

Enrollment Requirements:

Student enrollments are handled at each building throughout the school year. Please have the following information with you at the time of enrollment:

Required Documentation:

1. Certified Birth Certificate
2. Court orders or placement papers, if applicable
3. Current Immunization Records
4. Driver's License, OR State ID, with a picture for establishing identity
5. Proof of residency consisting of two (2) of the following:
 - Driver's license if it has the local address
 - Deed
 - Building permit
 - Rental agreement
 - Tax statement
 - Voter registration card
 - Utility bill showing parent/guardian name and declared address.
6. Name and address of former school.
7. If special needs, a copy of the last IEP

WEST BRANCH – ROSE CITY AREA SCHOOLS - ENROLLMENT CARD

WBRC ID number _____
(Office will assign)

STUDENT INFORMATION:

Student's complete **LEGAL** name (must match Birth Certificate)

Last _____

First _____

Middle _____

Gender: _____ Male _____ Female _____

Student Birth Date: ____/____/____

Grade: Pre-K Y-5 K 1 2 3 4
5 6 7 8 9 10 11 12

Student's Complete Address: ☐ Check box if address changed and needs updated from last school year

(Physical Address) _____

(Mailing, or PO Box) _____

City _____ State _____ Zip _____

Parent Phone# to Call 1st _____

Student's Cell phone _____

PARENT/GUARDIAN INFORMATION:

Father/Guardian name _____

Work Place _____

Work Phone _____

Home Phone _____

Cell Phone _____

Email Address – will receive Skyward Family Access (please print clearly):

Mother/Guardian name _____

Work Place _____

Work Phone _____

Home Phone _____

Cell Phone _____

Email Address – will receive Skyward Family Access (please print clearly):

"Parent/Guardian" if this address differs from student's

Name _____

(Physical) _____

(Mailing, or PO Box) _____

City _____ State _____ Zip _____

Home Phone _____

Cell phone _____

Email Address – will receive Skyward Family Access (please print clearly):

"Other Parent" Info (ex. Step-Dad, Step-Mom)

Name _____

(Physical) _____

(Mailing, or PO Box) _____

City _____ State _____ Zip _____

Home Phone _____

Cell phone _____

Email Address _____

Today's Date: _____

First School Day will be: _____

(Office Use Only – Please)

Bus Slot _____

Teacher _____

Counselor _____

(OHHS Only) **Year began 9th Grade** _____

Photo Permission Form Response: Yes _____ No _____

SOC _____ Approved _____ Address Verified _____

BOC _____ Approved _____ In-District _____

Student LIVES with: (check ALL that apply)

() Both Mom and Dad (biological or legally adoptive)

() Mom Only or () Mom and Step-Dad (by marriage)

() Dad Only or () Dad and Step-Mom (by marriage)

() Divorced, Joint Custody and student lives (check one):

primarily with: () Mom () Dad or () 50/50 Custody

() Foster Parents

() Grandparents

() Other Adult Family Member(s) _____

EMERGENCY & PICKUP CONTACTS:

(other than parents/guardians already listed)

1ST Name _____

Relationship _____

Home Phone _____

Cell Phone _____

Other Phone _____

2ND Name _____

Relationship _____

Home Phone _____

Cell Phone _____

Other Phone _____

3RD Name _____

Relationship _____

Home Phone _____

Cell Phone _____

Other Phone _____

4TH Name _____

Relationship _____

Home Phone _____

Cell Phone _____

Other Phone _____

5TH Name _____

Relationship _____

Home Phone _____

Cell Phone _____

Other Phone _____

STUDENT NAME

LAST

FIRST

MIDDLE

WEST BRANCH – ROSE CITY AREA SCHOOLS

Ogemaw Heights High School, (960 S. M-33), PO Box 308, West Branch, MI 48661 PH: 989-343-2020, FAX: 989-343-2130

Surline Middle School, 147 State St., West Branch, MI 48661 PH: 989-343-2140, FAX: 989-343-2239

Surline Elementary School, 147 State St., West Branch, MI 48661 PH: 989-343-2190, FAX: 989-343-2200

Rose City School, (515 Harrington St.), PO Box 407, Rose City, MI 48654 PH: 989-343-2250, FAX: 989-343-2299

RESIDENCY AFFIDAVIT (New Enrollment)

Student Name	Attending (Bldg)	Grade	Date of Birth	WBRC ID#
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/	/	/	/	/
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I, _____ declare that the student(s) named above
(Parent/Guardian)

physically resides at the address listed here: _____,
(Physical Address)

in _____, State of Michigan, and that he/she/they has/have no other
(City)
residence beside that listed herein.

