

# Comstock Public Schools Enrollment Form

**Please select the school your child is enrolling in:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> North Elementary | <input type="checkbox"/> Northeast Middle School | <input type="checkbox"/> Compass High School |
| <input type="checkbox"/> Green Meadow     | <input type="checkbox"/> Comstock High School    | <input type="checkbox"/> STEM Academy        |

|                                 |                      |
|---------------------------------|----------------------|
| School Transferring From: _____ | Student Grade: _____ |
|---------------------------------|----------------------|

|  |                          |
|--|--------------------------|
| Did your child attend Preschool?    YES <input type="checkbox"/> NO <input type="checkbox"/> | Name of Preschool: _____ |
|--|--------------------------|

**STUDENT INFORMATION - PLEASE PRINT - Enter student's full name as it appears on birth certificate**

|   |            |               |        |            |
|---|------------|---------------|--------|------------|
| Last Name   | First Name | Middle Name   | Suffix | Nickname   |
| <input type="checkbox"/> M <input type="checkbox"/> F |            | Date of Birth |        | Birthplace |

**Street Address:**

|         |             |        |      |       |     |
|---------|-------------|--------|------|-------|-----|
| House # | Street Name | Apt. # | City | State | Zip |
|---------|-------------|--------|------|-------|-----|

**Mailing Address: (if different than street address)**

|                      |             |        |      |       |     |
|----------------------|-------------|--------|------|-------|-----|
| House #<br>or PO Box | Street Name | Apt. # | City | State | Zip |
|----------------------|-------------|--------|------|-------|-----|

|                 |   |                       |
|-----------------|---|-----------------------|
| Household Phone | Student Phone Number<br>(If applicable) | Student Email Address |
|-----------------|---|-----------------------|

|   |  |                              |                             |  |  |
|---|--|------------------------------|-----------------------------|--|--|
| <b>Race/Ethnic Origin:</b>  | Comstock Public Schools is required to report ethnic/race information to the state using the following categories. Please select the ethnic choice that identifies your student. |                              |                             |  |  |
| Ethnicity:  | Hispanic or Latino   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |  |
| Race:   | (Choose one or more, regardless of ethnicity)  |                              |                             |  |  |
| <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> White |  |                              |                             |  |  |

**PRIMARY HOUSEHOLD - Parent/Guardian (Where student resides)**

|                        |            |                          |                         |
|------------------------|------------|--------------------------|-------------------------|
| Adult 1 - Last Name    | First Name | Suffix                   | Relationship to Student |
| Cell Phone             | Work Phone | Employer                 |                         |
| Primary e-mail address |            | Secondary e-mail address |                         |
| Adult 2 - Last Name    | First Name | Suffix                   | Relationship to Student |
| Cell Phone             | Work Phone | Employer                 |                         |
| Primary e-mail address |            | Secondary e-mail address |                         |

**As the parent/guardian, my signature affirms that the information provided within this form is true and accurate, and that my child and I reside at the stated address. I understand false information provided by me may be subject to legal penalties for perjury.**

|                           |      |
|---------------------------|------|
| Parent/Guardian Signature | Date |
|---------------------------|------|

**SECONDARY HOUSEHOLD - Parent/Guardian**

Unless a court order is on file with the school district stating otherwise, non-custodial parents may receive information regarding the student and student's progress. Is there a court order? YES  NO

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|                            |                   |               |                                |
|----------------------------|-------------------|---------------|--------------------------------|
| <b>Adult 1 - Last Name</b> | <b>First Name</b> | <b>Suffix</b> | <b>Relationship to Student</b> |
|----------------------------|-------------------|---------------|--------------------------------|

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|                        |                   |                   |                 |
|------------------------|-------------------|-------------------|-----------------|
| <b>Household Phone</b> | <b>Cell Phone</b> | <b>Work Phone</b> | <b>Employer</b> |
|------------------------|-------------------|-------------------|-----------------|

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| <b>Primary e-mail address</b> | <b>Secondary e-mail address</b> |
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| <b>Adult 2 - Last Name</b> | <b>First Name</b> | <b>Suffix</b> | <b>Relationship to Student</b> |
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| <b>Cell Phone</b> | <b>Work Phone</b> | <b>Employer</b> |
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|                               |                                 |
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| <b>Primary e-mail address</b> | <b>Secondary e-mail address</b> |
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**Address:**

