



# MOUNT CLEMENS COMMUNITY SCHOOLS

167 CASS AVENUE • MOUNT CLEMENS, MICHIGAN 48043

(586) 469-6100 • FAX (586) 469-5569

JULIAN ROPER, SUPERINTENDENT

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## Enrollment Checklist

Office Staff, please check off received/completed paperwork.

### Enrollment Paperwork:

- Authorization for Release of Student Records
- Student Enrollment/Emergency Card
- Student Transportation Request Form
- Pupil Residency Questionnaire
- Home Language Survey
- Immunization Consent
- Statement of Varicella Disease
- Concussion Awareness Acknowledgement
- Network and Internet Access Agreement
- Title I Parent/Student/Teacher Administrator Agreement
- Volunteer Registration

### Required Enrollment Documents:

- Birth Certificate
  - Must be original, Parent Driver's License or Valid State Photo ID
- Current** Immunization Record or Current Immunization Waiver
- 2 Current** Proofs of Residency:
  - Current lease agreement, current mortgage statement, current utility bill, current property/tax statements (these must include parent name, address and date)
- Hearing and Vision Screening **\*\*\* (DK and Kindergarten Students Only)**
- Current Transcript (**High School Only**) Current Report Card (**Middle School**)

### Other Legal Documents:

- Custody, guardianship or foster care paperwork, **All** must have current dates and signatures.

*\*Immunizations are available through your family doctor or the Macomb County Health Department at a cost*

*\*\* Free Vision and Hearing Screenings are available for children ages 3-18 at the Macomb County Health Department <http://www.macombcountymi.gov/publichealth> or (586)412-5945*



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## AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Last School Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

Zip Code

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I hereby give my consent for the release of the education records of my children:

Student's Name	Date of Birth	Grade Level

### PLEASE MAIL OR FAX STUDENT RECORDS TO:

- Mount Clemens High School, 155 Cass Avenue, Mount Clemens, MI 48043, Phone: (586) 461-3400, Fax: (586) 469-7066
- Mount Clemens Middle School, 155 Cass Avenue, Mount Clemens, MI 48043, Phone: (586) 461-3300, Fax: (586) 469-7066
- Seminole Academy, 1500 Mulberry, Mount Clemens, MI 48043, Phone: (586) 461-3900, Fax: (586) 469-7027
- Seminole Academy (Pre-K) 1500 Mulberry, Mount Clemens, MI 48043 Phone: (586) 461-3900 Fax: (586) 469-7027

### PLEASE INCLUDE THE FOLLOWING WITH THE CA-60:

- Official School Transcript
- Report Cards/Test Scores
- Attendance/Discipline
- UIC
- Current IEP/504
- Special Education Records

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mount Clemens School Personnel Signature

\_\_\_\_\_  
Date Sent

\_\_\_\_\_  
Date Received

*Under the provision of the Privacy Rights of Parents and Students Act, page 1213, Subpart D, 99.30(b), it is not necessary to obtain the written consent of the parents to release records "to officials of other schools or school systems in which the student seeks or intends to enroll..."*



Medical Alert

### Mount Clemens Community School District STUDENT ENROLLMENT/EMERGENCY FORM

- Mount Clemens High School
- Mount Clemens Middle School
- Seminole Academy

- King Academy ECSE
- Great Start Readiness Pgm (GSRP)