I further declare that he/she/they sleep(s) and eat(s) at this residence and will be available for contact by the West Branch-Rose City (WBRC) area school district at this address.

I also declare that he/she/they is/are in compliance with Sec. 380.1148 of the State of Michigan General School laws which state: **“The purpose for which a child is placed in a licensed home, or in the home of relatives in the school district, must be for the purpose of establishing a suitable home, and not for educational purposes.”**

I further understand that if statements made on this affidavit change, my application will be open for review as to the continued enrollment of the above named student in the WBRC area school district and I will be liable for all costs incurred while said student was enrolled in the WBRC area school district.

=====

School Office:

_____ **Driver's License, OR State ID, with a picture**
(Use this to establish identity)

School personnel visually observed and copied the following as proof of residency.

Note: may use the Driver's License as one proof if it has the local address – two (2) proofs are required:

☐ **Utility bill with local address**

☐ **Rental or Lease agreement with local address**

☐ **Other:**

✓ **Signature of Parent/Guardian:**

(Parent/Guardian)

✓ **Signature of Witness/School personnel:**

(Witness)

Dated: _____

WEST BRANCH – ROSE CITY AREA SCHOOLS

Ogemaw Heights High School, Gr.9-12, Ph: 989-343-2020

REQUEST / AUTHORIZATION TO RELEASE RECORDS

The following student entered or will enter our school district on (date)_____.

Student Name _____ Grade _____ Date of Birth _____ MI UIC# (if known) _____

_____/_____/_____

Please send the:

- ✓ Complete CA Cumulative file (CA-60) for the student(s) above
 - ✓ including psychological evaluations
 - ✓ health records
 - ✓ and Special Education Records *
- This release also confirms that the above student has not been expelled by your school.

Name of Previous School: _____

Address: _____

Phone: _____

Fax: _____

*Questions? Contact: OHHS Secretary
Ogemaw Heights High School, 989-343-2050*

~ **Signature of Parent/Guardian is on File** ~

OHHS School Secretary (or Representative) _____

Date _____

Note: If any student has Special Services, please fax a copy of the **current IEP** and **MET** to:

Special Services Supervisor

@ Fax # **_989-343-2299_**

right away, and then mail the Special Services records to:

Special Services Secretary

PO Box 308, West Branch, MI 48661

to facilitate student placement (sending the CA-60 records by mail to the address below, see '3rd' step).

Thank you, *OHHS Secretary*

1st

2nd

Please **FAX** (fax separately, as these are different buildings) the following immediately to the high school:

___ Immunization Record
___ Transcript of Grades
___ Michigan UIC #, if applicable

OHHS Fax:
989-343-2130

3rd

Please MAIL CA-60 records to :

Ogemaw Heights High School

Attn: OHHS Secretary

PO Box 308

West Branch, MI 48661

Note: FedEx/UPS use: 960 S. M-33
(not a mailing address) **West Branch, MI 48661**

School Processing Use Only:

Faxed/Mailed: (1) _____
(2) _____
(3) _____

CA-60 Rec'd _____

Notes: _____



Online Learning Parent Permission

WBRC offers high school students the opportunity to take online courses through Michigan Virtual University (MVU), Edgenuity (E2020), or colleges as dual enrollment courses. This opportunity allows students to select classes that are not offered at Ogemaw Heights, to regain credit, or receive college credits (dual enrollment) in classes. These classes are part of the students' normal school day and are on their schedule.

Student Expectations:

- Be in attendance everyday
- Report to Lab 102
- Log in everyday
- Complete work everyday
- Follow teacher's directions

I, _____ parent or legal guardian of

_____ give permission for his/her enrollment in online course(s) during their high school career.

Parent Signature: _____ **Date:** _____

Participation in College Planning Options Consent Form

Your child will participate in one of the SAT® Suite of Assessments on a school day—SAT® with Essay, SAT®, PSAT/NMSQT® or the PSAT™10. The purpose of this form is to explain the information your student will be required to provide and the options available to your student related to their free SAT score sends, Student Search Service®, and the student questionnaire.

