



Jackson High School / Jackson Pathways

2024-25 Registration Checklist

We are excited that you have chosen to enroll your child into Jackson Public Schools! We wish to make the registration process as easy as possible as we begin to transition your child into his/her new school.

In addition to the attached packet, the following items are REQUIRED for enrollment:

- ☐ **Birth Certificate** – Copy of birth certificate OR other reliable proof of identity along with Inability to Provide Birth Certificate / Student Age & Identity Form (available in the school office).
- ☐ **Immunization Record** – According to State law, we will need proof of all your child's immunizations. If you are not certain your child is up to date with his/her immunizations, please contact your family practitioner.
- ☐ **Residency Verification** – Two valid forms of proof of residency (refer to attached Residency Verification for acceptable items). **School of Choice** – if you do not live in the JPS District. Needs to be signed by District of Residence.
- ☐ **Proof of Custody** – *If custody arrangements for the child are applicable*, we need a copy of the most current custody paperwork. If documents exist that include adoption certificates or legal name changes, please have custody papers.
- ☐ **Special Education** – *If your child has received special education services*, such as speech, occupational therapy, physical therapy, resource room help, etc., a copy of the most recent IEP or 504 Plan is essential.

Attached Forms

- ☐ **Registration/Emergency Contact**
- ☐ **Records Request** - complete only if coming from another school district. Form sent to previous school to have them release school records – sign and date.
- ☐ **Residency Verification** – This will verify that you live in our school district. Please refer to the Residency Verification for **two** valid forms of proof of residency. **School of Choice** – If you do not live in the JPS School District – needs to be signed by District of Residence.
- ☐ **Concussion Awareness Acknowledgement**– The State of Michigan requires all parents of students enrolled in physical education classes and/or sports to be informed of the symptoms of concussions.
- ☐ **Home Language Survey** – Required information to comply with Federal and State Law.
- ☐ **McKinney-Vento Questionnaire** – Required information to comply with the McKinney-Vento Act.
- ☐ **Student Technology Use Agreement/JPS Device Contract** – Ensures appropriate use of technology while enrolled in the District.
- ☐ **Student Health Information** - Information used to help the school administrator medication(s) to your student.

ONLY SIGN IF OPTING OUT

- ☐ **Directory Information FERPA** (only need to sign if opting out)
- ☐ **CSES** – School Engagement Specialist Support (only need to sign if opting out)

Today's Date: _____
 Start Date: _____
 Grade: _____
 Student Number: _____

Jackson Public Schools Registration Form



Notes:

Office Use Only _____ New Enrollment _____ RE-enrollment JPS _____ In District Transfer _____ School of Choice
 Bus Route: _____ Bus Stop: _____
 _____ Birth Certificate _____ Immunization Record

Instructions:

Fill this enrollment form out to the best of your ability. Required fields are marked with an asterisk *.

Student Information			
*Student Name <i>(as it appears on birth certificate - first, middle, last)</i> _____			
*Gender <i>Circle one</i>	Male	Female	
*Date of Birth <i>(must match birth certificate)</i> _____			
*Is this student Hispanic/Latino? <i>Circle one</i>	No, not Hispanic/Latino	Yes, Hispanic/Latino	
*Ethnicity <i>(if more than one, circle all that apply)</i>	American Indian/Alaskan Native	Asian	Black/African American
	Native Hawaiian/Pacific Islander	White	
*Student Home Phone _____			
*Name of Parent/Guardian Student Lives With:		Relationship:	
Name and address of last school attended _____			
Student Address <i>(where student lives)</i>			
*Home Street Address _____		Apt # _____	
*Home City _____	State _____	Zip _____	
Mailing Address <i>(where school/district mailings will be sent) - only fill out if different from above</i>			
*Mailing Street Address or PO Box _____		Apt # _____	
*Mailing City _____	State _____	Zip _____	
Residency Information			
_____ Resident _____ Non Resident		_____ District of Residence	
_____ School of Choice Student		Has student ever attended JPS? Yes / No If yes, when? _____	
Has student ever been enrolled in an Early College Program? Yes / No If yes, at what school? _____			
Special Education Information			
Does your child currently receive special education services? Yes / No			
If yes, does your child have an active IEP? Yes / No If yes, what is your child's certification? _____			