School Year 20\_\_ - 20\_\_

Grade: \_\_\_\_\_

STUDENT INFORMATION			
Student's Full Legal Last Name	First Name	Middle Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Street Address	City, Zip Code	Home Phone	
Student Email (If applicable):		Student Cell Phone (if applicable):	
Is the child's living arrangement <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <b>If Temporary Please Explain</b> : (ie. Motel, hotel, living with family/friends, shelter)			
Child's Date of Birth	Birth City and State <b>OR</b> if born outside U.S.A – Birth Country		
Name of Parent(s) or Guardians(s) with Whom Child Resides Female: _____ Male: _____			
Natural Parent's Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased <input type="checkbox"/> Separated			
RACE/ETHNIC BACKGROUND			
Is your Child of Hispanic or Latino Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What Race Is Your Child? <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Asian American <input type="checkbox"/> Other			
PREVIOUS SCHOOL INFORMATION (For New Enrollments Only)			
Former District	Former School	City, State	
Was Child Expelled From The Previous School? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was Child Receiving Any of the Following Services? (Check at least one)			
<input type="checkbox"/> Speech/Language <input type="checkbox"/> Social Work <input type="checkbox"/> Special Education <input type="checkbox"/> 504 <input type="checkbox"/> Other: _____ <input type="checkbox"/> None			
PARENT/GUARDIAN INFORMATION			
<b>Natural Father / Legal Guardian (Full Legal Name)</b>			
Last Name:	First Name:	Middle Initial:	
Address	City, State, and Zip Code	Resides with Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact with Student* <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name	Address (Street, City, State, Zip Code)		Work Phone
Cell Phone	Email	Are you a member active or inactive of Armed Forces? What branch??	
<b>Natural Mother / Legal Guardian ( Full Legal Name)</b>			
Last Name:	First Name:	Middle Initial:	
Address	City, State, and Zip Code	Resides with Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact with Student* <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name	Address (Street, City, Zip Code)		Work Phone
Cell Phone	Email	Are you a member active or inactive of Armed Forces? What branch??	

**PLEASE COMPLETE INFORMATION ON REVERSE SIDE**  
\*As required by legal court documentation (Divorce Decree)

### OTHER CHILDREN IN FAMILY

Name	School	Grade	Age
Name	School	Grade	Age
Name	School	Grade	Age
Name	School	Grade	Age
Name	School	Grade	Age

### EMERGENCY INFORMATION

If your child has any special problems or conditions such as severe allergies, epilepsy, diabetes, asthma, or cardiac conditions, or is currently taking medication, please provide this information below.

Any Medical Conditions/Allergies	Medications Child is Taking
Does your child wear glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child wear a hearing aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Family Physician	Physician's Phone
Local Hospital Preference	Address, City, and Zip Code

If my child becomes ill or injured, in the event that I cannot be notified, please proceed with first aid and emergency medical care for my child.             Yes     No

### EMERGENCY CONTACTS

*Responsible Step-parent, Relative, or Neighbor to Contact to release Student to if Parent(s)/Guardian(s) cannot be notified.*

1) Name	Relationship to Student:	Home Phone
Street Address, City	Zip Code	Cell Phone
2) Name	Relationship to Student:	Home Phone
Street Address, City	Zip Code	Cell Phone
3) Name	Relationship to Student:	Home Phone
Street Address, City	Zip Code	Cell Phone

### PRESS/VIDEO RELEASE

Mount Clemens Community Schools has my permission to use photographs and/or videos of my child to show school activities (including yearbook) to the public. I understand that the personally identifiable information may be used at the discretion of the media, involving no financial compensation to Mount Clemens Community Schools, the student, or family of the student. I understand that I have the right to deny consent to the release of photographs and/or information specified above, by refusing to sign this form. If you consent, please sign here:

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

\_\_\_\_\_  
Date

**If press/video release permission is denied, please write "DENIED" on the signature line above.**

**I CERTIFY THAT THE ABOVE INFORMATION ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE**

**Signature of  
Parents/Guardians**



\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Date

## STUDENT TRANSPORTATION REQUEST FORM

➔ *This form can be submitted online here: [Drivergent.com/MCCSBusRequest](http://Drivergent.com/MCCSBusRequest)*

School: \_\_\_\_\_ Start Date: \_\_\_\_\_

Student Name: _____	Birth Date: _____	Grade: _____
Parent/Guardian Name(s): _____		
Home Address: _____	City/Zip: _____	
Home Phone: _____	Cell Phone: _____	Work Phone: _____
Parent/Guardian Email(s): _____		

<b>Emergency Contacts &amp; Pickups:</b>		
Name: _____	Phone: _____	Days: _____
Name: _____	Phone: _____	Days: _____
* DO NOT release my child to: _____		
List all important health and transportation needs staff should be aware of: _____		

Are you New enrollee into the district, Moving within the district, or Re-Enrolling for transportation?		
<input type="checkbox"/> NEW	<input type="checkbox"/> MOVING	<input type="checkbox"/> RE-ENROLLING
Did you receive district transportation last school year at this same home address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, what was your bus stop location? _____		

I agree that if my child is eligible for transportation, I will explain the bus rules to my child(ren). If they fail to abide by the rules or disobey the driver/aide's instructions, they will be subject to a write up and discipline that can include suspension from bus privileges for a period of time based on school policy, and I agree to honor the suspension.