REQUIRED INFORMATION

Students will be required to provide College Board, the provider of the SAT Suite of Assessments, their first and last name, school name and school code, date of birth, grade level, gender and, for some states and districts, student identification number. This information is the minimum needed for scoring and reporting test results.

Options for Students

FREE SCORE SENDS

Students who are taking the SAT with Essay can send their scores to up to four colleges or scholarship programs at no cost. Score sends are optional, but students are encouraged to demonstrate their interest in their chosen schools early. Parental consent is not required for students to utilize their four free score sends.

STUDENT SEARCH SERVICE

Student Search Service connects students with colleges and scholarship organizations by sharing their information with participating organizations. This offers you and your student:

- Information about colleges and universities that match your student's academic interests

- Information on financial aid and scholarships to help deserving students access scholarships they've earned
- Information about majors, courses, and degree options

College Board only shares student data with eligible colleges, universities, scholarships, and educational opportunity programs that have signed an agreement to only communicate with students for the purposes listed above. These entities most often connect with students based on expected graduation date, cumulative grade point average (GPA), score range, and intended college major. The service is free to the student, but these entities pay College Board a license fee to use the service. College Board uses these license fees to support its mission-driven work, including providing vouchers so students from lower-income families can take the test for free. College Board is a not-for-profit organization.

PARENTAL CONSENT FOR STUDENT QUESTIONNAIRE

Parents may provide consent for their student to opt into Student Search Service and complete the optional online questionnaire during a test preadministration session or during school day testing by signing this form.

The SAT Study Guide describes what the student questionnaire asks and how student information is used. The [SAT Study Guide](https://collegereadiness.collegeboard.org/sat/inside-the-test/study-guide-students) (<https://collegereadiness.collegeboard.org/sat/inside-the-test/study-guide-students>) can be accessed from the College Board website.

Parents can learn more at the [College Board Privacy Center webpage](https://about.collegeboard.org/privacy-center) (<https://about.collegeboard.org/privacy-center>).

Indicate below if your child will or will not complete the optional questionnaire and opt into Student Search Service during school day testing. Return this completed and signed form to your child's school by the deadline set by your school.

☐ **Yes.** I give consent for my child to opt in to Student Search Service and to participate in the student questionnaire.

☐ **No.** I do not give my child consent to opt in to Student Search Service and to participate in the student questionnaire.

Student Name (Printed) _____

Parent/Guardian Signature _____ Date _____

Note: Schools may only permit students who are 18 years or older or who have parental consent to complete the optional questionnaire and Student Search Service sections of the answer sheet.

A PARENT'S GUIDE TO CONCUSSION IN SPORTS AND PHYSICAL ACTIVITY



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 bump, blow or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding", "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If a student reports one or more symptoms of concussion after a bump, blow or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Students who have, at any point in their lives, had a concussion, have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY A STUDENT OR ATHLETE:

- Headache or 'pressure' in the head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- Just not 'feeling right' or is 'feeling down'

SIGNS OBSERVED BY COACHING/TEACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

WHY SHOULD A STUDENT OR ATHLETE REPORT SYMPTOMS?

If a student has a concussion, his/her brain needs time to heal. While the brain is still healing, they are more likely to have another concussion. Repeat concussions can increase time to recover. In rare cases, repeat concussions in young athletes can result in swelling or permanent damage to their brain. They can even be fatal.

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. An athlete should receive immediate medical attention if, after the bump, blow or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil is 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 or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR STUDENT OR ATHLETE HAS A CONCUSSION?

1. If you suspect a concussion, remove the student from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the student out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it is okay to return to play.
2. Rest is the key to helping a student recover from concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, playing video games, may cause concussion symptoms to reappear or worsen. After a concussion, returning to sports/school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes 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.

WHEN IN DOUBT, SIT THEM OUT!!!

