

EASTPOINTE COMMUNITY SCHOOLS

Administrative Center ♣ 24685 Kelly Road ♣ Eastpointe, MI 48021 ♣ (586) 533-3000

Crescentwood
14500 Crescentwood
Eastpointe, MI 48021
(586) 533-3200
(586) 533-3209 fax

Forest Park
18361 Forest
Eastpointe, MI 48021
(586) 533-3300
(586) 533-3309 fax

Bellview
15800 Bell
Eastpointe, MI 48021
(586) 533-3100
(586) 533-3109 fax

Pleasantview
16501 Toepfer
Eastpointe, MI 48021
(586) 533-3400
(586) 533-3409 fax

REGISTRATION CHECK LIST FOR GRADES K-5

Students can only be registered by a parent or legal guardian.

Student's Name _____ Grade _____

The following information will be required at the time of registration. A copy will be made for the student's file.

- _____ Proof of Birth - You can order online www.vitalcheck.com or call State of MI (517) 335-8656
- _____ Parent's Picture ID
- _____ Proof of Immunization from health care provider
- _____ **KINDERGARTEN ONLY** – Hearing & Vision Screening
- _____ **KINDERGARTEN ONLY** – Dental Assessment
- _____ Residency (3 of the following)

_____ Driver License/State ID	_____ with parent/guardian in house or apartment
_____ Utility Bill/Tax Bill	_____ with more than one family living in home
_____ Mortgage statement or Lease Agreement	_____ with family/friends other than parent/guardian
_____ Court Docs, Bank Statement, Medical Bills	_____ in foster placement
_____ Section 8 Documentation	_____ in a shelter
_____ (no other proof necessary)	_____ temporarily in motel, car, or campsite
_____ Other: _____	_____ Other: _____

- _____ Request for Records and Affirmation of Prior Discipline Form
- _____ **SCHOOL OF CHOICE ONLY** - Discipline Report (previous 24 months) from prior school
- _____ Legal Documents, if applicable (i.e. Foster or Guardianship)
- _____ Student Enrollment Form
- _____ Immunization Consent Form
- _____ Transportation Form
- _____ Concussion Information Form
- _____ District Handbook Parent Consent
- _____ Virtual Learning Consent/ Technology Agreement

MEDICAL ALERT

Please list special medical conditions: _____

Are there any medications to be administered at school? _____ Yes _____ No

If yes, a medication control form must be completed and submitted with medication.

ADDITIONAL INFORMATION

Does student receive Special Education, Speech, have an IEP or 504 Plan? _____ Yes _____ No

If marked yes,

_____ Complete Special Education Request Form.

Has student ever attended Eastpointe Community Schools? _____ Yes _____ No

If yes, which building or program? _____

Office use:	
Registered by: _____	Date: _____
Resident: _____	SOC: _____



STUDENT NAME _____

BIRTH DATE _____

GRADE _____

Previous School Information: (Please Print)

School Name: _____

School Address: _____
Street Number City State Zip Code

Phone Number: _____ Fax Number: _____

PLEASE SEND EDUCATIONAL RECORDS AND STATE UIC NUMBER TO:

☐ Crescentwood Elementary
14500 Crescentwood, Eastpointe, MI 48021
Phone: (586) 533-3200
Fax: (586) 533-3209

☐ Forest Park Elementary
18361 Forest, Eastpointe, MI 48021
Phone: (586) 533-3300
Fax: (586) 533-3309

☐ Bellview Elementary
15800 Bell, Eastpointe, MI 48021
Phone: (586) 533-3100
Fax: (586) 533-3109

☐ Pleasantview Elementary
16501 Toepfer, Eastpointe, MI 48021
Phone: (586) 533-3400
Fax: (586) 533-3409

The parent/guardian affirms that this student has **NOT** or **HAS BEEN** _____ suspended or expelled from **ANY** school. If student **HAS BEEN**, include the school name, date of suspension or expulsion and a brief description of the incident.

Parent/Guardian Signature: _____ Date: _____

PLEASE PRINT: Parent/Guardian Name: _____

Address _____ City _____ Zip Code _____

PREVIOUS SCHOOL DISTRICT: PLEASE CHECK ONE OF THE STATEMENTS BELOW, SIGN AND RETURN THIS FORM TO THE SCHOOL INDICATED ABOVE.

_____ According to our records, we can verify that the information provided above by the parent/guardian is **correct**.

_____ According to our records, the information provided above by the parent/guardian is **not correct**.

If the student has been involved in any offense involving weapons, alcohol, drugs, or willful infliction of injury to persons or an act of violence against persons and/or property committed on school premises, at a school-sponsored activity, or on a public or private conveyance providing transportation to or from school or a school-sponsored activity, please forward appropriate disciplinary documentation.