\* Please note – new transportation requests may take up to 2-3 business days for processing before starting.

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

Received by School Staff: _____	Submitted to Transportation Dept.: _____
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## PUPIL RESIDENCY QUESTIONNAIRE

The answer you give on this questionnaire will help the district determine what services you or your child may be eligible to receive under the McKinney-Vento Act, which protects the rights of students not having a regular, fixed place to live. YOUR ANSWERS ARE STRICTLY CONFIDENTIAL. THIS FORM IS NOT KEPT IN A PERMANENT FILE BY THE DISTRICT.

School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City Zip Code

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ -- \_\_\_\_\_

Gender:  Male  Female

1. Is your current address a temporary living arrangement?  
 Yes  No
2. Is this temporary arrangement due to any involuntary loss of housing or economic hardship?  
 Yes  No

If you answered **NO**, stop here.

If you answered **YES** to the above questions, please complete the following.

3. Where is the student currently living? (Please check one box.)
  - In a shelter
  - With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
  - In a hotel/motel
  - In a car, park, bus, train, or campsite
  - Any other temporary, non-permanent living situation (please describe): \_\_\_\_\_
  - In permanent housing

\_\_\_\_\_  
Printed Name of Parent, Guardian, or Student  
(for unaccompanied homeless youth)

\_\_\_\_\_  
Signature of Parent, Guardian, or Student  
(for unaccompanied homeless youth)

\_\_\_\_\_  
Date

**STAFF:** If the student is **NOT** living in a permanent housing, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. The District's liaison will assist the student in obtaining any necessary documents, including immunization or school records after the student has been enrolled.

**PLEASE FORWARD COMPLETED FORM TO LIASION. DO NOT FILE IN CA-60.**



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## STATE BOARD OF EDUCATION APPROVED HOME LANGUAGE SURVEY\*

The Mount Clemens Community 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 you cooperation.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Name of School Building: \_\_\_\_\_

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

\_\_\_\_\_ No \_\_\_\_\_ Yes      What is the Language? \_\_\_\_\_

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

\_\_\_\_\_ No \_\_\_\_\_ Yes      What is the Language? \_\_\_\_\_

3. What country was your child born in? \_\_\_\_\_

4. When did your child enter the United States? \_\_\_\_\_

"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.

\*All kindergarteners and any student new to this district.

STAFF: If question 1 or 2 are "yes", please forward a copy of this completed form to EL Coordinator.



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## Consent for Disclosure of Personally Identifiable Information and 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 and immunization 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 Mount Clemens Community Schools to release my child's immunization record and personally identifiable information 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  
or Eligible Student: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Printed Parent/Guardian Name: \_\_\_\_\_





Health Department

# Statement of Varicella Disease CHICKENPOX

The Michigan Public Health Code Act 368 of 1978 Part 92 Immunization and Macomb County Immunization Regulations require all children admitted to any public, private, parochial, special education, alternative education, adult education, career/technical education, homeschool cooperative, virtual school or charter academy, childcare center, nursery school, preschool, camp, or any other organized care or educational facility operating in Macomb County to present a certificate indicating dates of all required immunizations.