RETURNING TO SPORTS OR OTHER PHYSICAL ACTIVITY

Once a student/athlete no longer has symptoms of a concussion and is cleared to play by a health care professional experienced in evaluating concussions, h/she should proceed with activity in a step-wise fashion to allow the brain to readjust to exertion. On average, the student/athlete will complete a new step each day, as follows:

Step 1. Light exercise, including walking or riding an exercise bike; no weight lifting.

Step 2. Running in the gym or on the field; no helmet or other equipment.

Step 3. Non-contact training drills in full equipment; weight training can begin.

Step 4. Full contact practice or training.

Step 5. Game play.



WEST BRANCH-ROSE CITY AREA SCHOOLS

By signing below, I signify I have received, read and understand:

“A PARENT’S GUIDE TO CONCUSSION IN SPORTS AND PHYSICAL ACTIVITY”

I understand that this covers (1) **any sport**, (2) any **health class** and (3) any **physical education class** my child may participate in during their K-12 educational career.

Student Name (please print): _____

(If an athlete) **Student Signature:** _____

Please Circle One:

Mother

Father

Legal Guardian

Foster Parent

Other, with legal rights (indicate what): _____

Parent/Guardian Signature: _____

Please Print Parent/Guardian Name: _____

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4510-R

Internet Safety Policy Acceptable Use Agreements

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West Branch-Rose City Area Schools

Agreement for Acceptable Use of Technology Resources Students Grades 7 and Above

This Agreement is entered into on (date): _____

This Agreement is between _____ ("Student" or "User") and the West Branch-Rose City Area Schools ("District").

The purpose of this Agreement is to grant access to and define acceptable use of the District'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 the District's Technology Resources either at school or away from school, you understand and agree to the following:

- A. Your use of the District's Technology Resources is a privilege that may be revoked by the District at any time and for any reason.
- B. You have no expectation of privacy when using the District's Technology Resources. The District 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. The District also reserves the right to remove any material from the Technology Resources that the District, at its sole discretion, chooses to, including, without limitation, any information that the District 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.

West Branch-Rose City Area Schools

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4510-R Internet Safety Policy Acceptable Use Agreements

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D. The District'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 account/password.

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 the District) to engage in bullying may be grounds for discipline under the District's Internet Safety Policy and the building Student Handbooks.

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

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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:

Adult content, alcohol and tobacco, criminal activity, gambling, illegal drugs, intolerance and hate, nudity, pornography, profanity, violence and terrorism, weapons, and any other items that may be harmful to minors.
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.

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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 District’s Internet Safety Policy and the building Student Handbooks.
- 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 the District, 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 the District 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 the District 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. The District 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 the District’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. The District 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 the District

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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 District or its Internet Service Provider.

I also agree to follow all rules in the District's Internet Safety Policy and the building Student Handbooks.

As a condition of using the Technology Resources, I agree to release the District 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 the District 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

Copied: Student CA-60 File

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Parent/Legal Guardian Agreement and Consent (Grade 7 and Above):

I have read this Agreement and agree that as a condition of my child's use of the Technology Resources, I release the District 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 the District 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 use, or misuse, of the District's Technology Resources.

I authorize the District 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 the District 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.

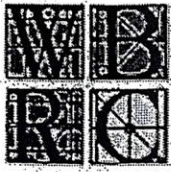
I understand and agree that my child will not be able to use the District's Technology Resources until this Agreement has been signed by both my child and me.

I have read this Agreement and agree to its terms.

Parent/Guardian Signature

Date

Copied: Student CA-60 File



WEST BRANCH – ROSE CITY SCHOOL DISTRICT BRING YOUR OWN DEVICE POLICY

As Adopted in Board Policy #8280 on 12-16-2013

PERSONALLY OWNED ELECTRONIC COMMUNICATIONS DEVICES – STUDENTS

The goal of the West Branch-Rose City School District Bring Your Own Device program is to expand opportunities for 21st Century learning. Personal devices can enhance and enrich learning opportunities both at home and at school. Using personally owned devices at school is a privilege, not a right. This privilege may be revoked for the student body as a whole or for students individually at the discretion of the administration. Therefore, it is important that students use their devices responsibly, respect the property of others, and demonstrate that this use benefits them academically and helps contribute to a well-rounded educational experience.

