

West Bloomfield School District



What to Bring to Register in West Bloomfield High School

Please bring this checklist with you as part of your enrollment information.

Below are the forms and documents needed to enroll your child in West Bloomfield Schools.

It is the **parent/guardian's responsibility** to obtain information from your child's previous school or your files. We will make copies and give the originals back to you. Registration packets can also be picked up from each school's registration office.

- ☐ **Registration Packet**, completed and signed. *{All pages in the packet are required.} Click here.*
 - ☐ Release of Records and discipline
 - ☐ Bully Free Form
 - ☐ Concussion Form
- ☐ Parent/Guardian government issued photo identification with current address (driver's license, state identification card)
- ☐ **Proof of residency** – one of the following:
 - Property Transfer Affidavit *stamped by the City or Township*
 - Warranty Deed *with liber number*
 - Recent Property Tax Statement
 - Closing Statement *with all signatures*
 - Lease Agreement – *fully executed and signed by all parties*. Lease must include tenant and occupants names. Lease must have a start date and end date. *{Additional documentation may be required.}*
- ☐ **Need any two of the following items.** Items must be current with name and address of parent/guardian to be valid *{no cable, phone, mobile phone, television service}*.
 - Gas invoice (Consumers Energy), *with service address and parent name*
 - Electric invoice (DTE), *with service address and parent name*
 - Water invoice, *with service address and parent name*
 - Bank /credit card statement
 - Paycheck stub or letter from employer on their letterhead
 - Automobile insurance, *with current address and parent name*
- ☐ Certified copy of prospective **student's birth certificate** (with raised seal).
Temporary: If birth certificate is missing – Affidavit of Birth 30 day request which may be obtained from the Registrar. Document must be notarized by a Notary Public and be accompanied by a passport, hospital record of birth, or baptismal record to be valid.)
- ☐ **Immunization records** – including ☐ Health Care Alert form from registration packet and any medical permission forms from physician granting student permission to care inhalers, epi-pens, medication, etc. *Immunizations must be on file before student may attend school.*
- ☐ Does your child have a current **IEP** or **504**. ☐ Yes ☐ No
Please provide unofficial copies of special education **IEP**, or **504** plans to aid in setting up services, if applicable.
- ☐ **Unofficial copy of student's transcript** (for grades 10, 11, 12) or last report card from the 8th grade for incoming 9th grade. Students transferring mid-year must bring in their grades to date from their old school, as well.
- ☐ Unofficial copy of **student's discipline history** from the old school. A screen print from the old school will work or a letter from the old school.

If the student is not living with their parent/legal guardian, or parent/legal guardian is not the Legal Resident, please contact the Registrar. Additional paperwork and approval of the Administration Office **will be** required before enrollment.

If you have any questions, please contact the Registrar, Diane Stumpf at fax number 248-865-6756, or e-mail diane.stumpf@wbsd.org.

WEST BLOOMFIELD SCHOOL DISTRICT
SCHOOL West Bloomfield High School

Student Registration Form Side 1 of 3

For Office Use

Grade _____

Start Date _____

Year of Graduation _____

For Office Use

Birth Certificate Verified _____ Immunization Records _____

Homeroom Teacher/Number _____

Family Number _____

Counselor _____

Date of Records Requested _____ Date of Records Received _____

☐ Schools of Choice/Resident District _____

☐ New Enrollee

☐ Re-enrollee – Student has previously been enrolled in West Bloomfield School District or a District preschool program.

Student's Name _____ ☐ Male ☐ Female
Last First Middle

Student's Address _____
Street, Apt. No. City Zip Code

Home Phone No. _____ ☐ Listed ☐ Unlisted

Date of Birth _____ Place of Birth (City, State) _____ Country _____

Former School _____ Private ___ Public ___ Grade Last Completed ___ Date _____

Former School Address _____ City/State _____ Zip _____

Is your student currently enrolled in any online courses? ☐ No ☐ Yes, explain: _____

(State Requirement)

Multiple Birth Order- (To complete when children of multiple births have identical first, middle, and last names.) Born ☐ First, ☐ Second, ☐ Third, ☐ Fourth, etc.

