

# Grass Lake Community Schools

## New Student Registration Check-Off List

We welcome you and we are glad that you have chosen to enter your child into Grass Lake Community Schools. We wish to make the registration process as easy as possible as we begin to transition your child into his or her new school. In addition to the Enrollment Form the following items must be submitted at the time of your appointment or we will not be able to register your child:

- 1. **Residency Validation Affidavit** – We need something to verify that you live in the school district. Please refer to the Residency Validation Affidavit for **two** valid forms of proof of residency. **If you live out of the District**, please go to our Central Office and fill out a School-of-Choice registration form. It will need to be approved before enrollment occurs.
- 2. **Immunization Records** – According to State law, we will need proof of all your child’s immunizations. If you are not certain if your child is up to date with his/her immunizations, please contact your family practitioner before coming to our office (If your child has had the chicken pox, please supply the date).
- 3. **Birth Certificate** – Birth certificates must be the original that includes the county seal. We will make a copy and return the original to you.
- 4. **Proof of Custody** – If custody arrangements for the child are applicable, we need a copy of the most current custody papers.
- 5. **Other Documents** - If documents exist that include adoption certificates or legal name changes, please have those available
- 6. **Special Education** – If your child has received special education services, such as speech, occupational therapy, physical therapy, resource room help, etc., a copy of the most recent IEP or 504 Plan is essential.
- 7. **Request for Release of Information Form** – Please include complete contact information for your child’s previous school, including the name of the school, address, phone number, and fax number.
- 8. **McKinney-Vento Questionnaire** – Required information to comply with the McKinney-Vento Act.
- 9. **Concussion Awareness Acknowledgement Form** – The State of Michigan requires all parents of students enrolled in physical education classes and/or sports to be informed of the symptoms of concussions. Please return the Acknowledgement Form signed by both parent and student that indicates that you have received and reviewed the Concussion Fact Sheet.
- 10. **Agreement for Acceptable Use of Technology** – Agreement must be signed by student and parent/guardian.
- 11. **MIDDLE SCHOOL ONLY** – Form indicating your choice of band or choir.
- 12. **HIGH SCHOOL ONLY - Transcript of High School Grades** – You should be able to get an unofficial copy of your child’s transcript from your previous school, including the classes and grades for classes currently enrolled in. *(If Algebra or Spanish classes were taken in middle school grades, please include documentation for these also.)*

Thank you for helping us to make the registration process as efficient as possible by bringing the information listed above. Please do not hesitate to call if you have questions, or if we can assist you in this process.

**George Long Elementary School (K-5) –**  
829 S. Union Street – Grass Lake, MI 49240  
Ph: 517-522-5590 Fax: 517-522-8789

**Grass Lake High School (9-12) –**  
11500 Warrior Trail – Grass Lake, MI 49240  
Ph: 517-522-5570 Fax: 517-522-5490

**Grass Lake Middle School (6-8) –**  
1000 Grass Lake Road – Grass Lake, MI 49240  
Ph: 517-522-5550 Fax: 517-522-4775

**Grass Lake Community Schools –**  
899 S. Union Street – Grass Lake, MI 49240  
Ph: 517-522-5540 Fax: 517-522-8195

# Enrollment Form - Grass Lake Middle School

Grass Lake Middle School  
 School Year: 2015-2016  
 Principal: Jeanene Satterthwaite  
 School Phone: (517) 522-5550

**Instructions:**  
 Fill this enrollment form out to the best of your ability.  
**Required fields are marked with a \*.**  
*Name, date of birth, and city of birth must match information on the student's birth certificate.*

