

Student Enrollment Form

Student Name (last, first): _____

Student ID#: _____

Date: _____

STUDENT INFORMATION (Please Print) Enter student's full name as it appears on his or her birth certificate.

<input type="text"/> Student's Legal Last Name	<input type="text"/> First Name	<input type="text"/> Middle	<input type="text"/> Suffix (Jr, III)
<input type="text"/> Date of Birth	<input type="text"/> Grade at Enrollment	<input type="text"/> Age	
<input type="text"/> Gender (Male/Female)	<input type="text"/> Birthplace (City, State, Country)	<input type="text"/> Nickname	
<input type="text"/> Student's Personal Email	<input type="text"/> Student's Cell Phone Number		

STUDENT PRIMARY PHYSICAL ADDRESS (Enter the address at which the student lives the majority of the time)

<input type="text"/> Address Number and Street Name		<input type="text"/> Apartment / Lot# / Unit
<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip Code
<input type="text"/> County	<input type="text"/> Home Phone Number	<input type="checkbox"/> Yes <input type="checkbox"/> No Phone Unlisted?

Is the mailing address different than the primary physical address above? Yes No

STUDENT MAILING ADDRESS (if different than the primary physical address)

<input type="text"/> Address Number and Street Name		<input type="text"/> Apartment / Lot# / Unit
<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip Code

PREVIOUS SCHOOL ATTENDED (Include Preschool through 12th Grade)

<input type="text"/> School Name	<input type="text"/> Address	
<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip Code
<input type="text"/> Country	<input type="text"/> Phone Number	<input type="text"/> Fax Number

STUDENT'S ETHNIC GROUP

Part A: Student's Ethnicity

Is the student of Hispanic/Latino descent? Yes No
(A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin, regardless of race.)

Is the student of Arab descent? Yes No

Part B: Student's Race: Choose one or more

American Indian or Alaskan Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Native Hawaiian/Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

African American/Black - A person having origins in any of the black racial groups of Africa.

White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Note: If either part A or B is not answered, the US Department of Education requires the school district to supply an answer on your behalf.

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PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN 1 (Lives at the same primary physical address as the student)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent/Guardian Last Name (1)	Parent/Guardian First Name	Cell Phone
<input type="text"/>		<input type="text"/>
Name of Employer/Occupation		Work Phone
<input type="text"/>		<input type="text"/>
Relationship to Student		Email Address

Is this person a custodial parent? Yes No
 At which phone number do you want to receive school communications? Home Cell Work Do not call
 Preferred voice message language:
 Preferred email language:

Are there any court-ordered restrictions to contact with the student by this parent/guardian? Yes No If yes, please specify:

PARENT/GUARDIAN 2

<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent/Guardian Last Name (2)	Parent/Guardian First Name	Cell Phone
<input type="text"/>		<input type="text"/>
Name of Employer/Occupation		Work Phone
<input type="text"/>		<input type="text"/>
Relationship to Student		Email Address

Is this person a custodial parent? Yes No
 Does student reside with the person? Yes No
 If not at the same address as student, does the parent/guardian want to receive copies of mailings? Yes No
 If yes, enter address here:

Are there any court-ordered restrictions to contact with the student by this parent/guardian? Yes No If yes, please specify:

At which phone number do you want to receive school communications? Home Cell Work Do not call
 Preferred voice message language: Preferred email language:

PARENT/GUARDIAN 3

<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent / Guardian Last Name (3)	Parent / Guardian First Name	Cell Phone
<input type="text"/>		<input type="text"/>
Name of Employer/Occupation		Work Phone
<input type="text"/>		<input type="text"/>
Relationship to Student		Email Address

Is this person a custodial parent? Yes No
 Does student reside with the person? Yes No
 If not at the same address as student, does the parent/guardian want to receive copies of mailings? Yes No
 If yes, enter address here:

Are there any court-ordered restrictions to contact with the student by this parent/guardian? Yes No If yes, please specify:

At which phone number do you want to receive school communications? Home Cell Work Do not call
 Preferred voice message language: Preferred email language:

Student Enrollment Form

Student Name (last, first): _____

Student ID#: _____ Date: _____

PARENT/GUARDIAN 4

Parent / Guardian Last Name (3)	Parent / Guardian First Name	Cell Phone
Name of Employer/Occupation		Work Phone
Relationship to Student		Email Address

