Ravenna High School
Enrollment Packet

Welcome to Ravenna High School –

The following documents need to be completed and returned to the RHS Office for student enrollment:

♦Ravenna Public Schools Student Enrollment Form

♦2020-2021 Demographic Information for New Enrollee

♦A copy of your child's Birth Certificate is REQUIRED

♦Muskegon Area Intermediate School District Previous Enrollment/Temporary Placement (ONLY to be filled out if your student received special education services at the previous school)

♦Student Network and Internet Acceptable Use and Safety Agreement

♦Home Language Survey

♦Request for Records

♦Residency Verification Statement

♦Concussion Awareness Educational Material Acknowledgement Form

♦Student Living Situation form

♦Student Transportation Enrollment Form

♦Free and Reduced Lunch Application

♦Consent for Disclosure of Immunization Information to Local and State Health Departments

♦Athletic Questionnaire

♦Contact Information

Ravenna Public Schools Student Enrollment Form

Child's Legal Name (as shown on birth certificate) _____ (Last) _____ (First) _____ (Middle)

☐ Male ☐ Female

Grade Entering _____

Birth Date _____ Place of Birth _____

Multiple Birth Status: ☐ Single ☐ Twin ☐ Triplet

Address _____ (House # Street) _____ (Apt./Unit # City Zip)

Home Phone _____ County _____

Is this child a court placed foster child? ☐ Yes ☐ No

What is your child's Native Language? _____

Does your child speak a language other than his Native Language on a daily basis? Yes ____ No ____

If Yes, what is the language? _____

Is the primary language used in your child's home or environment a language other than English? Yes ____ No ___

If yes, what is the language? _____

Immigration Date, If not born in U.S.: _____

Number of full school years student has attended any U.S. school? _____

Ethnicity

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 American, or other Spanish culture or origin, regardless of race.)

Race

The question to the left is about ethnicity, not race. No matter what you selected, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

___ American Indian/Alaska Native ___ Asian American

___ Native Hawaiian/Pacific Islander ___ Black/African American

___ White

Last School Attended _____ City/State _____

Code: ☐ Public School Michigan ☐ Public Out of State ☐ Church/Private ☐ Preschool

Did your child receive any special education services at a previous school? ☐ Yes ☐ No (If yes, please indicate the types of services he/she received)

(Check all that apply) ☐ Special Education Classes ☐ Speech ☐ OT/PT ☐ Social Work ☐ 504 Plan

Name of Primary Parent/Guardian Residing in the Home	Place of Employment	Email	Work Phone (area code first)	Cell Phone (area code first)

Relationship: ☐ Father ☐ Mother ☐ Grandparent ☐ Guardian ☐ Self (Student Enrolling) ☐ Other _____

Name of Secondary Parent/Guardian Residing in the Home	Place of Employment	Email	Work Phone (area code first)	Cell Phone (area code first)

Relationship: ☐ Father ☐ Mother ☐ Stepmother ☐ Stepfather ☐ Grandparent ☐ Guardian ☐ Other _____

Name of Parent Living Elsewhere	Relationship to child	Residence Phone (area code first)	Work Phone (area code first)	Cell Phone (area code first)

Address

Have custody papers been provided to the district? ☐ Yes ☐ No

Should this person receive report cards/mailings? ☐ Yes ☐ No

Custody Restrictions:

OTHER CHILDREN IN THE FAMILY

Name (First & Last)	Birth Date	School of Attendance

The undersigned hereby acknowledges that the information provided on this form is true and accurate. The undersigned understands that it is his/her responsibility to inform the appropriate school office if and when any of the information set in this form changes.

_____ Parent/Guardian/Student (if over 18) Signature

_____ Date

OFFICE USE ONLY:

Entry Date:_____ ☐ New ☐ Returning Building: _____ Family #_____ Student #: _____ Staff User Name _____

Proof of Residence: ☐ Property Tax Statement. ☐ Utility ☐ Computer Verify ☐ Lease ☐ Affidavit - living with
☐ Purchase Agreement ☐ Mortgage ☐ Ins. Other_____ Exp: Mo____ Yr____ _____

Documents:

☐ Birth Certificate	☐ Health Questionnaire	☐ Records Request	☐ Parent ID	☐ Conduct Stmt(Secondary)
☐ Birth Affidavit	☐ Immunizations	☐ Tech Agreement	☐ KDG Vision	☐ Temp Placement IEP
☐ Passport	☐ Complete ☐ Incomplete	☐ Elem. Student Survey	☐ Courses/Transcript	☐ Reduced Lunch

Room # _____ Teacher_____ AM Bus #_____ PM Bus #_____ Walker_____

Transportation_____ Nurse _____ Add Book _____ Records Request _____

CENTRAL REGISTRATION USE ONLY:

