

7th

GAYLORD MIDDLE SCHOOL

NEW STUDENT ORIENTATION

August 27, 2009

9:00~10:15 AM

Students will be given a math placement test &
A building tour will be given during the orientation.

If you have any questions, please call (989)731-0848.

Gaylord Middle School

7th Grade Registration 2009-2010

Student Name (print) _____

Rotation A

9 weeks in each class
(required)

- _____
1. Computers
 2. Health
 3. Art
 4. Phys Ed

Rotation B

- _____
1. Communications
 2. Tech Science
 3. Global Issues

Communications – Students will explore inter- and intra-personal communication. Much of the class will focus on verbal and non-verbal communication strategies. Students will also have the opportunity to experience public speaking as an individual and a group.

Tech. Science - Problem-solving with a twist! Students are challenged with activities such as marble-shooting catapults, egg drop challenges, balsa wood bridges and amusement park physics. In this hands-on class, students will enjoy stretching their imaginations!

Global Issues - Students will use multiple forms of media to explore many of the issues affecting our world today. Students will focus on geography, economics, politics, and the environment to maintain a portfolio of persuasive “take a stand” essays, current events, maps, and investments.

Electives

_____ Band

Band is a year-long class. The 7th grade band program meets on a daily basis and is a continuation of the 6th grade band program. Students learn and use most of the common rhythms in music, study and perform a variety of musical styles, develop the ability to play precisely together with fellow band members, and learn to work together as a team for a common goal. Band students perform 3-4 concerts per year. Students also participate in MSBOA District 2 Band Festival and have the opportunity to participate in Solo and Ensemble.

_____ Spanish

7th grade Spanish is one semester long. During this class students will learn to converse and write in Spanish. Students successfully completing **BOTH** the 7th grade semester class and the 8th grade semester class will earn high school credit and have the opportunity to take Spanish II when entering Gaylord High School.

Requirements

- All students will take required academics including Language Arts, Math, Social Studies and Science
- Students who elect to take both Band and Spanish will be required to take Health and Computers.
- Students who elect to take Band will be required to take all Rotation A classes.
- Students who take Spanish will be required to take all Rotation A classes and two Rotation B classes.
- Student who do not take Band or Spanish will be required to take all Rotation A and all Rotation B classes.

Parent Signature _____

Student Signature _____

Gaylord Middle School

600 East Fifth Street
Gaylord, Michigan 49735
Phone: 731-0848
Fax: 732-2632

MR. JERRY BELANGER
Principal

MR. JOE SOMERVILLE
Assistant Principal



ENTRANCE PROCEDURE GAYLORD MIDDLE SCHOOL

Parents fill out all appropriate forms
Birth Certificate
Updated shot record
Gaylord Middle School Registration Form
Emergency form Card
Student Discipline Form

Parent and student must schedule a meeting with building administrator before starting classes. That meeting should take place 48 hours after the forms have been completed and turned in.

During the 48 hours period the school counselor will make contact with the sending school to find the students school history.

The counselor will then meet with the team the student assigned.

The enrollment interview will then take place with the parents, counselor, and building administrators.

The student will then start class the following day when all criteria are met.

GAYLORD MIDDLE SCHOOL REGISTRATION FORM

LAST NAME _____ DATE _____

FIRST _____ GRADE LEVEL _____

MIDDLE _____ PHONE NUMBER _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

MAILING ADDRESS _____

STREET ADDRESS (*Required for Transportation*) _____

PERSON WITH WHOM LIVING WITH _____

FATHER (STEP) _____ EMPLOYED BY _____ WORK PH _____

MOTHER (STEP) _____ EMPLOYED BY _____ WORK PH _____

FAMILY DOCTOR _____ ADDRESS _____ PHONE _____

ARE THERE ANY PHYSICAL PROBLEMS WHICH WOULD PREVENT THIS CHILD FROM TAKING PART IN THE NORMAL SCHOOL PROGRAM? YES ___ NO ___. IF YES, PLEASE EXPLAIN: _____

DOES THIS CHILD REQUIRE SPECIAL SEAT PLACEMENT IN THE CLASSROOM? YES OR NO IF YES, PLEASE EXPLAIN _____

IS THIS CHILD PRESENTLY ENROLLED IN SPECIAL EDUCATION? YES ___ or NO ___

HAS THIS CHILD EVER BEEN ENROLLED IN SPECIAL EDUCATION? YES ___ or NO ___

IF YES TO EITHER OF THE ABOVE QUESTIONS, PLEASE EXPLAIN _____

IS THIS CHILD ADOPTED? YES ___ NO ___ DOES HE /SHE KNOW? YES ___ NO ___

HAS THIS STUDENT REPEATED A GRADE? YES ___ NO ___ IF YES, WHICH GRADE AND WHY? _____

DOES THIS CHILD READ WELL? YES ___ NO ___

PLEASE LIST ANY INFORMATION YOU FEEL WOULD HELP US BETTER UNDERSTAND YOUR CHILD _____

SIGNATURE OF PARENT OR GUARDIAN _____

**STUDENT DISCIPLINE FORM
GAYLORD MIDDLE SCHOOL**

Student Name: _____ **Date:** _____

Grade: _____ **Birth Date:** _____

Has this child been long term suspended from a school? Yes or No

If yes, explain _____

Name of that school: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Has this child ever been expelled from school? Yes or No

If yes, explain _____

Name of that school: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

I VERIFY THAT ALL STATEMENTS MADE ON THIS DOCUMENT ARE TRUE AND ACCURATE.