Complete the portion below **only** if your child has had varicella (chickenpox) disease. **This form must be signed and witnessed at your child's school/childcare program.**

I certify my child: \_\_\_\_\_  
Last Name First Name MI.  
\_\_\_\_\_  
Birth Date Grade Date of School Enrollment

Has had varicella disease \_\_\_\_\_  
(When did varicella occur: Age or Date?)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Legal Guardian)

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(School/Program Staff)

School District: \_\_\_\_\_

School/Childcare Program: \_\_\_\_\_

**PLACE THIS FORM IN THE CHILD'S PERMANENT RECORD**



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## 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 MOUNT CLEMENS COMMUNITY SCHOOLS (Sponsoring Organization).

\_\_\_\_\_  
Participant Name Printed

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

\_\_\_\_\_  
Participant Name Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Return this signed form to the sponsoring organization that must 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.



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## NETWORK AND INTERNET ACCESS AGREEMENT FOR STUDENTS

This agreement is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ between \_\_\_\_\_  
(STUDENT'S NAME – Please Print) hereinafter referred to as Student, and the Mount Clemens Community School District,  
hereinafter referred to as District.

The purpose of this agreement is to provide Network (Electronic Mail and Electronic Bulletin Board) and Internet access, hereinafter referred to as Network, for educational purposes to the Student. As such, this access will (1) assist in the collaboration and exchange of information, (2) facilitate personal growth in the use of technology and (3) enhance information gathering and communication skills.

The intent of this contract is to ensure that students will comply with all Network and Internet acceptable use policies by the district. In exchange for the use of the Network resources either at school or away from school, I understand and agree to the following.

- A. The use of the Network is a privilege which may be revoked by the District at any time and for any reason. Appropriate reasons for revoking privileges include, but are not limited to, the altering of system software, the placing of unauthorized information, computer viruses or harmful programs on or through the computer system in either public or private files or messages. The District reserves the right to remove files, limit or deny access, and refer the Student for other disciplinary actions.
- B. The District reserves all rights to any material stored in files which are generally accessible to others and will remove any material which the District at its sole discretion, believe may be unlawful, obscene, pornographic, abusive, other otherwise objectionable. Students will not use their District approved computer account/access to obtain, view, download, or otherwise gain access to such materials.
- C. All information services and features contained on District or Network resources are intended for the private use of its registered users and any use of these resources for commercial, for profit or other unauthorized purposes (i.e. advertisements, political lobbying), in any form is expressly forbidden.
- D. The District and/or Network resources are intended for the exclusive use by their registered users. The student is responsible for the use of his/her account/password and/or access privilege. My problems which arise from the use of a Student's account are the responsibility of the account holder. Use of an account by someone other than the registered account holder is forbidden and may be grounds for loss of access privileges.
- E. Any misuse of the account will result in suspension of the account privileges and/or other disciplinary action determined by the District. Misuse shall include, but not be limited to:
  - Intentionally seeking information on, obtaining copies of, or modifying files, other data, or passwords belonging to other users.
  - Misrepresenting other users on the Network.
  - Disrupting the operation of the Network through abuse of the hardware or software.
  - Malicious use of the Network through hate mail, harassment, profanity, vulgar statements, or discriminatory remarks.
  - Interfering with others use of the Network.
  - Extensive use for non-curriculum related communication.
  - Illegal installation of copy righted software.
  - Unauthorized down-sizing, copying, or use of licensed or copyrighted software.
- F. Allowing anyone to use an account other than the account holder.
  - The use of District and/or Network resources are for the purpose of (in order of priority):
    - Support of the academic program
    - Telecommunications
    - General Information
    - Recreational



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- G. The District and/or Network does not warrant that the functions of the system will meet any specific requirements the user may have, or that it will be error free or uninterrupted; nor shall it be liable for any direct or indirect, incidental or consequential damages (including lost data, information or time) sustained or incurred in connection with the use, operation, or inability to use the system.
- H. The Student will diligently delete old mail messages on a daily basis from the personal mail directly to avoid excessive use of the electronic mail disk space.
- I. The District and/or Network will periodically make determinations on whether specific uses of the Network are consistent with the acceptable — use practice. The District and/or Network reserve the right to log internet use and/or monitor the electronic mail space utilization by users.
- J. The Student may transfer files from information services and electronic bulletin board services. For each file received through a file transfer, the Student agrees to check the file with a virus detection program before opening the file for use. Should the Student transfer a file, shareware, or software which infects the Network with a virus and causes damage, the student will be liable for any and all repair costs to make the Network once again fully operational and may be subject to other disciplinary measures as determined by the District.
- K. The Student may not transfer file, shareware, or software from information services and electronic bulletin boards without the permission of the Technology Coordinator. The Student will be liable to pay the cost or fee of any file, shareware, or software transferred, whether intentional or accidental, without such permission.
- L. The Student may only log on and use the Network under the immediate supervision of a staff member and only with his/her authorized account number.
- M. The District reserves the right to log computer use and to monitor fileserver space utilization by users.  
The District reserves the right to remove a user account on the Network to prevent further unauthorized activity.

