

Central Lake Elementary School Enrollment Packet

Office Use Only

SOC ___ Locker ___
Spec. Ed. ___ PowerSchool ___
Transcript ___ Technology ___
Birth Cert ___ Bus ___

Student's Legal Name (As it appears on birth certificate)

Last: _____, First: _____, Middle: _____
DOB: ___/___/_____ Grade: _____ Gender: M/F Place of Birth: _____
Home Phone: _____-_____-_____
Physical Address: _____ City _____ State _____ Zip _____
Mailing Address: _____ City _____ State _____ Zip _____
School District of Residence: _____ (If School Of Choice-Must apply)

Last School Attended: _____ Last School City & State: _____
Last School Phone #: _____ Last grade level completed: _____
Last school ___Suspension ___Expulsion Reason: _____

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

___504 (Section 504) ___Special Education ("Permission to Place" form needed) ___Title1 Other: _____

Student 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) *If your living arrangements qualify you for McKinley-Vento
"homeless" funding, would you like the liaison to contact you? ___Yes ___No

Household #1 Parent/Guardian Information: Student Resides with

Name: _____ Relationship to student: _____
Phone: _____ Email: _____
Work Phone: _____ Employer: _____
Name: _____ Relationship to student: _____
Phone: _____ Email: _____
Work Phone: _____ Employer: _____
Physical Address: _____ City _____ State _____ Zip _____
Mailing Address: _____ City _____ State _____ Zip _____

Household #2 Parent/Guardian Information: Non-Custodial Parent/Guardian

Name: _____ Relationship to student: _____
Phone: _____ Email: _____
Work Phone: _____ Employer: _____
Name: _____ Relationship to student: _____
Phone: _____ Email: _____
Work Phone: _____ Employer: _____
Physical Address: _____ City _____ State _____ Zip _____
Mailing Address: _____ City _____ State _____ Zip _____

Emergency Contact: (Other than Parent/Guardian)

1.)Name: _____ Relationship to student: _____
Phone: _____ Work Phone: _____

2.)Name: _____ Relationship to student: _____
Phone: _____ Work Phone: _____

3.)Name: _____ Relationship to student: _____
Phone: _____ Work Phone: _____

Medical Information-List below any medical information regarding your child (allergies, medical conditions, prescription medications taken, etc.)

Allergies: _____
All Medication: _____
Will medication be taken at school? Please ask for a form.

Sibling(s):

Name: _____ Age: _____ Grade: _____
Name: _____ Age: _____ Grade: _____
Name: _____ Age: _____ Grade: _____
Name: _____ Age: _____ Grade: _____

Ethnic Codes (If more than one, please list as 1,2,3, ect.)

American Indian or Alaskan Native Asian American Black or African American Hispanic or Latino
 Native Hawaiian or Other Pacific Islander Two or More Races White (Non-Hispanic)
Language Spoken at Home: _____

**STATE BOARD OF EDUCATION APPROVED
HOME LANGUAGE SURVEY**

*The **Central Lake Public School District** is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1152 – 380.1157 of the School Code of 1995, Michigan's Bilingual Education Law. Please fill out the information below and return to the school office.

Name of Student _____ Age _____
School _____ Grade _____

1. Is your child's native tongue a language other than English?
 Yes No
What is the language? _____

2. Is the primary language¹ used in your child's home/environment a language other than English?
 Yes No
What is the language? _____

Signature of Parent _____ Address _____ Date _____

Central Lake Public Schools
8169 West State Street
Central Lake, MI 49622
Fax: 231-544-2903
www.clps.k12.mi.us

Student Record Request

Federal Law 99:31: No parent signature is required for educational records sent to another educational agency. As the student's records are necessary in program planning, we are thanking you in advance for your prompt reply. This is in compliance with the "Family Educational Rights & Privacy Act of 1974"

I authorize _____ (School Transferring from) to release records of:

Student Name _____

Student DOB _____

Signature: _____ (Parent/Legal Guardian/Adult Student Date: _____)

Office Use:

All Student Records

Please Fax

Special Education Records – if applicable

High School Transcript – if applicable

Middle/High School current class schedule with grades

Send to:

Central Lake Elementary
Student Records
P.O.Box 128
Central Lake, MI 49622

Contact: Amanda Teal
Phone: 231-544-3141 Ext. 54300
Fax: 231-544-2903
teal@clps.k12.mi.us

Central Lake Middle/High
Student Records
P.O. Box 128
Central Lake, MI 49622

Contact: Cindy Rogers
Phone: 231-544-3141 Ext. 54200
Fax: 231-544-2903
rogers@clps.k12.mi.us

