

ROMULUS COMMUNITY SCHOOL DISTRICT

ENROLLMENT FORM

TODAY'S DATE: _____ SCHOOL NAME: Community High School Community Middle School Adult Ed Alternative
(Circle One)

DATE FAMILY MOVED INTO ROMULUS: _____ ATTENDED ROMULUS SCHOOLS BEFORE? YES / NO

STUDENT'S NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(HOUSE #) (STREET) (CITY) (STATE) (ZIP)

TELEPHONE: () _____ CELL-PHONE () _____ GENDER: Male / Female

SS#: _____ DATE OF BIRTH _____ PLACE OF BIRTH: _____
(CITY) (STATE)

Parent's E-Mail Address: _____

ETHNICITY (please circle one): African American, Asian, Caucasian, Hispanic, Middle East, Multi-Ethnic, Native American

HOME LANGUAGE: _____ PRIMARY LANGUAGE: _____

CITIZENSHIP: _____ COUNTRY: _____

Name & Address of last school attended (if any): _____

- Please CHECK any that apply:
- Student was suspended or expelled
 - Student is pregnant or is a parent
 - Student has dropped out of school
 - Student has made an official written complaint to law enforcement as to an assault either at previous school or at a school related function.

Has student been receiving any special help or program in school? _____

Describe (i.e. gifted, special education, compensatory education) _____

Other information that the school should know (i.e., medical problems, disability, custody arrangements, medication, previous/current counseling, etc.) _____

<u>FAMILY</u>	<u>MOTHER</u>	<u>FATHER</u>
Name _____	_____	_____
Country or State of Birth _____	_____	_____
Language in Home _____	_____	_____
Date Naturalized _____	_____	_____
Education _____	_____	_____
Occupation _____	_____	_____
Marital Status _____	_____	_____
Step-Parent _____	_____	_____
Guardian _____	_____	_____
With whom does the child live? _____	_____	_____

OTHER SCHOOL AGE CHILDREN IN FAMILY:

NAME / BIRTHDATE:

1. _____
2. _____
3. _____
4. _____

5. _____
6. _____
7. _____
8. _____

PARENT/GUARDIAN INFORMATION:

Name: _____ **Relationship to Student:** _____

ADDRESS: _____
(HOUSE #) (STREET) (CITY) (STATE) (ZIP)

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Name: _____ **Relationship to Student:** _____

ADDRESS: _____
(HOUSE #) (STREET) (CITY) (STATE) (ZIP)

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

EMERGENCY CONTACTS: *(Student can be released to Emergency Contacts. Attach additional pages if necessary)*

Name: _____ **Relationship to Student:** _____

ADDRESS: _____
(HOUSE #) (STREET) (CITY) (STATE) (ZIP)

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Name: _____ **Relationship to Student:** _____

ADDRESS: _____
(HOUSE #) (STREET) (CITY) (STATE) (ZIP)

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____



Romulus Adult and Community Education

39000 Superior ♦ Romulus, MI 48174 ♦ (734) 532-1953

Adult Education ♦ G.E.D. Testing and Preparation ♦ Enrichment Classes

Romulus Community Schools

Access to Student Information

FERPA Annual Notice of Rights Regarding Directory Information

Section 9528 of the *No Child Left Behind Act of 2001* requires schools to release student's "Directory information" to military recruiters and colleges/university recruiters unless you "Opt Out" in writing.

If you do not want your child's information released, please complete the following form and return it to school.

Please fill out this form ONLY IF YOU WISH TO LIMIT THE RELEASE of your student's directory information and/or release of information to military or college and university recruiters.

Military Recruiters (please check one)

Do not release my student's information to military recruiters at any time.

Do not release my student's information to military recruiters until I have given you written parental consent.

Colleges, Universities or Institutions of Higher Learning (please check one)

Do not release my student's information to colleges, universities or institutions of higher learning at any time.

Do not release my student's information to colleges, universities or institutions of higher learning until I have given you written parental consent.

Print Student Name: _____

Name of School (circle one) Community High School Community Middle School Adult Ed. Alternative

Parent's Signature _____

Adult Student's Signature _____

(Student 18 years or older)

ROMULUS COMMUNITY SCHOOLS

Parent Permission Letter for INTERNET ACCESS

The Romulus School District is pleased to offer student access to the internet. To gain access to the Internet, students under 18 years of age must have on file with the District a signed parent permission letter. Students older than 18 may sign their own agreement.

Signing the form will allow students access to thousands of libraries and databases. Families should be aware that some material on the Internet might contain items that are illegal, defamatory, inaccurate or offensive to some people. While our intent is to make Internet access available to further educational purposes, students may find ways to access other information. The Romulus Board of Education respects and supports each family's right to decide whether or not to apply for access. Students are responsible for good behavior on the Internet.