As required by the U.S. Dept. of Education:

Ethnicity: Hispanic/Latino ☐ Yes ☐ No

(Please continue to answer the following -Choose one or more race)

American Indian or Alaska Native _____

Asian _____

White _____

Black or African American _____

Native Hawaiian or Other Pacific Islander _____

Home Language Survey:

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

2) Is the main language* used in your child's home a language other than English? ☐ Yes ☐ No
What is the language? _____

* The "main language" means the dominant language used by a person for communication.

If applicable, what date did the student enter the USA? _____

INFORMATION	↓ Mother	↓ Father
Name of adult with whom student resides (include last name if different from child)	_____ Are you court appointed full guardianship <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Are you court appointed full guardianship <input type="checkbox"/> Yes <input type="checkbox"/> No
Your relationship to student _____→		
Employer & Address (Include Street Number & Name, (Apt. Number), City, State, Zip Code) _____→		
Other contact numbers (include area codes)		
1. Business Phone _____→	1. _____	1. _____
2. Pager Number _____→	2. _____	2. _____
3. Cell Phone Number _____→	3. _____	3. _____
4. Email Address _____→	4. _____	4. _____

PARENT LIVING ELSEWHERE INFO	Send Mail? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of adult (Last, First, Middle) →	
Relationship to student →	
Mailing Address (Street Number & Name, Apartment Number, City, State, Zip Code) →	
1. Day Phone Number →	1. _____
2. Cell Phone Number →	2. _____
3. Work Phone Number →	3. _____
4. Email Address →	4. _____

Please list other children in family:

<u>Name</u>	<u>Birth Date</u>	<u>School Enrolling at</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY INFORMATION - *At a later date you may receive additional forms requesting similar information for you to complete.***Emergency Contacts** - Please list names, **other than** parents/guardians, to contact in case of illness/emergency.

- | | | | |
|----|-------|--------------|--------------------------|
| 1. | _____ | _____ | _____ |
| | Name | Relationship | Telephone with area code |
| 2. | _____ | _____ | _____ |
| | Name | Relationship | Telephone with area code |
| 3. | _____ | _____ | _____ |
| | Name | Relationship | Telephone with area code |

Please coordinate administration of medication with the school office.

Students at the middle and high school level are permitted to carry and administer medication with proper authorization from a parent and physician. Elementary students are permitted to carry and administer medication when the privilege is a part of an Individualized Education Program (IEP) or Section 504 Plan and the parent provides written consent and proper authorization from the physician. This privilege may, if abused, be revoked by the building principal.

HEALTH INFORMATION - Does your child have any specific health problems? If so, please explain and alert the school of any necessary emergency actions needed.

Your Child's Doctor's Name _____ Telephone _____
area code and number

In case of emergency, is there a hospital preference? _____

In case of extreme emergency, the school authorities have my permission to take such action, as they deem necessary.

Signed: _____ Date: _____

Primary e-mail address for District Power Announcements: _____
Please print clearly

Primary phone number for District Power Announcements: _____

I affirm that, as the parent/legal guardian, all information provided in this document is true and accurate, and that my child and I reside at the listed address. The undersigned understands that documented and verifiable proof of residency is required and it is his/her responsibility to inform the appropriate school office if and when any of the information set in this form changes. West Bloomfield School District will refer matters of residency violations/residency fraud to the applicable local police department and/or Oakland county prosecutor. The undersigned also affirms that the enrollee has not been expelled from any Michigan school district prior to seeking enrollment in the West Bloomfield School District.