Date received:	UIC Number:	Date Completed:
_____	_____	_____

2020–21 **Demographic Information for New Enrollee**

Ravenna High School
Grade_____

STUDENT AND PARENT/GUARDIAN INFORMATION

Student Information	
Student Name	
Address	
Date of Birth / Gender / Student Cell	
Student Lives with	Second report needs to be sent to:
Home(autodialer calls)/Cell Phone	Home: Cell:
Parent/Guardian Information	
Primary Contact 1 (relation to student)	(Relation_____)
Home Address	
Employer	
Cell Phone	
Work Phone / Home Phone	
E-mail address	
Contact 2 (relation to student)	(Relation_____)
Home Address	
Employer	
Cell Phone	
Work Phone / Home Phone	
E-mail address	
Contact 3 (relation to student)	
Home Address	
Employer	
Cell Phone	
Work Phone / Home Phone	
E-mail address	

Parent/Guardian Alert Information	**Current Record**	
Parent/Guardian Alert (Documention required in the office)		

See reverse side for additional information.

EMERGENCY CONTACT INFORMATION OTHER THAN PARENT/GUARDIAN

The following information is required in case your child becomes ill or injured at school or in the event of an emergency and you cannot be reached. Please list three adults who can act in your absence to assume responsibility for your child.

Emergency Contact Information	
Contact 1 (relation to student)	
Best Number to Be Reached	
Contact 2 (relation to student)	
Best Number to Be Reached	
Contact 3 (relation to student)	
Best Number to Be Reached	

MEDICAL INFORMATION AND CONSIDERATIONS

Provider Information **Family Doctor - Address/Telephone** **Family Dentist - Address/Telephone** **Hospital Preference** **Insurance Company/Policy No.**	
List any/all HEALTH CONDITIONS, critical health information, allergies AND current MEDICATIONS (use separate page if additional space is needed)	

I grant permission for my child to participate in school-sponsored field trips and excursions.

I agree to pay all expense which may occur during any emergency treatment if my child must be taken to the hospital should the school be unable to reach me by telephone at the time of said emergency.

I grant permission for the school, in whole or in part, to use photographs, written extractions, video and voice recordings of my student(s) for the purpose of marketing and publications, unless otherwise notified in writing.

I understand that the Student Handbook is available online.

Parent/Guardian in Active Military Duty?
Name:_____
Branch:_____

Parents/Guardians: I have read the above information and my signature will cover everything in the OTHER INFORMATION section.

Signature required:_____Dated:_____

* only fill out if previously rec'd SPED services *

MUSKEGON AREA INTERMEDIATE SCHOOL DISTRICT

PREVIOUS ENROLLMENT/TEMPORARY PLACEMENT

Rule 340.1722e of the Michigan Special Education Rules provides that a student enrolled in special education in another school district, upon transfer to a new district, and upon written consent of the parent, may be placed immediately in an appropriate special education program for a period not to exceed ***thirty (30) school days.***

§300.614(a)(C)(ii) of the Individuals with Disabilities Education Improvement Act of 2004 provides that if a child enrolls in a new school after an evaluation has begun in a previous district, the parent and the subsequent district need to agree when the evaluation will be completed.

This Section to be completed by building secretary then faxed or scanned to: tjuusola@fruitportschools.net
(T Juusola)
Fax: 231-865-8089

Enrolling

District:_____/Building_____Grade_____

Student's Name_____Birthdate_____

Student's Address _____ Phone _____

Parent Name _____

Student Primary Language _____ Language in the Home _____

Is a foster child or Agency/Parent* placed? ☐Yes ☐No
If placed by a County Court, which County Court?
*Parent placed students qualify for Section 53a if the placement was for the purpose of providing a **suitable home** and the parent resides in another ISD. This does not include school of choice students.

Was the student's prior school located in Michigan? ☐Yes ☐No

Prior School:

Prior

District: Address:

Phone:

Contact:

Fax:

An IEP Team meeting will be held and notice provided within 30 school days. Until then, this student will be supported with the provisions listed above.

Consent:

_____ _____/_____/_____
Parent/Guardian/Surrogate Date

Note: If the parent does not provide consent for placement, then the school district will implement the student's current individualized education program to the extent possible and an individualized education program team meeting shall be convened to develop a new individualized education program as soon as possible, but not later than 30 school days.

STUDENT NETWORK AND INTERNET ACCEPTABLE USE AND SAFETY AGREEMENT

To access e-mail and/or the Internet at school, students under the age of eighteen (18) must obtain parent permission and must sign and return this form. Students eighteen (18) and over may sign their own forms.

Use of the Internet is a privilege, not a right. The Board of Education's Internet connection is provided for educational purposes only. Unauthorized and inappropriate use will result in a cancellation of this privilege.