Is this person a custodial parent? Yes No
 Does student reside with the person? Yes No
 If not at the same address as student, does the parent/guardian want to receive copies of mailings? Yes No
 If yes, enter address here:

Are there any court-ordered restrictions to contact with the student by this parent/guardian? Yes No If yes, please specify:

At which phone number do you want to receive school communications? Home Cell Work Do not call
 Preferred voice message language: _____ Preferred email language: _____

SCHOOL AGE SIBLINGS (If there are more than 3, please continue on the back of the sheet)

Student Last name, First name	Age	School	Date of Birth
Student Last name, First name	Age	School	Date of Birth
Student Last name, First name	Age	School	Date of Birth

OPTION TO RECEIVE TEXT MESSAGES IN THE EVENT OF SCHOOL CLOSURES

The Ann Arbor Public Schools is considering the use of text messaging for alerting families about school closures such as snow days. Please indicate your interest in such an option below.

Parents/guardians providing cell phone numbers would be given an opportunity to opt into text messages starting in the fall. Please note, although the district does not charge you for this service, it does not pay for text message charges that may be incurred by you for sending or receiving text messages. Check with your wireless carrier for possible charges. Message and Data rates may apply.

* Please Select:

- Our family would be interested in receiving school closure information via text message.
- We would **NOT** be interested in receiving school closure information via text message.

Parent/ Guardian Signature _____

Date _____

Student Enrollment Form

Student Name (last, first): _____

Student ID#: _____

Date: _____

EMERGENCY CONTACTS - FIRST CONTACT

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name (1)	First Name	Phone
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Relationship to Student	<input type="text"/>	Phone Type
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address Number and Street Name	<input type="text"/>	Apartment / Lot# / Unit
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
Release student to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	May transport student to or from sporting/school events?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECOND CONTACT

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name (2)	First Name	Phone
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Relationship to Student	<input type="text"/>	Phone Type
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address Number and Street Name	<input type="text"/>	Apartment / Lot# / Unit
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
Release student to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	May transport student to or from sporting/school events?	<input type="checkbox"/> Yes <input type="checkbox"/> No

THIRD CONTACT

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name (3)	First Name	Phone
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Relationship to Student	<input type="text"/>	Phone Type
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address Number and Street Name	<input type="text"/>	Apartment / Lot# / Unit
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
Release student to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	May transport student to or from sporting/school events?	<input type="checkbox"/> Yes <input type="checkbox"/> No

FOURTH CONTACT

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name (4)	First Name	Phone
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Relationship to Student	<input type="text"/>	Phone Type
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address Number and Street Name	<input type="text"/>	Apartment / Lot# / Unit
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zipcode
Release student to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	May transport student to or from sporting/school events?	<input type="checkbox"/> Yes <input type="checkbox"/> No

FIFTH CONTACT

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name (5)	First Name	Phone
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Relationship to Student	<input type="text"/>	Phone Type
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address Number and Street Name	<input type="text"/>	Apartment / Lot# / Unit
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
Release student to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	May transport student to or from sporting/school events?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Student Name (last, first): _____

Student ID#: _____

Date: _____

EDUCATIONAL NEEDS/ SERVICES INFORMATION

Was the student ever enrolled in Ann Arbor Public Schools? Yes No

Student ID: _____

Has the student had a long-term suspension or expulsion from another school and/or district? Yes No

Please Explain: _____

Has the student been convicted of a crime, or are any felony charges pending against the student? Yes No

Please Explain: _____

Has the student had a long-term suspension (more than 10 days) or expulsion from another school district? Yes No

Please Explain: _____

Has the student withdrawn from a school district in lieu of being charged with conduct that may have resulted in a long-term suspension or expulsion? Yes No

Please Explain: _____

Has the student received any IEPC/IFSP/IEP/MET Special Education Services or a 504 Plan? Yes No

Please Explain: _____

Has student received any IEPC/IEP Special Education Services? Yes No

What Years? _____

School district: _____

Services: _____

Has student had a 504 plan? Yes No

School district: _____

Services: _____

Parent/ Guardian Signature

Date

Student Enrollment Form

Student Name (last, first): _____

Student ID#: _____

Date: _____

HOME LANGUAGE SURVEY

Is the student's first language something other than English? Yes No

Please specify the language: _____

Is the primary language used in your child's home or environment a language other than English? Note: "Primary language" means the dominant language used by a person for communication. Yes No

Please specify the language: _____

Is this the first time your child has enrolled in a school in the United States? Yes No

Please Explain: _____

When did your child first enroll in a school in the United States?