K-12 Counselor
P.O. Box 128
Central Lake, MI 49622

Contact: Mary Spyhalski
231-544-3141 Ext. 54220
spyhalski@clps.k12.mi.us

Central Lake



Public Schools

8169 W. State St-P.O. Box 128, Central Lake, MI 49622

www.clps.k12.mi.us

Dear Parent or Guardian:

Each year, every school district in Michigan is required to report student data by race and ethnicity categories set by the U.S. Department of Education (U.S. ED) to the Michigan Department of Education (MDE). In 2007, U.S. ED released guidance regarding the collection and reporting of student race and ethnicity data. The guidance instructs school districts to collect race and ethnicity data utilizing a two-part question format. This change allows individuals to more accurately identify themselves given the increasing diversity of the nation's population.

With the new reporting format, you will need to update your child's data. Starting with the 2010-2011 school year, all schools in Michigan will collect race and ethnicity data using the two-part question format. These reports help keep track of changes in student enrollments and ensure that all students receive the educational programs and services to which they are entitled.

Please update your child's data by completing the enclosed form and return it to the appropriate school building office by Friday September 10, 2024. If we do not receive a response from you, an employee of the school district will be required to provide this information based on observation. Federal regulations do not permit school districts to leave the question blank. Please contact your child's school counselor at 231-544-5566 if you would like to check the student data currently on file for your child.

For more information about the data reporting categories, please contact Lenore Weaver at 231-544-3141.

Sincerely

Monique Dean

Interim Superintendent of Central Lake Public Schools

Student name: _____ Grade: _____

Please answer **BOTH** parts A and B.

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.)

Part A of the question is about ethnicity, not race. Regardless of what you selected on Part A, **please answer Part B** by marking one or more boxes to indicate what you consider your student's (or your) race to be.

Part B. What is the student's race? (Choose one or more)

- **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America.)
- **Asian** (A person having origins on 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 or Other Pacific Islander** (A person having origins in any of the original peoples 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.)

NOTE: Both parts A and B **MUST** be completed. We encourage you to select an answer for **both** parts. If either part (A or B) is not answered, the U.S. Department of Education requires the school district to supply an answer on your behalf.

Parent/Guardian Signature: _____

Date: _____

EDUCATION BENEFITS FORM SY 2023 - 2024

District: _____ School: _____

Part A: STUDENT INFORMATION - Complete for each student Pre-K through 12th Grade

Student's Last Name	Student's First Name	Grade Level	School	Identify H if Homeless M if Migrant R if Runaway F if Foster

Part B: BENEFITS RECEIVED (if applicable)

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDP/IR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name: _____ Case Number: _____

Part C: HOUSEHOLD SIZE	Part D: ANNUAL HOUSEHOLD INCOME - Select the appropriate range of combined annual income for all people in the household (Include all income before taxes)		
<input type="checkbox"/> 1 →	<input type="checkbox"/> At or below \$18,954	<input type="checkbox"/> Between \$18,955 and \$26,973	<input type="checkbox"/> At or above \$26,974
<input type="checkbox"/> 2 →	<input type="checkbox"/> At or below \$25,636	<input type="checkbox"/> Between \$25,637 and \$36,482	<input type="checkbox"/> At or above \$36,483
<input type="checkbox"/> 3 →	<input type="checkbox"/> At or below \$32,318	<input type="checkbox"/> Between \$32,319 and \$45,991	<input type="checkbox"/> At or above \$45,992
<input type="checkbox"/> 4 →	<input type="checkbox"/> At or below \$39,000	<input type="checkbox"/> Between \$39,001 and \$55,500	<input type="checkbox"/> At or above \$55,501
<input type="checkbox"/> 5 →	<input type="checkbox"/> At or below \$45,682	<input type="checkbox"/> Between \$45,683 and \$65,009	<input type="checkbox"/> At or above \$65,010
<input type="checkbox"/> 6 →	<input type="checkbox"/> At or below \$52,364	<input type="checkbox"/> Between \$52,365 and \$74,518	<input type="checkbox"/> At or above \$74,519
<input type="checkbox"/> 7 →	<input type="checkbox"/> At or below \$59,046	<input type="checkbox"/> Between \$59,047 and \$84,027	<input type="checkbox"/> At or above \$84,028
<input type="checkbox"/> 8 →	<input type="checkbox"/> At or below \$65,728	<input type="checkbox"/> Between \$65,729 and \$93,536	<input type="checkbox"/> At or above \$93,537

*** Special Instructions for households with more than 8 people: DO NOT check the boxes above. Instead, fill in items below:**

Household size (# people): _____ Total annual income: _____

Part E: CERTIFICATION - The head of household or adult designee who completed this form must complete this certification section

I certify (promise) that all information on this form is true and that all income is reported to the best of my knowledge. I understand that this form may impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

(Signature) (Printed Name) (Date)

(Address) (City) (Zip)

(Email Address) (Home Phone) (Work Phone)

Do NOT fill out this section. This is for school use only.