DEVICES PERMITTED:

Personally owned laptop computers, netbooks, tablets, eReaders and smartphones are permitted in 5th grade through 12th grade classrooms within the District for educational purposes.

RULES AND CONDITIONS:

The following rules and conditions are specific to our school's Bring Your Own Device program. All other school district rules and policies also apply, including but not limited to the Code of Conduct and Technology Acceptable Use Policy.

Where/When/Storage

1. Students may only use their device in the classroom when instructed to do so by their teacher. It is completely within the teacher's discretion whether to allow use of personal devices for educational purposes in his/her particular classroom.
2. Students may not use their device to text or update personal sites/accounts during school hours.
3. At no time shall a device be used in a school locker room or restroom.
4. Students may use their device in the library / media center with the permission of the library / media center staff.
5. Students should not ask teachers or staff to hold or store their device.
6. Administrators or staff should not be asked to retrieve devices left in school lockers.

Network/Internet Access/Electrical

1. Students using a personally owned device are only permitted to connect to the internet through the WBRC Wi-Fi network. Bring Your Own Device privileges may be revoked for students found to be visiting websites which are blocked by the District's filter or that are contrary to the District's Code of Conduct or Acceptable Use Policy.
2. Personal devices may only connect to the school's "wbrc-public" network. Although some devices may not be able to connect to the "wbrc-public" network, the school will not alter network settings in order to allow such devices to connect.
3. Students shall make no attempt to circumvent the District's network security and/or filtering policies. This includes setting up proxies and downloading programs to bypass security.
4. No guarantee is made that the District's wireless network will always be available. Network outages may occur without notice. In addition, no quality of service for the wireless network is promised. Signal strength may vary depending on the location in the school and the number of devices simultaneously connecting to the network.
5. Students should bring devices fully charged to school. Access to electrical outlets for charging should not be expected.

Theft/Loss/Damage/Troubleshooting/Inspection

1. The District will not be held financially responsible for lost or stolen devices. It is the student's ultimate responsibility to secure and account for his/her own personal device and do so at his/her own risk.
2. The District will not be held responsible for any physical damage or data loss, including damage/data loss resulting from connecting devices to the District's wireless network or power outlets.
3. District staff, including technology staff, will not configure, troubleshoot, provide technical assistance, software assistance, software upgrades or repair student devices.
4. District personnel may read, examine, or inspect the contents of any personal device upon reasonable suspicion that the contents or recent utilization of the device contains evidence of a violation of these or other rules or policies, as well as any local, state or federal laws.

K-4 STUDENT USE OF PERSONALLY OWNED ELECTRONIC COMMUNICATIONS DEVICES

1. Students in grades Kindergarten through 4th grade are not permitted to bring personally owned devices to school other than cellular telephones. Absent explicit permission from school staff, cellular telephones are only to be used prior to the beginning of the first class period and after the student's last class and/or in a bona fide health or safety emergency situation.
2. The West Branch-Rose City Area School District assumes no responsibility for any personally owned electronic communications devices brought to school by K-4 students. Any theft, damage or other loss is at the student's own risk.

PENALTIES FOR VIOLATIONS

1. Students found to be using any electronic communications device in violation of these rules and regulations shall be subject to disciplinary action under the Student Code of Conduct. Where appropriate, law enforcement may be contacted. A device may be confiscated until a parent conference can be held.

We have read and agree to this policy-

Student's Grade Level on Date of Signing: _____

Student Name (printed): _____

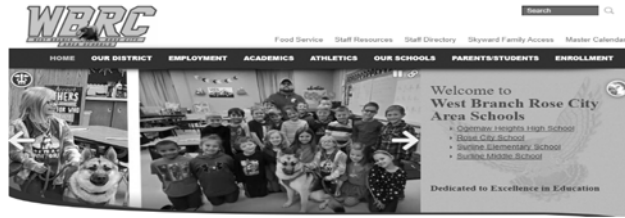
Student Signature: _____

Dated: _____

Parent Name (printed): _____

Parent Signature: _____

Dated: _____



PHOTOGRAPHS: PERMISSION OR EXCLUSION

STUDENT NAME

TODAY'S DATE _____

First _____ Middle Initial _____ Last _____

CURRENT GRADE _____ ANTICIPATED YEAR OF GRADUATION _____

➤ **PARENT/GUARDIAN must sign if applicant is under 18 years of age.**

As parent/guardian of the student above, I understand that pictures are taken of students involved in various activities throughout the school year and may be uploaded to the school website.