continued on next page

Parent/Guardian 1			
Name	Relationship		
Home Phone	Receive automated messages on this number? _____ Yes		
Work Phone	Receive automated messages on this number? _____ Yes		
Cell Phone	Receive automated messages on this number? _____ Yes		
Email	Receive automated messages at this email address? _____ Yes		
Mailing Address/PO Box			
Mailing City, State, Zip			
Employer			
Receive Separate Mailings?	Yes / No	Legal Guardian?	Yes / No Custodial Parent/Guardian? Yes / No
Parent/Guardian 2			
Name	Relationship		
Home Phone	Receive automated messages on this number? _____ Yes		
Work Phone	Receive automated messages on this number? _____ Yes		
Cell Phone	Receive automated messages on this number? _____ Yes		
Email	Receive automated messages at this email address? _____ Yes		
Mailing Address/PO Box			
Mailing City, State, Zip			
Employer			
Receive Separate Mailings?	Yes / No	Legal Guardian?	Yes / No Custodial Parent/Guardian? Yes / No
Other Legal Guardian			
Name	Relationship		
Home Phone			
Work Phone			
Cell Phone			
Email			
Mailing Address/PO Box			
Mailing City, State, Zip			
Employer			
Receive Separate Mailings?	Yes / No	Legal Guardian?	Yes / No Custodial Parent/Guardian? Yes / No

Certificate of Truthfulness - I certify that all statements on this student registration form are made truthfully and without evasion, and further understand and agree that such statements may be investigated and if found to be false, will be sufficient reason for possible removal of this student from enrollment in the Jackson Public School District and may result in possible legal action.

Parent / Legal Guardian Signature

Date

Jackson Public Schools
Emergency Contact / Permission Form

Emergency Contact Form

Student Name: _____

The emergency contacts you supply in this section are the people/numbers that will be called after we have tried to contact the contacts listed on the Registration Form. By providing their information here, it is assumed that you are authorizing these contacts to pick up your child from school in the event of an emergency. These contacts will only be called for emergencies involving your child as an individual or should conditions arise which make it necessary for early dismissal. Otherwise **a note must be provided by a parent or legal guardian for anyone to pick your child up from school.**

Emergency Contact 1 (required)	
Name	Relationship
Home Phone	
Work Phone	
Cell Phone	

Emergency Contact 2 (required)	
Name	Relationship
Home Phone	
Work Phone	
Cell Phone	

Emergency Contact 3 (optional)	
Name	Relationship
Home Phone	
Work Phone	
Cell Phone	

Jackson Public Schools
Emergency Contact / Permission Form

Permission Form

Student Name: _____

Accident/Serious Illness - In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call 911 and to follow their instructions.

YES _____ NO _____

Photo Permission - I give permission for my child's picture and writings to be published on the Jackson Public Schools webpage, mLive, and other social media as appropriate.

YES _____ NO _____

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

YES _____ NO _____

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

YES _____ NO _____

Technology Acceptable Use Agreement and Social Media Policy and Guidelines - I have read, or will read and familiarize myself with the Student Education Technology Acceptable Use and Safety and the Social Media Guidelines (found at www.jpsk12.org) and agree to adhere to the privileges, responsibilities and consequences as outlined. Hard copies are available upon request.

YES _____ NO _____

Disclosure of Immunization Information - I authorize Jackson Public Schools to release my child's immunization record and personally identifiable information to the Michigan Department of Health and Human Services and local health department.

YES _____ NO _____

Date

Parent/Legal Guardian Signature



Jackson Public Schools

Jackson High School

544 Wildwood Ave. | Jackson, Michigan 49201

Phone 517-841-3700 | Fax 517-768-5910

jpsk12.org/jacksonhs

REQUEST FOR STUDENT RECORDS

Please mail Students CA 60 File

Include cumulative school records, health records, test scores, psychological reports, special education records, etc. Any additional information you can give to help in proper placement.