Status: F _____ R _____ N _____ Determining Official's Signature: _____ Date: _____

Consent to Allow Student Use of Google Services

To parents and guardians,

At Central Lake Public Schools, we use Google Workspace for Education, and we are seeking your permission to provide and manage a Google Workspace for Education account for your child. Google Workspace for Education is a set of education productivity tools from Google including Gmail, Calendar, Docs, Classroom, and more used by tens of millions of students and teachers around the world. At Central Lake Public Schools, students will use their Google Workspace for Education accounts to complete assignments, communicate with their teachers, sign into their Chromebooks, and learn 21st century digital citizenship skills.

The notice below provides answers to common questions about what Google can and can't do with your child's personal information, including:

- What personal information does Google collect?
- How does Google use this information?
- Will Google disclose my child's personal information?
- Does Google use student personal information for users in K-12 schools to target advertising?
- Can my child share information with others using the Google Workspace for Education account?

Please read it carefully, let us know of any questions, and then sign below to indicate that you've read the notice and give your consent. If you don't provide your consent, we will not create/maintain a Google Workspace for Education account for your child. If you choose not to provide consent to use Google services, your student who cannot use Google services may need to use other software to complete assignments or collaborate with peers.

Thank you,

Mr. Larry Rager, K-12 Principal

I give permission I do not give permission (circle one)

for Central Lake Public Schools to create/maintain a Google Workspace for Education account for my child and for Google to collect, use, and disclose information about my child only for the purposes described in the notice below.

Full name of student

Printed name of parent/guardian

Signature of parent/guardian

Date

Google Workspace for Education Notice to Parents and Guardians

This notice describes the personal information we provide to Google for these accounts and how Google collects, uses, and discloses personal information from students in connection with these accounts.

Using their Google Workspace for Education accounts, students may access and use the following "Core Services" offered by Google (described at https://workspace.google.com/terms/user_features.html):

- Gmail
- Calendar
- Chrome Sync
- Classroom
- Cloud Search
- Contacts
- Docs, Sheets, Slides, Forms
- Drive
- Groups
- Google Chat, Google Meet, Google Talk
- Jamboard
- Keep
- Sites
- Vault

In addition, we also allow students to access certain other Google services with their Google Workspace for Education accounts. Specifically, your child may have access to the following "Additional Services":

- Google Earth
- Google Maps
- Youtube
- (Other services may be added with Administration approval as curriculum needs change. Please contact Mr. Larry Rager, K-12 Principal, 231-544-3141, for the latest list of Additional Services to which your child has access.)

Google provides information about the information it collects, as well as how it uses and discloses the information it collects from Google Workspace for Education accounts in its Google Workspace for Education Privacy Notice. You can read that notice online at https://workspace.google.com/terms/education_privacy.html You should review this information in its entirety, but below are answers to some common questions:

What personal information does Google collect?

When creating a student account, Central Lake Public Schools may provide Google with certain personal information about the student, including, for example, a name, email address, and password. Google may also collect personal information directly from students, such as a telephone number for account recovery or a profile photo added to the Google Workspace for Education account.

When a student uses Google services, Google also collects information based on the use of those services. This includes:

- device information, such as the hardware model, operating system version, unique device identifiers, and mobile network information including phone number;
- log information, including details of how a user used Google services, device event information, and the user's Internet protocol (IP) address;

- location information, as determined by various technologies including IP address, GPS, and other sensors;
- unique application numbers, such as application version number; and
- cookies or similar technologies which are used to collect and store information about a browser or device, such as preferred language and other settings.

How does Google use this information?

In Google Workspace for Education Core Services, Google uses student personal information to provide, maintain, and protect the services. Google does not serve ads in the Core Services or use personal information collected in the Core Services for advertising purposes.

In Google Additional Services, Google uses the information collected from all Additional Services to provide, maintain, protect and improve them, to develop new ones, and to protect Google and its users. Google may also use this information to offer tailored content, such as more relevant search results. Google may combine personal information from one service with information, including personal information, from other Google services.

Does Google use student personal information for users in K-12 schools to target advertising?