Date _____

Parent/Guardian Signature

Gaylord Community Schools

Residency Verification

Proof of Residency Shown: <input type="radio"/> Drivers License <input type="radio"/> Rent Receipt <input type="radio"/> Utility Bill <input type="radio"/> Property Tax Bill <input type="radio"/> 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

Michigan Department of Community Health
IMMUNIZATION REQUIREMENTS

A T T E N T I O N

Parent(s)/Guardian(s) of School Entrants
 (Kindergarten & Entrants New to the School District in Grades 1-12)

To Enter School: State law* prohibits a principal or teacher from admitting new entrants to school without a record of having received at least one dose of each: Measles, mumps, rubella, polio, diphtheria, tetanus, pertussis, and **hepatitis B**.

To Stay in School: You must provide the school with a record showing that your child has received all of the following immunizations:

IMMUNIZATIONS	AGES 4 - 6	AGES 7 - 18
DIPHTHERIA, TETANUS & PERTUSSIS**	4 doses are required. If a dose was not given on or after the 4th birthday, a booster dose of DTP is required. Most children will have 5 doses.	4 doses are required. If a dose was not given in the last 10 years, a booster dose of Td is required.
POLIO	3 doses are required. If the last dose was not given on or after the 4th birthday, a booster dose is required. Most children will have 4 doses.	3 doses are required.
MEASLES, MUMPS & RUBELLA	2 doses are required. The 1st dose must be given on or after the 1st birthday. The 2nd dose must be given at least 28 days from the 1st dose.	2 doses are required. The 1st dose must be given on or after the 1st birthday. The 2nd dose must be given at least 28 days from the 1st dose.
HEPATITIS B	3 doses are required.	3 doses are required.
VARICELLA (CHICKENPOX)***	Effective 2002/2003 school year, 1 dose required on or after 1st birthday.	Effective 2002/2003 school year, only 1 dose required if received on or after the 1st birthday but prior to the 13th birthday OR 2 doses required, administered at least 28 days apart, if the child received the 1st dose on or after the 13th birthday.

CHILDREN who have not received the required immunizations **WILL BE EXCLUDED** from school **UNTIL** parents provide proof that **ALL REQUIRED IMMUNIZATIONS** have been **GIVEN**, or have a waiver on file.

*Part 92, Act 368 of the Public Acts of 1978, as amended.

**Children ages 4-6 must have received 4 doses of pertussis. DT is only accepted if a signed waiver is on file for that particular dose of pertussis vaccine.

***Reliable history of chickenpox disease is acceptable in lieu of the vaccine.

Gaylord Community Schools

Enrollment Form

(PLEASE FILL IN COMPLETELY)

If 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 _____

School District you currently reside in: _____

Home Phone(s):
Name _____ Number (_____) _____
(Please Circle) Listed/Unlisted

Name _____ Number (_____) _____
(Please Circle) Listed/Unlisted

Cell Phone(s):
Name _____ Number (_____) _____
(Please Circle) Listed/Unlisted

Name _____ Number (_____) _____
(Please Circle) Listed/Unlisted

Father Work Place _____ Work Phone (_____) _____

Mother Work Place _____ Work Phone (_____) _____

Names of Adults Residing in the Home: _____

Student Lives With: (Please Check)
 Both natural parents Father only Host family Divorced-joint custody
 Father/Stepmother Mother only Relative Adult student
 Mother/Stepfather Legal guardian Court placed

Student's Residence Is: (Please Check)
 Single Family Dwelling More than 1 family in house/apartment
 Motel/Car/Campsite Shelter
 With friends/family (other than parent/guardian)
 Other _____

Student Ethnic Code: Use 1,2,3 to rank primary and secondary ethnic groups
 American Indian Asian American Black/African-American
 Hawaiian/Pacific Isl. Hispanic/Latino White

Language Spoken at Home: English _____ Other _____

OFFICE USE ONLY

Bus # _____

Teacher _____

Student # _____

Entry Date _____

Gaylord Intermediate School
 Gaylord Middle School
 Gaylord High School
 Gaylord Alternative Program

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.)
 504 (Section 504) Special Education ("Permission to Place" form needed) Other _____

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Gaylord, Michigan 49735
Phone: 731-0848
Fax: 732-2632

MR. JERRY BELANGER
Principal

MR. JOE SOMERVILLE
Assistant Principal



Date _____

RECORDS REQUEST FOR: _____

GRADE _____ BIRTH DATE _____

FORMER SCHOOL:

Name _____

Address _____

City _____ State _____ Zip _____

I hereby authorize the above named school to release any and all of the above student's records (INCLUDING CONFIDENTIAL) files to the following school:

RECORDS
Gaylord Middle School
600 E. Fifth Street
Gaylord, MI 49735

SIGNATURE OF PARENT OR GUARDIAN

**Graylord 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.**