

Gaylord Community Schools

An NCA Accredited School District

Kindergarten
NDE + SME

Dear Parent,

Thank you for registering your child for Gaylord Community Schools' kindergarten.

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
4. Evidence of screening for vision and hearing. (Call the Health Department at 1-800-432-4121 for information about hearing/vision screenings and immunization clinics or your child's physician)

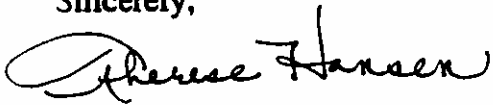
Please complete the following attached forms and bring to registration:

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

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

- Same elementary school building as sibling(s).
- Residence Zone
- Kindergarten enrollment.

Sincerely,



Therese Hansen, Principal
South Maple Elementary



Dan Vaara, Principal
North Ohio 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

Gaylord Community Schools Kindergarten Information Sheet

Today's Date _____

Child's Name _____ Birthdate _____ Gender _____

Name you wish your child to be called in school _____

Mother's First Name _____ Last Name _____

Father's First Name _____ Last Name _____

Home Address _____ City, State, Zip _____

Mailing Address (if different) _____ City, State, Zip _____

Home Phone _____ Work Phone _____

Mother's Occupation _____ Father's Occupation _____

With Whom does your child reside? _____

Is your child right or left handed? _____ Does your child wear glasses? Yes No

Any known allergies? Yes No If yes, please explain: _____

Any known health concerns? _____

<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures	<input type="checkbox"/> Asthma	<input type="checkbox"/> Frequent Colds
<input type="checkbox"/> Eczema	<input type="checkbox"/> Earaches	<input type="checkbox"/> Sore Throats	<input type="checkbox"/> Fears	<input type="checkbox"/> Hemophiliac
<input type="checkbox"/> Bee Stings	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Nose Bleed	<input type="checkbox"/> Hearing Problems	
<input type="checkbox"/> Trouble passing urine or bowl movement	<input type="checkbox"/> Shortness of Breath			
<input type="checkbox"/> Other: _____				

1. Are there any special things about your child that we should know, such as, illness, divorce, recent move, special fears, etc. that could affect learning?

2. Please list any group experiences your child has participated in (STARS, Head Start, Nursery School, Daycare, Story hour, etc.). Give names and dates.

3. Has your child been identified for any special services such as health, speech/language, or ECDD? Yes No If yes, please explain.

4. Does your child's preschool teacher feel he/she is ready to start Kindergarten? Yes No
Please explain

5. Explain any responsibilities your child has at home.

6. What are some favorite things your child likes to do?

7. Do you celebrate holidays and birthdays in your home? Yes No
If "no", please explain

8. Is your child able to sit in a group setting and listen to a story for ten minutes? Yes No

9. Does your child listen without interrupting while someone else talks? Yes No

10. Does your child know his/her: phone number? Yes No address? Yes No

11. Do you have books/magazines/newspapers at home that your child reads? Yes No

12. What do you expect your child to acquire through the Kindergarten experience?

13. What else would you like your child's teacher to know about your child?

14. Would you be interested in occasionally sending snack items or a food ingredient for an occasional cooking project? Yes No

15. Would you be willing to volunteer in your child's classroom? Yes No

PLEASE REMEMBER: This is your child's school. You may visit or call anytime. Please sign in at the office and pick up your visitor pass before leaving the front hall every time you visit. You are encouraged to contact your child's teacher regarding anything you feel might affect your child's education.

Thank you for taking the time to fill out this questionnaire.

GAYLORD COMMUNITY SCHOOLS
Kindergarten Home Visit Information Sheet

Each year our kindergarten teachers will make a home visit to every child entering school for the first time. These visits are scheduled in advance and intended to help your child get to know his/her teacher and make the step to kindergarten more comfortable.