No. For Google Workspace for Education users in primary and secondary (K-12) schools, Google does not use any user personal information (or any information associated with a Google Workspace for Education Account) to target ads, whether in Core Services or in other Additional Services accessed while using an Google Workspace for Education account.

Can my child share information with others using the Google Workspace for Education account?

We allow students to access Google services such as Google Docs and Sites, which include features where users can share information with others or publicly. When users share information publicly, it may be indexable by search engines, including Google.

Will Google disclose my child's personal information?

Google will not share personal information with companies, organizations and individuals outside of Google unless one of the following circumstances applies:

- With parental or guardian consent. Google will share personal information with companies, organizations or individuals outside of Google when it has parents' consent (for users below the age of consent), which may be obtained through Google Workspace for Education schools.
- With Central Lake Public Schools. Google Workspace for Education accounts, because they are school-managed accounts, give administrators access to information stored in them.
- For external processing. Google may provide personal information to affiliates or other trusted businesses or persons to process it for Google, based on Google's instructions and in compliance with the Google Workspace for Education privacy notice and any other appropriate confidentiality and security measures.
- For legal reasons. Google will share personal information with companies, organizations or individuals outside of Google if it has a good-faith belief that access, use, preservation or disclosure of the information is reasonably necessary to:
 - meet any applicable law, regulation, legal process or enforceable governmental request.
 - enforce applicable Terms of Service, including investigation of potential violations.
 - detect, prevent, or otherwise address fraud, security or technical issues.
 - protect against harm to the rights, property or safety of Google, Google users or the public as required or permitted by law.

Google also shares non-personal information -- such as trends about the use of its services -- publicly and with its partners.

What choices do I have as a parent or guardian?

First, you can consent to the collection and use of your child's information by Google. If you don't provide your consent, we will not create a Google Workspace for Education account for your child, and Google will not collect or use your child's information as described in this notice.

If you consent to your child's use of Google Workspace for Education, you can access or request deletion of your child's Google Workspace for Education account by contacting Mr. Larry Rager, K-12 Principal, 231-544-3141. If you wish to stop any further collection or use of your child's information, you can request that we use the service controls available to limit your child's access to features or services, or delete your child's account entirely. You and your child can also visit <https://myaccount.google.com> while signed in to the Google Workspace for Education account to view and manage the personal information and settings of the account.

What if I have more questions or would like to read further?

If you have questions about our use of Google's Google Workspace for Education accounts or the choices available to you, please contact Mr. Larry Rager, K-12 Principal, 231-544-3141. If you want to learn more about how Google collects, uses, and discloses personal information to provide services to us, please review the Google Workspace for Education Privacy Center (at <https://www.google.com/edu/trust/>), the Google Workspace for Education Privacy Notice (at https://workspace.google.com/terms/education_privacy.html), and the Google Privacy Policy (at <https://www.google.com/intl/en/policies/privacy/>).

The Core Google Workspace for Education services are provided to us under Google Workspace for Education Agreement (at https://www.google.com/apps/intl/en/terms/education_terms.html).

Central Lake Public Schools Virtual/Online Learning Parent Permission Form



Central Lake Elementary School

Student Name: _____ Student Grade: _____

Virtual learning is a method of receiving academic instruction in courses in which the pupil is registered and the courses are taken through a digital learning environment. Virtual learning may be offered at a supervised school facility during the day as a scheduled class period or through self-scheduled learning where pupils have some control over the time, location, and pace of their education. Virtual learning includes, but is not limited to, online learning and computer-based learning, where the delivery of instruction may incorporate a combination of software, technology, and the Internet.

I, _____, parent or legal guardian of _____ give permission for his/her enrollment in district approved virtual/online course(s). I understand my student will be enrolled in the courses listed below that align with my student's grade level for the 2022-2023 school year.

Kindergarten	1 st Grade	2 nd Grade	3 rd Grade	4 th Grade	5 th Grade
Language Arts	Language Arts	Language Arts	Language Arts	Language Arts	Language Arts
Math	Math	Math	Math	Math	Math
Science	Science	Science	Science	Science	Science
Social Studies	Social Studies	Social Studies	Social Studies	Social Studies	Social Studies
Phys Ed	Phys Ed	Phys Ed	Phys Ed	Phys Ed	Phys Ed

SIGN & RETURN TO SCHOOL

Parent Signature: _____ Date Received: _____

UNEXPECTED EARLY RELEASE

ELEMENTARY STUDENTS

Should there be an unplanned Early Release please indicate the plan for your child.