Date (mm/dd/yyyy): _____

My child first started to speak English at how many years old:

Please Explain: _____

My child has gone to how many schools:

Dates: From-To

City/County of School

Grades

Home Language Used at School? Yes No

English Taught? Yes No

Dates: From-To

City/County of School

Grades

Home Language Used at School? Yes No

English Taught? Yes No

Dates: From-To

City/County of School

Grades

Home Language Used at School? Yes No

English Taught? Yes No

Dates: From-To

City/County of School

Grades

Home Language Used at School? Yes No

English Taught? Yes No

How many other children do you have that attends any Ann Arbor Schools?

Student Last name, First name

Age

School

Grade

Student Last name, First name

Age

School

Grade

Student Last name, First name

Age

School

Grade

Student Last name, First name

Age

School

Grade

Parent/ Guardian Signature

Date

Student Name (last, first): _____

Student ID#: _____

Date: _____

RESIDENCY INFORMATION

The student lives in the following situation:

- Owner-occupied home
- Rental unit
- Emergency shelter or transitional housing*
- Motel/hotel*
- Campground*
- Public or private place not designed for or ordinarily used as regular sleeping accommodation for humans, including cars, parks, public spaces, abandoned buildings, substandard housing, and bus or train stations*
- Foster care placement for 6 months or less*
- Long-term, stable, cooperative living arrangement
- Temporary, shared housing with friends, family or others*

** Living in these situations may qualify you for services, including immediate enrollment, transportation, school supplies, education advocacy and community referrals.*

If you are living in temporary shared housing, please answer the following questions:

Is the living situation intended to be temporary or long-term?	<input type="checkbox"/> temporary <input type="checkbox"/> long-term
How long have you lived there?	
Do you consider yourself a guest in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you paying rent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you looking for another place to live?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you plan to move out soon?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have a legal right to be in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can the student or family be asked to leave at any time with no legal recourse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the student move into the home as an urgent measure to avoid being on the street or in another precarious situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many people live in the home?	
How many bedrooms are there?	
Where does the student sleep?	

Parent/ Guardian Signature _____

Date _____

Student Enrollment Form

Student Name (last, first): _____

Student ID#: _____

Date: _____

HEALTH INFORMATION

If your child does have a medical concern, the nurse will contact you to obtain more information as needed, to plan for the upcoming school year. This form is not a medication authorization form. If your student will or may require medication at school, contact the school's office.

HEALTH CONCERNS

The student lives in the following situation:

- Asthma*
- Diabetes
- Migraines
- Mild or Non-Food/Insect Allergies
- Seizures
- Severe food allergy
- Severe stinging insect allergy
- Heart condition
- Other health condition

*If you select Asthma, please complete the Asthma Survey on the next Page.

Please provide more information for selected concerns:

MEDICATIONS

Does your student require any medications to be given while they are at school (including over-the-counter medications)?

Yes No

Does your student require any medications that the student needs to be permitted to carry and self-administer (including over-the-counter medications)?

Yes No

RELIGIOUS OBJECTIONS

Any religious objections, restrictions or requirements that should be relayed to building staff and/or emergency personnel?

Yes No

Please specify:

IMMUNIZATIONS

Student Has Had Chickenpox:

Yes No

Approximate Date (MM/DD/YYYY)

Date of the most recent DtaP:

DOCTOR

None at this time

Doctor/ Clinic Name

Phone

Address Number and Street Name

City

State

Zipcode

Student Enrollment Form

Student Name (last, first): _____

Student ID#: _____

Date: _____

PREFERRED HOSPITAL

None at this time

Hospital Name

Phone

Address Number and Street Name

City

State

Zip Code

DENTIST

None at this time

Dentist Name

Phone

Address Number and Street Name

City

State

Zip Code

ASTHMA SURVEY

Did a doctor diagnose your child's asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approximate Date of Diagnosis	
When was the last time your child saw a health care provider for asthma?	
Does your child take daily asthma medication (maintenance medication)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have a rescue inhaler (example - albuterol)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When was your child's last asthma episode?	
Do you plan to have a rescue inhaler for your child at school this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of last prescription for Asthma medication:	
Does the student have an Asthma Action Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What triggers your child's asthma?	