In consideration for the privileges of using the District and/or Network resources, and in consideration for having access to the information contained on the Network, or by the Network, I hereby release the District, Network, and their operators and administration from any and all claims of any nature arising from my use, or inability to use the District and/or Network resources.

## SIGNATURES

I agree to abide by such rules and regulations of system usage as may be further added from time to time by the District and/or Network. These rules will be available in hard copy form in the Principals office.

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

\_\_\_\_\_  
Date

As the students parent/legal guardian, I agree to this agreement and will indemnify the District for any fees, expenses, or damages incurred as a result of my child's use or misuse of the Network equipment.

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

\_\_\_\_\_  
Date



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## MOUNT CLEMENS COMMUNITY SCHOOLS – Grades K - 12

### TITLE I PARENT/STUDENT/TEACHER/ADMINISTRATOR COMPACT

#### Parent/Guardian Agreement

I/we want my/our child to succeed. Therefore, I/we will:

- ✓ Strive each day to make my child's education my number one priority.
- ✓ See that my child is punctual and attends school regularly.
- ✓ Read with my child and let my child see me read.
- ✓ Read and review all information that my child brings home from school.
- ✓ Show interest in my child's education by asking questions, being involved, helping with homework, being aware of what goes on at school, supporting school activities, and monitoring home activities with may interfere with progress in school.
- ✓ Model respect by going to the teacher first about any concerns, trying to keep lines of communication open and understanding there are two sides to every issue.
- ✓ Attend parent/teacher conferences for my child.
- ✓ Attend a parent workshop.
- ✓ Attend at least two functions (Ex: Open House, Special Programs, Parent Workshops, Fairs, etc...)

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

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

#### Student Agreement

It is important that I work to the best of my ability. Therefore, I will:

- ✓ Attend school regularly and be punctual.
- ✓ Actively participate in classroom activities, complete and return class/homework assignments and come to school prepared daily.
- ✓ Do my best work and keep trying even when the work seems hard.
- ✓ Follow the school and classroom rules.
- ✓ Display positive behavior towards my peers, staff, teachers, visitors and administrators.
- ✓ Respect my parents, classmates, teachers and other people in the community.
- ✓ Report to class each day with my books, pens, pencils, paper and other necessary tools (equipment/supplies) for learning.
- ✓ Do my part in keeping my school clean and safe.

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

#### Teacher Agreement

It is important that students achieve, Therefore, we will:

- ✓ Provide a learning environment where a child can be responsible for learning.
- ✓ Provide an enriched and challenging curriculum aligned with the state core curriculum.
- ✓ Provide appropriate and meaningful homework assignments for students.
- ✓ Keep parents informed of their child's academic progress via progress reports and phone calls/letters as needed.
- ✓ Support and attend school functions.
- ✓ Respect the students, their parents and the diverse cultures of the school.

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*On behalf of the Mount Clemens' Teaching Staff*

#### Administrator Agreement

We support this form of Administrative Involvement, Therefore, we will:

- ✓ Provide a positive atmosphere for learning.
- ✓ Create an environment that allows for communication among teachers, parents and students.
- ✓ Support and attend school functions.
- ✓ Enforce the school's discipline policy.
- ✓ Provide leadership and support for teachers to enhance their professional skills.
- ✓ Support parents in their quest to provide a quality education for their child.
- ✓ Support parents as lifelong learners by providing appropriate resources and learning opportunities.

