



## LIVONIA PUBLIC SCHOOLS REGISTRATION PACKET

Thank you for registering your child into the Livonia Public Schools. We look forward to working with you and your family.

Please take a moment to review the following information prior to completing this registration packet:

- 1) Pages 1-9 are informational pages.
- 2) Parent/Guardian signatures are required on pages:
  - 11 parents of all students;
  - 12 parents of all students;
  - 13 if you wish to restrict your child's name or image being included in media publications
  - 14 if your student requires medication during school hours;
  - 15 if your student is in grade 6.
- 3) Student signatures are required on:
  - Page 12 – *Request for Academic and Discipline Records*;
  - The *Student Emergency Information Record* (this will be provided to you by the school at the time of registration.) ALL Students are required to sign this document.
- 4) The ***Upper Elementary Music Choice Form*** MUST be completed for all **6<sup>th</sup> grade** students.

## WELCOME TO THE LIVONIA PUBLIC SCHOOLS

We want you to be able to complete your registration visit.  
**Use this checklist to make sure you have the required documents.**  
Additional information may be required to complete the registration process.

### **Parent/Legal Guardian must be present to register the student.**

*One Parent/Legal Guardian must reside within the Livonia Public Schools school district in order to register the student.*

### **STUDENT INFORMATION**

- ☐ **ORIGINAL Birth Certificate** – parent name on Birth Certificate MUST match name on parent's government i.d., or further proof of parentage will be required, i.e. Marriage Certificate or Divorce Papers showing name change.
- ☐ **Immunization Records** – New entrants and all 7<sup>th</sup> grade students must have ALL required immunizations or a *Certified Waiver* from the Wayne County Department of Health.
- ☐ **IEP/504 Plan** – Only needed if your student receives special services.

### **ADDITIONAL INFORMATION WILL BE REQUIRED FOR STUDENTS IN THE FOLLOWING GRADES:**

- Kindergarten:** ☐ Vision Exam      **Middle School:** ☐ Last Report Card
- High School:** ☐ Check-out Sheet from previous school    ☐ Last Report Card  
☐ Unofficial Transcript (If at least one semester of high school has been completed.)

### **PARENT/GUARDIAN INFORMATION**

- ☐ Driver's License or Government issued I.D.
- ☐ Guardianship Papers (if applicable)

One of the following:

- ☐ Current Property Tax Bill
- ☐ Current Lease – must have address, term (beginning and end date), and signatures of both the tenant and landlord.

One piece of business mail, dated within 30-days of registration. MUST include your name and address.

- ☐ Utility Bill (other than water)    ☐ Government Documents    ☐ Other Business Mail
- ☐ Forwarding order from the U.S.P.S. – good for 30-days until business mail is received

**LIVING IN THE HOME OF A LIVONIA RESIDENT** – NOTE: *If it is found that the student does not reside in your home, you (homeowner/lessee) will be responsible for the payment of tuition for the student).*

Both the homeowner/lessee and the parent or guardian will be required to provide notarized Residency Affidavits (provided to you at registration), along with the following required documentation:

#### Homeowner/Lessee:

- ☐ Driver's License or Government issued I.D.

One of the following:

- ☐ Current Property Tax Bill
- ☐ Current Lease – must have address, term (beginning and end date), and signatures of both the tenant and landlord.

One piece of business mail, dated within 30-days of registration. MUST include your name and address.

- ☐ Utility Bill (other than water)    ☐ Government Documents    ☐ Other Business Mail
- ☐ Forwarding order from the U.S.P.S. – good for 30-days until business mail is received

#### Parent/Guardian:

- ☐ Driver's License or Government issued I.D.

One piece of business mail, dated within 30-days of registration. MUST include your name and address.

