

# Gaylord Community Schools

An NCA Accredited School District

**Grades 1-2-3**  
**NOE + SME**

Dear Parent,

Thank you for registering your child with Gaylord Community Schools.

**Please provide the following documents when registering your child:**

1. Your child's *certified* Birth Certificate (not the hospital record of birth)
2. Immunization Record – immunizations **must** be up to date prior to the first day of school.
3. Proof of Residence – Driver's license or utility bill with street address

**Please complete the following attached forms:**

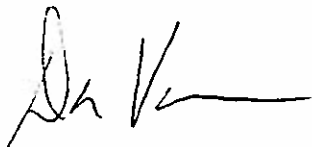
1. Enrollment Information Sheet (white)
2. Verification of Residence Form (green)
3. Field Trip/Media Release Form (pink)
4. Transportation Registration Form 1/2 Sheet (yellow)
5. Student Network/Internet Access Agreement for Students Form

All forms listed above should be returned to the school office prior to your child's first day of school.

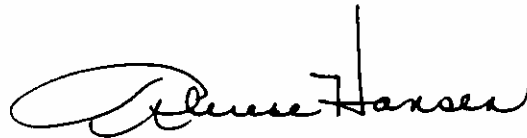
Your child's school assignment will be based on the following criteria:

- Same elementary school building as sibling(s)
- Residence Zone
- Classroom Size

Thank you,



Dan Vaara, Principal  
North Ohio Elementary



Therese Hansen, Principal  
South Maple Elementary

**Gaylord Community Schools**  
**AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION**

TODAY'S DATE \_\_\_\_\_

INFORMATION TO RELEASED FROM:

School District/Building		
Address		
City	State	Zip
Phone		Fax

Please release the complete cumulative file including medical, confidential files (IEPC), social work reports, psychological and diagnostic reports for the following student(s) listed below:

Student Name	Date of Birth	Current Grade

Has the above student received special education services?    \_\_\_ No    \_\_\_ Yes  
If yes, please indicate which area services were provided: \_\_\_\_\_

I requested that the information be kept confidential; used for professional reasons only and not be released to another individual or organization unless authorized by me. I understand that I have the right to inspect or receive a copy of the school records that are released.

\_\_\_\_\_  
Signature of parent or guardian

FORWARD STUDENT RECORDS TO SCHOOL INDICATED BELOW:

North Ohio Elementary School  
912 N. Ohio Avenue  
Gaylord, MI 49735  
Phone: (989) 731-2648  
Fax: (989) 731-3387

South Maple Elementary School  
650 E. Fifth Street  
Gaylord, MI 49735  
Phone: (989) 731-0648  
Fax: (989) 731-0095

Office Use Only:    \_\_\_ called    \_\_\_ faxed    \_\_\_ mailed    \_\_\_ received    \_\_\_ copy in CA



PLEASE PRINT CLEARLY  
IN BLACK OR BLUE INK

# Gaylord Community Schools

## Emergency / Enrollment Information

(PLEASE FILL IN COMPLETELY)

\*\*\*\* If ANY information changes during the school year, call the school ASAP. \*\*\*\*

Entering Grade \_\_\_\_\_ Gender  M  F Today's Date \_\_\_\_\_

Student's Name \_\_\_\_\_  
Last First Middle Preferred First Name

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace \_\_\_\_\_

Mail to: (Please Circle) Mr./Mrs./Ms. \_\_\_\_\_

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

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father Work Place \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Mother Work Place \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Names of Adults Residing in the Home: \_\_\_\_\_

Student Lives With: (Please Check)

<input type="checkbox"/> Both natural parents	<input type="checkbox"/> Father only	<input type="checkbox"/> Adopted Parents	<input type="checkbox"/> Divorced-joint custody
<input type="checkbox"/> Father/Stepmother	<input type="checkbox"/> Mother only	<input type="checkbox"/> Relative	
<input type="checkbox"/> Mother/Stepfather	<input type="checkbox"/> Legal guardian	<input type="checkbox"/> Court placed	