Access is a privilege, not a right and it is presumed that users will comply with District standards and honor the agreement they have signed.

Both you and your student should sign the attached **Internet permission agreement**.

Romulus Community Schools

Agreement for Internet Access and E-Mail

The Romulus School District utilizes computer terminals with access to telecommunications systems and networks, including the Internet, electronic mail and the World Wide Web (collectively referred to as the "Internet"). The Romulus School District has adopted policies and procedures that set forth the terms and conditions for use of the school district's computer terminals. Students are required to familiarize themselves with and follow those policies and procedures at all times.

It is understood that the Internet may contain defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive and illegal material that is not appropriate for students. The Romulus School District has adopted technology protection measures that, to the extent reasonably possible, insulate students from access to certain inappropriate content. Nevertheless, it is impossible for the school district to monitor all use of its computer terminals and the Internet and prevent inappropriate use by students or exposure to inappropriate content.

The Parent(s) or Guardian(s) grant permission for (print student's full name):

_____, (the student), to use the Romulus School District's computer terminals and to access the Internet. In consideration of the Student being granted the privilege of using the school district's computer terminals and having access to the Internet and e-mail (at the discretion of the school district), the Parent(s) or Guardian(s), on their behalf and on behalf of the Student, and the Student agree as follows:

1. To abide by the policies and procedures of the Romulus School District and not access unauthorized or inappropriate Internet sites, or otherwise violate said policy and procedures.
2. To discharge and release the Romulus School District, its Board of Education, and all of their past, present and future Board Members, administrators, teachers, employees, volunteers, agents, attorneys, representatives and assigns ("the Released Parties") from any and all claims, actions, suits, demands and causes of action whatsoever, whether known or unknown, which may arise from or be related to, the Student's use of the Romulus School District's computer terminals, e-mail access to the Internet including, but not limited to, claims for negligence or gross negligence.
3. To indemnify and hold harmless the Released Parties from any and all claims, actions, demands and causes of action released in paragraph 2 above. This includes the duty to reimburse the Released Parties for all actual attorneys fees, costs, liabilities, settlements, and judgments they may incur responding to or defending against such claims, actions, demands and causes of action.

Parent or Guardian

Student

Date

Date

ROMULUS COMMUNITY SCHOOLS

CHICKEN POX (VARICELLA) STATEMENT

I state that my child _____ has had chicken pox disease (varicella) and does not need to be vaccinated against chicken pox. Approximate date of the disease:

Parent/Guardian signature

Date



Oakwood

Ambulatory Services

Date:
Center/Office:

TEEN HEALTH PATIENT INFORMATION SHEET

PATIENT	Patient's Name:			Birth Date	Age	
	Street Address, City, State and Zip				Phone No.	
	Ethnicity: <input type="checkbox"/> Arabic <input type="checkbox"/> Hispanic		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number		Language Spoken in Home
	<input type="checkbox"/> Nonarabic/Nonhispanic <input type="checkbox"/> Unknown					
	Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Mixed Race <input type="checkbox"/> White <input type="checkbox"/> Other					
	Student, current grade:		Name of School:			
	Family Physician's Name		Address		Phone No.	
	Referred by:					
	INSURANCE	Member Name and Mailing Address		Member Social Security Number	Member Birthdate	Member's Employer (Company Name)
		Name and Address of Insurance			Member Number	Group Number
Is Patient Covered by Any Other Insurance Plan or Benefits? Dental: _____ Medical: _____						
If so Name of Insurance Benefits: _____						
Relationship to Patient: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____						
PARENT	PARENT'S INFORMATION (If patient is under 18 or insurance is in parent's name please fill out following)					
	FATHER OR GUARDIAN			MOTHER OR GUARDIAN		
	Name			Name		
	Employer			Employer		
	Employer Address			Employer Address		
	Business Phone		Birth Date	Business Phone		Birth Date
	Home Phone		Social Security Number	Home Phone		Social Security Number
	Driver's License No.			Driver's License No.		
	EMERGENCY	IN CASE OF EMERGENCY, please give name, address and phone number of a friend or relative not living at your address:				
		Name			Relationship to You	
Address, City, State and Zip				Phone No.		