- ☐ Utility Bill (other than water)    ☐ Government Documents    ☐ Other Business Mail
- ☐ Forwarding order from the U.S.P.S. – good for 30-days until business mail is received

**REQUIRED CHILDHOOD IMMUNIZATIONS FOR MICHIGAN SCHOOL SETTINGS**  
**ENTRY REQUIREMENTS FOR ALL PUBLIC & NONPUBLIC SCHOOLS**

<b>VACCINE**</b>	<b>4-6 YEARS</b>	<b>7-18 YEARS Including ALL 7<sup>th</sup> Grade Students</b>
Diphtheria Tetanus Pertussis	4 doses DTP or DtaP, one dose must be on, or after, 4-years of age.	4 doses D and T OR 3 does Td if #1 given on, or after, 7-years of age, 1 dose of Tdap for children 11-18 years of age IF 5-years since the last dose of tetanus/diphtheria containing vaccine.
Polio	4 doses, if does 3 administered on, or after, 4- years of age, only 3 doses required.	3 doses.
Measles* Mumps* Rubella*	2 doses on, or after 12-months of age.	
Hepatitis B*	3 doses.	
Meningococcal	None	1 dose for children 11 years of age, or older, upon entry into 7 <sup>th</sup> grade or higher.
Varicella* (Chickenpox)	2 doses of Varicella vaccine, at or after, 12-months of age OR current lab immunity OR reliable history of disease.	

\* Current laboratory evidence of immunity is acceptable instead of immunization with antigen.

\*\* All doses of vaccines must be given with appropriate spacing between doses and at appropriate ages to be considered valid.

**Wayne County Health Department-Immunization Clinics:**

**Website:** [www.waynecounty.com](http://www.waynecounty.com)

**Wayne Health Center Administration Offices**

33030 Van Born Road

Wayne MI 48184

Phone: 734-727-7000

**FREE HEARING AND VISION SCREENINGS DONE AT THE WAYNE HEALTH CENTER  
ADMINISTRATION OFFICES EVERY 3<sup>RD</sup> FRIDAY OF THE MONTH.**

**NON-MEDICAL WAIVER OF IMMUNIZATIONS:**

Parents/Guardians who wish to waive the immunization requirement for their student(s) due to religious, philosophical, or other objections are required to schedule an appointment with the Wayne County Department of Public Health to obtain a certified waiver.

**MEDICAL CONTRAINDICATION:**

Parents/Guardians whose student is unable to receive one or more immunizations due to a physician certifying that such immunization may be detrimental to the child's health must sign a *Medical Contraindication Form*, which will be provided to you at the time of registration. NOTE: This form must also be signed by your child's physician.

If your child has been identified as having a medical contraindication to any vaccine, please be aware of the following:

"Michigan immunization law requires that a child enrolled in a school or child care center be immunized against the diseases specified unless a valid exemption applies. A child is exempt from these requirements for any specific immunization for any period of time for which a physician certifies that a specific immunization is or may be detrimental to the child's health. Any child with a medical contraindication to a particular vaccination is considered susceptible to that vaccine-preventable disease, and is subject to exclusion from school or center if an outbreak of the disease occurs in the school or center." (State of Michigan, Department of Community Health, Form DCH-0713. Rev. 5/2007.)

## **Annual Notification Family Rights and Privacy Act**

The educational records of students in the Livonia Public Schools are safeguarded by policies of the federal legislation entitled Family Educational Rights and Privacy Act (FERPA) of 1974.

Parents, guardians, and/or eligible students aged eighteen years or older, may have access to that student's educational records. Parents who are not married may have access to their child's records, unless specifically prohibited by a court order on file in the child's school.

Parents, guardians, and/or eligible students wishing to read the educational records should contact the principal's office. Access to a Personal Cumulative File maintained by the Department of Student Services can be arranged by calling 734-744-2615.

While the law does allow for the disclosure of personally identifiable information from education records in certain circumstances, parents, students over the age of eighteen, and former students over the age of eighteen also have the right to consent to the disclosure of such information.

