

## **NEW STUDENT REGISTRATION**

Welcome to Houghton High School! The following checklist is provided to help parents/guardians navigate the required registration materials. Follow the checklist carefully. ***Any missing forms/documents, deem your registration packet incomplete. School of choice students will lose their place in the application process if all materials are not completed and accurate.***

Resident students may not attend classes until all of the required documents are completed.

### **Required documents**

- Schools of Choice Form (required for all out of district students)
- Original official copy of a birth certificate issued by a government agency or passport if immigrant student
- Updated vaccine record or waiver on file with the health department. *Vaccines or waiver must be in compliance with state law.*
- Proof of residency (utility bill, purchase/lease agreement, piece of mail, etc.). Must have your physical street address on it.
- Completed registration packet with the following forms completed:
  - Student enrollment form
  - Student Records Request
  - Concussion Awareness form (signed by both student and parent/guardian)
  - Student Residency Questionnaire
  - Consent for Disclosure of Immunization records (if opting out, write that on the form)
  - Parent Notification Regarding Child Custody

### **Optional**

Through a partnership with Upper Great Lakes Family Health, there is a Child and Adolescent Health Center open at Houghton Middle/High School. The Consent Form is required for students to access services. **Students cannot be seen at the Health Center without the forms being completed.**

# Houghton High School

# Student Enrollment Form

Child's Legal Name (as shown on birth certificate)

Gender:  Male  Female

\_\_\_\_\_ Grade Entering \_\_\_\_\_

Last

First

Middle

Birthdate \_\_\_\_\_ Birthplace (City & State) \_\_\_\_\_ Multiple Birth Status:  Single  Twin  Triplet

Residential Address \_\_\_\_\_

Street Address

City

Zip

Mailing Address \_\_\_\_\_

(if different from residential address)

Street Address

City

Zip

Home Phone Number \_\_\_\_\_ Township \_\_\_\_\_ Is this child a court-placed foster child?  Yes  No

Resident School District:  Houghton—31110  Hancock — 31010  Stanton — 31140  Adams — 31020  L'Anse — 07040

Lake Linden — 31130  Osceola — 31100  Baraga — 07020  Calumet — 31030  Chassell — 31050

If other, spell out district name \_\_\_\_\_

Has your child ever attended Houghton-Portage Township Schools?  Yes  No

Is your child's native tongue a language other than English?  Yes  No If yes, name of language \_\_\_\_\_

## Ethnicity

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)

## Race

The question to the left is about ethnicity, not race. No matter what you selected, **please continue to answer the following** by marking one or more boxes to indicate what you consider your child's race to be.

American Indian/Alaska Native

Asian American

Native Hawaiian/Pacific Islander

Black/African American

White

Name of Parent/Guardian Residing in the home	Place of Employment	Work Phone	Other Phone	E-mail address
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Relationship:  Father  Mother  Grandparent  Guardian  Self (student enrolling)  Other

Name of Parent/Guardian Residing in the home	Place of Employment	Work Phone	Other Phone	E-mail address
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Relationship:  Father  Mother  Grandparent  Guardian  Self (student enrolling)  Other

## **COMPLETE INFORMATION BELOW IF APPLICABLE**

Name of Parent Living Elsewhere	Relationship to Child	Home Phone	Work Phone	E-mail address
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Other Parent Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Have custody papers been provided to district?  Yes  No

Custody Restrictions (if applicable) \_\_\_\_\_

Should this person receive mailings?  Yes  No

Last School Attended \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Please Check:  Michigan Public School  Out of State Public School  Church/Private School  Preschool

Did your child receive any special education services at a previous school?  Yes  No (If yes, please indicate the types of services he/she received)

Check all that apply:  Special Education Classes  Speech  OT/PT  Social Work  504 Plan

*Please continue on back.*

**OTHER CHILDREN IN THE FAMILY**

Name (First and Last)

Birth Date

School of Attendance

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Will your child drive to school?  Yes  No

If yes, please complete: Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate Number \_\_\_\_\_

Are there any medical alerts or related concerns we should be aware of?  Yes  No

If yes, please explain. \_\_\_\_\_

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Houghton High School provides 24-hour access to student records for all interested parents. Our student records program, PowerSchool, allows parents to view assignments, grades, attendance, lunch balances, and other items. Because we provide this access to all interested parents, we no longer mail report cards unless a parent requests them.

Do you have internet access?  Yes  No

If you do NOT have internet access, do you wish to have the school mail report cards to you?  Yes  No

The Michigan Missing Children's Act, MCL 380.1135 of the Revised School Code, requires that a person enrolling a pupil in a public school provide the local or intermediate school district with a certified copy of the pupil's birth certificate or other reliable proof of the pupils identity.