Parent/Guardian please initial one (1) of the options below to either grant or withhold permission:

_____ I hereby ***Give*** permission for my child's photo to be published on District Web pages (the internet) and released to the media for school related articles both individually or as part of a "team" or other large group photo.

_____ I hereby ***Expressly Withhold*** permission for my child's photo to be published on District Web pages (the internet) or released to the media for school related articles either individually or as part of a "team" or other large group photo.

PARENT/GUARDIAN NAME (Please Print) _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____ CONTACT PHONE _____

Office Use:

Student's WBRC ID # _____

WEST BRANCH – ROSE CITY AREA SCHOOLS

OHHS

SMS

SES

RCS

30 SCHOOL DAYS =

(If holding a NEW IEP)

PARENTAL CONSENT - TO PLACE A SPECIAL EDUCATION TRANSFER STUDENT

Student Name

Grade

Date of Birth

UIC#

Previous School District:

Gender:

WBRC Student ID#

☐ Male ☐ Female

In accordance with the provisions of Rule 340.1722e of the Michigan Revised Administrative Rules for Special Education, I hereby state and give consent to West Branch-Rose City Area Schools as follows:

Please check ☒ if applicable:

☐ **My child currently has an IEP** and in accordance with the provisions of Rule 340.1722e of the Michigan Revised Administrative Rules for Special Education, I hereby give consent to West Branch-Rose City Area Schools to immediately implement the student's current Individualized Education Program (IEP). An IEP will be held by the WBRC School District within one (1) year of the previous IEP date, unless requested sooner.

Signature of Parent/Guardian

Date: (This is the date the Student enrolled & the Parent/Guardian Signed)

Mailing Address

Contact Phone Number

Home or Cell?

City MI,

Zip Code

Alternate Phone Number

Home or Cell?

For WBRC District Use Only:

☐ Yes ☐ No The parent/guardian has provided the WBRC School District with a copy of the student's last IEP.

☐ Please attach current IEP

Placement will begin on (Date) _____ at (Circle One): OHHS SES SMS RCS and in Grade: _____

Program/Service

Provider

Hours

Program/Service

Provider

Hours

Program/Service

Provider

Hours

Program/Service

Provider

Hours

WEST BRANCH-ROSE CITY AREA SCHOOLS

Mailing address:
P. O. Box 308
West Branch, MI 48661
Phone: (989) 343-2000



Physical address:
960 S. M-33
West Branch, MI 48661
Fax: (989) 343-2006

Dear Parent or Guardian of an Enrolling Student:

(1) The State of Michigan Missing Children's Act, MCL 380.1135 of the Revised School code, and the State of Michigan Pupil Accounting procedures, dictate that we require a **certified copy of the birth certificate** for our student(s) be presented at enrollment.

A **certified copy** is different from a regular copy. A certified copy will have either a raised seal of the issuing agency or an original stamp/signature area. A regular 'copy' of the certified copy is not acceptable for enrollment purposes, except temporarily (for 30 days). When a certified copy of a birth certificate is not available, the district has the authority to determine the type of "other reliable proof" we will accept (baptismal, military, hospital, immigration records, etc.). This determination will be made by the Superintendent's office.

Birth Certificates: If you are not able to provide a certified copy of a birth certificate, you have thirty (30) days to meet that legal requirement. If you do not comply within 30 days, your case must be referred to our local law enforcement agency for investigation pursuant to the current Revised School Code.

(2) The State of Michigan and our local health department dictate that a **current immunization record** be submitted for newly enrolling students.

Immunization Records: If you are not able to provide a listing of current immunizations, you have thirty (30) days to meet that legal requirement.

Medical Waivers: If your child has a true medical contraindication for not receiving a vaccine, your doctor must supply you with a signed copy of the State of Michigan Contraindication form.