### **Disclosure of Information**

Information from the files may be disclosed without consent in accordance with applicable law. Examples of when information may be disclosed include:

1. Parents, guardians, and/or eligible students may request that information be released to specific parties or organizations.
2. Under circumstances specified in the district's regulations to certain state and federal officials, courts, etc.
3. To protect the health and safety of the students.
4. Upon request, the district discloses education records to another school district in which a student seeks or intends to enroll.

### **Access to Records**

Pursuant to federal law and regulations, the district may allow school officials to have access to education records without consent of a parent, guardian, or eligible student. A school official is any district board member, employee, or other individual acting on behalf of the district such as a(n): attorney, contractor, volunteer, consultant, therapist, committee member, vendor, or their employees, whom the district's administration determines to have a legitimate educational interest in the records.

A legitimate educational interest is: any interest that furthers the best interests of the student or students involved or assists the district in providing educational services.

As an ongoing procedure to protect the rights of students by maintaining educationally relevant information in the files, administrators initiate periodic reviews of file information. This review will take place prior to a transfer to a new school within or outside Livonia Public Schools and at a high school graduation, and may include the destruction of data that is no longer educationally relevant.

## **Directory Information**

In addition, federal regulations allow a school district to publish certain information without securing specific authorizations each time, if parents, guardians, and/or eligible students are informed in advance that directory information will be released.

Directory information includes:

1. Student name
2. Address
3. Date of birth
4. Major field of study
5. Participation in recognized activities and sports
6. Weight and height of athletic team members
7. Student image or likeness in picture, videotape, film, digital format, or other media, including the district or school websites.
8. Year of graduation
9. Awards received
10. Sex of pupil

If parents, guardians, and/or eligible students do not want such information made public, the principal should be informed, and the information will be withheld.

Additionally, the district is required to provide military recruiters, upon request, with names, addresses, and telephone listings of secondary students, unless parents advise the district they do not want their child's information disclosed without their prior written consent.

## **Appeal Process**

Parents, guardians, and/or eligible students who believe that an educational record is inaccurate, misleading, or violates the student's rights, may request in writing that the record be amended or destroyed. This request must be submitted to the Human Resources Director. If the request is refused, the parents, guardians, and/or eligible students have a right to a hearing.

Parents or eligible students also have the right to file a complaint with the U.S. Department of Education concerning an alleged failure of the district to comply with the federal FERPA/1974.

**The federal government maintains an office that will assist.**

**Contact information is:  
Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Ave., SW,  
Washington, DC 20202-4605  
Phone: 202-260-3887**

## **LIVONIA PUBLIC SCHOOLS STUDENT LIVNET ACCESS PROCEDURE**

Students in Livonia Public Schools will be provided, with parent or guardian approval, access to network resources and electronics equipment and communications (hereinafter called LivNet) for educational purposes. This access to LivNet is designed to assist in the collaboration and exchange of information, to facilitate personal growth in the use of technology, and to enhance information gathering and communication skills. The use of LivNet includes limited access to the internet.

Students must comply with the following acceptable use of LivNet for Livonia Public Schools:

1. The use of LivNet at school is a privilege, and may be revoked by the administrators of LivNet at any time.
2. The district reserves the right to monitor and review, at any time, any type of use or information used, stored, sent, received, or downloaded on district computers or equipment.
3. Any misuse of LivNet may result in disciplinary action as a violation of Board Policy JD, Prohibited Acts B(1), F(2), G(3), and I(4). Misuse of LivNet shall include, but is not limited to, the following:
  - a. Malicious use of LivNet through hate mail, harassment, profanity, obscenity, vulgar statements, or other discriminatory acts.
  - b. Illegal installation or use of copyrighted software.
  - c. Intentionally seeking information on, obtaining copies of, or modifying files.
  - d. Disrupting the operation of LivNet through abuse of the hardware or software.
  - e. Use of LivNet for any commercial-for-profit purpose.
  - f. Use of LivNet for non-educational/non-district-related communications.