The Board has implemented technology protection measures, which protect against (e.g. block/filter) Internet access to visual displays/depictions/materials that are obscene, constitute child pornography, or are harmful to minors. The Board also monitors online activity of students in an effort to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. Nevertheless, parents/guardians are advised that determined users may be able to gain access to information, communication and/or services on the Internet that the Board has not authorized for educational purposes and/or that they and/or their parents/guardians may find inappropriate, offensive, objectionable or controversial. Parents/Guardians assume this risk by consenting to allow their students to participate in the use of the Internet. Students accessing the Internet through the school's computers assume personal responsibility and liability, both civil and criminal, for unauthorized or inappropriate use of the Internet.

The Board has the right, that any time, to access, monitor, review and inspect any directories, files and/or messages residing on or sent using the Board's computers/networks. Messages relating to or in support of illegal activities will be reported to the appropriate authorities.

Please complete the following information:

Student User's Full Name (please print): _____

School: _____ Grade: _____

Parent/Guardian's Name: _____

Parent/Guardian

As the parent/guardian of this student, I have read the Student Network and Internet Acceptable Use and Safety Policy and Guidelines, and have discussed them with my child. I understand that student access to the Internet is designed for educational purposes and that the Board has taken available precautions to restrict and/or control student access to material on the Internet that is obscene, objectionable, inappropriate and/or harmful to minors. However, I recognize that it is impossible for the Board to restrict access to all objectionable and/or controversial materials that may be found on the Internet. I will not hold the Board (or any of its employees, administrators or officers) responsible for materials my child may acquire or come in contact with while on the Internet. Additionally, I accept responsibility for communicating to my child guidance concerning his/her acceptable use of the Internet - i.e., setting and conveying standards for my daughter/son to follow when selecting, sharing and exploring information and resources on the Internet. I further understand that individuals and families may be liable for violations.

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To the extent that proprietary rights in the design of a website hosted on the Board's servers would vest in my child upon creation, I agree to assign those rights to the Board.

Please check each that applies:

- ☐ I give permission for my child to use and access the Internet at school and for the Board to issue an Internet/e-mail account to my child.
- ☐ I give permission for my child's image (photograph) to be published online, provided only his/her first name is used.
- ☐ I give permission for the Board to transmit "live" images of my child (as part of a group) over the Internet via a web cam.
- ☐ I authorize and license the Board to post my child's class work on the Internet without infringing upon any copyright my child may own with respect to such class work. I understand only my child's first name will accompany such class work.

Parent/Guardian's Signature: _____ Date: _____

Student

I have read and agree to abide by the Student Network and Internet Acceptable Use and Safety Policy and Guidelines. I understand that any violation of the terms and conditions set forth in the Policy and Guidelines is inappropriate and may constitute a criminal offense. As a user of the Board's computers/network and the Internet, I agree to communicate over the Internet and the Network in an appropriate manner, honoring all relevant laws, restrictions and guidelines.

Student's Signature: _____ Date: _____

Teachers and building principals are responsible for determining what is unauthorized or inappropriate use. The principal may deny, revoke or suspend access to the Network/Internet to individuals who violate the Board's Student Network and Internet Acceptable Use and Safety Policy and related Guidelines, and take such other disciplinary action as is appropriate pursuant to the Student Code of Conduct.

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DATE COMPLETED: _____

GRADUATING CLASS OF: _____

STATE BOARD OF EDUCATION
APPROVED HOME LANGUAGE SURVEY*

Ravenna Public Schools 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_____ D.O.B._____
(Date of Birth)

School Building ☐ Beechnau ☐ Middle School ☐ High School ☐ NEEC

1. Is your child's native tongue a language other than English?
   ☐ Yes ☐ No What is that language?_____

2. Is the primary language[1] used in your child's home or environment a language other than English?
   ☐ Yes ☐ No What is that language?_____

Signature of Parent/Guardian _____

Address_____

_____

[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.

SECRETARY PLEASE DISTRIBUTE:
ORIGINAL – WIDA Coordinator
COPY - CA60

Ravenna High School

2766 S. Ravenna Rd., Ravenna, MI 49451
Phone 231-853-2218; Fax 231-853-6981
ravennaschools.org

Request for Records

Date: _____

Previous School _____

Address _____

City State Zip _____

Telephone _____

Fax _____

The student(s) named below is/are enrolling in Ravenna High School and has given the name of your school as the last school attended.

_____Please fax transcript of grades and credits, IEP's, current schedule and current grades.
Please mail student's CA-60 to include:

- Personal data, including UIC number
- Most recent report card
- Standardized test scores
- Immunization records, birth certificate\
- Attendance records
- Special education file, including IEP's and psychological reports
- Any other information you believe will help us with the student(s)

If you have any questions, feel free to call Jenny at 231-853-2218 ext. 1404.

Student(s) Name Date of Birth Grade

_____

_____

Parent Signature: _____

Please forward student records to the above address.

Note that according to PL 93-380 "Family Rights and Privacy Act" on the matter of transferring student records from one school to another, a parent/guardian signature is NOT required.