Parent Signature: _____ **Today's Date:** _____



Consent for Disclosure of 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 students' 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 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 Bloomfield School District to release my child's immunization record 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: _____

Health Care Alert



WEST BLOOMFIELD SCHOOL DISTRICT
Educating Students to be their Best IN and FOR the World

This form is to be provided to the school at the start of each school year • Update if changes in health status occur

School Year: _____

Student Name _____

Date of Birth _____

Age _____

Grade _____

My Child Has The Following Medical Condition(s):

Listed In Alphabetical Order • Check All That Apply

- Emergency Action Plans &/or Instructions For Daily Management of a Chronic Health Condition Must Be Provided As An Attachment •

<input type="checkbox"/> Allergy	____Animal(s) ____Food(s) ____Latex ____Medication ____Seasonal ____Stinging Insect (ex. bee, wasp) List known allergens _____ ____History of Anaphylaxis ____ Self carries epinephrine auto-injector* ____ Self administers epinephrine auto-injector*
<input type="checkbox"/> Asthma	____ Student self carries rescue inhaler* ____ Student self administers rescue inhaler*
<input type="checkbox"/> Diabetes	____Type I ____Type II Additional Information: _____
<input type="checkbox"/> Emotional or Mental Health Concern	____Anxiety ____ADHD ____Depression Other - Describe: _____
<input type="checkbox"/> Seizures	Type of seizures: _____ Frequency of seizures: _____
<input type="checkbox"/> Other Medical Condition	Describe: _____ _____ _____

Emergency Contacts

• Please print legibly •

Contact 1

Relationship

Home

Mobile

Work

Contact 2

Relationship

Home

Mobile

Work

Physician

Physician Name

Specialty

Office Phone

Phone 2 (pager or answering service)

* Per Michigan law and board policy, an emergency action plan signed by both a physician and parent is required for a student to self carry/self-administer emergency medications at school.



**West Bloomfield School District
Request for Records of Incoming Student**



Student Name _____
Last First Middle

Birthdate _____ Class of _____ Month last attended _____ 20____

I give my permission for _____
Name of Previous School

Address

City, State, Zip

to release the following to **West Bloomfield High School:**

Student U.I.C.:

- ☒ Graduation/enrollment dates
- ☒ Scholastic records – CA60 (If numerical grading is used, please send letter grade equivalent.)
- ☒ Standardized test results
- ☒ Attendance records
- ☒ Health records
- ☒ Psychological tests/Special Education Records
- ☒ Discipline Records
- ☒ Other _____

Reason for request: _____

Send to:

West Bloomfield High School, Attn: Registrar,
4925 Orchard Lake Road, West Bloomfield, MI 48323

Phone: 248-865-6725; Fax: 248-865-6756

Date

Signature of Parent/Guardian or Student (if 18 years or older)

WEST BLOOMFIELD SCHOOL DISTRICT
Request for Discipline Records of Incoming Student



Student Name _____
Last First Middle

Date of Birth _____

(A) ☐ The undersigned parent/guardian affirms that the student listed above **has not been** suspended or expelled, is not pending suspension/expulsion, and is not under investigation from any public or private school.

OR

(B) ☐ The undersigned parent/guardian affirms that the student listed above **has been** suspended or expelled, is pending a suspension/expulsion, or is under investigation from a public or private school.

Has this student ever been convicted of a felony? ☐ Yes ☐ No

Explain the circumstances in detail. For suspension or expulsion, include the school name(s), date(s) of suspension or expulsion, and a description of the incident(s).

(Use reverse side if additional space is needed.)

I give my permission for the following schools from the previous **two** years to release and/or communicate **any and all discipline records** to West Bloomfield School District for the student named above. If home schooled, last school attended.

Name of Current School

Name of Previous School (if needed)

Address

Address

City, State, Zip

City, State, Zip

Dates Attended

Dates Attended (List additional schools on reverse side.)