Student Information	<i>Please print clearly</i>
Student Name*	<i>as it appears on the birth certificate</i>
Preferred Name/Nickname	
Gender* <i>Circle one</i>	Male / Female
Date of Birth*	<i>must match birth certificate</i>
City of Birth*	<i>if not born in U.S.A. enter Country of birth</i>
Ethnicity* <i>Circle one</i>	Asian African-Am Caucasian Hispanic Latino Am-Indian/Alaskan-Native Other Pacific-Islander/Native-Hawaiian
Student Home Phone*	
Student Cell Phone	
Student Lives With	
Single Parent Household	Yes / No
Daily medications or other special medical considerations Hospital Preferred	
Allergies	
Medical Alert Information (Info for teachers and other office staff)	
Is a language other than English spoken in the home? * <i>Circle one</i> Yes / No If Yes, please indicate other languages on the line below.	
Languages spoken at home include:	
<b>Student Address Information</b> - Home address is where the student lives, mailing address is where school/district mailings will be sent	
Home Address*	
Home City*	
Home State*	
Zip Code*	
Mailing Street or PO Box	
Mailing City	
Mailing State	
Mailing Zip Code	

<b>Office Use Only</b>	
District Entry Date:	District Entry Grade Level:
School Entry Date:	School Entry Grade Level:
Expected Graduation Year:	GAD Cohort Graduation Year:

**Contact 1\***

Name/Relationship	
Home Phone	
Work Phone	
Cell Phone	
Email	
Mailing Street/PO Box	
Mailing City, State Zip	
Employer	
Receive Separate Mailings: Y / N    Legal Guardian: Y / N    Custodial Parent/Guardian: Y / N	

**Contact 2\***

Name/Relationship	
Home Phone	
Work Phone	
Cell Phone	
Email	
Mailing Street/PO Box	
Mailing City, State Zip	
Employer	
Receive Separate Mailings: Y / N    Legal Guardian: Y / N    Custodial Parent/Guardian: Y / N	

**Contact 3**

Name/Relationship	
Home Phone	
Work Phone	
Cell Phone	
Email	
Mailing Street/PO Box	
Mailing City, State Zip	
Employer	
Receive Separate Mailings: Y / N    Legal Guardian: Y / N    Custodial Parent/Guardian: Y / N	

**Contact 4**

Name/Relationship	
Home Phone	
Work Phone	
Cell Phone	
Email	
Mailing Street/PO Box	
Mailing City, State Zip	
Employer	
Receive Separate Mailings: Y / N    Legal Guardian: Y / N    Custodial Parent/Guardian: Y / N	

The emergency contacts you supply in this section are the people/numbers that will be called after we have tried to contact the contacts listed on the previous page. By providing their information here, it is assumed that you are authorizing these contacts to pick your child up from school in the event of an emergency. These contacts will only be called for emergencies involving you child as an individual, not for school/district wide emergencies.

**Emergency Contact 1\***

Name/Relationship	
Home Phone	
Work Phone	
Cell Phone	
Email	

**Emergency Contact 2\***

Name/Relationship	
Home Phone	
Work Phone	
Cell Phone	
Email	

**Emergency Contact 3**

Name/Relationship	
Home Phone	
Work Phone	
Cell Phone	
Email	

**Emergency Contact 4**

Name/Relationship	
Home Phone	
Work Phone	
Cell Phone	
Email	

**Emergency Contact 5**

Name/Relationship	
Home Phone	
Work Phone	
Cell Phone	
Email	

**Automated Calling System Emergency Numbers** - used in the event of a school or district wide emergency, submit up to 6

Emergency Phone Number 1		
Emergency Phone Number 2		
Emergency Phone Number 3		
Emergency Phone Number 4		
Emergency Phone Number 5		
Emergency Phone Number 6		

The phone numbers and email addresses in this section are those that will be contacted for school cancellations and delays. They may also be use for: early dismissals, for school/district event change announcements, and for notification of other non-emergency school/district information as needed. If you do not supply any information, you will not receive any of the above notifications.

Please submit only phone numbers and email addresses that are directly accessible by you, or another person. Numbers that require the entry of an extension, or email addresses that require verification, will not work. Only submit numbers and addresses that you actually want to have contacted.