All elementary parents must complete this form, for each child, whether there will be a change or not. This will ensure that all parents are aware of the expectations and have made appropriate plans for these unexpected situations.

After School Trojan Care will be canceled whenever there is an unplanned Early Release.

We are not able to accommodate requests for the change in bus drop offs without this form.

IN CASE OF AN EARLY RELEASE PLEASE HAVE MY CHILD DO THE FOLLOWING:

CHILD: _____ GRADE: _____

_____ Follow my child's regular end-of-the-day routine

Trojan Care will be closed, so this is what my child will do:

_____ Other – please provide details

Sincerely,

Monique Dean – 231.544.3141 ext 301

Amanda Teal – 231.544.3141 ext 300



8169 W. State St-P.O. Box 128, Central Lake, MI 49622
www.clps.k12.mi.us

*Please read

*Initial

*Sign at the bottom

Medical Emergency Permission Policy

In the event I cannot be reached in a medical emergency, I hereby give permission for emergency treatment of my child. I understand that I will be contacted ASAP in the event of a medical emergency. I understand that the information found on this data sheet, may be released to those working with my child.

Initial_____

Fieldtrip Permission Policy

I understand that my child may be involved in field trips that require leaving the building. When transportation is required, my child may be transported by bus, school van or vehicles as arranged by the school I gave my child permission to participate in these activities.

Initial_____

Acceptable Technology Use Policy

I understand that all students are held responsible to follow the rules and regulations listed in the technology acceptable use policy. I understand this includes rules and regulations pertaining to electronic device use. I realize that failure to do so may result in loss of use. Available online at www.clps.k12.mi.us

Initial_____

Media/Website Policy

I understand that my child may be photographed during their involvement in school activities. I give my child permission for such photographs to be used in school or newspaper publications.

Initial_____ Opt Out

Student Handbook

I understand that the handbook is available online at www.clps.k12.mi.us. I understand that my student will be held accountable to the rules outlined in the student handbook.

Initial_____

Parent Signature indicates approval and understanding of all of the above.

Parent/Legal Guardian Signature

Date

**STATE BOARD OF EDUCATION APPROVED
HOME LANGUAGE SURVEY***

The **Central Lake Public School District** is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1152 – 380.1157 of the School Code of 1995, Michigan's Bilingual Education Law. Please fill out the information below and return to the school office.

Name of Student _____ Age _____
School _____ Grade _____

1. Is your child's native tongue a language other than English?

Yes No

What is the language? _____

2. Is the primary language¹ used in your child's home/environment a language other than English?

Yes No

What is the language? _____

Signature of Parent Address Date

¹"Primary Language" means the dominant language used by a person for communication.

*Translation of this survey form in Spanish, Arabic, French, Italian and Ojibwa is available at the Office of Field Services at (517) 373-6066



CENTRAL LAKE PUBLIC SCHOOLS



Consent for Disclosure of Personally Identifiable Information and 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 immunizations 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 and immunization information from your child's education records is disclosed to the health department. If you 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 information in writing at any time.

I authorize CENTRAL LAKE PUBLIC SCHOOLS to release my child's immunization record and personally identifiable information to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

Student's Name _____ Date of Birth __/__/__

Signature of Parent/Guardian
Or Eligible Student: _____ Date: __/__/__

Printed Parent/Guardian Name: _____

CENTRAL LAKE PUBLIC SCHOOLS STUDENT TRANSPORTATION REQUEST or ROUTE CHANGE



If your home is outside the village limits, he or she may be eligible for bus transportation. Here is the first step. Please fill out this form. Once the Transportation Department receives this completed form, you will receive a phone call or email notification. School of choice transportation is not available.

School Year: _____

Student Name:		Grade:
Current Date:	Start Date:	
Home Address:		
Cell Phone:	Work Phone:	
Home Phone:	Email:	
Should the driver be aware of any health concerns your student has: YES NO		
If yes, please explain:		

BUS ROUTE REQUEST OR CHANGE

	My child is NOT riding the CLPS school bus and I am requesting to have him/her added.
	My child presently rides the CLPS school bus and I am requesting the following changes:
Parent Signature:	Date:

Students are allowed to have only one pick up location and one drop off location.

- *The locations must be within the district boundaries,
- *Location may be either home or day care.
- *The district does not allow for day varying pick up and drop of locations.

FOR OFFICIAL USE

Date Received: _____ Scheduled: _____ Date: _____
 Notified parent/guardian: _____ Bus number: _____
 CENTRAL LAKE PUBLIC SCHOOLS teal@clps.k12.mi.us