Planted in Promise...Growing in Pride

Ravenna Public Schools

12322 Stafford Street, Ravenna, MI 49451
ravennaschools.org

RESIDENCE VERIFICATION AND ADDRESS CHANGES

Student Name:_____

Parent/guardian or emancipated adult **MUST** provide the following documentation:

1. [ ] Driver's License or State Identification with Parent/Legal Guardian Name and Current Ravenna Residence Address

AND

Present at least **ONE** of the following in the Parent/Legal Guardian Name and Current Ravenna Residence Address:

- [ ] Current Property Tax Bill
- [ ] Current Mortgage Statement and/or Payment Deed
- [ ] Utility Bill (Consumers, DTE, Water, etc.)

OR

2. Present at least **THREE** of the following in the Parent/Legal Guardian Name and Current Ravenna Residence Address:

- [ ] Closing Statement
- [ ] Current Signed Lease
- [ ] Residency Affidavit
- [ ] Utility Bill (Phone, Cable, etc.)
- [ ] Credit Card Statement
- [ ] Life, Health, Auto or Home Insurance
- [ ] Federal, State, or Local Government Documents
- [ ] Other documents containing your name and resident address may be accepted with the approval of the Superintendent

The undersigned parents/guardians do hereby acknowledge the truth and accuracy of the information provided above.

_____ Dated: _____

Parent(s)/Guardian(s) Signature

DISTRICT USE ONLY

I have reviewed the provided proof of residence in Ravenna Public School district.

_____ Dated: _____

Employee Signature

_____ Title: _____

Employee Printed Name

Educational Material for Parents and Students (Content Meets MDCH Requirements)

Sources: Michigan Department of Community Health. CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

UNDERSTANDING CONCUSSION

Some Common Symptoms

Headache	Balance Problems	Sensitive to Noise	Poor Concentration	Not "Feeling Right"
Pressure in the Head	Double Vision	Sluggishness	Memory Problems	Feeling Irritable
Nausea/Vomiting	Blurry Vision	Haziness	Confusion	Slow Reaction Time
Dizziness	Sensitive to Light	Fogginess	"Feeling Down"	Sleep Problems
		Grogginess		

WHAT IS A CONCUSSION?

concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a fall, bump, ow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, inning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to e head can be serious. A concussion can happen even if you haven't been knocked out.

u can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until ys or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical at- tion right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care pro- sional says they are okay to return to play.

IF YOU SUSPECT A CONCUSSION:

SEEK MEDICAL ATTENTION RIGHT AWAY – A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don't hide it, report it. Ignoring symptoms and trying to "tough it out" often makes it worse.

KEEP YOUR STUDENT OUT OF PLAY – Concussions take time to heal. Don't let the student return to play the day of injury and until a heath care professional says it's okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.

TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION – Schools should know if a student had a previous concussion. A stu- lent's school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

Appears dazed or stunned
Is confused about assignment or position
Forgets an instruction

- Can't recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

CONCUSSION DANGER SIGNS:

re cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student ld receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

One pupil larger than the other
Is drowsy or cannot be awakened
A headache that gets worse
Weakness, numbness, or decreased coordination

- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

udent reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athlet- y the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluat- r concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on mputer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a ssion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care profes- .

mber: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symp- hat last for days, or even weeks. A more serious concussion can last for months or longer.

rn more, go to www.cdc.gov/concussion.

Parents and Students Must Sign and Return the Educational Material Acknowledgement Form

CONCUSSION AWARENESS

EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

y my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 ıat I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact heet for Students provided by _____
Sponsoring Organization

_____	_____
Participant Name Printed	Parent or Guardian Name Printed
_____	_____
Participant Name Signature	Parent or Guardian Name Signature
_____	_____
Date	Date

turn this signed form to the sponsoring organization that must keep on file for the duration of partici-tion or age 18.

rticipants and parents please review and keep the educational materials available for future refer-ce.

STUDENT RESIDENCY QUESTIONNAIRE

School: _____ Grade: _____ Date: _____

Student Name: _____ Birth date: _____

Foster Child: ___Yes ___ No If Yes, how long has this foster child lived with you? _____

Please list all of your preschool and school-aged children currently living with you: (continue on back if more space is needed)

Name: _____ Birth date: _____ School: _____

Name: _____ Birth date: _____ School: _____

Information provided on this form is confidential.