**Automated Calling/Notification System phone numbers - Submit up to 6 numbers to be called**

Phone Number 1		
Phone Number 2		
Phone Number 3		
Phone Number 4		
Phone Number 5		
Phone Number 6		

**Automated Calling/Notification System Email - Submit up to 3 email addresses to receive messages.**

Email 1		
Email 2		
Email 3		

**To be completed by parent/legal decision maker:**

**Emergency Dismissal**

If an emergency dismissal becomes necessary, due to loss of power, extreme weather conditions, or other situations that may arise, students will be sent to their normal after school location. The district will send notification of an early dismissal to the phone numbers listed in the *Automated Calling System Emergency Numbers* section of this form (page 3), using the district's automated calling/notification system. In addition, notification will also be sent to local radio and television stations.

**Parent/Student Handbook**

I verify that I have read, or will read, and familiarize myself with the Parent/Student Handbook.

---

**Parent/Legal Guardian Signature** **Date**

**Field Trip Permission**

I understand that transportation to and from field trip activities will be by school bus, or other school sanctioned vehicle, and that my automobile insurance is the primary carrier under Michigan No-Fault Insurance, and I will not hold the Grass Lake School District, Board of Education, or Employees liable in case of accident, injury, or other mishaps. All trips will be chaperoned by school employees.

I hereby give permission for my child to take part in said school sponsored activities. This approval is considered to be permanent until further notice.

---

**Parent/Legal Guardian Signature** **Date**

**Technology Acceptable Usage Agreement Responsibility Declaration**

I have read the Grass Lake School District Technology Usage Agreement (found @ [www.grasslakeschools.com](http://www.grasslakeschools.com)) and agree to adhere to the privileges, responsibilities, and consequences as outlined.

---

**Parent/Legal Guardian Signature** **Date**

Is there anyone we should **not** release student information to?  Yes  No

If applicable, please attach legal papers and list names:

---

---

Opportunities arise when our students' names and/or photos may be published in newspapers and/or the Internet with your permission. Please complete each statement below by circling your preferences.

- I (do) (do not) give permission for my child's name to be published in circulated newspapers.
- I (do) (do not) give permission for my child's photo to be published in circulated newspapers.
- I (do) (do not) give my permission for my child's name to be published in school newsletters.
- I (do) (do not) give permission for my child's photo to be published in school newsletters.
- I (do) (do not) give permission for my child's name to be published on the school website on the Internet.
- I (do) (do not) give permission for my child's photo to be published on the school website on the Internet.

I certify that all information on this student registration form is true and correct.

---

Signature of Parent/Legal Guardian Enrolling Student

Date

---

Race and Ethnicity: (Note: Both Part A and Part B of the question **must** be answered.)

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.)

The above part of the question is about ethnicity, not race. No matter which box you selected above, **please continue to answer the following** by marking one or more choices to indicate what you consider your student's 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 in 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 people 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.

**PLEASE COMPLETE REVERSE SIDE OF THIS PAGE**

# Grass Lake Community Schools

899 South Union St., Grass Lake 49240  
Phone (517) 522-5540 · Fax (517) 522-8195

This questionnaire is intended to address the McKinney-Vento Act under the guidelines of the No Child Left Behind Act of 2001. Your answers will help us determine the supplemental needs of your child.

**(Complete one form per student.)**

## 1. Presently, where is the student living? *Check one box*

<b>Section A (Living Arrangements)</b> Check one box:	<b>Section B (Student's Supplemental Needs)</b>
<input type="checkbox"/> In a Shelter/Transitional Housing <input type="checkbox"/> Awaiting Foster Care Placement/Temporary Foster Care <input type="checkbox"/> In a motel/hotel, car or campsite <input type="checkbox"/> Temporary, with more than one family in a house or apartment due to Economic hardship or loss of housing <input type="checkbox"/> Unsheltered (on the street, car, park or abandoned building)  <i>CONTINUE: If you checked a box in Section A, complete Section B and the remainder of this form.</i>  <b><u>STOP:</u> If you <u>did not</u> check a box in this section, you <u>don't</u> need to complete this form.</b>	<input type="checkbox"/> Transportation to and from school <input type="checkbox"/> Tutoring <input type="checkbox"/> Personal Hygiene Items <input type="checkbox"/> Clothing <input type="checkbox"/> School Supplies <input type="checkbox"/> Counseling <input type="checkbox"/> Other: _____