Parent/ Guardian Signature

Date

Student Name (last, first): _____

Student ID#: _____

Date: _____

AGREEMENTS

COMPUTER USE AND GUIDELINES FOR ELEMENTARY SCHOOL STUDENTS

Please read and review the Computer Use and Guidelines for Students with your student. This can be located on the district website.

I understand these rules and promise to follow them. If I do not follow these rules, I know that I may have my computer privileges restricted or taken away.

Student Signature

Date

I have discussed these rules with my child and my child agrees to follow them.

Parent/ Guardian Signature

Date

PARENT AND ATHLETE CONCUSSION INFORMATION SHEET

Please read and review the Parent and Athlete Concussion Information Sheet with your student.

I have read and reviewed the Concussion Information Sheet.

Student Signature

Date

I have read and reviewed the Concussion Information Sheet.

Parent/ Guardian Signature

Date

NEW STUDENT - ATHLETICS TRANSFER INFORMATION FORM

Is your student interested in participating in athletics?

Yes No

If so, please complete, and return to your student's school this New Student - Transfer Information Form.

STUDENT OPT-OUT FORM

As a student or parent/guardian of a student, you have the right to request that your or your child's personal information not be released to military recruiters and others.

I request that this student's name, address and telephone number NOT be released to Armed Forces and Military Recruiters/Military Schools.

I request that this student's name, address and telephone number NOT be released to colleges, universities or companies seeking employees.

Federal public law 107-110, section 9528 of the ESEA, "No Child Left Behind Act," requires school districts to release student names, addresses and telephone numbers to military recruiters upon their request. The law requires the school district to notify students and parents of their right to opt-out of having this information released. This notice is published and distributed each year in the Ann Arbor Public Schools Rights and Responsibilities Handbook, under the Family Educational Rights and Privacy Act (FERPA).

NOTE: Student names printed in a school directory are considered public information and must be released to military recruiters.

Parent/ Guardian Signature

Date

Student Name (last, first): _____

Student ID#: _____

Date: _____

STUDENT GOOGLE APPS PERMISSION AGREEMENT

The Ann Arbor Public School District has the ability to create accounts for all students to allow for collaborative sharing using our Google Apps for Education domains: aaps.k12.mi.us and a2schools.org.

General uses for a school Google account for your child include, but are not limited to:

- Email account for on-going communication with teacher
- Access to programs and web tools that require an email account
- Google Apps: calendar, word processor, spreadsheet, presentation software, and website authoring tools
- Google Drive which allows students to access and share files.

The District Acceptable Use Policy provides guidelines for electronic communications. Students will be assigned an aaps.k12.mi.us account only with parent or guardian permission. This account will be considered the student's official District email address until such time as the student is no longer enrolled in the Ann Arbor Public School District.

Access to and use of Google Apps for Education is considered a privilege accorded at the discretion of Ann Arbor Public Schools. The District maintains the right to immediately withdraw the access and use of the account when there is reason to believe that violations of law or School Board policies have occurred. In such cases, the alleged violation will be referred to the Principal for further investigation and application of necessary consequences.

* Please Select:

- I give permission for my child to be assigned a Google Apps account.
- I do **NOT** give permission for my child to be assigned a Google Apps account.

Parent/ Guardian Signature

Date

PERMISSION TO PUBLISH

Students who attend the Ann Arbor Public Schools ("District") may occasionally be asked to participate in school and/or District publicity, publications, and/or public relations activities ("Publication Activities"). Publication Activities may include videotaping, recording and/or photographs that may be published, displayed, distributed, or broadcast outside by the District or third parties with District consent. Publication Activities may include use of the student's name, photograph, art, written work, voice, verbal statements or portrait (video or still) in school publicity, District publications, videos, digital or electronic media or on the District web site. For example, pictures and articles about school activities may appear in local newspapers or District publications.