What is your current living situation? *(Based on your situation, your child may be eligible for additional services)*

_____ **I own or rent my own home/apartment.** If you checked this box, **STOP** here…you do not need to answer any additional questions

---

_____ **Sharing the housing of other persons due to:** (check one)

Loss of housing due to eviction, foreclosure, or other economic hardship

Explain: _____

Long-term, cooperative living arrangement to save money or a similar reason

_____ **At a motel, hotel, campground or similar setting due to:** (check one)

Lack of alternative adequate accommodations

It being a convenient living arrangement, or waiting for apartment or house to be ready

_____ **In an emergency or transitional shelters (domestic violence or homeless shelters or transitional housing)**

_____ **In a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans**

_____ **In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar setting**

How long do you anticipate living at this location? _____

Current Address: _____

Phone Number: _____

_____ Date: _____

Parent/Guardian/Unaccompanied Youth Signature

OFFICE USE ONLY: ____ McK-V ____ UnY ____ FC *If checked, complete referral form.*

Anticipated Start Date:_____

RAVENNA PUBLIC SCHOOLS
TRANSPORTATION DEPARTMENT
2020 – 2021 Student Transportation Enrollment Form

Telephone: (231) 853-6311 **Email:** tfunk@ravennaschools.org

Dear Parent or Guardian:
In order to complete our student lists for busing, we need to compile the following information about your child(ren). Please fill out this student transportation form for your child(ren). *Only one form is needed per household*. Thank you.

	STUDENT NAME	D.O.B / GENDER	SCHOOL BLDG (circle one)	GRADE	REQUEST BUS RIDE Yes	No
1.		M F	EL MS HS		( )	( )
2.		M F	EL MS HS		( )	( )
3.		M F	EL MS HS		( )	( )
4.		M F	EL MS HS		( )	( )
5.		M F	EL MS HS		( )	( )

Home Address:_____ Phone #._____
House # Street City Zip

Only *one* pick up and *one* drop off will be allowed per BOE Policy. *Pick up & Drop off location may be different but must be consistent. (i.e. sitter, daycare, grandparent, etc)*
****Only if different than home address****

Pick Up:_____ Reason:_____

Drop Off:_____ Reason:_____

Parent/Guardian Name:	***Phone Number:***	***Relationship:*** *(May student be released to this person)*

Emergency Contact Name:	***Phone Number:***	***Relationship:*** *(May student be released to this person)*

Please list any *health concerns* for your child(ren):

Student Name:	***Explanation of concern & action to be taken:***

_____ _____
Parent/Guardian Signature Date

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Ravenna Public Schools** offers healthy meals every school day. **Breakfast costs $1.50; Elementary Lunch costs $2.75 and Secondary Lunch costs $3.00. Your children may qualify for free meals or for reduced-price meals.** Reduced-price is **.30** for breakfast and **.40** for lunch. This packet includes an application for free or reduced-price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED-PRICE MEALS?
   - All children in households receiving benefits from the **Food Assistance Program (FAP), Family Independence Program (FIP),** or **Food Distribution Program on Indian Reservations (FDPIR)** are eligible for free meals.
   - Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
   - Children participating in their school's Head Start program are eligible for free meals.
   - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
   - Children may receive free or reduced-price meals if your household's income is within the limits of the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

FEDERAL INCOME ELIGIBILITY CHART for School Year 2020-2021

Household Size	Annually	Monthly	Weekly
1	23,606	1,968	454
2	31,894	2,658	614
3	40,182	3,349	773
4	48,470	4,040	933
5	56,758	4,730	1,092
6	65,046	5,421	1,251
7	73,334	6,112	1,411
8	81,622	6,802	1,570
Each additional person:	8,288	691	160

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail 231-853-1515 or klong@ravennaschools.org.

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced-Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Food Service Department, 2700 S. Ravenna Road, Ravenna MI 49451.**

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you received carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Food Service Department at 231-853-2268 ext 1515** immediately.

5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same

information as the paper application. Visit **www.lunchapp.com** to begin or to learn more about the online application process. Contact **Food Service Department at 231-853-2268 ext 1515** if you have any questions about the online application.

6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through **October 5, 2020.** You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.

7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced-price meals. Please send in an application.

8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.

9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.

10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Superintendent Greg Helmer, 12322 Stafford Street, Ravenna MI 49451, 231-853-2231 ext 1364 or ghelmer@ravennaschools.org.**

11. MAY I APPLY IF SOMEONE IN MY HOUSEHOULD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.

12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make $1000 each month, but you missed some work last month and only made $900, put down that you made $1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime occasionally. If you have lost a job or had your hours or wages reduced, use your current income.

13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

14. WE ARE IN THE MILITARY, DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **Kristie Long, 2700 S. Ravenna Road, Ravenna MI 49451 231-853-2268 ext 1515 or** klong@ravennaschools.org to receive a second application.

16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **Food Assistance Program (FAP)** or other assistance benefits, contact your local assistance office or call **1-855-275-6424**.

If you have other questions or need help, call **231-853-2268 ext 1515.**

Sincerely, **Kristie Long, Director of Dining Services,** klong@ravennaschools.org, **231-853-2268**

HOW TO APPLY FOR FREE AND REDUCED-PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit one application per household, even if your children attend more than one school in Ravenna. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Kristie Long, Director of Dining Services at 231-853-2268 ext 1515 or klong@ravennaschools.org.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending Ravenna regardless of age.