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|                |                    |               |             |              |            |
|----------------|--------------------|---------------|-------------|--------------|------------|
| <b>House #</b> | <b>Street Name</b> | <b>Apt. #</b> | <b>City</b> | <b>State</b> | <b>Zip</b> |
|----------------|--------------------|---------------|-------------|--------------|------------|

**NON-HOUSEHOLD CONTACTS**

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| <b>Adult 1 - Last Name</b> | <b>First Name</b> | <b>Suffix</b> | <b>Relationship to Student</b> |
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| <b>Household Phone</b> | <b>Cell Phone</b> | <b>Work Phone</b> | <b>Employer</b> |
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| <b>Adult 2 - Last Name</b> | <b>First Name</b> | <b>Suffix</b> | <b>Relationship to Student</b> |
|----------------------------|-------------------|---------------|--------------------------------|

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|------------------------|-------------------|-------------------|-----------------|
| <b>Household Phone</b> | <b>Cell Phone</b> | <b>Work Phone</b> | <b>Employer</b> |
|------------------------|-------------------|-------------------|-----------------|

**LIST ANY OTHER STUDENTS IN YOUR HOUSEHOLD ENROLLED AT COMSTOCK SCHOOLS**

OTHER STUDENT NAMES: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

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**STUDENT LIVES WITH:**

- Both Parents     
  Mother Only     
  Mother/Stepfather     
  Father/Stepmother  
 Foster Parents     
  Father Only     
  Other: \_\_\_\_\_  
Please Specify

**Home Language**

Is the student's **primary** language English?       YES       NO      If no, language spoken: \_\_\_\_\_

Is the parent's primary language something other than English?       YES       NO      If yes, language spoken: \_\_\_\_\_

Has the student received English Language Service Support?       YES       NO

**PARENT PERMISSION FOR MEDIA:**

Permission is given to Comstock Public Schools to use photographs, classwork, student name, performances, creations or media interviews of my child for publicity purposes in newspapers, radio, television, website, school publications, including the yearbook.

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

**PARENT PERMISSION FOR FIELD TRIPS:**

By signing in the space below, your child will be allowed to join in field trips or excursions during the school year. However, he/she will still be given information to take home before each excursion to let you know the place to be visited and the date. At that time, you may refuse to give your permission for your child to go on that specific excursion. You should know that Comstock Public Schools is not necessarily responsible for every injury sustained by a student.

**I have read the foregoing information and consent to my child being taken on field trips or excursions during the school year.**

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

**MILITARY CONNECTION**

All children residing in Michigan with a parent or legal guardian currently serving in any component of the Army, Navy, Air Force, Marines, or Coast Guard are considered to be military-connected children. This includes the children of any uniformed personnel serving with the Michigan National Guard, in any of the Reserve United States forces, or on Active Duty.

Is the student a military connected student? \_\_\_\_\_

YES  NO

Relationship of person in military: \_\_\_\_\_

**SPECIAL SERVICES**

My child receives the following special services: (Please check)

Special Education/IEP  504 Plan  Speech/Language  Other: \_\_\_\_\_

**HEALTH INFORMATION**

I hereby authorize school officials to seek medical treatment from an appropriate emergency medical treatment facility, and if deemed necessary to transport the student to such facility. All medical costs will be assumed by the legal parent/guardian.

Does your student have any ONGOING diagnosed medical conditions (allergies, health conditions, etc.) or other information of which teachers and office personnel should be aware? This information when entered will be available to all authorized staff. Note: A Medication Authorization Form must be completed and signed by parent and physician (when required) before dispensing of medication.

Hospital Preference \_\_\_\_\_

NO  Yes (Input details below)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Doctor Phone #: \_\_\_\_\_

**TEMPORARY LIVING ARRANGEMENTS**

**These questions cover the definition of homeless that is within the No Child Left Behind law. This enrollment form will meet MSIP Standard 8.3.1 for enrollment identification.**

Are you sharing the housing of other persons due to the loss of housing, hardship, or a similar reason?  Yes  No

Explain if it is a similar reason: \_\_\_\_\_

Are you currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged or because of economic reasons?  Yes  No

Are you currently residing in a shelter?  Yes  No

Are you currently living in a temporary housing arrangement due to economic hardship?  Yes  No

**OTHER DOCUMENTS REQUIRED:**

An official birth certificate and a copy of the student's official immunization record are required for enrollment.