Other Waivers: *Non-medical immunization waivers must be secured through your local health department pursuant to recent legislation.* Any parent/guardian who wants to claim a nonmedical waiver will need to receive education regarding the benefits of vaccination and the risks of disease from a county health department before obtaining the certified nonmedical waiver form through the Local Health Department.

STUDENT INFORMATION - Student's complete **LEGAL** name (as found on the Birth Certificate)

Last _____ First _____ Middle _____

_____ A certified copy of my child's birth certificate will be supplied by (30 days): _____
I understand that failure to provide a birth certificate may result in an investigation by a law enforcement agency.

_____ Current immunization records will be supplied by (30 days): _____
I understand that I must secure medical waivers from a doctor's office and non-medical waivers from my local health department.

Signature of Parent or Legal Guardian, or Student over 18

Date Signed

AFFIDAVIT FOR ALTERNATIVE TO BIRTH CERTIFICATES:

_____ In accordance with MCL 380.1135(1)(b) this affidavit is being employed to accompany 'other reliable proof' of age and identity of the aforementioned student. Please indicate the other reliable proof this affidavit is accompanying:

<input type="checkbox"/>	Baptismal Certificate indicating DATE and PLACE of birth	<input type="checkbox"/>	County, military or immigration record	<input type="checkbox"/>	Life Insurance Policy
<input type="checkbox"/>	Doctor or hospital record accompanied by sworn statements	<input type="checkbox"/>	Court Record	<input type="checkbox"/>	Certain Family Records
<input type="checkbox"/>	Other reliable proof (accepted by Superintendent of School District)				

Signature of Parent or Legal Guardian, or Student over 18

Dated: _____

Signature of School Official Processing

Dated: _____

Subscribed and sworn to before me this

_____ day of _____, 20_____.

Notary Public in and for Ogemaw County, MI
My commission expires: _____

West Branch-Rose City Area 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 immunization 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 your 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 West Branch-Rose City Area 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: _____

West Branch-Rose City Area Schools
Transportation Department
221 Thomas Street
West Branch, MI 48661
(989) 343-2240
Jason Hall, Transportation Supervisor

1. Child's Full Name: _____ Grade _____
2. Child's Full Name: _____ Grade _____
3. Child's Full Name: _____ Grade _____
4. Child's Full Name: _____ Grade _____

Parent(s)/Guardian(s) Signature _____ Date: _____

Parent(s)/Guardian(s) Name(s): _____

Street Address & City: _____

Primary or Home Telephone: _____

Mother Work # _____ Cell # _____

Father Work # _____ Cell # _____

Emergency Contacts: Name _____, Phone# _____

What two roads is your home between? Do not list the road you live on.

Day Care Provider / Alternate's Home Information:

AM Route ____ PM Route ____ (Please check both for AM & PM)

Provider's Name : _____ Telephone: _____

Provider's Address: _____

What two roads are close to the daycare or alternate provider's address?

Do you have other children who will travel here? Please list their name, grade, and the school they attend:

For Office Use Only

Date: _____ SOC/BOC Approval Date: _____ Secretary's Initials: _____ Updated Version: 9/27/2022
OHHS _____ SMS _____ SES _____ RCS _____
Family 1 ____ Family 2 ____

West Branch-Rose City Area Schools
School Messenger
Automated Calling Service
For Text Messaging Only

To Opt In:

1. If you are currently receiving a notification call from your child's school (for snow days and other important information) on your cell phone, you are in the "Skyward" system and should be able to **Opt IN** following **step 3** below.
2. If you are not receiving the notification calls on your cell phone, you need to call your child's school and make sure that the office has your Cell phone number listed in their "Skyward" system and that you are listed as a primary or secondary contact and then follow **step 3** below.
3. Once you are entered as a contact in "Skyward" send a text to this number **6 7 5 8 7** with the following:
 - a. To Opt-In: Type "Y", "YES", "OPTIN", "OPT IN", and "SUBSCRIBE" are all acceptable keywords for subscribing to SMS text messaging.

To Opt Out:

1. If you **DO NOT want to receive Text Messages** from the school alert system, then do the following:
 - a. Send a text to this number **6 7 5 8 7** with the following:
 - "END", "CANCEL", "OPT OUT", "OPTOUT", "STOP", "QUIT", and "UNSUBSCRIBE" will cancel SMS messages to the recipient.