Student's Residence Is: (Please Check)

<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> More than 1 family in house/apartment
<input type="checkbox"/> Motel/Car/Campsite	<input type="checkbox"/> Shelter _____
<input type="checkbox"/> With friends/family (other than parent/guardian)	
<input type="checkbox"/> Other _____	

\*\*\* Student Ethnic Code: Use 1, 2, 3 to rank primary and secondary ethnic groups \*\*\*

<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian American	<input type="checkbox"/> Black/African-American
<input type="checkbox"/> Hawaiian/Pacific Isl.	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> White

Language Spoken at Home: English \_\_\_\_\_ Other \_\_\_\_\_

**OFFICE USE ONLY**

Bus # \_\_\_\_\_

Teacher \_\_\_\_\_

Student # \_\_\_\_\_

Entry Date \_\_\_\_\_

Birth Certificate: Y or N  
Immunization Record: Y or N  
Lunch Application: Y or N

Student Records:  
Requested \_\_\_\_\_  
Received \_\_\_\_\_

Special Education \_\_\_\_\_

Other \_\_\_\_\_

**RESIDENT STATUS**  
 Resident Student  
 Non-public Resident

**NON-RESIDENT STATUS:**  
 Non K-12 District  
 School of Choice  
 105  
 105c  
 Out ISD District (195c)  
 Non-public

**Parent Living Elsewhere:**

Name: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_

If there are adults who are restricted from seeing your child by order of a court, please list them here:  
\_\_\_\_\_  
(We cannot restrict a parent without proper legal documentation on file at the school.)

Previous School Attended: \_\_\_\_\_ Former School Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Street City Zip Code

Has your child ever been expelled from a school district? (A Board of Education took official expulsion action.) Yes \_\_\_\_\_ No \_\_\_\_\_

Special services your student received at previous school: (Please check all that apply.)

<input type="checkbox"/> 504 (Section 504)	<input type="checkbox"/> Special Education ("Permission to Place" form needed)	<input type="checkbox"/> Speech	Other _____
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LAST NAME (Please Print)

FIRST NAME

GRADE

TEACHER

**MEDICAL INFORMATION**

Allergies: \_\_\_\_\_ Food – List:

- \_\_\_\_\_ Animals
- \_\_\_\_\_ Medications
- \_\_\_\_\_ Asthma
- \_\_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_\_ Bee Stings

- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Convulsions/seizures
- \_\_\_\_\_ Please Explain \_\_\_\_\_
- \_\_\_\_\_ Other
- \_\_\_\_\_ Please Explain \_\_\_\_\_

**Medical Authorization and Authorization to Transport in Case of Emergency**

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If the physician cannot be reached, the school may make necessary arrangements for the well being of my child.

Doctor's Name	Office Location	Address	Office Phone
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**Note:** Your child will not be released to any unauthorized person unless verified by parent. If your child is hurt on the playground, ill at school, or there may be other reasons we need to call.

List persons authorized to pick up child from school. Anyone on this card will be allowed to pick your child up. Your child should know the person. ID may be requested. **PLEASE LIST THE ORDER IN WHICH YOU WANT CALLS MADE. WE WILL CALL PARENTS ON THE REVERSE SIDE OF CARD FIRST.**

- |                   |              |         |                  |
|-------------------|--------------|---------|------------------|
| <b>1.</b>         | _____        | _____   | _____            |
| Authorized Person | Relationship | Address | Day Phone / cell |
| <b>2.</b>         | _____        | _____   | _____            |
| Authorized Person | Relationship | Address | Day Phone / cell |
| <b>3.</b>         | _____        | _____   | _____            |
| Authorized Person | Relationship | Address | Day Phone / cell |
| <b>4.</b>         | _____        | _____   | _____            |
| Authorized Person | Relationship | Address | Day Phone / cell |