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*(1) JD, B: A student shall not intentionally cause, or attempt to cause damage to school property; or steal, or attempt to steal school property.*

*(2) JD, F: A student shall not fail to comply with instructions or directions of teachers, student teachers, substitute teachers, teacher aides, principals, other school personnel, or persons acting in chaperone or supervisory capacity.*

*(3) JD, G: A student shall not commit, or participate in, any conduct or act defined as a crime by state law or local ordinance.*

*(4) JD, I: A student shall not commit, or participate in, any conduct or act prohibited by a school building's rules and regulations.*

**STUDENT AND PARENT/GUARDIAN  
LIVNET ACCESS AUTHORIZATION FORM**

As a condition of the student being allowed access to network resources, electronic equipment, and communications (hereinafter called LivNet) through Livonia Public Schools, we understand and agree to the following:

1. The use of LivNet, which includes limited access to the internet, is a privilege and may be revoked at any time.
2. The district reserves the right to review at any time any student use of LivNet.
3. Any misuse of LivNet may result in disciplinary action. Penalty ranges from suspension to expulsion.
4. The student will accept responsibility of keeping all pornographic material, inappropriate text files, or files dangerous to the integrity of the network from entering the school via LivNet.
5. The staff of Livonia Public Schools shall be the sole determiners of the appropriateness of materials or actions of student users of LivNet.

We have read the Livonia Public Schools Student LivNet Access Policy, and agree to fully comply with that policy. We understand that the term LivNet includes, but is not limited to, access to the internet, use of all school district computer equipment, and all electronic communications and devices.

We agree to comply with all the conditions stated in this authorization form, as well as the Student LivNet Access Policy.

As the parent or legal guardian of the student, I grant permission for the student to access LivNet. I understand that individuals and families may be liable for violations, including unauthorized financial obligations resulting from inappropriate use of LivNet. I understand that some materials on LivNet may be objectionable, but I accept responsibility for guidance of LivNet use-setting and conveying standards for my students to follow when selecting, sharing, or exploring information and media.

In consideration for the privilege of using LivNet, we hereby hold harmless Livonia Public Schools, the Board of Education, staff, and volunteers from any and all damages, costs, and attorney fees, incurred as a result of injuries or damages caused by the student which arise from his/her use of, or inability to use, LivNet.

**By signing the pink emergency cards, you  
have agreed to these terms and conditions.**



# PARENT & ATHLETE CONCUSSION INFORMATION SHEET



## 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 bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

## SYMPTOMS REPORTED BY THE ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or "feeling down"

## SIGNS OBSERVED BY COACHING STAFF:

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



## WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs and symptoms of a concussion can show up right after the injury, or may not appear to be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain and crowd the brain against the skull. An athlete should receive immediate medical attention if s/he exhibits any of the following behavior after a bump, blow, or jolt to the head or body:

- One pupil larger than the other
- Drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Unusual behavior
- Loses consciousness (even briefly)

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent brain damage. They can even be fatal.

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect your athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury, until a health care professional experienced in evaluation for concussion says s/he is symptom-free and ready to return to play.

2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games,

may cause concussion symptoms to reappear or worsen. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

3. Remember: Concussions affect people differently. While most athletes 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.

**BY SIGNING THE PINK EMERGENCY CARDS.  
YOU ACKNOWLEDGE THAT YOU HAVE READ THIS INFORMATION.**

*Revised May 2017*



Dear Parent/Guardian:

It is recognized that certain medications may be necessary and must be prescribed at certain times of the day. In many instances the administration of medication can be adjusted to avoid the necessity of administration during school hours. However, there may be instances when medication must be administered to your child during school hours. When medication is necessary during school hours:

1. It may be necessary and appropriate for a parent or guardian to administer medication to his/her child. Please contact the school office to make appropriate arrangements.
2. If school personnel will be administering medication the accompanying Medication Authorization form must be completed by the student's physician and parent or guardian and returned to the school office before administration of medication. This authorization is valid for the current school year only.
3. It will be the student's responsibility to make contact with the designated staff member for the administration of medication unless other arrangements have been agreed to by the building principal.
4. "As needed" medication requires a physician's statement specifying dosage limits.
5. All medications to be administered at school must be in an original appropriately labeled container. (Must specify student name, medication name, frequency, and dosage to be given.)
6. Both prescription and nonprescription medications require a completed physician and parental/guardian authorization form.
7. All medications that are to be administered by school personnel must be brought to school and immediately turned into the school office. Inhalers or medication for life threatening situations may be maintained by the student or in other locations as approved by the building administrator.
8. All controlled-substance medications (defined as drugs regulated by the Federal Controlled Substances Acts, including opiates, depressants, stimulants, and hallucinogens) will be counted and recorded upon receipt with the parent/guardian.
9. Medication left over at the end of the school year, or after the student has left the district, shall be picked up by the parent/guardian. If this is not done, the individual who administers the medication will dispose of the medication and record this disposal on the medication log.
10. Individual exceptions to these procedures must be approved by the building principal.

Thank you for your cooperation. If you have any questions or concerns, please contact your building administrators.

Sincerely,

Principal



SCHOOL USE ONLY: STUDENT NAME: \_\_\_\_\_

STUDENT I.D.: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ REG DATE: \_\_\_\_\_

## LIVONIA PUBLIC SCHOOLS – STUDENT REGISTRATION FORM

**Does the student reside within the Livonia Public Schools School District? Yes No**

If no, one of the student's parents or guardians must reside within the Livonia Public School district in order to register the child with the Livonia Public Schools.

THE LPS PARENT/GUARDIAN MUST BE PRESENT AT REGISTRATION.

If you do not reside in the Livonia Public School District, which district do you reside in? \_\_\_\_\_

### HOW DID YOU FIND INFORMATION ABOUT REGISTERING YOUR CHILD?

At child's school    LPS Website    Direct Mail    E-mail    Social Media    Print Ad

Other (please describe): \_\_\_\_\_

### STUDENT INFORMATION:

FIRST NAME		MIDDLE NAME		LAST NAME	
BIRTH DATE:		GENDER (check one):		PLACE OF BIRTH:	
		Male Female			
ADDRESS		CITY/ZIP		PHONE:	
				TYPE: Cellular Residence	
MEDICAL/HEALTH PROBLEMS? IF YES, PLEASE LIST BELOW:				Medication required during school hours? Yes No If yes, please fill out Authorization of Medication Form.	
				I agree to allow the Michigan Department of Health to view my child's immunization records. Yes No	
Racial/Ethnic Information: Is student Hispanic/Latino? Yes No Use 1, 2, 3... to rank primary and secondary ethnic groups: American Indian/Alaskan Native    Black/African American    Native Hawaiian/Other Pacific Islander Asian    Hispanic/Latino    White/Caucasian					
Is Student an Immigrant? Yes No		Is Student a Refugee? Yes No		WHAT LANGUAGE IS SPOKEN IN YOUR HOME? WHAT IS THE STUDENT'S PRIMARY LANGUAGE?	
Date of Entry into Country:		HAS YOUR CHILD EVER BEEN REGISTERED INTO SCHOOL USING ANOTHER LANGUAGE? Yes No			
Are one or both parents on active duty in the military? (With the exception of the National Guard.)				Yes No	

