

Welcome to Discovery Elementary School!

Whether you are inquiring about our school or enrolling a new student, we are happy to provide you with this information. We are extremely proud of our school, our staff and our community. We believe that Discovery is a “great place to learn,” and we hope you will agree!

All the following information must be submitted for your child to be enrolled in to Williamston Community Schools:

- ✓ Enrollment Card (this is two-sided and needs a signature on the back)
- ✓ Release of Records – allows us to request student records transferring from previous school district
- ✓ State Certified Birth Certificate (Must be one with raised seal; we will make a copy)
- ✓ Proof of Residency Affidavit (rent receipt, mortgage payment, utility bill, phone bill or property tax receipt or Driver’s License)
- ✓ Immunization Record – due at time of enrollment and cannot be delayed until the student file arrives from the previous school (refer to requirement chart in folder)
- ✓ Proof of Vision Screening
- ✓ Ethnicity Form
- ✓ Home Language Survey – this is required by the State
- ✓ Consent for Disclosure of Immunization Information to Local and State Health Departments

Additional information that is needed for student’s record:

- ✓ Special Education/504 Plan Questionnaire
- ✓ Parent/Student Concussion Information Form – Michigan Sports Concussion Law
- ✓ Permission/Technology Permission Form – for field trips, photographing and video permission, directory information and internet use agreement
- ✓ Student Learner Information Form – helps us to place your student in their best learning environment
- ✓ Transportation Information Sheet – needed for bus routes

Visit this link for information on obtaining a certified copy of a Birth Certificate:

https://cl.ingham.org/departments_and_officials/county_clerk/vital_records_birth_certificates.php

Certified copies of Birth Certificates are \$30.00 for the first copy and \$10.00 for additional copies of the same record.

Please take the time to complete all enrollment forms and return them to the Discovery Elementary Office. If you have any questions, please call the school’s main number: 517-655-2855.



Discovery Elementary School, K-2

Cassie Pfander, Principal

350 Highland Street • Williamston, MI 48895 • p. 517.655.2855 • f. 517.655.7504

RELEASE OF RECORDS

To (name of school currently attending): _____

Is this school a public () or private school ()?

Please release all records for _____.
(Student name) (Date of birth)

Entering _____ grade

Please also send current copies of any of the following: Special Education services, immunizations, etc.).

UIC no. _____ (office use only)

Send to: Student Records
Discovery Elementary School, K-2
350 Highland Street
Williamston, MI 48895

Parent/Guardian signature

Date

CA-60 file

Date received: _____

Date faxed: _____

DISCOVERY ELEMENTARY SCHOOL REGISTRATION FORM

Last Name:

First Name:

Please provide your most current information in the space provided.

This form must be updated every year by a parent or other legal decision maker.

2023 - 2024

A. Student Information		Please Print Current Information	
Student's Full Name			
Preferred Name			
Student Home Phone			
Gender			
Grade			
Date of Birth			
*Ethnicity(See Note Below)			
B. Address Information		Please Print Current Information	
Mailing Address			
Mailing City, State, Zip			
Home Address (if different)			
Home City, State, Zip			
C. Parent Information		Please Print Current Information	
Father's Name			
Father's Home Phone/Cell Phone		(H)	(C)
Work Phone & Employer			
Parent's Address (if different)			
Mother's Name			
Mother's Home Phone/Cell Phone		(H)	(C)
Work Phone & Employer			
Automated telephone and/or text messages pertaining to school closings and student attendance may be sent to the numbers listed on this form. To opt out of receiving these messages contact the school office or change your notification preferences in PowerSchool Parent Access at https://tinyurl.com/WCSPreferences .			
D. Living Arrangements		Please Print Current Information	
Single Parent Household?			
If yes please indicate custody**: Legal: Mother/Father/Joint Physical: Mother/Father/Joint			
If student currently has a Step-Parent, Guardian, Foster Parent, Custodian, Group Home, etc, indicate the name, relationship, and phone numbers.			
Name & Relationship			
Day or Work Phone/Cell Phone			
Name & Relationship			
Day or Work Phone/Cell Phone			
Is this student a resident of the Williamston School District?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, please list the home school district. _____			
E. Emergency Information		(Local - Other than parent)	
Contact 1-Name/Relationship			
Day Phone (Hm,Wrk,or Cell?)			
Contact 2-Name/Relationship			
Day Phone (Hm,Wrk,or Cell?)			
Contact 3-Name/Relationship			
Day Phone (Hm,Wrk, or Cell?)			
Contact 4-Name/Relationship			
Day Phone (Hm,Wrk, or Cell?)			