I hereby authorize _____
(Previous School or Agency)

(Address) (City) (State) (Zip)

(Phone) (Fax)

To release information regarding the following student(s):

(Student's Legal Name) (Date of Birth) (Grade)

(Student's Legal Name) (Date of Birth) (Grade)

Please send all confidential and cumulative student records to:

Jackson High School
ATTN: Mary Csage
544 Wildwood Ave.
Jackson, MI 49201
Ph: (517) 841-3706
Fax: (517) 768-5910

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

(Parent/Guardian/School Official Signature) (Date)



RESIDENCY VERIFICATION

According to State Attorney General Opinion No. 5925, school districts have the right to request proof of pupil residency. By signing this affidavit, you are affirming that the address given on all enrollment forms is the legal residence of the parent or guardian enrolling the student and is the residence of the student. If you are living in the home of another person without a rental or lease agreement, that person must sign this document and prove their residency.

Student Name(s) _____ Date _____

Parent/Guardian Signature _____ Date _____

Signature of Person With Whom Student is Residing (if applicable) _____ Date _____

Street Address _____

City/State/Zip _____

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

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

If you are NOT a resident of the JACKSON PUBLIC SCHOOLS district, you will need to complete the **parent sections of the School of Choice form** which will accompany the District Release Letter before enrollment can take place.

FOR SCHOOL STAFF USE ONLY

Signature of Staff Person Enrolling Student _____

Date _____

UNDERSTANDING CONCUSSION

Some Common Symptoms

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

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 to 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 OK 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 OK. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Repeat or second concussions can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. 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
- 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, 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 rest breaks, be given extra help and time, spend less time reading, writing or on a computer.

**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 Athletes provided by Jackson Public Schools.

Participant Name, Printed

Parent/Guardian Name, Printed

Participant Name, Signature

Parent/Guardian Name, Signature

Date

Date

Return this signed form to the school office. It must be kept on file for the duration of participation or age 18.

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



**JACKSON PUBLIC SCHOOLS
MICHIGAN STATE BOARD OF EDUCATION
APPROVED HOME LANGUAGE SURVEY**

The Jackson Public Schools, **as required by Federal and State Laws**, is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual/second language instruction according to Sections 380.1152-380.1157 of the School Code of 1995, Michigan's Bilingual Education Law. Please provide the following information.

Full name of student _____ Gender _____ DOB _____

Country of Birth _____ Year of entry in US School _____

School Building _____ Grade _____

Teacher's Name (School Office Use Only) _____

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

Yes No

--	--

If **yes**, what is that language? _____

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

--	--

If **yes**, what is that language? _____

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

Signature of Parent/Guardian _____ Address _____ City _____ State _____ Zip _____

Telephone where you can be reached _____ Date _____

Thank you for your cooperation.

NOTE: Translation of this survey form in Spanish, Japanese, Chinese (Mandarin), Polish and Vietnamese is available at Jackson Public Schools' Reynolds Hall, 522 Wildwood Ave., Jackson, 49201. Please return this form to your school office.

SCHOOL OFFICE USE ONLY: If the parent/guardian has checked YES for Question 1, this completed form must be faxed immediately to the attention of the EL Coordinator at 768-5918. The original form is to be kept at the school in the student's CA-60 for audit purposes during the school year.

It is the policy of the Jackson Public Schools Board of Education not to discriminate on the basis of Protected Classes in its educational programs and activities and employment. Protected Classes generally include race, color, national origin, sex (including sexual orientation or gender identity), disability, age, religion, height, weight, marital status, military status, ancestry, genetic information and such others as are defined in federal or state law. More detailed information can be found in the Board of Education Policies on the district website, www.jpsk12.org. Inquiries and complaints regarding discrimination in programming and employment may be referred to any of the following: Julie Baker, Assistant Superintendent of Elementary Curriculum/Federal Programs, 517-841-2157; Jeremy Patterson, Assistant Superintendent of Secondary Curriculum, 517-841-2208.