FOR OFFICE USE ONLY

Rev 3/1/17

# 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](http://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 Comstock Public Schools.

\_\_\_\_\_  
Student Printed Name

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

\_\_\_\_\_  
Student Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Return this signed form to your building's main office. They will 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.

**Comstock Public Schools  
Health and Developmental History**  
(Please bring this form with you to Kindergarten Round-Up or to the school office)

School \_\_\_\_\_ Date \_\_\_\_\_  
 Child's name \_\_\_\_\_ Birth date \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Zip \_\_\_\_\_  
 Family Physician \_\_\_\_\_ Family Dentist \_\_\_\_\_

**Parental and birth history:**

Please describe Mother's general health during pregnancy?

Were there any unusual conditions that may have affected the pregnancy or birth? (illnesses, accidents, medications, drugs, alcohol or smoking?)

Full term or premature \_\_\_\_\_ Birth weight \_\_\_\_\_ Birth length \_\_\_\_\_

Infancy period: \_\_\_ Quiet \_\_\_ Overactive \_\_\_ Irritable \_\_\_ Cuddly \_\_\_ Colicky

**Developmental History:**

|   | YES   | NO    |
|---|-------|-------|
| 1. Prefers playing with others rather than playing alone.                       | _____ | _____ |
| 2. Enjoys being read to.  | _____ | _____ |
| 3. Can pay attention to a short story and ask or answer simple questions.       | _____ | _____ |
| 4. Is enthused about starting school.   | _____ | _____ |
| 5. Prefers to let others do things for him/her.                                 | _____ | _____ |
| 6. Prefers adults, and why. _____   | _____ | _____ |
| 7. Is able to use scissors to cut on a line.                                    | _____ | _____ |
| 8. Is able to recognize and name letters. Which ones _____                      | _____ | _____ |
| 9. Is more active than most children his/her age.                               | _____ | _____ |
| 10. Did your child walk by 2 years of age?                                      | _____ | _____ |
| 11. Did your child speak words and use sentences by 3 years of age?             | _____ | _____ |
| 12. Can child dress self, button and use zipper? Circle ones that child CAN do) | _____ | _____ |
| 13. Did your child have a preschool experience? What type _____                 | _____ | _____ |

How would you describe your child's personality?

Does your child have difficulty walking, running or participating in other activities which require small or large muscle coordination? Please explain.

## Medical History

### A. Medical History (has your child had any of the following illnesses and provide approximate age?)

Allergies/type \_\_\_\_\_  
Asthma \_\_\_\_\_ High Fever \_\_\_\_\_  
Chicken Pox \_\_\_\_\_ Headaches \_\_\_\_\_  
Colds \_\_\_\_\_ Influenza \_\_\_\_\_  
Convulsions \_\_\_\_\_ Measles \_\_\_\_\_  
Croup \_\_\_\_\_ Meningitis \_\_\_\_\_  
Dizziness \_\_\_\_\_ Mumps \_\_\_\_\_  
Draining Ear(s) \_\_\_\_\_ Pneumonia \_\_\_\_\_  
Ear Infections \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_  
Tubes in Ear(s) \_\_\_\_\_ Seizures \_\_\_\_\_  
Encephalitis \_\_\_\_\_ Sinusitis \_\_\_\_\_  
Hepatitis \_\_\_\_\_ Scarlet Fever \_\_\_\_\_  
Strep Throat \_\_\_\_\_  
Tonsillitis \_\_\_\_\_

### Does your child have any of the following conditions?

|    |  |          |         |
|----|--|----------|---------|
| 1. | Vision problems – type and wears glasses?<br>Comments: _____ | Yes /_/_ | No /_/_ |
| 2. | Hearing difficulty – type, or wears aids                     | Yes /_/_ | No /_/_ |
| 3. | Speech problem<br>Comments: _____                            | Yes /_/_ | No /_/_ |
| 4. | Brain damage or head injury – type<br>Comments: _____        | Yes /_/_ | No /_/_ |
| 5. | Emotional problems – type<br>Comments: _____                 | Yes /_/_ | No /_/_ |
| 6. | Heart condition – type<br>Comments: _____                    | Yes /_/_ | No /_/_ |
| 7. | Diabetes   | Yes /_/_ | No /_/_ |
| 8. | Physical handicaps – type<br>Comments: _____                 | Yes /_/_ | No /_/_ |
| 9. | Other – please specify:<br>_____<br>_____                    |          |         |