*Ethnic Types: African American; American Indian; Asian, Caucasian; Hispanic; Pacific Islander

**Must provide copy of court order regarding custody

Data entered by: _____ Date : _____

CONTINUED ON OTHER SIDE

F. Medical Information	Please Print Current Information																		
Doctor Name/Phone																			
Dentist Name/Phone																			
Allergies																			
Does student use an Epi-Pen?																			
Medications? (Please List)																			
Are there any special medical or health concerns? For Example: -Asthma -Diabetes -Heart Problem (Describe) -Other (Describe)																			
<p>Please list any other children in the family:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Name: _____</td> <td style="width: 10%;">Grade: _____</td> <td style="width: 50%;">School: _____</td> </tr> <tr> <td>Name: _____</td> <td>Grade: _____</td> <td>School: _____</td> </tr> <tr> <td>Name: _____</td> <td>Grade: _____</td> <td>School: _____</td> </tr> <tr> <td>Name: _____</td> <td>Grade: _____</td> <td>School: _____</td> </tr> <tr> <td>Name: _____</td> <td>Grade: _____</td> <td>School: _____</td> </tr> <tr> <td>Name: _____</td> <td>Grade: _____</td> <td>School: _____</td> </tr> </table>		Name: _____	Grade: _____	School: _____	Name: _____	Grade: _____	School: _____	Name: _____	Grade: _____	School: _____	Name: _____	Grade: _____	School: _____	Name: _____	Grade: _____	School: _____	Name: _____	Grade: _____	School: _____
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Name: _____	Grade: _____	School: _____																	
G. To Be Completed by the Legal Decision Maker																			
<div style="display: flex; justify-content: space-between;"> Is this student the youngest family member enrolled in this school? <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="display: flex; justify-content: space-between;"> Is this student the youngest family member enrolled in this district? <input type="checkbox"/> Yes <input type="checkbox"/> No </div>																			
<p>If there is any additional information about the health and welfare of your child of which the school needs to be aware, please contact the school office directly.</p>																			
<p>Is your child receiving any Special Education Services? If yes, please describe (i.e. speech, resource classroom)</p> <p>_____</p> <p>Is there a 504 Plan for your child? If yes, please explain: _____</p> <p>Does your child have a behavior plan? Yes <input type="checkbox"/> No <input type="checkbox"/></p>																			
<p>Would you like to receive district and school updates through e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Please print your current e-mail address here:</i></p> <p>_____</p>																			
<p>Please list others who are allowed to pick up your student:</p> <p>_____</p>																			
<div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 20px;"> (Signature of Legal Decision Maker) (Date) </div>																			

PROOF OF RESIDENCY AFFIDAVIT

Williamston Community Schools

Form updated: 2/17/2016

Student's resident address:

Name of student(s): (One form per family... please list all students)	1)
	2)
	3)
	4)
	Last First M.I. Date of Birth: Month /Day /Year
Resident address:	Street: Apt./Lot #:
	City:
	Zip:
Please list your resident school district: Resident county:	
Please list the county of your resident school district:	
We currently live in (please check one):	
<input type="checkbox"/> Our own home <input type="checkbox"/> A shelter – Name of shelter:	
<input type="checkbox"/> TEMPORARILY with more than one family in a house, mobile home, or apartment because the family cannot have a home of their own <input type="checkbox"/> A hotel/motel	
<input type="checkbox"/> New foster care placement with a relative (placed at current home within the last 6 months) <input type="checkbox"/> A car	
<input type="checkbox"/> New foster care placement with a non-relative (placed at current home within the last 6 months) <input type="checkbox"/> A campsite	
<input type="checkbox"/> Other location not appropriate for living (e.g. abandoned building)	
<i>If you checked any box other than Our Own Home, please fill out the additional information on the back of this sheet.</i>	
By signing below you indicate that you have read/understand this document and certify that all information is correct.*	
Signature of Parent/Guardian:	
Date:	Printed name of parent/guardian:

Verification of attached bill (must be signed by the person named on the bill):

I certify that the above student resides with me at (address) _____	
in the _____ School District, and I agree to provide a copy of proof of this address.	
Signature: _____	Date: _____
Printed name: _____	Relationship: _____

Verification of the resident address may be made with any one of the following, which must be current and include the address. The dollar amount of the receipt may be eliminated from the copy. (Please check one):

___ mortgage payment ___ property tax receipt ___ rent receipt ___ utility bill (water, electric, land-line telephone)

*Should the district learn that this is not the residence; the student may be excluded immediately from the district.

Please turn over

Please list the reason you are not currently living in your own home, this will help determine if additional services are available for your student:

- ☐ Cannot afford our own housing
- ☐ Eviction / foreclosure
- ☐ Fire
- ☐ Living with friends or relatives, by choice, not necessity
- ☐ Loss of job
- ☐ Loss of housing due to economic issues
- ☐ Parent/Guardian is deployed
- ☐ Providing care for a family member
- ☐ Temporarily waiting/looking for a new house or apartment, are able to move once we find one
- ☐ We are in our own home



**Williamston Community Schools
Ethnic Background/Race Form**

Name of Student _____ Grade _____

Discovery _____ Explorer _____ Middle School _____ High School _____

Please answer **BOTH** parts, **A** and **B**.