Updated September 22, 2022



JACKSON PUBLIC SCHOOLS
McKinney-Vento Homeless Form
Revised 9/22/2022

This form is intended to address the **McKinney-Vento Homeless Assistance Act** under the guidelines of the Every Student Succeeds Act (ESSA), 2015. Your answers will help the administrator determine the supplemental needs of the student. **(Complete one form per student).**

1. Presently, where is the student living?

Section A (Living Arrangements) – check one box	Section B (Student's Supplemental Needs)
<div style="display: flex; flex-direction: column; gap: 10px;"><div><input type="checkbox"/> in a shelter/transitional housing</div><div><input type="checkbox"/> temporarily, with more than one family in a house or apartment due to economic hardship or loss of housing</div><div><input type="checkbox"/> in a motel/hotel, car or campsite</div><div><input type="checkbox"/> unsheltered (on the street, car, park or abandoned building)</div></div> <p><u>CONTINUE:</u> If you checked a box in Section A, complete Section B and the remainder of this form.</p> <p><u>STOP:</u> If you did not check a box in this section, you do not need to complete this form.</p>	<div style="display: flex; flex-direction: column; gap: 10px;"><div><input type="checkbox"/> Transportation to and from school</div><div><input type="checkbox"/> Tutoring</div><div><input type="checkbox"/> Personal Hygiene Items</div><div><input type="checkbox"/> Clothing</div><div><input type="checkbox"/> Counseling</div></div> <p>Other: _____</p>

2. The student lives with:

- ☐ 1 parent

☐ a relative, friend(s) or other adult(s)

☐ 2 parents

☐ alone with no adults (Unaccompanied Youth)

☐ 1 parent & another adult

☐ an adult that is not the parent or the legal guardian

School _____

Student's Name _____ Male ☐ Female ☐

Date of Birth ____/____/____ Age ____ Grade ____ Ethnicity _____

Name of Parent/Legal Guardian _____ Phone _____

Address _____

Signature of Parent/Legal Guardian _____ **Date** _____

For any choices selected in **Section A**, this form must be completed and faxed to **JPS Homeless Liaison (Mrs. Julie Baker)** immediately after completion. Original forms are kept (in the school) separate from the student's CA-60 for audit purposes during the school year.

FAX 517-517-768-5918

Date faxed: _____

Name and phone number of a school contact person who may know of the family's situation:

Name _____ Phone _____

It is the policy of the Jackson Public Schools Board of Education not to discriminate on the basis of Protected Classes in its educational programs and activities and employment. Protected Classes generally include race, color, national origin, sex (including sexual orientation or gender identity), disability, age, religion, height, weight, marital status, military status, ancestry, genetic information and such others as are as defined in federal or state law. More detailed information can be found in the Board of Education Policies on the district website, www.jpsk12.org. Inquiries and complaints regarding discrimination in programming and employment may be referred to any of the following: Julie Baker, Assistant Superintendent of Elementary Curriculum/Federal Programs, 517-841-2157; Jeremy Patterson, Assistant Superintendent of Secondary Curriculum, 517-841-2208.



Grade: _____

Student Technology Use Agreement

Student Name _____ Parent/Guardian 1 _____
(please PRINT clearly) (please PRINT clearly)

School Building _____ Parent/Guardian 2 _____
(please PRINT clearly) (please PRINT clearly)

I have read and understand Board Policy 7540.03 Student Education Technology Acceptable Use and Safety and the Social Media Policy and Guidelines. Both documents are available on the JPS website: www.jpsk12.org. I understand that a failure to follow these policies may result in consequences stated in these rules and our Student Handbook. I understand that the permission granted by this document will be in effect during all school years the student is enrolled at Jackson Public Schools. Any changes to the permission granted by this document must be provided in writing by the parent or JPS.

The following is a summary of the Technology Use and Safety Rules. All students and parents must sign the contract before using District Technology.