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) Is the child a student at Ravenna Public Schools Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend Ravenna. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing **STEP 1**, go to **STEP 4**.

Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.

D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or FAP
- Temporary Assistance for Needy Families (TANF) or FIP.
- The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs:

- Leave **STEP 2** blank and go to **STEP 3.**

B) If anyone in your household participates in any of the above listed programs:

- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: Department of Human Services 517-373-0707.
  Go to **STEP 4**.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled **"Sources of Income for Adults"** and **"Sources of Income for Children,"** printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
  - Gross income is the total income received before taxes.
  - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B. REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, *even if they are not related and even if they do not receive income of their own.*
- ***Do NOT include:***
  - People who live with you but are not supported by your household's income AND do not contribute income to your household.
  - Infants, Children and students already listed in **STEP 1.**

B) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." *Do not list any household members you listed in STEP 1.* If a child listed in **STEP 1** has income, follow the instructions in **STEP 3, part A.**

C) Report earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

D) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. *Do not report the cash value of any public assistance benefits NOT listed on the chart.* If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

E) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.

F) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in **STEP 1** and **STEP 3**. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced-price meals.

G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."

C) Mail Completed Form to: Food Service Department, 2700 S. Ravenna Road, Ravenna MI 49451.

D) Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced-price school meals.

2020-2021 Household Application for Free and Reduced-Price School Meals

Apply online: lunchapp.com

One application per household. Please use a pen (not a pencil)

STEP 1: List ALL Household Members who are infants, children, and students up to and including 12 (if more spaces are required for additional names, attach another sheet of paper).

Definition of **Household Member.** "Anyone who is living with you and shares income and expenses, even if not related". Children in Foster care and children who meet definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced-Price School Meals** for more information. **PLEASE PRINT**

	Child's First Name	MI	Child's Last Name	Student? Yes	Student? No	School	Grade	Foster Child	Homeless Migrant, Runaway
1)				☐	☐			☐	☐
2)				☐	☐			☐	☐
3)				☐	☐			☐	☐
4)				☐	☐			☐	☐
5)				☐	☐			☐	☐

STEP 2: Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR

If NO > Go to STEP 3. **If YES >** Write a case number here, then go to STEP 4 (Do not complete STEP 3). **Case Number:** ___ ___ ___ ___ ___ ___ ___ ___ ___

(Write only one case number in this space)

STEP 3: Report income for ALL Household Members (Skip this step if you answered "YES" to STEP 2)

Unsure what income to include here? Flip the page and review the charts titled, "Sources of Income", for more information. The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with the All Adult Household Members Section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by All Household Members listed in STEP 1 here.

Child Income $ _____

How Often? Please put an X: Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly ☐ Annually ☐

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

PLEASE PRINT

	Name of Adult Household Members (First and Last)	Earnings from Work	How Often? Weekly	Bi-Weekly	2x Month	Monthly	Annually	Public Assistance/ Alimony/Child Support	How Often? Weekly	Bi-Weekly	2x Month	Monthly	Annually	Pensions/Retirement/ All Other Income	How Often? Weekly	Bi-Weekly	2x Month	Monthly	Annually
1)		$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
2)		$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
3)		$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
4)		$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
5)		$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐

Total Household Members (Children and Adults) _____

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member ___ ___ ___ ___ Check if no SSN ☐

STEP 4: Contact information and adult signature. **Mail Completed Form to:** 12322A Stafford St Ravenna, MI 49451

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal Funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws".

Street Address (if available) _____ Apt# _____ City _____ State _____ Zip _____ Daytime Phone and Email (Optional) _____

Printed Name of Adult Signing Form _____ Signature of Adult _____ Today's Date _____

INSTRUCTIONS: Sources of Income

Sources of Income for Children

Sources of Child Income	Examples
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivor's Benefits	A child is blind or disabled and receives Social Security Benefits. A parent is disabled, retired, or deceased, and their child receives Social Security benefits.
Income from person outside the household	A friend or extended family member regularly gives a child spending money.
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust.

Sources of Income for Adults

Sources of Adult Income	Example(s)
Earnings from work	Salary, wages, cash bonuses / Net income from self-employment (farm or business) / If you are in the U.S. Military / -Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) -Allowances for off-base housing, food and clothing
Public Assistance / Alimony / Child Support	-Unemployment Benefits -Workers compensation -Supplemental Security Income (SSI) -Cash assistance from State or local government -Alimony payments-Child support payments -Veteran's benefits -Strike benefits
Pensions / Retirement / All Other Income	-Social Security (including railroad retirement and black lung benefits) -Private pensions or disability benefits -Annuities -Regular income from trusts or estates -Investment income -Earned interest -Regular cash payments from outside household

Optional: Children's Racial and Ethnic Identities

We are required to ask for information about your children(s) race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your child(s) eligibility for free or reduced-price meals.