Please check:

I have brought a certified copy of my child's birth certificate to provide to the school.

OR

I am unable to provide a certified copy of my child's birth certificate for the reason below. Instead I am providing:

Baptismal certificate including date and place of birth

Court Records

County, military, or immigration records

Life insurance policy

Doctor or hospital records accompanied by sworn statements

A sworn statement from a parent or guardian (notarized)

In accordance with MCL 380.1135(1)(b), please explain the reason for your inability to provide a certified copy of the child's birth certificate:

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Yes  No Is this student the youngest or only child from this household attending Houghton High School?

Yes  No Is this student the youngest or only child from this household attending Houghton-Portage Township Schools?

Yes  No Houghton High School has permission to publish my child's photograph.

Yes  No I give permission for my child to participate in school-sponsored field trips.

Yes  No We have adequate insurance to protect my child in case of an accident.

Yes  No I give permission to administer first aid to my child. In case of an emergency, my child may be transported to the hospital. It is understood that all expenses incurred in such situations shall be my responsibility and not that of the Houghton-Portage Township School District, nor any of its Board of Education members, administration, faculty, and other school personnel.

Yes  No We have read and understand the student handbook.

*I hereby acknowledge that the information provided on this form is true and accurate. I understand it is my responsibility to inform the school office if and when any of the information on this form changes.*

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

\_\_\_\_\_  
Date

**HOUGHTON-PORTAGE TOWNSHIP SCHOOLS**  
**Houghton High School**  
1603 Gundlach Road  
Houghton, MI 49931  
Office: (906) 482-0450 Fax (906) 487-5218

**Student Records Request**

*Parent/guardian complete:*

Previous school attended \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

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Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 14673). Therefore, please furnish us with the following information in order to provide proper placement.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Grade

<u>Previous Michigan School Use Only</u>
UIC # _____
UIC # _____
UIC# _____

Please send the entire Cumulative Record folder, including any Special Education files, concerning the above listed student(s) to the above address. If you would prefer to send electronic records, please email to [speryam@hpts.us](mailto:speryam@hpts.us).

- A. All subjects and grades for the current school year plus withdrawal grades. Final grades for previous school years, along with an explanation of your grading system.
- B. Standardized test records and scores.
- C. Psychological/Physiological/Health reports.
- D. All discipline records including suspensions, expulsions, and other violations of school policies.
- E. Any other data pertinent to understanding the student's individual needs.

This is to certify that the student(s) listed above have enrolled in Houghton High School.

Sincerely,

\_\_\_\_\_  
Sarah Peryam  
HHS Administrative Assistant

\_\_\_\_\_  
Date

*Houghton High School/HPTS will seek 25-e funds for transfer students, if available.*

## 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”  
Lost Consciousness

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 – DON’T HIDE IT, REPORT IT.** Playing or practicing with concussion symptoms is dangerous and can lead to a longer recovery. 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. 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 must be kept out of athletic activity the day of the injury. The student shall only return to activity (practice, scrimmage or competition) with written unconditional permission from an MD, DO, Physician’s Assistant or Nurse Practitioner. 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.

This portion below may be substituted for the signatures on the MHSAA Physical 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 \_\_\_\_\_

*Houghton-Portage Township Schools*

Sponsoring Organization

\_\_\_\_\_  
Participant Name Printed

\_\_\_\_\_  
Parent or Guardian Name Printed

\_\_\_\_\_  
Participant Name Signature

\_\_\_\_\_  
Parent or Guardian Name Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Return this signed form to the participant's MHSAA member school. The school should keep this document on file for five years following the student's high school graduation.

Participants and parents please review and keep the educational materials available for future reference.

# Houghton-Portage Township Schools

# Student Residency Questionnaire

A student may be eligible for additional educational services through Title I Part A, Title I Part-C Migrant, and/or Federal McKinney-Vento Assistance. Eligibility can be determined by completing this questionnaire. **All information provided on this form is confidential. Complete one form per FAMILY.**

Where are you and your family currently staying? (Check one box)

### SECTION A

Rent/own our own home.