## 2. The student lives with:

- |                                    |                                                                            |
|------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> 1 parent  | <input type="checkbox"/> a relative, friend(s) or other adult(s)           |
| <input type="checkbox"/> 2 parents | <input type="checkbox"/> alone with no adults – unaccompanied youth        |
|                                    | <input type="checkbox"/> an adult that is not the parent or legal guardian |

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_  Male  Female

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
(Month/Day/Year)

Name of Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
House # Street City State Zip

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

For any choices selected in **Section A**, this form must be completed and turned in with your registration paperwork or faxed to the **Grass Lake Community Schools' Superintendent's Office at (517) 522-8195** immediately upon receipt. Original forms are kept on file separate from the student's CA-60 for audit purposes during the school year.

If you have any questions please contact the Homeless Liaison, Linda Zenz at (517) 522-5541.

# Grass Lake Community Schools

899 South Union St., Grass Lake 49240  
Phone (517) 522-5540 · Fax (517) 522-8195

## RESIDENCY VERIFICATION AFFIDAVIT

According to State General Opinion No. 5925, school districts have the right to request proof of pupil residency. By signing this affidavit, you are affirming that the address given on all enrollment forms is the legal residence of the parent or guardian enrolling the student and is the residence of the student.

If you are living in the home of another person without a rental or lease agreement, that person must sign this document and prove their residency.

**Verification of residency may be made with two (2) of the following: (check which is used)**

- |                                                                           |                                                                       |                                                |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Driver's License, State ID or Voter Registration | <input type="checkbox"/> Purchase Agreement (if it denotes residency) | <input type="checkbox"/> Moving Bill           |
| <input type="checkbox"/> Insurance Forms                                  | <input type="checkbox"/> Property Tax Payment                         | <input type="checkbox"/> Utility Bill          |
| <input type="checkbox"/> Lease Agreement                                  | <input type="checkbox"/> Mortgage Receipt                             | <input type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> Michigan Tax Income                              | <input type="checkbox"/> Passports – Michigan Residents               | _____                                          |
|                                                                           |                                                                       | _____                                          |

\*\*\*\*\*

### PLEASE READ CAREFULLY

If you are NOT a resident of **GRASS LAKE COMMUNITY SCHOOL DISTRICT** please complete one of the following:

- Schools of Choice Form
- District Release Form (Waiver)

\*\*\*\*\*

Student Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Person with Whom Residing (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

\*\*\*\*\*

Signature of Staff Person Enrolling Student \_\_\_\_\_ Date \_\_\_\_\_



# Grass Lake Community Schools

899 South Union St., Grass Lake, MI 49240

Phone (517) 522-5540 · Fax (517) 522-8195

## REQUEST FOR RELEASE OF INFORMATION

*(This form is sent to your child's originating school to acquire their school records)*

Name of Student: \_\_\_\_\_

Birth Date of Student: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

### Releasing District Information

School District Name: \_\_\_\_\_

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

Releasing District Address: \_\_\_\_\_

Releasing District Fax: \_\_\_\_\_

**Please Note:** Under the provisions of the Federal Educational Rights and Privacy Act, Federal Register, Volume 41, No. 118, June 17, 1976, **it is no longer necessary to have written consent of the parents to release records.** School officials, including teachers within the educational institution and officials of other school systems in which the student intends to enroll, may request student records.