Date

Signature of Parent/Guardian or Student (if 18 years or older)

◆-----◆
SENDING SCHOOL: PLEASE COMPLETE AND RETURN TO

☐ According to our records, the information provided by parent/guardian on the above named student **is correct.**

☐ According to our records, the information provided by parent/guardian on the above named student **is not correct.**

Name of School

Signature, Title

Date

Sending School Contact Phone No.: _____

RETURN TO:

West Bloomfield High School, Attn: Registrar, 4925 Orchard Lake Rd., West Bloomfield, MI 48323
Phone: 248-865-6725, Fax: 248-865-6756

Communications Opt-Out Form

The West Bloomfield School District communication network provides many opportunities to showcase our students. Our Board of Education frequently honor students for special accomplishments. The district newsletter, The Laker, displays photographs and success stories. District and building email and website provide students with an opportunity to share their accomplishments. These and many other opportunities exist within the West Bloomfield School District to offer public acknowledgement of our students through public communication.

If you do NOT want your child's image or work included in any school or district communication, please supply the following information about your child*. If you have questions, please contact the Community Relations Office at 248-865-6450.

Student's Name: _____

Grade: _____ School: _____

Phone: _____ email: _____

I do not grant my permission to use my child's image in district communications or other media for the remainder of my child's educational experience with West Bloomfield School District. I understand that by signing this form, my student's image will not be used in district and school communications and/or local media.

Signature: _____ Date: _____
Parent or guardian if student is under 18

** After a student graduates, we reserve the right to use all media unless a written request is submitted to the contrary after graduation.*

All parents/guardians must fill out this portion and return this form to the Enrollment Office:

I verify that I received this form on (date) _____.

Student Name (please print)

Parent Signature

West Bloomfield High School



4925 Orchard Lake Road
West Bloomfield, Michigan 48323
(248) 865-6720
FAX (248) 865-6756

www.wbsd.org

Dear Students:

March 2018

Effective April 1, 1996, Public Act 160 and Public Act 258 of 2000, created the Postsecondary Enrollment Options Act, commonly referred to as dual enrollment. This law directs school districts to assist students in paying tuition and fees for courses at Michigan public or private colleges or universities. The following are some of the eligibility guidelines/standards:

1. Students are in grades 9 through 12 may take up to ten postsecondary courses.
2. Students can qualify for dual enrollment by taking one of the following assessments: PSAT, PLAN, EXPLORE ACT, or MME.

The following table shows the complete list of scores that help to qualify students for dual enrollment.

Assessment	Test Section	Content Area	Minimum Dual Enrollment Qualifying Scores
EXPLORE	Mathematics	Mathematics	17
	Reading	Reading	15
	Science	Science	20
	English	English	13
PLAN	Mathematics	Mathematics	19
	Reading	Reading	17
	Science	Science	21
	English	English	15
ACT	Mathematics	Mathematics	22
	Reading	Reading	22
	Science	Science	23
	English	English	18
COMPASS	Mathematics	Mathematics	52
	Reading	Reading	88
	English	English	77
MME*	ELA	ELA	2100
	Mathematics	Mathematics	2100
	Science	Science	2100
	Social Studies	Social Studies	2100
PSAT 8/9	Critical Reading	Evidence-Based Reading and Writing	460
	Mathematics	Mathematics	510
PSAT 10	Critical Reading	Evidence-Based Reading and Writing	460
	Mathematics	Mathematics	510
PSAT/NMSQT 11**	Critical Reading	Evidence-Based Reading and Writing	460
	Mathematics	Mathematics	510
SAT**	Critical Reading	Evidence-Based Reading and Writing	480
	Mathematics	Mathematics	530
ACCUPLACER***	Reading Comprehension	Reading	Check with IHE
	Sentence Skills	Writing	Check with IHE
	Mathematics	Mathematics	Check with IHE

* MME scores are based on the spring 2017 administration of the M-STEP exams

** PSAT 11 and SAT Scores are from the new redesigned administrations starting in 2015-16

*** There are no state approved scores for Accuplacer. Accuplacer qualifying scores are typically specific to an Institution of Higher Education (IHE). In cases where Accuplacer scores will be used, it is best to contact the IHE to see what scores they accept.