Ethnicity (check one): ☐ **Hispanic or Latino** ☐ **Not Hispanic or Latino**

Race (check one or more): ☐ **American Indian or Alaskan Native** ☐ **Asian** ☐ **Black or African American** ☐ **Native Hawaiian or Other Pacific Islander** ☐ **White**

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them investigate violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http:www.ascr.usda.gov/complaint_filing_cust.htm., and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

Fax: (202) 690-7442
Email: program.intake@usda.gov
This institution is an equal opportunity provider

DO NOT FILL OUT: For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income: $_____ (Weekly) $_____ (Bi-Weekly) $_____ (2x Month) $_____ (Monthly) $_____ (Annually) **Household Size:** _____ **Categorical Eligibility:** _____ **Eligibility:** _____ (Free) _____ (Reduced) _____ (Denied)

_____ Determining Official's Signature _____ Date

_____ Confirming Official's Signature _____ Date

_____ Verifying Official's Signature _____ Date

Ravenna Public Schools

12322 Stafford Street, Ravenna, MI 49451
Phone 231-853-2231; Fax 231-853-2193
ravennaschools.org

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 threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the students 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 Education Rights and Privacy Act (FERPA), 20 U.S.C. /1232g, requires written parental consent before personally identifiable information from your child 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 disclosure of information from his/her records.

You may withdraw your consent to share this information, in writing, at any time.

I DO authorize Ravenna Public Schools _____ -or-
I DO NOT authorize Ravenna Public Schools _____
to release my child's immunization record to the Michigan Department of Health and Human Services and the Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply to Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

Students Name: _____ Date of Birth: _____

Signature of Parent/Guardian
Or Eligible Student: _____ Date: _____

Print Parent/Guardian Name: _____

Planted in Promise...Growing in Pride

NEW STUDENT FORM 2020–21 – For students who change schools after starting 9th grade

YES ☐ NO ☐ **I AM INTERESTED IN PARTICIPATING IN ATHLETICS**

To be completed by new students, parents and former school. *This form is intended to assist schools in compiling information to determine eligibility under MHSAA Regulations. Provide copies in new student packets and as soon as possible the form should be submitted to the athletic director for evaluation. The AD may then contact the MHSAA for assistance. Consult Int. 65 and 77 or the Residential Change Check List on MHSAA.com (Schools→ Parents→ Regulations Summary) to assist in determining if residential changes are full and complete.* ***Int. 37 states two current and complete documents are prerequisites for participation: Physical Exam/Consent Form and official school record (transcript) since first enrolling in the 9th grade of any school.***

SECTION COMPLETED BY SCHOOL & STUDENT – CHECK TRANSCRIPT	- Official enrollment date (in school records & attending one or more classes) →	
	- Number of classes for which credit has been given in the previous academic term →	
	- Number of potential classes for a full-time student in the previous high school →	
	- Number of semester's and/or trimesters in grades 9-12 COMPLETED to date →	
	- In what school year did the student END the 8th grade (and BEGIN grade 9th) →	
	- Has the student REPEATED any grade 9-12? →	

STUDENT'S NAME _____ GRADE _____ BIRTHDATE ____/____/____

PHONE (____)_____ EMAIL _____

CURRENT (NEW) ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF RESIDENCE CHANGE INTO CURRENT (NEW) ADDRESS _____

CURRENT (NEW) PUBLIC SCHOOL DISTRICT IN WHICH YOU RESIDE _____

OLD HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

FORMER RESIDENCE (CHECK ALL THAT APPLY) ☐ VACANT ☐ SOLD ☐ RENTED ALL BELONGINGS MOVED? ☐ Y ☐ N

FORMER PUBLIC SCHOOL DISTRICT OF RESIDENCE _____

PARENT(S) OR GUARDIAN(S) _____ PHONE: (____)_____

1. The last school the student attended _____

2. While enrolled at former school, the student lived with _____
   (List ALL people & their relationship to the student - parents, siblings, or others)

   ☐ YES ☐ NO The student lived with the above for at least 30 days during the most recent previous academic term.