### EDUCATIONAL HISTORY:

LAST SCHOOL ATTENDED/DISTRICT:		ADDRESS		CITY/STATE/ZIP	
DATE EXITED:		REASON:			
HAS THIS STUDENT EVER ATTENDED A LPS SCHOOL?		IF YES, LAST YEAR ATTENDED:		LAST LPS SCHOOL ATTENDED:	
Yes No					
PLEASE CHECK ANY OF THE FOLLOWING THAT ARE APPLICABLE TO YOUR STUDENT:					
RECEIVED SPECIAL EDUCATION SERVICES: Yes No If yes, and child has an IEP, please attach a copy.		BEEN EXPELLED (BY BOARD ACTION) FROM SCHOOL: Yes No Why:		VOLUNTARILY WITHDRAWN FROM SCHOOL WITH A SIGNED AGREEMENT FOR DISCIPLINARY REASONS: Yes No Why:	
DOES STUDENT HAVE A 504 PLAN? Yes No		BEEN READMITTED TO SCHOOL BY BOARD ACTION: Yes No Date:		(Attach any agreements).	

**FAMILY INFORMATION (This form must be filled out by all registrants):**

STUDENT'S FIRST NAME:	STUDENT'S MIDDLE NAME:	STUDENT'S LAST NAME:
Are there any specific instructions/restrictions pursuant to a Court Order?	With whom does the student reside?	
Yes      No If yes, please attach legal documentation.	<input type="checkbox"/> Parents	<input type="checkbox"/> Mother Only
	<input type="checkbox"/> Mother/Step Father	<input type="checkbox"/> Father/Step Mother
	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Agency
	<input type="checkbox"/> Father Only	<input type="checkbox"/> Split/Dual Custody
		<input type="checkbox"/> Other (Please Describe)

**SIBLING INFORMATION (Attach additional sheet if necessary.)**

Name of Sibling	School Attending	Age	Birthdate

**PARENT/GUARDIAN INFORMATION (1)**

Name of Parent/Guardian	Relationship	Address	City/State/Zip
Phone - Work	Phone - Cell	Phone - Home	E-mail Address

ParentConnect is a web-based program that allows parents to view their student(s) grades, attendance and other educational data.  
 Do you wish to participate in ParentConnect (requires a valid e-mail address)?      Yes      No

**PARENT/GUARDIAN INFORMATION (2)**

Name of Parent/Guardian	Relationship	Address	City/State/Zip
Phone - Work	Phone - Cell	Phone - Home	E-mail Address

ParentConnect is a web-based program that allows parents to view their student(s) grades, attendance and other educational data.  
 Do you wish to participate in ParentConnect (requires a valid e-mail address)?      Yes      No

**Attach additional parent/guardian information if necessary.**

*Knowingly falsifying registration information is grounds for the immediate removal of the registrant from the Livonia Public Schools. I attest that the information provided above is accurate and complete to the best of my knowledge and that I am responsible for all fees or tuition due in the event that the registrant is removed from school under this clause.*

*The Livonia Public Schools School District prohibits unlawful discrimination on the basis of race, color, religion, sex, national origin, age, height, weight, marital status, handicap, or disability in any of its education programs or activities.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

**SCHOOL USE ONLY:**

Advisor/Counselor: \_\_\_\_\_ Locker: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Registration Date: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Registrar's Initials: \_\_\_\_\_

RECORDS:		RESIDENCY:		LIVING W/LPS RESIDENT:		CUSTODY:	
Immunizations in MCIR	Web-Site Media Authorization	Driver's License (I.D. Only)	RESIDENT:		Original Birth Cert.		
Immunizations Needed	Opt-Out Form (if applicable)	Dual Residency	Driver's License		Legal Guardianship		
Certified Waiver - Type(s):	Medication Authorization (if applicable)	Purchase Agreement (\$500 deposit and form sent to Pupil Accounting)	Tax Bill / Lease		Guardianship Papers		
Vision Screening (KG)	Health Recorded		Mail		Restricted Custody		
School Records Requested	Emergency Card	Bill / Mail Forwarding Sticker	Residency Affidavit		Living in the Home of a Relative		
Special Education I.E.P.	Transportation Notified	McKinney-Vento	Informed may be responsible for tuition				
Release of Information	Unofficial Transcripts (H.S.)	Residency Affidavit	PARENT:				
OTHER:	Report Card (M.S. / H.S.)	Unlawful to falsify information	Driver's License				
		Tax Bill / Lease	Mail				
			Residency Affidavit				