**Other children residing in the home:**

Name (Last, First)	Birthdate	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ON EARLY DISMISSAL DAYS OR DAYS WHEN SCHOOL IS CLOSED EARLY DUE TO WEATHER OR OTHER UNEXPECTED CIRCUMSTANCES, PLEASE PROVIDE INSTRUCTIONS AS TO WHERE YOUR CHILD IS TO GO.**

*(Please remember zoning rules are to be followed.)*

**NO LATCHKEY PROVIDED!**

Check ONE (1) Choice:

\_\_\_\_\_ Bus Home as usual      \_\_\_\_\_ Bus to the \*Sitter as usual      \_\_\_\_\_ \*\*\* Parent will pick up

**\*\* SITTER INFORMATION: Name** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **NO CALLS MADE FOR EARLY DISMISSAL.**

**\*\*\* THE SCHOOL CANNOT MAKE CALLS TO PARENTS FOR EARLY SCHOOL CLOSURE. PLEASE LISTEN TO THE LOCAL RADIO STATIONS – EAGLE 101.5, 106.7 - OR WATCH TV 9/10 OR TV 7/4.**

I affirm that as the parent/legal guardian, all information provided is true and accurate, and that my child and I reside at the listed address. I understand any false information provided by me may subject me to legal penalties for perjury.

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

\_\_\_\_\_  
Date

# GAYLORD COMMUNITY SCHOOLS

## MEDIA & FIELD TRIP RELEASE

Parents who have students attending Gaylord Community Schools are asked to read this document and indicate with a check for yes or no their preference for the following events or activities. Board Policy requires that parents advise the school when you do not want any or all of the following information released.

- Yes       No      1. *Photographs and/or videos may be taken of student activities. I give permission for my child to appear, and to be named in newspaper photographs and articles.*
- Yes       No      2. *My child's class may be taking field trips during the school year. When field trips require transportation, my child will be transported by bus. I give permission for my child to participate.*

**\*\* Unless I revoke my permission in writing, the Gaylord Community Schools has permission for all of the above activities for the period of time my child is enrolled in this school district.**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

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

# Gaylord Community Schools

## Residency Verification

Proof of Residency Shown:

- Drivers License
- Rent Receipt
- Utility Bill
- Property Tax Bill
- Other \_\_\_\_\_

I declare that I physically reside at: \_\_\_\_\_

In order to affirm my residency in the Gaylord Community School District I have presented certain documents with my address to school officials. I declare that these documents are true and accurate and further, I am aware that the deliberate falsification of information for school attendance purposes is unlawful. I further understand that if statements made on this verification form change, I must immediately notify the appropriate Gaylord Community School District official.

I verify that all statements made and documents furnished regarding the residence of my student are true and accurate. I agree to accept responsibility for payment of tuition in the event that it is found that I have established residency by using false or inaccurate information.

Student Name	Grade	School

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Gaylord Community Schools

Dear Parents,


Attached is a copy of the *Gaylord Community Schools Network/Internet Access Agreement for Students*. It is the adopted policy of our School Board that parental permission is required for students to use the Network/Internet at school.

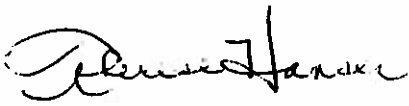
Please read both sides of the form. **Complete and return only the Signature Page.** There are five areas on the *Signature Page* that require your attention. While most of the sections are self-explanatory, your signature in section 2 is required for students to use any computer connected to our school's network. All software that students use in our computer labs runs on the network. The Internet is available for students to use under teacher instruction and supervision.


Technology at North Ohio and South Maple Elementary Schools offers students engaging opportunities to enrich the learning process. Gaylord Community Schools uses content filtering as required by the Child Internet Protection Act (CIPA). In addition to this requirement, some additional sites have been blocked to provide adequate security for the Gaylord Community Schools' Network. This filter is upgraded daily; students do not have access to email. While our technology team does its best to prevent inappropriate material from coming up on the screens, we want to make you aware that an incident could occur where this material could surface. People putting this material out continually try to get around the blocks set up to keep them out. However, we feel the chances of anything like this happening are small.