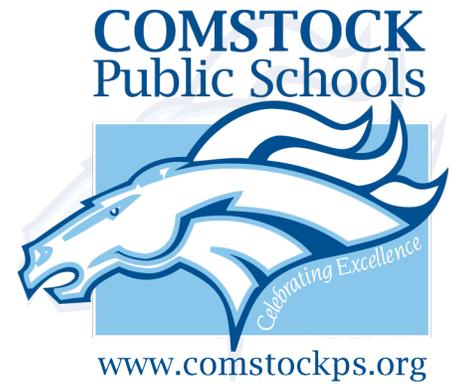
Have any other specialists (physicians, psychologists, special education teachers, etc.) seen your child? If yes, indicate who, when the child was seen and the specialist(s) conclusions or suggestions.

Has the child had any surgeries? If yes, what type and when?

Describe any major accidents or hospitalizations.

Is the child taking any medications and has there been any negative reactions? Indicate when taken and if the medication will be taken in school.

# Central Administration



Dear Parents:

We wish to emphasize that the school district does not provide any type of health or accident insurance for injuries incurred by your child at school. As a service to students and their families, the school district is making available a student accident insurance plan for your child at a very nominal cost.

The premium for this policy is minimal per year for school-time coverage. All school-sponsored and supervised activities and time spent in school are covered in accordance with the terms and limitations of the policy. For an increased premium, the policy will cover your child 24-hours a day, 12 months a year, rather than only during school-time. For students in grades 9-12 there are additional options available to cover interscholastic football.

**Benefits and rates are outlined on the back of this letter. Brochures and applications, which explain the plan and details of coverage, are available in each building (or on the district's website at [www.comstockps.org](http://www.comstockps.org)). Please read the brochure carefully so that you understand the extent of the coverage.**

## REASONS TO PURCHASE THIS COVERAGE:

- ◆ Deductibles and co-pays in your current health plan. Many health plans have increased the amount of out-of-pocket expenses.
- ◆ No primary insurance.

This plan will provide benefits for medical expenses incurred because of an accident. If you have other insurance, benefits can be applied to your deductible or co-pays. If you have no other insurance, this plan will become your primary accident plan.

The plan is underwritten by the Guarantee Trust Life Insurance Company. The agent is First Agency, Inc., at 5071 West H Avenue, Kalamazoo, Michigan 49009-8501.

## To enroll your child in this accident plan, it is necessary to proceed as follows:

1. Obtain an application in the principal's office or athletic department.
2. Detach and complete the envelope. Be sure to retain the descriptive brochure for later reference.
3. Print name, address, and other information clearly.
4. Enclose the correct premium (**no cash--check or money order only made payable to First Agency, Inc.**), seal, affix postage and mail directly to First Agency. To pay by credit card see below.
5. Questions regarding this coverage can be directed to First Agency, Inc. @ (269) 381-6630.

- ◆ **NOTE:** Coverage becomes effective as soon as the application and premium are received at First Agency or the 1<sup>st</sup> day of school, whichever is later. For coverage purchased for interscholastic football or other fall sports starting prior to the first day of school, the effective date will be the date the application and premium are received by First Agency.
- ◆ Be sure to retain the descriptive brochure for later reference.

To purchase coverage on-line, go to [www.1stagency.com/voluntaryaccidentcoverage.htm](http://www.1stagency.com/voluntaryaccidentcoverage.htm) and then follow directions by choosing STATE and SCHOOL DISTRICT. VISA and MasterCard are accepted. Once there, you can obtain a complete brochure outlining benefits and exclusions, print an ID card or obtain claim forms.

We are pleased to make this student accident insurance plan available.

COMSTOCK PUBLIC SCHOOLS  
Acceptable Use Agreement (AUP)  
K – 12<sup>TH</sup> GRADE

Comstock Public Schools has taken strong precautions to restrict access to controversial materials. Our Internet Safety Policy incorporates technology protection measures that block Internet access to obscene and inappropriate material for minors. However, on a global network it is impossible to control all material and an industrious user may discover controversial information. Comstock Public Schools firmly believes that the valuable information and interaction available on this worldwide information source far outweighs the possibility that users may procure material not consistent with the educational goals of the district. This document also gives our teachers permission to use your child's work or picture on a school WEB page. First names only will be used. If you do not want your child represented on their class's WEB page, please write a note across the bottom of the AUP.