## REQUEST FOR ACADEMIC AND DISCIPLINE RECORDS

### TO: SCHOOL THAT CURRENTLY MAINTAINS RECORDS

Name of School:	
School Address:	
School Phone Number:	School Fax Number:

### FROM:

Student Name:	
Birthdate:	Telephone Number:

I authorize the release of all educational records for the above named student:

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

For use by requesting school: Educational records requested on \_\_\_\_\_ (date).

### PLEASE SEND RECORDS TO:

### AFFIRMATION OF PRIOR SCHOOL DISCIPLINE RECORD

Directions: Check the applicable paragraph, provide all appropriate information and sign this document.

**\*\*A willful false statement on this affirmation will result in a report to the appropriate authorities and possible removal from the Livonia Public Schools.**

The undersigned affirms that \_\_\_\_\_

**has not been suspended or expelled**  
**has been suspended or expelled**

from a public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school-sponsored activity or on a public or private conveyance providing transportation to and from a school or school-sponsored activity.

IF YOU CHECKED **"has been suspended or expelled"**, explain the circumstances in detail. Include the school name, date(s) of suspension or expulsion and a description of the incident giving rise to the suspension or expulsion. **Please explain on a separate sheet.**

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

### **\*\*TO BE COMPLETED AND RETURNED BY SENDING (FORMER) SCHOOL DISTRICT:**

*Please check one:*

- ☐ According to our records, we can verify that the information provided above by the parent/student is correct.  
☐ According to our records, the information provided above by the parent/student is not correct.

**PLEASE FORWARD APPROPRIATE DISCIPLINARY DOCUMENTATION IF** student has been involved in offenses involving weapons, alcohol or drugs, or willful infliction of injury to persons or an act of violence against persons and/or property committed on school premises, at a school-sponsored activity, or on a public or private conveyance providing transportation to or from school or a school-sponsored activity.

\_\_\_\_\_  
(Signature of SENDING district administrator and title)

Telephone: \_\_\_\_\_

Student Name: \_\_\_\_\_  
School: \_\_\_\_\_  
Grade: \_\_\_\_\_

**Livonia Public Schools**  
**Student Website/Media Authorization Opt Out**

Dear Parents or Legal Guardians:

Livonia Public Schools uses all available media to showcase our school district and the achievements of our students. We do this through a variety of means, including web, print marketing materials, newsletters, press releases, local cable TV and coverage in local print and broadcast media.

Recognizing that some families may wish to restrict their student(s) names and/or images from being used in school district information, we respectfully offer this **opt-out form**. By signing this form, you are requesting that your student **NOT** be included in the aforementioned forms of publication.

**You do not need to complete this form if there are no restrictions**

I, \_\_\_\_\_, as the parent or legal guardian of

\_\_\_\_\_, hereby restrict the use of my student's NAME and/or GROUP or INDIVIDUAL image, in LPS publications as outlined above. (Please circle the restriction(s) that apply.)

\_\_\_\_\_  
Print Parent or Guardian name

\_\_\_\_\_  
**Signature of Parent or Guardian**

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

**Please retain a copy for your records. Please contact your student's school office if you wish to make changes.**

Student Name: \_\_\_\_\_  
Grade: \_\_\_\_\_

LIVONIA PUBLIC SCHOOLS

15125 FARMINGTON ROAD, LIVONIA, MI 48154

### MEDICATION AUTHORIZATION

STUDENT'S NAME	DATE OF BIRTH	TODAY'S DATE
SCHOOL	TEACHER/COUNSELOR	GRADE

**Both** prescription and nonprescription medications require a completed Medication Authorization form signed by a physician and parent/guardian. If medication is related to a life-threatening health condition, Livonia Public Schools staff will develop an Individualized Health Care Plan in conjunction with the student's physician.

