### Some Common Symptoms

Headache
Pressure in the Head
Nausea/Vomiting
Dizziness

Balance Problems
Double Vision
Blurry Vision
Sensitive to Light

Sensitive to Noise Sluggishness Haziness Fogginess Grogginess Poor Concentration Memory Problems Confusion "Feeling Down" Not "Feeling Right" Feeling Irritable Slow Reaction Time Sleep Problems

#### WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

#### IF YOU SUSPECT A CONCUSSION:

- 1. SEEK MEDICAL ATTENTION RIGHT AWAY A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don't hide it, report it. Ignoring symptoms and trying to "tough it out" often makes it worse.
- 2. KEEP YOUR STUDENT OUT OF PLAY Concussions take time to heal. Don't let the student return to play the day of injury and until a heath care professional says it's okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
- 3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

#### SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction

- Can't recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily

- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

#### **CONCUSSION DANGER SIGNS:**

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

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

#### HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to www.cdc.gov/concussion.

Parents and Students Must Sign and Return the Educational Material Acknowledgement Form

### **CONCUSSION AWARENESS**

#### **EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM**

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by Carman-Ainsworth Community Schools.

Participant Name Printed	Parent or Guardian Name Printed
Participant Name Signature	Parent or Guardian Name Signature
Date	 Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

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

#### CARMAN-AINSWORTH COMMUNITY SCHOOLS

#### Consent for Disclosure of Immunization Information to Local and State Health Departments

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

Sharing immunization and personally identifiable information including the 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 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 in	nformation in writing at any time.
<i>y</i> ,	nd Human Services and Local Health Department prove the quality and timeliness of immunization gan Law. This includes any immunization
Student's Name:	Date of Birth://
Signature of Parent/Guardian or Eligible Student:	Date://
Printed Parent/Guardian Name:	

#### **Carman-Ainsworth Community Schools Parent Authorization for Technology Use**

Student's Name	School
(Please print clearly)	
Student ID Number	
Part 1: Acceptable Use of Technology Resources I have read and accept the terms of the Acceptab Student Guidelines for K-12, found at <a href="https://www.carm">www.carm</a> board members, agents, and employees, including	ole Use Practices for Technology Resources, an.k12.mi.us. I release the District and its ng its Internet Service Provider, from all liability
related to my child's use or inability to use the Te District and its board members, agents, and emp for any fees, expenses, or damages incurred as a District's Technology Resources.	loyees, including its Internet Service Provider,
Student Signature	Date
Parent Signature	Date
Parent/Guardian Name (Please Print)	
Part 2: 1:1 Chromebook Take Home Parent Con I understand that this agreement is a condition for device and other resources for the Carman-Ainsv form is not filled out and signed, a take home Ch	or my child's home use of the Chromebook worth Community School's 1:1 program. If this
I understand I am responsible for all damage (acc	cidental, intentional, and loss) to the device.
I have reviewed the 1:1 Device Handbook at www.this agreement.	w.carman.k12.mi.us and accept the terms of
Parent Signature	Date
Parent/Guardian Name (Please Print)	
Part 3: Virtual Classes I give permission for my student to take virtual cl Schools. I understand that this agreement will la Carman-Ainsworth Community Schools.	•
Parent Signature	Date
Parent/Guardian Name (Please Print)	

PLEASE RETURN THIS FORM TO THE MEDIA CENTER PRIOR TO CHECKING OUT A DEVICE