- Use of District Technology must be in support of education.
- Users have the privilege to use all of the technology for which they have had training. Anyone using the technology is responsible for the preservation and care of that technology.
- Accounts are to be used only by the owner. The sharing of passwords is prohibited.
- Real names must be used; no aliases are allowed. Additional personal information must not be shared over the Internet.
- Users experiencing harassment or receiving requests for personal information must report the problem.
- Any violations of the use of the technology should be reported to the teacher in charge.
- The district operates virtual education programming. This document authorizes the opportunity for students to take virtual courses when enrolled at JPS.

Please note:

- Internet history and usage will be monitored.
- Technology will not be used for "cyberbullying".
- Copyright laws must be followed.
- Students are not permitted to access any electronic devices used for communication, for capturing images of the test or testing room, or for data storage (e.g., smartphones, smart watches, cell phones, book readers, electronic tablets, pagers, cameras, non-approved calculators, music players, voice recorders, etc.) that can disrupt the testing environment, or be used to compromise the validity, security, and confidentiality of the test. At a minimum, these devices must be powered off and stored away from the students' work area at all times during a test session. These devices cannot be used as a substitute for a calculator. Specific calculator policies are covered in the Test Administrator Manuals particular to each assessment. If a student accesses any of these devices during testing, this will constitute a prohibited behavior and the student's test results in that content area will be invalidated.

The parent/guardian grants permission to publish documents on the World Wide Web. In the event that the parent/ guardian does not grant permission to publish documents, written notice must be submitted to the building/district office.

The student and the parent have access to the Policies and agree to their terms for the duration of the student's enrollment at Jackson Public Schools.

Students violating the Board Policy may be subject to discipline as outlined in the Student Handbook. They may also be subject to legal action if appropriate.

Student Signature/Date

Parent 1 Signature/Date

Received By - Signature/Date

Parent 2 Signature/Date



JPS Device Contract

Student Name _____

Grade _____

Parent/Guardian Name _____

By signing below, we understand that:

- All technology distributed to me or my child is property of JPS.
- All technology must be returned in good working condition within 10 business days of completion or termination from program.
- Any programs or websites that are not related to JPS curriculum are prohibited on JPS devices.
- We are responsible for any damages to JPS technology equipment that is not normal wear and tear.
- We are responsible for the cost of replacement of JPS technology if equipment is lost, stolen or not returned within 10 business days of completion or termination from program.
- We agree to be responsible digital citizens. I, or my child, will not submit, publish, display or retrieve any defamatory, obscene, racially offensive or illegal material.
- We will not participate in cyber bullying and will report any instances of cyber bullying to JPS representatives.

We acknowledge that we have reviewed this agreement together and understand our responsibilities.

Student _____

Date _____

Parent/Guardian _____

Date _____

This section completed by Jackson Public Schools

JPS Representative _____

Date equipment issued _____

Device issued _____

Serial Number _____



JACKSON PUBLIC SCHOOLS

STUDENT HEALTH INFORMATION

2024-25

School _____ Male _____ Female

Name _____ Birth date ____ / ____ / ____ Grade _____
Last First Middle

Address _____ Phone _____
Street City Zip

Race ____ Native American ____ Hispanic ____ Asian American ____ Caucasian (white) ____ African American ____ Other

Doctor's Name _____ Date of last physical _____

Dentist's Name _____ Date of last exam _____

Does student have any of the following? (please check each listing)

Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	To medication, food, pollen etc? List _____ Requires Epi-Pen? <input type="checkbox"/> Yes <input type="checkbox"/> No Requires Emergency treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diagnosed by doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No Does student need to use inhaler at school? <input type="checkbox"/> Yes <input type="checkbox"/> No Requires emergency treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Bee Sting Allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diagnosed by doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No Requires Epi-Pen? <input type="checkbox"/> Yes <input type="checkbox"/> No Reaction: Difficult breathing <input type="checkbox"/> Yes <input type="checkbox"/> No Local Swelling <input type="checkbox"/> Yes <input type="checkbox"/> No Requires Emergency treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Takes insulin? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments _____
Epilepsy/ Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medication _____ Date of Last Seizure _____
Heart Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diagnosed by Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No Medication _____ Physical restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments _____ _____ _____

List medical information, such as any serious illnesses, surgeries or injuries in the past 12 months _____

What medications are regularly taken _____ dose _____ purpose _____
_____ dose _____ purpose _____

In order to assure that your child is cared for appropriately, information that might affect your child's safety and well being may be shared with appropriate school personnel.