I, the undersigned, give my permission to \_\_\_\_\_

*(Releasing School District)*

to release CA-60 folders to Grass Lake Community Schools, which must include the following information:

- Complete Transcript
- Standardized Test Scores
- Attendance Data
- Health Data
- Special Education Data
- Confidential School-Related Data

....and any other information pertinent to the educational planning for the above named student.

### PLEASE SEND REPORTS TO THE APPROPRIATE BUILDING TO THE ATTENTION OF (Check One):

George Long Elementary  
Attn: Records  
829 S. Union St.  
Grass Lake, MI 49240

Grass Lake Middle School  
Attn: Records  
1000 Grass Lake Rd.  
Grass Lake, MI 49240

Grass Lake High School  
Attn: Records  
11500 Warrior Trail  
Grass Lake, MI 49240

It is my understanding that the release information will be used in the educational planning for the above named student.

\_\_\_\_\_  
*Signature of Parent, Guardian, or Student (if 18 years old or over)*

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

# 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	Balance Problems	Sensitive to Noise	Poor Concentration	Not "Feeling Right"
Pressure in the Head	Double Vision	Sluggishness	Memory Problems	Feeling Irritable
Nausea/Vomiting	Blurry Vision	Haziness	Confusion	Slow Reaction Time
Dizziness	Sensitive to Light	Fogginess	"Feeling Down"	Sleep Problems
		Grogginess		

### 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 health 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](http://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 Grass Lake 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.

# Grass Lake Middle School



1000 Grass Lake Road  
Grass Lake, Michigan 49240  
Phone: 517-522-5550 Fax: 517-522-4775  
Web Address: [www.grasslakeschools.com](http://www.grasslakeschools.com)



Please enroll my student \_\_\_\_\_ Grade \_\_\_\_\_  
(Students Name)

In the following class:

\_\_\_\_\_ Band

\_\_\_\_\_ Choir

\_\_\_\_\_ Neither Band or Choir

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

---

*"Individual Excellence Inspired By Tradition And Innovation"*



## **NEW STUDENT SCHOOL BUS INFORMATION/ REGISTRATION FORM**

If your child does not have a sibling in school or is new to our school district, please give us the following information so we can assign a bus route more efficiently:

Your Child(ren)'s Name(s): \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Will your child(ren) be going to a daycare?  Yes  No

Daycare Name/Address: \_\_\_\_\_  
\_\_\_\_\_

Daycare Phone Number: \_\_\_\_\_

Is your child a:  Resident of Grass Lake School District  School of Choice Student\*

*\*If your child is attending Grass Lake School District through our Schools of Choice program, be aware that we offer limited transportation for your students.*

Doug Moeckel, Transportation Director

Contact: Doug [Moeckel@grasslakeschools.com](mailto:Moeckel@grasslakeschools.com) or (517) 522-5544

**Grass Lake Community Schools' Agreement for Acceptable Use  
of Technology Resources for Students Grades 6 and Above**

\_\_\_\_\_/\_\_\_\_\_  
*Building/Program Name Student Name*

This Agreement is entered into on: \_\_\_\_\_

This Agreement is between \_\_\_\_\_ ("Student" or "User")  
and Grass Lake Community Schools (GLCS).

The purpose of this Agreement is to grant access to and define acceptable use of GLCS's technology resources ("Technology Resources"). Technology Resources are any type of instrument, device, machine, equipment, technology, or software that is capable of transmitting, acquiring, or intercepting, any telephone, electronic, data, internet, audio, video, or radio transmissions, signals, telecommunications, or services, and include without limitation (1) internal and external network infrastructure, (2) Internet and network access, (3) computers, (4) servers, (5) storage devices, (6) peripherals, (7) software, and (8) messaging or communication systems.