The district does not anticipate commercial use or sale of your student's name, picture, art, written work, voice, verbal statements, portraits (video or still). However, to the extent works described in this form result in any profits, by signing this form you and your student agree to waive any and all rights to any copyright interest in such works and any royalties that may be paid. Any profits generated by the works described in this form will be used to benefit the Ann Arbor Public Schools and its programs.

* Please Select:

- I **PERMIT** use of this student's image and work to be used in school and/or District publicity, publications, and/or public relations activities.
- I **DO NOT** permit the use of this student's image and work to be used in school and/or District publicity, publications, and/or public relations activities.

Parent/ Guardian Signature

Date

Student Name (last, first): _____

Student ID#: _____

Date: _____

SCHOOL DIRECTORY INCLUSION

* Many schools produce a school directory. The directory contains student name, primary address, parent(s) name(s), home phone number and email.

 I Permit I DO NOT PermitInclude parent name(s)? Yes No_____
Parent/ Guardian Signature

Date

PAPER GRADE REPORTS

ALL families will receive paper report cards at the end of each term. Progress report cards will not be sent unless requested here.

Families can monitor their student's progress using PowerSchool. Contact your school/grade class office if you need help accessing PowerSchool.

 YES - Mail Progress NO - Do NOT Mail_____
Parent/ Guardian Signature

Date

RELEASE OF RECORDS

Ann Arbor Public Schools requires permission from a parent, guardian, or if eighteen or older, the student whose record is to be requested, transferred or revealed. Please complete the section below, indicating YES or NO to the release of records to colleges, scholarship programs or prospective employers to whom application has been made.

 YES I authorize the release of records. NO I do NOT authorize the release of records._____
Parent/ Guardian Signature

Date

RELEASE OF TEST SCORES

* Your high school transcript must be sent with college applications when applying for admission. The high school receives score reports from tests administered by the American College Testing (P-ACT+, ACT) and the College Entrance Examination Board (PSAT/NMSQT, SAT, ACH, AP) for students who gave the high school code number when registering for the test(s). This test information is sent with the transcript and college application.

Please be aware, however, that most colleges will require 'official' test scores that must be sent directly from the testing company, and will not consider the application complete until these scores are received. Students must direct the testing company to send their score report(s) to the college(s) of their choice. This may be done for a limited number of reports at the time of registering for the test or by requesting additional score reports. An additional charge is required when the request is made after the test registration.

Please complete the section below, indicating YES or NO to the release of external test scores with the transcript to colleges or scholarship programs to whom application has been made.

ATHLETES PLEASE NOTE: If you register with the NCAA Clearinghouse, they require us to send test scores. If you choose to register with the NCAA, you are authorizing us to send scores to them regardless of your request on this form.

 YES I authorize the release of external test scores. NO I do NOT authorize the release of external test scores._____
Parent/ Guardian Signature

Date

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Student Name (last, first): _____

Student ID#: _____

Date: _____

ATTENDANCE AND TARDY POLICY AND LOCAL SCHOOL RULES

By signing below you agree that you have read and understand the information outlined in the high school guide and have discussed them with your student. Copies of the school guides are available on the district and high school websites. I have read and reviewed the Attendance and Tardy Policy.

I have read and reviewed the Attendance and Tardy Policy.

Student Signature

Date

I have read and reviewed the Attendance and Tardy Policy.

Parent/ Guardian Signature

Date

YEARBOOK INCLUSION

Each school produces a yearbook and elementary schools produce a class composite photo. Do you approve of your child's likeness to be included in the school yearbook, school newspaper, composite class photo, and other school publications if any are produced?

- Yes, I approve
- No, I DO NOT approve

Parent/ Guardian Signature

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 DO authorize the Ann Arbor Public 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.
- I DO NOT authorize the Ann Arbor Public Schools to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department.

Parent/ Guardian Signature

Date

REQUEST FOR EDUCATIONAL RECORDS

School Requesting Records: _____

Address: _____

Phone # /Fax #: _____ / _____

Date: _____

To: _____

School Name

Street Address

City

State

Zip

We have just enrolled the following child/children in Ann Arbor Public Schools. Please send records, including medical, social, psychological and any other reports that would assist us in placing and evaluating this student.

These reports should be forwarded to the above address.

Student Legal Name (Last, First)

Grade

Date of Birth

Parent /Guardian Signature

Date