3. The student NOW lives with _____
   (List ALL people & their relationship to the student - parents, siblings, or others)

SELECT THE APPROPRIATE ANSWER

4. 9 10 11 12 Circle the highest grade in which the student was enrolled at any previous school.
5. ☐ YES ☐ NO School previously attended was a nonpublic or charter school.
6. ☐ YES ☐ NO Student is a "Ward of the Court/State" and was placed in this school district by court order.
7. ☐ YES ☐ NO Student is an international student enrolling from a foreign country. **Select VISA:** ☐ F1 ☐ J1
7a. ☐ YES ☐ NO Student is from an MHSAA Approved International Student Program (AISP).
   Program Name: _____ Program is listed on MHSAA.com ☐ Y ☐ N
8. ☐ YES ☐ NO Student's previous school has been closed, dissolved or reorganized. *(see Int. 64 & 90)*
9. ☐ YES ☐ NO Student's parents are DIVORCED. If divorced, give exact decree date: **Month**____ **Day**____ **Year**_____
10. ☐ YES ☐ NO Student is 18 or under; or the 19th birthday is on or after Sept. 1st of this school year.
11. ☐ YES ☐ NO Last year, the student lived at a boarding school, or while enrolled out of state attended a sports academy.
12. ☐ YES ☐ NO Student is 18 and moved into this district WITHOUT his or her parents.
13. ☐ YES ☐ NO Student participated in a cooperative program involving his/her previous school and our school.
14. ☐ YES ☐ NO Student wishes to discuss her/her situation with the athletic director.

OVER →

VERIFICATION OF PREVIOUS HIGH SCHOOL SPORTS PARTICIPATION

15. List ALL high school sports the student participated in (game/meet or scrimmage at any level) in the most recent previous school year and, if the transfer occurs after the school year started, list any sports participated in at any level during the current school year. List the year next to the sport played (e.g. 2018-19).

FALL	WINTER	SPRING

16. List the sport(s) in which the student desires to participate in during the next 12 months at the new school:

• _____ • _____ • _____ • _____

Unless a student meets one of the 15 stated Exceptions, the student is INELIGIBLE for participation in any of the sports listed above (item #15) during the 2019-2020 school year. Students are eligible for participation in sports NOT listed above (item #15).

Today's Date _____ **IN THE PAST 12 MONTHS?**

17. YES NO While at the **previous high school the student was coached by** any member of our high school's coaching staff (current or incoming). If yes, indicate the name of the coach(es) and sport(s):

_____

RECOMMENDED VERIFICATION & COMMUNICATION BETWEEN SCHOOLS

By my signature below I state that the above is true and accurate. I also understand that contests the student participates in may be forfeited to opponents if the information submitted is not accurate:

_____ _____ _____ _____
STUDENT DATE PARENT/GUARDIAN DATE

_____ _____ _____
NEW SCHOOL ATHLETIC DIRECTOR DATE SCHOOL NAME + EMAIL OR FAX

TO PREVIOUS SCHOOL A.D. - PLEASE SIGN AND RETURN TO A.D. AT THE STUDENT'S NEW SCHOOL

Exchange this form between athletic directors for students who wish to play the same sport as played previously. The previous school athletic director indicates that to the best of their knowledge the above is true and accurate:

_____ _____ Form Returned to NEW School: _____
PREVIOUS SCHOOL ATHLETIC DIRECTOR DATE DATE

Notes if previous AD declines to sign: _____

_____

_____

_____

_____

ALERT! The NEW Sport Specific Transfer Rule is in effect. ANY sport a student played in 2018-19 determines eligibility in 2019-20 should the student transfer and not meet one of the 15 stated Exceptions.

OVER →

-Stay in touch with RHS via –

Facebook:

https://www.facebook.com/RavennaHighSchool/

RHS Website:

https://www.ravennaschools.org/schools/rhs/

RHS Staff Directory with links to email staff members:

https://www.ravennaschools.org/ourdistrict/staffdirectory/

RHS Office:

Main telephone 231-853-2218
Mr. Wilson's email: jwilson@ravennaschools.org
Mrs. Filippelli's email: tfilippelli@ravennaschools.org
Mr. Jawor's email: kjawor@ravennaschools.org
Mrs. Iwaniw's email: jiwaniw@ravennaschools.org
Mrs. Crowley's email: jcrowley@ravennaschools.org

Power School

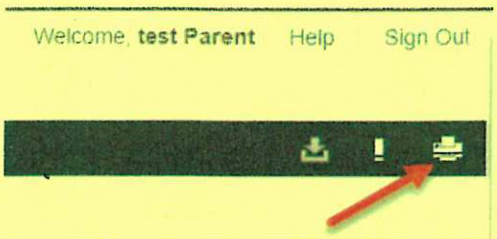
Check your students grades and attendance. Also, there is an app for your smartphone – get alerts when your student's grades change and when they are marked absent.
https://ps-ra.muskegonisd.org/public/ (District Code: TGKK)

Directions for Viewing and Printing Online Report Cards

With the switch to online report cards, you will be able to access your students report card any time after report cards have been finalized online through the parent portal.

In order to view the report card, go to the Ravenna PowerSchool Parent Portal at https://ps-ra.muskegonisd.org/public/home.html. If you do not have a login please contact your building's office.

On the menu on the left-hand side of the screen will now be a new option for the report card.



Once the report card loads there is a printer icon in the upper right hand corner that will load the page in a separate view for printing.

Please keep in mind this option will only be available after the report card has been finalized and made available.