In exchange for the use of GLCS's Technology Resources either at school or away from school, you understand and agree to the following:

- A. Your use of GLCS's Technology Resources is a privilege that may be revoked by GLCS at any time and for any reason.
- B. You have no expectation of privacy when using GLCS's Technology Resources. GLCS reserves the right to monitor and inspect all use of its Technology Resources, including, without limitation, personal e-mail and voice-mail communications, computer files, data bases, web logs, audit trails, or any other electronic transmissions accessed, distributed, or used through the Technology Resources. GLCS also reserves the right to remove any material from the Technology Resources that GLCS, at its sole discretion, chooses to, including, without limitation, any information that GLCS determines to be unlawful, obscene, pornographic, harassing, *intimidating, disruptive, or that otherwise violates this Agreement.*
- C. The Technology Resources do not provide you a "public forum." You may not use the Technology Resources for commercial purposes or to support or oppose political positions or candidates unless expressly authorized in advance by a teacher or administrator as part of a class project or activity. You may, however, use the Technology Resources to contact or communicate with public officials.
- D. GLCS's Technology Resources are intended for use only by registered users. You are responsible for your account/password and any access to the Technology Resources made using your account/password. Any damage or liability arising from the use of your account/password is your responsibility. Use of your account by someone other than you is prohibited and may be grounds for suspension from the Technology Resources and other disciplinary consequences for both you and the person(s) using your credentials.

- E. You may not use the Technology Resources to engage in bullying, which is defined as: Any written, verbal, or physical act, or any electronic communication, that is intended or that a reasonable person would know is likely to harm one or more pupils either directly or indirectly by doing any of the following:
- a) Substantially interfering with educational opportunities, benefits, or programs of one or more pupils;
  - b) Adversely affecting the ability of a pupil to participate in or benefit from the educational programs or activities by placing the pupil in reasonable fear of physical harm or by causing substantial emotional distress;
  - c) Having an actual and substantial detrimental effect on a pupil's physical or mental health; or
  - d) Causing substantial disruption in, or substantial interference with, the orderly operation of the school.

Use of other communication/messaging devices (including devices not owned by GLCS) to engage in bullying may be grounds for discipline under the GLCS's Student Handbook.

- F. If you misuse the Technology Resources, your access to the Technology Resources may be suspended and you may be subject to other disciplinary action, up to and including expulsion. Misuse includes, but is not limited to:
- 1. Accessing or attempting to access material that is "harmful to minors." Material that is "harmful to minors" includes any picture, image, graphic image file, or other visual depiction that (1) taken as a whole and with respect to minors, appeals to a prurient interest in nudity, sex, or excretion; (2) depicts, describes, or represents, in a patently offensive way with respect to what is suitable for minors, an actual or simulated sexual act or sexual contact, actual or simulated normal or perverted sexual acts, or a lewd exhibition of the genitals; and (3) taken as a whole lacks serious literary, artistic, political, or scientific value as to minors.
  - 2. Accessing or attempting to access material that is unlawful, obscene, pornographic, profane, or vulgar.
  - 3. Accessing or attempting to access material that is inappropriate for minors. Material that is inappropriate for minors is defined as:
  - 4. Bullying (as defined in paragraph E).
  - 5. Sexting, which includes, without limitation, possessing, sending, or distributing nude, sexually explicit, or sexually suggestive photographs, videos, or other visual depictions of yourself or another person.
  - 6. Vandalism, which includes, without limitation, any malicious or intentional attempt to harm, steal, destroy, or disrupt user data, school material, or school hardware or software.
  - 7. Hacking, which includes, without limitation, gaining or attempting to gain access to, modifying, or obtaining copies of, information belonging to others or information you are

not authorized to access.