#### TO BE COMPLETED BY THE PHYSICIAN:

NAME OF MEDICATION:		<input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription
REASON FOR MEDICATION:		
FORM OF TREATMENT: <input type="checkbox"/> Tablet/Capsule <input type="checkbox"/> Inhaler <input type="checkbox"/> Liquid <input type="checkbox"/> Injection <input type="checkbox"/> Nebulizer		
INSTRUCTIONS:		
DOSAGE:	TIME OF DAY: <input type="checkbox"/> Daily <input type="checkbox"/> As Needed <input type="checkbox"/> Emergency Only <input type="checkbox"/> Other	
IF DOSAGE IS "AS NEEDED" OR "EMERGENCY ONLY" SPECIFY SYMPTOMS AND LIMITS:		
RELEVANT SIDE EFFECTS:		
STORAGE REQUIREMENTS: <input type="checkbox"/> None <input type="checkbox"/> Refrigerate <input type="checkbox"/> Other		STUDENT IS CAPABLE AND RESPONSIBLE FOR SELF-POSSESSION AND SELF-ADMINISTERING: <input type="checkbox"/> Inhaler <input type="checkbox"/> Emergency
PLEASE INDICATE IF YOU HAVE PROVIDED ADDITIONAL INFORMATION: <input type="checkbox"/> On the back of this form <input type="checkbox"/> As an attachment		
PHYSICIAN'S NAME:	PHONE:	FAX:
ADDRESS:		
PHYSICIAN'S SIGNATURE:		DATE:

#### TO BE COMPLETED BY THE PARENT/GUARDIAN

I request that \_\_\_\_\_  
Student's Name

receive the above Medication at school according to district policy.  
Be allowed to self-administer the above medication (Inhaler or emergency medication) at school according to district policy.

I authorize school personnel to contact the above physician with questions or concerns relative to this authorization and medication.

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

Date \_\_\_\_\_

#### \*NOTES:

- 1.) Medication includes prescription, non-prescription and herbal medications, and includes those taken by mouth, by inhaler, those that are injectable, and those applied as drops to eyes, nose, or medications applied to the skin.
- 2.) Medications must be in an appropriately labeled container.
- 3.) This authorization is valid for the current school year only.
- 4.) This authorization must be maintained with the Individual Student Medication Log.
- 5.) It will be the student's responsibility to make contact with school personnel for the administration of medication, unless other arrangements have been made by the administrator.

**LIVONIA PUBLIC SCHOOLS  
UPPER ELEMENTARY  
MUSIC COURSE CHOICE FORM**

***(This form should only be filled out if your student is entering the 6<sup>th</sup> grade.)***

**PLEASE PRINT:**

**Student Name:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**\* I understand whichever choice I make will be a year-long commitment.**

**\* I understand students choosing band or strings in the sixth grade will need to rent, purchase, or provide their own instruments of choice. Rental information and opportunities will be provided to these students.**

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Cooper, Johnson, and Riley Upper Elementary Schools:**

If your student is entering **6<sup>TH</sup>** GRADE, please select one of the following choices from our Upper Elementary Music Program:

Vocal Performing Music

Band

Orchestra

## EMERGENCY CONTACT INFORMATION

Please complete this form in case we are unable to reach you in the case of an emergency.

Emergency Contact #1			
First Name		Last Name	
Relationship			
Phone #1		Phone #2	
Address		City	

Emergency Contact #2			
First Name		Last Name	
Relationship			
Phone #1		Phone #2	
Address		City	

Emergency Contact #3			
First Name		Last Name	
Relationship			
Phone #1		Phone #2	
Address		City	

Emergency Contact #4			
First Name		Last Name	
Relationship			
Phone #1		Phone #2	
Address		City	