**STOP:** If you rent/own your own home, sign below and submit form to school personnel.

### SECTION B

- Temporarily with another family because we cannot afford or find affordable housing.
- With an adult that is not a parent or legal guardian, or alone without an adult.
- In a hotel/motel.
- In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing.
- In an emergency/transitional shelter.
- Awaiting foster care/temporary foster care placement, or currently in first six months of foster care
- Unsheltered
- Unaccompanied youth: not in the physical custody of a parent or guardian.
- Other (specify): \_\_\_\_\_

If you checked a box in Section B, your child/children may be eligible for additional educational services through Title I, Part A, Title I Part C-Migrant, or Title X, Part C-Federal McKinney-Vento Assistance Act. Please complete the information requested below.

Student Name	Male/Female	DOB	Grade	School Name

Would you like to be contacted by a member of the school system’s Education for Homeless Children and Youth program staff?  Yes  No

The undersigned certifies that the information provided above is accurate.

Print Parent/Guardian Name/Adult Caring for Student

Signature

Date

Phone Number

Street Address

City

Zip

### School Use Only

Free or Reduced Price Meals Form Submitted/Signed

Declined Services

Referral Form Completed/Submitted

Print School Contact

Title

Signature

Date

**Houghton-Portage Township Schools**

**Houghton High School**

1603 Gundlach Rd  
Houghton, MI 49931  
906-482-0450

**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.

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*I authorize \_\_\_\_\_ Houghton- Portage Township Schools \_\_\_\_\_ 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: \_\_\_\_\_



# Vaccines Required for School Entry in Michigan

Whenever children are in group settings, there is a chance for disease to spread. Parents must follow state vaccine laws in order for their children to attend school. These laws are the minimum standard for preventing disease outbreaks in group settings. The best way to protect children from serious diseases is to follow the recommended vaccination schedule at [www.CDC.gov/Vaccines](http://www.CDC.gov/Vaccines). When following the recommended schedule children are fully protected and any school vaccination requirements are met.

	<b>All kindergartners and 4–6-year-old transfer students</b>	<b>All 7th graders and 7–18-year-old transfer students</b>
<b>Diphtheria, Tetanus, Pertussis (DTP, DTaP, Tdap)<sup>1</sup></b>	4 doses DTP or DTaP 1 dose must be at or after 4 years of age	4 doses diphtheria and tetanus or 3 doses if 1 <sup>st</sup> dose given on or after 1 year of age 1 dose Tdap at 11 years of age or older upon entry into 7 <sup>th</sup> grade or higher
<b>Polio<sup>1</sup></b>	4 doses or 3 doses if dose 3 was given on or after 4 years of age	
<b>Measles, Mumps, Rubella (MMR)<sup>1, 2</sup></b>	2 doses at or after 12 months of age	
<b>Hepatitis B<sup>1, 2</sup></b>	3 doses	
<b>Meningococcal Conjugate (MenACWY)<sup>1</sup></b>	None	1 dose at 11 years of age or older upon entry into 7 <sup>th</sup> grade or higher
<b>Varicella (Chickenpox)<sup>1, 2</sup></b>	2 doses at or after 12 months of age or current lab immunity or history of varicella disease	

<sup>1</sup>Vaccines should be given at certain ages and at certain times (follow [CDC Immunization Schedule](http://www.CDC.gov/immunization-schedule) for the recommended number of doses, correct spacing, and ages); this chart is based on Michigan school immunization requirements. We strongly encourage parents and providers to follow the CDC recommended schedule because school requirements are the minimum for protection. Follow this chart when assessing immunization status for school immunization requirements.<sup>2</sup> If the child has not received these vaccines, documented immunity/waiver is required. During disease outbreaks, incompletely vaccinated children may be excluded from school. Parents and guardians choosing to decline vaccines must obtain a certified non-medical waiver from a local health department. Read more about waivers at [www.michigan.gov/immunize](http://www.michigan.gov/immunize). The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

## Parental Notification Regarding Child Custody

As per State and Federal Law (MCL 722.30 & FERPA), please be advised that the Houghton-Portage Township School District recognizes the equal rights of parents and guardians as indicated on a certified birth certificate or legal court order.

In cases where parents/guardians are legally separated or divorced, or where parents simply have ongoing custody issues between them, the parental rights of BOTH parties will be equally recognized by your child's school, **unless and until** a parent/guardian has a legal court order that specifically restricts or denies the non-custodial parent's access to the child at school, the child's school records, or other protective order.

To accommodate a custodial parent's request to deny non-custodial parent's rights to access any information on a child, the school **must** have a copy of the most recent court order on file that indicates a parent's access and information rights are inhibited. Otherwise either parent – with proper identification – may have access to the child at school, request and receive information, and be included in the child's educational process.

*Please sign to indicate you have read this affidavit and understand the school's position.*

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian Name (please print)*

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

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