Parents Name: _____

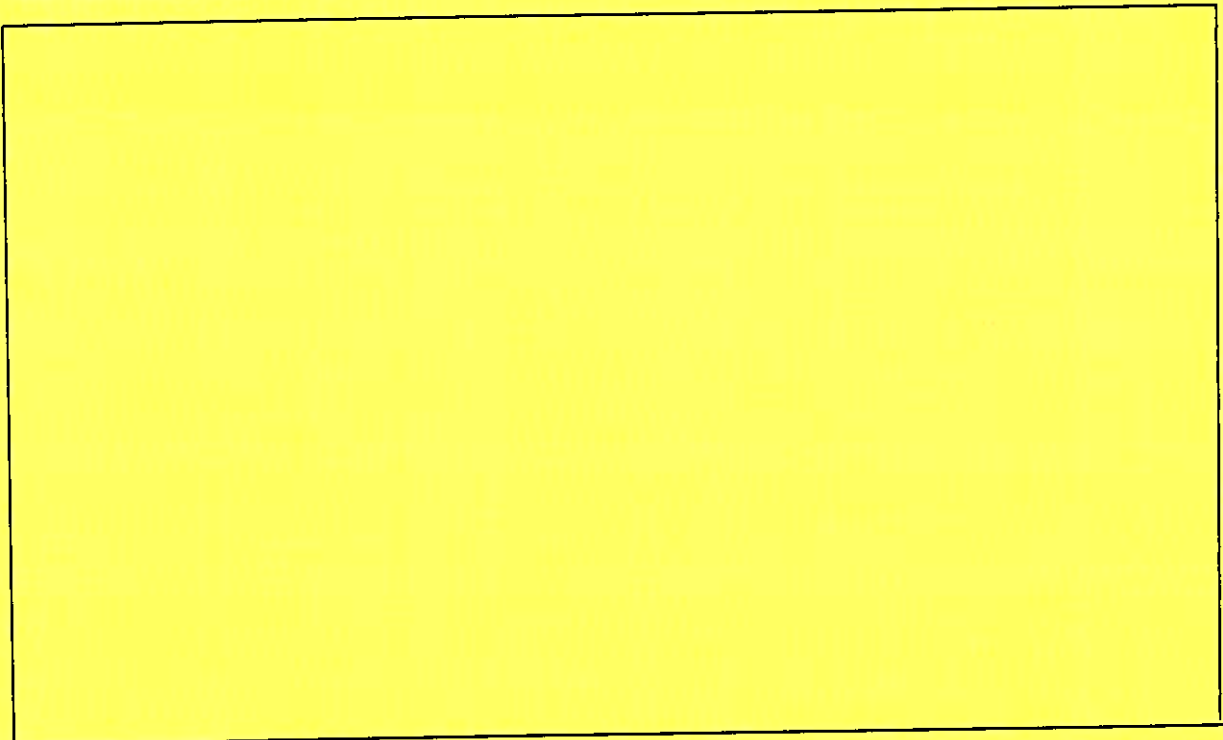
Street Address: _____ *City, Zip* _____

Home Phone : _____ *Cell Phone:* _____

Child's Name : _____

(indicate the name your child likes to be called and last name if different than the parent last name)

The following information will help the teacher find your home. In the space below, draw a sketch of the route to your home. Please be as specific as possible and include main roads.



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.

- | | | |
|----------------------|---------------------|---|
| <u> </u>
Yes | <u> </u>
No | 1. <i>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.</i> |
| <u> </u>
Yes | <u> </u>
No | 2. <i>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.</i> |

**** 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,

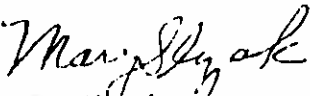
Attached is a copy of the *Gaylord Community Schools Network/Internet Access Agreement for Students*. It is the adopted policy of our School Board that parental permission is required for students to use the Network/Internet at school.

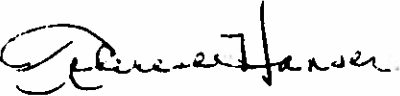
Please read both sides of the form. **Complete and return only the Signature Page.** There are five areas on the *Signature Page* that require your attention. While most of the sections are self-explanatory, your signature in section 2 is required for students to use any computer connected to our school's 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.in@gaylord.k12.mi.us


Therese Hansen, Principal
hansen.t@gaylord.k12.mi.us
989.731-0648


Dan Vaara, Principal
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.**