- Use of school computers and connection to the Internet is only for schoolwork with a teacher or teacher aide present.
- Using the Internet in school is a privilege for the following purposes:
  - To help me gather information
  - To help me learn about technology
  - To help me learn how to find information and communicate with others
  - To help me learn more in school
- My use of school computers and the Internet may be taken away at any time. I might also have to face disciplinary action including loss of all computer privileges if I misuse either computers or the Internet at school.

***I agree to follow these rules:***

1. The following actions are NOT ALLOWED, and I may lose all technology privileges, and/or face disciplinary action if I do them:
  - a) Getting into someone else's file
  - b) Copying or deleting files or software
  - c) Using or sharing ID's or passwords
  - d) Breaking into files or systems
  - e) Keeping another student or a teacher from doing work
  - f) Making, reading, or sending inappropriate files
  - g) Using school technology to buy, sell, trade or advertise
  - h) Using technology to damage the schools equipment. This includes, but is not limited to:
    - Doing anything that brings a virus into school equipment
    - Purposely destroying hardware, software, or information which is considered vandalism
    - Trying to learn or use other people's passwords or identifications
    - Sharing my own password
2. I will only use technology my teachers have taught me
3. I will have to pay for any damages I have caused
4. The school's technology is only for people who are registered to use it, and I am responsible for my own account and password and/or privileges.
5. The school's technology may not always meet my needs, and it may not always work.
6. The school will not be responsible for lost data or time or harm caused by me or to me because I did not follow directions or because I did not know how to use the system.
7. The school has the right to check anything I do on school equipment.
8. I am currently receiving training in acceptable uses of technology and the Internet.
9. If I suspect that my account is being used by others, I will notify my teacher.

10. I will not attempt to gain access to the Internet beyond my authorized access.
11. I will not use obscene, vulgar, rude, inflammatory or threatening language. Disrespectful language and hacking will result in loss of my use of CPS computers and other disciplinary measures.
12. I will not post personal contact information about myself and other people. Personal contact information includes my address, telephone, full name, etc. I will not enter a chat room, download games, post information on the Web or e-mail anyone from a school computer. The only exception to this is when access is a teacher-directed activity.
13. I will not leave my computer logged in.
14. Without exception, I am responsible for all files stored or printed.
15. Plagiarism is stealing another's work and saying it is my work. I will not copy material from the Internet and present it as my own.

**Student**

***I have received a copy of the acceptable use policy and agree to abide by its stipulations.***

\_\_\_\_\_ **Date**  
***Student's Signature***

**Parent/Guardian Acknowledgment**

**We ask you to acknowledge in writing that you have reviewed a copy of the Acceptable Use Policy.**

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

**PLEASE RETURN THE SIGNED AUP TO YOUR STUDENT'S SCHOOL OFFICE**

Comstock Public Schools  
Physical Education Participation

Dear Parent:

Your child participates in a structured program of physical education, guided by a certified teacher. The success and safety of your child in this program depends, in part, on your child's health.

If, in your opinion, your child is normal and healthy, with no medical illness requiring special attention, please sign below and return this form to school.

When special attention, instruction, consideration, limitations or restrictions are necessary, a formal note from your physician is required.

For your child's safety, gym shoes are also required for participation in physical education. Please make sure your child has a pair of inexpensive shoes to leave in his/her locker at school.

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/\_/\_/ To my knowledge, my child is physically able to take part in the physical education classes during this school year.

/\_/\_/ I am attaching a note from my physician concerning my child's physical condition.

Please check any of the following that pertain to your child's physical condition.

- |                          |                 |                          |                        |
|--------------------------|-----------------|--------------------------|------------------------|
| <input type="checkbox"/> | Epilepsy        | <input type="checkbox"/> | Asthma                 |
| <input type="checkbox"/> | Diabetes        | <input type="checkbox"/> | Allergies              |
| <input type="checkbox"/> | Sight problem   | <input type="checkbox"/> | Allergic to bee stings |
| <input type="checkbox"/> | Heart condition | <input type="checkbox"/> | Hearing problems       |
| <input type="checkbox"/> | Scoliosis       | <input type="checkbox"/> | Migraine attacks       |
| <input type="checkbox"/> | Other _____     |                          |                        |

Special instructions for us to follow \_\_\_\_\_

\_\_\_\_\_

If any condition should develop during the year, please bring it to our attention.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date