Part A. **Is this student Hispanic/Latino?** (*Choose only one*)

_____ **No, not Hispanic/Latino**

_____ **Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin, regardless of race.)

Part A of the question is about ethnicity, not race. Regardless of what you selected in Part A, **please answer Part B** by marking one or more to indicate what you consider your student's (or your) race to be.

Part B. **What is the student's race?** (*Choose one or more*)

_____ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America.)

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

_____ **Black or African-American** (A person having origins in any of the black racial groups of Africa)

_____ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

_____ **White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

NOTE: Both parts A and B **MUST** be completed. We encourage you to select an answer for **both** parts. If either part (A or B) is not answered, the U.S. Department of Education **requires** your child's school district to supply an answer on your behalf.

Signature of Parent or Guardian

Date



**State Board of Education Approved
Home Language Survey ***

The Williamston School District 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 instruction according to Sections 380.1152 - 380.1157 of the School Code of 1995, Michigan's Bilingual Education Law. Would you please help by providing the following information?

Thank you very much for your cooperation.

Name of Student _____ Grade _____ Age _____

Discovery Elementary School

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

_____ Yes _____ No What is that language? _____

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

_____ Yes _____ No What is that language? _____

Signature of Parent or Guardian Address Date

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

* Translation of this survey form in Spanish, Arabic, French, Italian and Ojibwa is available at the Office of Field Services at 517-373-6066.



QUESTIONNAIRE REGARDING SPECIAL EDUCATION

Student Name: _____

Grade: _____

Previous School: _____

_____ My student has an active IEP from a previous school district – **you must provide a copy**

_____ My student has previously received Special Education Services

Explain _____

_____ My student has not previously received Special Education Services

Parent Name: _____ Signature: _____



QUESTIONNAIRE REGARDING 504 PLAN

Student Name: _____

Grade: _____

Previous School: _____

_____ My student has an active 504 Plan from a previous school district – **you must provide a copy**

_____ My student has previously received Special Education Services

Explain _____

_____ My student has not previously received 504 Services

Parent Name: _____ Signature: _____



Student Health Concerns

School Year: 2023-2024

From: _____
(Parent/Guardian)

(Daytime Phone)

(Evening Phone)

Re: _____
(Student Name)

(Birth date)

(Grade)

My child **does not** have any current medical concerns _____

Please call me so I may inform you of my child's medical situation which includes:

- ☐ Asthma
- ☐ Diabetes
- ☐ Medications
- ☐ Seizures
- ☐ Severe food or bee allergy
- ☐ Other, explain:

If your child **does** have a medical concern, the medical plan coordinator will contact you to obtain more information and to plan for the upcoming school year.



**Discovery Elementary School
350 Highland Street
Williamston, MI 48895
p. 517-655-2855 f. 517-655-7504**

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 student's 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 authorize Williamston Community Schools to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

Student's Name: _____

Date of Birth: _____

Signature of Parent/Guardian of Eligible Student

Date

Printed Parent/Guardian Name

Concussion

INFORMATION SHEET



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - Work with their coach to teach ways to lower the chances of getting a concussion.
 - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no “concussion-proof” helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events *prior to* or *after* a hit or fall

Symptoms Reported by Children and Teens

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not “feeling right,” or “feeling down”

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*



cdc.gov/HEADSUP

CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

➤ **Children and teens** who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to cdc.gov/HEADSUP



Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

- ☐ I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete's Name Printed: _____ Date: _____

Athlete's Signature: _____

- ☐ I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian's Name Printed: _____ Date: _____

Parent or Legal Guardian's Signature: _____

DISCOVERY ELEMENTARY SCHOOL, K-2
Student Learner Information Form
(OPTIONAL)

This form will be provided to your child's assigned classroom teacher for the 2023-2024 school year.

Student Name Current Grade Parent Signature Date

My child likes to be called (i.e. Lexie instead of Alexis) _____.

What methods, techniques, or aspects of the learning environment are most beneficial for your child?

What are your child's greatest strengths?

What are your child's greatest needs?

Please describe any medical needs or concerns for your child.

Is there a specific goal you would like to see your child's teacher work on with your child?



Transportation Information 2023-2024

Student(s) name(s) and grade(s):

Home address:

Parents name(s):

Parents address if different from student:

Home phone: _____

Work phones: Mom _____ Dad _____

Cell phones: Mom _____ Dad _____

Daycare Provider Information

Name of provider: _____

Address: _____

Phone: _____

Allergies or medical conditions driver should be aware of:

Emergency contact for bus garage:

Name: _____ Phone no.: _____

Name: _____ Phone no.: _____

*****AN ADULT MUST BE PRESENT BEFORE KINDERGARTEN STUDENTS CAN BE
RELEASED FROM THE SCHOOL BUS.*****