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*On behalf of the Mount Clemens Administrative Staff*



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\*\*\*\*Copy of Drivers License or State ID required\*\*\*\*

## VOLUNTEER REGISTRATION FORM AND RELEASE OF LIABILITY (2023-2024)

The following information is required for an Internet background check, please PRINT LEGIBLY and COMPLETE IN FULL or the form will be returned.

<input type="checkbox"/> Mount Clemens High School	<input type="checkbox"/> Mount Clemens Middle School	<input type="checkbox"/> Seminole Academy
Student Name: _____	<input type="checkbox"/> District Athletics	<input type="checkbox"/> District Volunteer
<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Family Member	<input type="checkbox"/> Staff Family
		<input type="checkbox"/> Community Member

LEGAL Last Name _____	First Name _____	Middle Initial _____
Maiden Name (if applicable) _____	Phone Number _____	
RACE/ETHNICITY: <input type="checkbox"/> Asian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> Black	<input type="checkbox"/> White
		<input type="checkbox"/> American Indian
GENDER: <input type="checkbox"/> Male	<input type="checkbox"/> Female	DATE OF BIRTH: _____ / _____ / _____
		Month Day Year

Home Address _____	City _____	State _____	Zip Code _____
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- I understand that I am not an employee of the School District, and that I am offering my services to the Mount Clemens Community School District freely and voluntarily, at my own will and volition, without any expectation or promise of monetary compensation or benefits of any kind.
- I understand that my services may be terminated by either myself or the District, at the will of either party, without cause, and without prior notice for any reasons deemed sufficient by the terminating party.
- I understand that I am not a general agent or representative of the school district, and will not hold myself out to be so. I will not exceed the authority or responsibility delegated to me by the Building Administrator.
- I understand that I WILL NOT be eligible for workers' compensation coverage and WILL NOT be covered under any of the District's health insurance policies for any illnesses or injuries sustained in the course of my volunteer service.
- I hereby release the Mount Clemens Community School District of any and all claims of liability for any illness, injury or other loss sustained or incurred by me, as a direct or indirect result of my volunteer service. \_\_\_\_\_ (Volunteer's initials).
- I understand that as a volunteer, I will be required to abide by all school board rules, regulations and policies, either published or in effect by usage and all rules, regulations, as well as the laws of the State of Michigan, and the Code of Conduct on the attached page(s).
- I understand that I am not allowed to use corporal punishment to discipline any students with whom I may come into contact.
- I understand that student records and information is confidential, and I will not disclose or discuss same without appropriate consent.
- I have not been convicted of, or pled guilty or nolo contendere (no contest) to, any felony or other crimes, except \_\_\_\_\_.
- I certify that all information given on this application is true and complete. Any misrepresentation, omission or incorrect statement of facts called for in this application is cause for immediate dismissal of me as a volunteer.

I understand that a criminal history records check will be conducted, and I have signed the attached consent form for that purpose.

Signature of Volunteer _____	Date _____
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### CONSENT TO CRIMINAL HISTORY RECORDS CHECK

I understand, that prior to providing any volunteer service, the Mount Clemens Community School District conducts a criminal history check of all applicants. I authorize Mount Clemens Community Schools to utilize my personal information disclosed herein to obtain a criminal history file search from the Michigan Department of State Police and such other police agencies as may have such records.

Signature of Volunteer _____	Date _____
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Mount Clemens Community School District does not discriminate on the basis of race, religion, color, veteran status, sex, age, height, weight, national origin, marital status, pregnancy, handicapping condition or disability. A disabled or handicapped individual may allege a violation regarding failure to accommodate under the Michigan Handicappers' Civil Rights Act only if the individual notifies the employing institution, in writing of the need for accommodation within 182 days after the date on which the handicapped or disabled individual knew or reasonably should have known that an accommodation was needed. Written notification of the need for accommodation in the application or selection process and/or questions regarding this notice should be directed to the Mount Clemens Community School District at 167 Cass Avenue, Mount Clemens, Michigan, 586-461-3776.