3. 388.155 Rule 5 (2) The acts do not prohibit a district from supporting any pupil regardless of eligibility under these acts. A district may elect to support college level courses or career preparation courses for any pupil if it is in the best interest of the pupil.
4. Students must be enrolled in both the eligible school (public or private) and eligible postsecondary institution during the local school's regular academic year and must be enrolled in at least one high school class.
5. The college courses cannot be a hobby, craft, or recreation course, or in the subject areas of physical education, theology, divinity, or religious education.
6. School districts are required to pay an amount equal to the prorated percentage of the statewide pupil-weighted average foundation allowance, based on the proportion of the school year that the eligible student attends the eligible postsecondary institution. Eligible charges include tuition and mandatory course fees, material fees, and registration fees required by an eligible institution for enrollment in the course. *Eligible charges do not include transportation or parking costs or activity fees.*

Please review the contents of this letter with your parents. If you believe you are eligible for dual enrollment, qualify for tuition and fee support, and wish to participate, contact either your counselor or Mrs. Ashleigh Larkin, Assistant Principal, at 248-865-6760.

The deadline for application for the first semester is **May 1**, and second semester, **December 4**.

Sincerely,



Patrick Watson
Principal



Student Name: _____

Graduation Year: _____

West Bloomfield Schools
Technology Resources and Personal Technology Devices Acceptable Use Agreement

For Students Under Age 18

All student users of Technology Resources and Personal Technology Devices ("PTD") on school property are required to sign this Acceptable Use Agreement (the "Agreement") in order to receive authorization to use Technology Resources and PTD as defined in the Rules for the Acceptable Use of Technology Resources and Personal Technology Devices. West Bloomfield Schools (the "School District") does not authorize any use of Technology Resources or PTD which are not conducted in strict compliance with this Agreement and the School District's Rules for the Acceptable Use of Technology Resources and Personal Technology Devices. Your signature below indicates that you have read the terms and conditions of this Agreement and the School District's Rules for the Acceptable Use of Technology Resources and Personal Technology Devices (located on the School District's website) carefully and understand their significance.

Student Acknowledgement

1. I have read the School District's Rules for the Acceptable Use of Technology Resources and Personal Technology Devices, the terms and conditions of which are incorporated herein by reference, and hereby agree to those conditions, rules, and regulations.
2. By executing this Agreement, I expressly agree to be responsible for my use of School District Technology Resources and Personal Technology Devices (PTD) in accordance with the School District's Rules for the Acceptable Use of Technology Resources and Personal Technology Devices, and to assume all responsibility for any liability associated with my use of School District Technology Resources and/or PTD in violation of this Agreement.
3. I consent to, and understand that, the School District may monitor my electronic communications, including logs showing my Internet access, e-mail, downloaded files and other uses of the Technology Resources of the School District and/or PTD, in accordance with all applicable laws.
4. I consent to and understand that, in accordance with all applicable laws, the School District may collect and examine Technology Resources and/or PTD's that are suspected of causing technology problems or were the source of an attack, hacking, virus, or other infection.
5. I consent to, and understand that, in accordance with all applicable laws, the School District may collect and examine Technology Resources or PTD when a student is suspected of violating the School District's Rules for the Acceptable Use of Technology Resources and Personal Technology Devices, the Student Code of Conduct, or Board policies.
6. I understand and agree that the School District assumes no responsibility for my use of the Technology Resources or PTD and assume the risks associated with use of Technology Resources, PTD, and the Internet, including, but not limited to, intentionally or unintentionally gaining access to information and communications that I find inappropriate, offensive, controversial, or otherwise objectionable.
7. I understand that violating the School District's Rules for the Acceptable Use of Technology Resources and Personal Technology Devices may result in having my use privileges of School District Technology Resources and/or PTD suspended or revoked, and that I may be further subject to disciplinary action, in accordance with the School District Student Code of Conduct, or other legal action.