8. Unauthorized copying or use of licenses or copyrighted software.
9. Plagiarizing, which includes the unauthorized distributing, copying, using, or holding out as your own, material that was written or created by someone else, without permission of, and attribution to, the author/creator.
10. Posting or distributing confidential or inappropriate information meant to harass, intimidate, or embarrass others.
11. Allowing someone else to use your account or password or not preventing unauthorized access to Technology Resources when leaving them unattended.
12. Using or soliciting the use of, or attempting to use or discover the account information or password of, another user.
13. Attempting to or successfully disabling security features, including technology protection measures required under the Children's Internet Protection Act ("CIPA").
14. Misusing equipment or altering system software without permission.
15. Commercial for-profit activities, advertising, political lobbying, or sending mass mailings or spam. However, you may contact a public official to express an opinion on a topic of interest.
16. Using the Technology Resources in any way that violates any federal, state, or local law or rule, or the GLCS's Student Handbook.

G. You must promptly disclose to your teacher or other school employee any content you view or receive over the Technology Resources that is inappropriate or that makes you feel uncomfortable, harassed, threatened, or bullied, or that contains sexually explicit content. You should not delete such content until instructed to do so by a staff member.

H. It is the policy of GLCS, as a recipient of certain federal funds, to monitor the online activities of its minor students and provide technology protection measures on its computers with Internet access designed to prevent minors from accessing visual depictions that are (1) obscene, (2) child pornography, or (3) harmful to minors.

I. It is the policy of GLCS to prohibit its minor students from (1) accessing inappropriate matter on the Internet; (2) engaging in hacking or other unlawful online activities; and (3) accessing materials that are harmful to minors. It is also the policy of GLCS to educate students about cyberbullying awareness and response and about appropriate online behavior, including disclosing, disseminating, or using personal information and safely and appropriately interacting with other individuals in social networking websites, chat rooms, by e-mail, and other forms of direct electronic communications.



- J. GLCS does not guarantee that measures described in paragraphs H and I will provide any level of safety or security or that they will successfully block all inappropriate material from GLCS's students. You agree that you will not intentionally engage in any behavior that was intended to be prevented by paragraphs H and I.
- K. GLCS does not warrant or guarantee that its Technology Resources will meet any specific requirement, or that they will be error free or uninterrupted; nor will GLCS be liable for any damages (including lost data, information, or time) sustained or incurred in connection with the use, operation, or inability to use the Technology Resources.
- L. You are responsible for the proper use of the Technology Resources and will be held accountable for any damage to or replacement of the Technology Resources caused by your inappropriate use.

I agree to follow this Agreement and all rules and regulations that may be added from time to time by the GLCS or its Internet Service Provider. I also agree to follow all rules in the GLCS's Student Handbook. Any additional rules, regulations, and policies are available on the Technology page of the districts website at [www.grasslakeschools.com](http://www.grasslakeschools.com). As a condition of using the Technology Resources, I agree to release GLCS and its board members, agents, and employees, including its Internet Service Provider, from all liability related to my use or inability to use the Technology Resources.

I understand that data I send or receive over the Technology Resources is not private. I consent to having GLCS monitor and inspect my use of the Technology Resources, including any electronic communications that I send or receive through the Technology Resources.

I have read this Acceptable Use Agreement and agree to its terms.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read this Agreement and agree that as a condition of my child's use of the Technology Resources, I release the ISD and its board members, agents, and employees, including its Internet Service Provider, from all liability related to my child's use or inability to use the Technology Resources. I also indemnify GLCS and its board members, agents, and employees, including its Internet Service Provider, for any fees, expenses, or damages incurred as a result of my child's, or misuse, of GLCS's Technology Resources.

I authorize GLCS to consent to the sharing of information about my child to website operators as necessary to enable my child to participate in any program, course, or assignment requiring such consent under the Children's Online Privacy Protection Act.

I understand that data my child sends or receives over the Technology Resources is not private. I consent to having GLCS monitor and inspect my child's use of the Technology Resources, including any electronic communications that my child sends or receives through the Technology Resources.

I understand and agree that my child will not be able to use GLCS's Technology Resources until this Agreement has been signed by both my child and me.

I have read this Agreement and agree to its terms.

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

\_\_\_\_\_  
Date

*Revised: 08/28/2013*