Oakwood

Ambulatory Services

Taylor Teen Health Center
26650 Eureka Ste C
Taylor, MI 48180
(734) 942-2273

Inkster Teen Health Center
29193 Beech
Inkster, MI 48141
(734) 729-8336

Remulus Adolescent Health Center
6650 S. Wayne Road
Romulus, MI 48174
(734) 941-1400

NAME

M.A.R.#

BIRTHDATE

PATIENT/PARENT CONSENT TO TREATMENT

Patient Name:

Birth Date:

S E C T I O N 1	<p>The Oakwood Teen Health Centers provide a wide range of medical care, mental health care and health education services, to adolescents, including: physicals, sick care, first aid, lab tests and prescriptions, skin and nutrition care, hearing and vision screening, sexually transmitted disease diagnosis and treatment, HIV counseling and testing, reproductive health education and referral, individual and group counseling and referral and substance abuse prevention, assessment and referral.</p> <p>I consent to allow the Oakwood Healthcare System Teen Health Centers to provide treatment, including, but not limited to the services listed above, as the physician and health care staff of the Teen Health Center consider necessary. I understand that I can withdraw my consent at any time by giving notice in writing.</p> <p>I understand that Michigan law does not require a parent to consent for advice or treatment of drug abuse, alcoholism, sexually transmitted diseases, including HIV, pregnancy or outpatient counseling for minors 14 years or older.</p> <p>I understand that testing for blood borne diseases, including HIV/AIDS, may be performed without a separate written consent if a health professional or employee of Oakwood is exposed to the patient's blood or body fluids through skin, mucous membrane or open wound.</p>
	<p>Signature of Parent/Guardian or Patient (if 18 years or older) _____ Date _____</p>
S E C T I O N 2	<p>Authorization to Pay Insurance Benefits to the Oakwood Healthcare System Teen Health Centers and Release of Information</p> <p>I authorize my insurance carrier to pay the Oakwood Healthcare System Teen Health Centers for services rendered to me my child that are covered under my health insurance plan. I understand I may be responsible for fees and charges if my health care provider does not participate in my health insurance plan. I also understand I may be responsible for fees and charges that are co-pays, deductibles, and that are for services that are not covered under my health insurance plan. I also authorize the Oakwood Teen Health Centers to release medical information to any Oakwood Healthcare System hospital, facility, entity or physician or my/my child's primary health care provider for continuity of care. A copy of this authorization may be used in place of the original. I understand that I or my insurance carrier may withdraw this authorization at any time by giving notice in writing.</p>
	<p>Signature of Parent/Guardian or Patient (if 18 years or older) _____ Date _____</p>
S E C T I O N 3	<p>Please provide the following patient information:</p> <p>Patient's Primary Health Care Provider if other than Teen Health Center (Name): _____</p> <p>Address: _____ Phone: _____</p> <p>Allergies, including reactions to medicine (if any): _____</p> <p>Medical Illnesses (past and/or present): _____</p> <p>Past Hospitalizations and Surgeries: _____</p> <p>Current Medications: _____</p> <p>Is there anything else we should know about your/your child's health? _____</p>
	<p>Signature of Parent/Guardian or Patient (if 18 years or older) _____ Date _____</p>

Dear Parents and Students,

Community Middle/High School has a full time social worker on staff during the entire school day. It is important for you to know this so that if you have concerns in any of the following areas you know that I am here to assist you in any way I can:

- Individual counseling
- Homelessness
- Relationship problems
- Parent/ student problems
- Student to student discord
- Suicidal behaviors, actions, threats
- Pregnancy
- Inadequate resources for mothers and fathers with children
- SSI benefits
- Health insurance
- Personal illness
- Community service
- In addition, I have a series of group counseling programs that are available to the student as requested. You will learn more about this as the school year progresses. The groups include:
 - Anger Management
 - Depression
 - Student Moms
 - Life skills

If you have other concerns or questions, please see me in the Social Work office.

Sincerely,



Mrs. Davis

**ROMULUS COMMUNITY SCHOOLS
MEDICAL HISTORY SCREENING FORM**

Child's name:	Birthdate:
Address:	Daytime phone:
School:	Grade:

MEDICAL HISTORY

Circle the diseases or conditions listed below which your child has ever had in the past or has now:

1. Allergies, please list: _____
2. Asthma _____
3. Breathing problems, explain: _____
4. Eczema, psoriasis or other skin problem _____
5. Chicken pox _____
6. Constipation or diarrhea _____
7. Headaches _____
8. Heart problems, please explain: _____
9. Diabetes _____
10. Vision problems, list _____
11. Glasses _____
12. Hearing problems _____
13. Sickle cell disease _____
14. Prolonged bleeding problems _____
15. Bladder or kidney problems _____
16. Other: _____

LIST ANY PHYSICAL OR EXERCISE RESTRICTIONS FOR YOUR CHILD: _____

DOES YOUR CHILD REQUIRE MEDICATION WHILE AT SCHOOL?

Yes No

IF YES, what medication does your child need? _____

IMPORTANT NOTE: Romulus Schools requires a doctor's signature for all prescription and non-prescription medication. According to Michigan Law, all students carrying an inhaler for asthma must have written permission from the physician and the parent on file in the office. Forms are available in the school office.

Additional comments: _____

Parent/Guardian signature

Date