Technology Resources and Personal Technology Devices Acceptable Use Agreement
Page 2

Parent/Guardian Acknowledgement and Release

1. As the parent(s)/guardian(s) of the student named below, I/we have read the School District's Rules for the Acceptable Use of Technology Resources and Personal Technology Devices and this Student Acceptable Use Agreement and discussed them with my/our child.
2. I/We understand that access to and use of School District Technology Resources and Personal Technology Devices (PTD) is a privilege designated for educational purposes.
3. I/We hereby give permission to the School District to open a user account for my/our child and certify that information contained in this Agreement is correct.
4. I/We consent to and understand that School District staff may monitor my/our child's electronic communications, including e-mail and files that he/she downloads, as well as consent to allow my/our child to use the Internet and I/we assume the risks associated with my/our child's use of the Internet.
5. I/We hereby agree to release, indemnify and hold harmless, in both my/our personal capacity, and as guardian of my/our child, the School District as well as its board members, school teachers, employees, administrators, and adult volunteers, from any claims arising out of my/our child's violation of, or conduct inconsistent with, the School District's Rules for the Acceptable Use of Technology Resources and Personal Technology Devices, including, but not limited to, claims arising from materials my/our child may download or relationships he/she may establish with people online, whether such claims arise from Internet use through school accounts or personal accounts.

This form will remain on file for the duration your child attends West Bloomfield Schools. New forms are filled out at each of the three building levels (elementary, middle school and high school). It is the responsibility of the parent/guardian to inform the school, in writing, of any changes in their authorization.

Signature of student: _____ Date: _____

Print name of student: _____

Signature of parent/guardian: _____ Date: _____

Print name of parent/guardian: _____

Signature of parent/guardian: _____ Date: _____

Print name of parent/guardian: _____

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
Pressure in the Head
Nausea/Vomiting
Dizziness

Balance Problems
Double Vision
Blurry Vision
Sensitive to Light

Sensitive to Noise
Sluggishness
Haziness
Fogginess
Grogginess

Poor Concentration
Memory Problems
Confusion
"Feeling Down"

Not "Feeling Right"
Feeling Irritable
Slow Reaction Time
Sleep Problems

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.

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 _____

Sponsoring Organization

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian 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.

WEST BLOOMFIELD SCHOOL DISTRICT

Student Pledge Bully-free School Zone

We the students of the West Bloomfield School District say...
"At this school district, we believe... we should be... bully free!"

Bullying defined is when one individual (or group) seeks to dominate, control, intimidate, and/or terrorize the life of another individual. We know bullying can be pushing, shoving, hitting, and spitting, as well as name-calling, picking-on, making fun of, laughing at, and/or excluding someone. Bullying causes pain and stress to victims and is never justified or excusable as "kids being kids", "just teasing", or any other rationalization. The victim is never responsible for being a target of bullying. Bullying behavior is not welcome at our school.

Everyone in the West Bloomfield School District will work to provide a school environment that is safe, calm, orderly, procedural, and one in which people care for one another.

By signing this pledge, we the students of the West Bloomfield School District agree to:

1. Value student differences and treat others with respect.
2. Not become involved in bullying incidents or be a bully.
3. Be aware of the school district's policy and support system with regard to bullying.
4. Report honestly and immediately all incidents of bullying to a faculty member, guidance counselor, or principal.
5. Be alert in places around the school district where there is less supervision such as bathrooms, between buildings, busses, etc.
6. Support students who have been or are subjected to bullying.
7. Participate fully and contribute to homeroom class discussions in dealing with bullying.
8. Provide a good role model for younger students and support them if bullying occurs.

I acknowledge that whether I am being a bully or see someone being bullied, if I don't report or stop attempt to stop the bullying, I am just as guilty.

Signed by: _____

Print name: _____

Date: _____