The *Signature Page* remains on file until your child moves to another school building. If you have any questions, please don't hesitate to contact us.

Sincerely,

  
Mary Slezak  
[slezak.m@gaylord.k12.mi.us](mailto:slezak.m@gaylord.k12.mi.us)

  
Therese Hansen, Principal  
[hansent@gaylord.k12.mi.us](mailto:hansent@gaylord.k12.mi.us)  
989.731-0648

  
Dan Vaara, Principal  
[vaarad@gaylord.k12.mi.us](mailto:vaarad@gaylord.k12.mi.us)  
989.731.2648

**Gaylord Community Schools  
Network/Internet Access Agreement for Students**

**Please read this document carefully before signing. The signature(s) at the end of this document are legally binding and indicate(s) that the signing party(ies) has (have) read all of the terms and conditions of this policy carefully and understand(s) their significance.**

This agreement is entered into this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_, between \_\_\_\_\_ (hereinafter referred to as "Student") and the Gaylord Community School District (hereinafter referred to as "District"). The purpose of this agreement is to establish guidelines for access by Student to the Internet electronic mail and electronic bulletin boards (hereinafter referred to as the "Network"). Access to the Network is provided to the Student for educational purposes.

In exchange for the privilege of using the Network, the undersigned agree(s) as follows:

- A. The use of the Network is a privilege, which may be revoked by the District at any time and for any reason or for no reason. Improper use of the Network may also give rise to further disciplinary action consistent with this agreement and/or the student handbook code of conduct.
- B. The Student and his or her parents and/or guardians acknowledge that it is not possible for the District to restrict access to all controversial material on the Network.
- C. The Student and his or her parents acknowledge that the Student does not have a reasonable expectation of privacy in his or her use of the District's Network or any part of it. The District reserves the right to monitor the Network, including but not limited to Internet use and electronic mail.
- D. Network access is provided for educational use by the Student. Use of the Network for commercial purposes or other unauthorized purposes is expressly forbidden.
- E. Network resources are intended for use exclusively by registered users. The Student is responsible for the use of his/her account password and access privileges. Any problems that arise from the use of his/her account are the responsibility of the Student. Use of an account by someone other than the account holder is forbidden and may result in loss of access privileges. Any loss of security in an account password or in access privileges must be reported immediately to an appropriate Network administrator.
- F. Any misuse of Network access privileges may result in suspension or revocation of access privileges and/or other disciplinary action as determined by the District. Misuse includes but is not limited to the following:
  1. Intentionally accessing or attempting to access files, data, or information without authorization.
  2. Impersonating another user on the Network.
  3. Activity, which is detrimental to the stability and security of the Network, including but not limited to the intentional or negligent introduction of computer viruses and vandalism or abuse of hardware or software.

4. The transmission or voluntary receipt of material which would constitute a violation of federal or state law, including, but not limited to, copyrighted material; harassing, abusive, threatening, or obscene material; material protected as a trade secret; defamatory statements; material which would constitute an invasion of personal privacy; or any material which would reasonably be considered to be discriminatory on the basis of sex, race, national origin or religion.
  5. Use of recreational programs or communications during the school day.
  6. Illegally installing, downloading, copying or using copyrighted software.
  7. Intentionally interfering with the use of the Network by others.
  8. Intentionally wasting Network resources such as disk space, printer ink or paper.
- G. The District does not warrant that the Network will meet any specific requirements that the Student may have, that service will not be interrupted or that information obtained on the Network will be accurate or complete. The District will not be liable for any direct or indirect, incidental or consequential damages (including but not limited to lost data, information or time) sustained or incurred in connection with use of the Network by the Student. Use of the Network and any information or data obtained through use of the Network is at your own risk.
- H. The Student agrees to delete messages from his or her personal mailbox on a regular basis in order to avoid unnecessary use of disk space.
- I. The Student may not transfer files, shareware, or other software from the Internet or electronic bulletin board services. The Student will be liable to pay any costs or fees incurred as a result of any transfers without express permission from the Network Administrator regardless of whether the transfer was intentional or accidental.
- J. The Student must have prior approval from an appropriate Network Administrator for any subscriptions with any electronic mail news groups.
- K. Users violating any provisions of this Network Access Agreement face disciplinary action. The District reserves to itself discretion to determine appropriate discipline and will consider the nature and severity of the violation. Possible disciplinary actions include:
1. Suspension or revocation of Network access.
  2. Requiring additional training as a precondition to continued use of the Network.
  3. Financial restitution for any unauthorized expenses or damages.
  4. Confiscation of inappropriate materials.
  5. Additional disciplinary action consistent with the student handbook or code of conduct.