CONSENT FOR TREATMENT

SCHOOL HEALTH PROGRAM FOR 2024-25 SCHOOL YEAR

Dear Parent/Guardian:

School personnel manages medication distribution. Further, distribution will be limited to prescription medications only.

Procedurally, the parent/guardian must:

- 1) Bring the prescribed medication in, with it being in the original and labeled container;
- 2) Medications will be accounted for and signed with the parent present;
- 3) Medication form must be completed by parent and physician;
- 4) Parent/guardian is responsible for knowing the needed time for refill.

I give my permission for (child's name) _____
to receive basic health care treatment, health education and emergency care by school personnel.

Parent/Guardian _____ Date ____/____/____

This consent will be in effect for the current school year

PLEASE PRINT:

Parent 1/Guardian _____	Home Phone _____
	Work Phone _____
	Cell Phone _____
Parent 2/Guardian _____	Home Phone _____
	Work Phone _____
	Cell Phone _____
Emergency Contact _____	Home Phone _____
Relationship to Student _____	Work Phone _____
	Cell Phone _____
Emergency Contact _____	Home Phone _____
Relationship to Student _____	Work Phone _____
	Cell Phone _____



Jackson Public Schools

Jackson High School

544 Wildwood Ave. | Jackson, Michigan 49201
Phone 517-841-3700 | Fax 517-768-5910
jpsk12.org/jacksonhs

2024 – 2025

Dear Parent/Guardian:

According to the Family Educational Rights and Privacy Act of 1974, and the regulations governing that Act, we are required to send an annual notice to parents identifying those categories that have been designated as Student Directory Information. This information, upon request, may be furnished to various associations, alumni groups, preparatory and/or trade schools, the military service and other agencies. The following information is included in this directory:

1. Name, address and telephone number
2. Date and place of birth
3. Major field of study
4. Participation in school activities
5. Dates of school attendance
6. Honors and awards received
7. Other similar information: e.g. alumni associations, height and weight of athletes, honor roll members and information generally found in school yearbooks.

If you object to this information being released about your child when there are inquiries, please fill in the form below and return it to Jackson High School, Attention Mary Csage, mary.csage@jpsk12.org as soon as possible.

Sincerely,

Monica Pierce

Monica Pierce
Principal of Instruction
Jackson High School

2024-25 School Year

I, the undersigned, object to directory information being released to any agency about my child when requested.

Student _____

Grade _____

Address _____

Phone _____

Parent/Guardian Signature _____



Jackson Public Schools in Collaboration with Jackson County Intermediate School District

Jackson High School
544 Wildwood Ave
Jackson, MI 49201

Dear Parents/Guardians,

The health and safety of your child is our top priority. We want to partner with you to ensure that your child is successful in school. We understand and value that you know your child best and serve as their greatest advocate.

When students are struggling, our goal is to work together to identify what is going on and determine the best strategies to meet their needs. We partner with JCISD School Social Workers/CSES's to provide social and emotional support to our students which may look like the following:

- Brief screening to identify needs, concerns, or other barriers to learning
- Assistance in crisis situations

Prior to completing a screening, the district will reach out to you to notify you about additional upcoming social emotional screening for your student. If following the screening, further support is needed, we will contact you to get you connected with our School Social Worker/CSES or other resources.

If you do not want your child to access these additional supports, you may opt them out by returning the bottom portion of this letter.

Parent Opt Out for Additional School Social Emotional Supports

Please return this portion only if you **do NOT want** your child to access these additional supports.

- I do NOT want my child to access these additional supports.
- I do NOT give permission to bill my Medicaid insurance for reimbursement of services (if applicable)

Student Name: _____ Grade/Teacher: _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date: _____