In addition, the District may refer violations to appropriate law enforcement authorities. Nothing herein shall be construed as providing the District must find a violation of the agreement in order to suspend or revoke access privileges for any reason or for no reason.

- L. This Network Access Agreement is subject to change without notice. Any changes to the Network Access Agreement will be posted in an appropriate location of the Network by the Network Administrator.

## Student/Parent/Guardian Signature Page

In consideration of the privilege of using the Network, I hereby release the District, its employees, agents and individual members of the Board of Education from any and all claims or causes of action arising out of my use or misuse of the Network or Network equipment. I agree to use the Network responsibly and to abide by the rules and regulations set forth herein and as may be added from time to time by the District.

I have reviewed this Network Use Agreement with my parent or legal guardian (or I have reached the age of 19).

➡ \_\_\_\_\_  
1. **Signature of Student**

\_\_\_\_\_ **Date**

The following section must be completed for all students who have not reached the age of 18.

As the Student's parents or legal guardian, I have read and agree to this Network Access Agreement and have discussed it with my son or daughter. I understand that Network access is a privilege provided for educational purposes. I understand that it is impossible for the District to restrict access to all controversial material. I hereby release the District, its employees and agents and individual members of the Board of Education from any and all claims or causes of action arising out of my use or misuse of the Network or Network equipment. In addition, I agree to indemnify the District for any fees, expenses or damages incurred as a result of my child's use or misuse of the Network or Network equipment.

➡ \_\_\_\_\_  
2. **Signature of Parent or Guardian**

\_\_\_\_\_ **Date**

### Parent's/Guardian's Permission for the Publication of Student Work/Pictures

I understand that from time-to-time the school may wish to publish examples of student projects, photographs of students and other work on an Internet accessible World Wide Web server.

Please circle **each** response appropriately:

➡ 3. **Yes** or **No** My child's work may be published on the Internet.

➡ 4. **Yes** or **No** Photographs of my child may be published on the Internet (no name attached).

➡ \_\_\_\_\_  
5. **Name of Student** (Please print first and last name.)

\_\_\_\_\_ **Grade**

➡ \_\_\_\_\_  
6. **Signature of Parent or Guardian**

\_\_\_\_\_ **Date**

➡ \_\_\_\_\_  
7. **Name of Parent or Guardian** (Please print.)

\_\_\_\_\_ **Date**

**Gaylord Community Schools  
TRANSPORTATION REGISTRATION  
Bus Garage - 989-705-3022**

Date \_\_\_\_\_  
School \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_  
Residential Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_

First Parent's Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Second Parent's Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Transportation Desired (We can accommodate one Pick Up and one Drop Off location.)

Will your child be riding to/from home? AM \_\_\_\_\_ PM \_\_\_\_\_  
Will your child be riding to/from a Day Care? AM \_\_\_\_\_ PM \_\_\_\_\_

Day Care Information: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Special Needs \_\_\_\_\_  
\_\_\_\_\_

**If your needs change, please notify both the School and Bus Garage.  
It may take up to 3 days to arrange transportation after receiving this card.**