Signature of Sending School District Administrator and Title _____

Date _____



Student's full legal name (as shown on Birth Certificate)

Last	First	Middle	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade Entering
Home Street Address		City and Zip	Primary Phone	
Birth Date	Birth City/State		Student Order of Birth (if multiple) Please check: <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04	
Ethnicity Is the student Hispanic/Latino? <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> 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 <u>one or more boxes</u> to indicate what you consider your student's race to be. <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Multi-Racial (if multi, please check all appropriate boxes above)			
Fill in Section Below for ALL students – If any boxes are marked yes, the student will be assessed to determine eligibility to receive English as a Second Language (ESL) services. (Scan and email form to bilingual@eastpointeschools.org)				
Country of Birth (optional) <input type="checkbox"/> USA <input type="checkbox"/> Other _____		First Attended School in USA (Month & Year) _____		
Is your child's native tongue a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of Language: _____		Is the primary language used in your child's home or environment a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of Language: _____		
Previous School Information				
Attended School in <u>this</u> District Before? (Include Pre-K) <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, School Attended (Include Year and Grade)		
Previous School		Previous District		
Previous School Address	Previous School City, State & Zip		<input type="checkbox"/> Public School <input type="checkbox"/> Church/Private <input type="checkbox"/> Home School	
Did Your Child Receive Special Services at Former School?		<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, check all that apply and provide copy of current IEP	
<input type="checkbox"/> Special Education	<input type="checkbox"/> 504	<input type="checkbox"/> Speech/Language	<input type="checkbox"/> Title 1	<input type="checkbox"/> Social Work <input type="checkbox"/> Other Service
Please Describe Other Service				
Parent/Guardian IN THE HOME				
Primary Parent/Guardian Name		Employer	Emergency Contact Priority <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04	
Home Phone		Cell Phone	Work Phone	
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster <input type="checkbox"/> Other _____		Email Address <input type="checkbox"/> Add to auto email		
Secondary Parent/Guardian Name		Employer	Emergency Contact Priority <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04	
Home Phone		Cell Phone	Work Phone	
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster <input type="checkbox"/> Other _____		Email Address <input type="checkbox"/> Add to auto email		

STUDENT ENROLLMENT FORM (page 2 of 2)

Student Name: _____

Name of Parent Living Elsewhere	Have custody papers been provided? <input type="checkbox"/> No <input type="checkbox"/> Yes Should this person receive mailings? <input type="checkbox"/> No <input type="checkbox"/> Yes	Emergency Contact Priority <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04
Home Phone	Cell Phone	Work Phone
Address		Email Address <input type="checkbox"/> Add to auto email

EMERGENCY CONTACTS: Please list LOCAL contact to be called in case of illness/emergency when parent cannot be reached.

Name	Relationship	Emergency Contact Priority <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04
Home Phone	Cell Phone	Work Phone
Name	Relationship	Emergency Contact Priority <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04
Home Phone	Cell Phone	Work Phone
Name	Relationship	Emergency Contact Priority <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04
Home Phone	Cell Phone	Work Phone

List Other Children Who Reside in the Home

Name	Birth Date	Grade/School	Relationship to Student
Name	Birth Date	Grade/School	Relationship to Student
Name	Birth Date	Grade/School	Relationship to Student

HEALTH INFORMATION:

NOTE: If your child is required to take medication during the school day (inhaler, epi-pen, insulin, etc) you must complete a Medication Form or NO medications will be given.

OFFICE USE: ☐ Food Services
(copy & send) ☐ Transportation**Medical Alerts/Health Conditions:**
☐ Asthma
☐ Diabetes
☐ Vision Problem
☐ Hearing Problem
☐ Heart Condition
Medications Taken (Please list):
☐ **GRADES 9-12 ONLY:** My child may possess and self-administer Tylenol/Midol/Advil according to school policy. The medication must be in its original container. ECS will not be responsible for any misuse, abuse or injury arising from self-administration of medication.
List all Non-Food Allergies and Directions/Procedures for Allergic Reaction: ☐ EPI-Pen**Physical Limitations:**
My child may participate in ☐ Yes
Physical Education Class: ☐ No
Food Allergies:

Food to Omit: Foods to Substitute:

Food to Omit: Foods to Substitute:

Directions/Procedures for Allergic Reaction: ☐ EPI-Pen

Physician Name Physician Phone Preferred Hospital

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 on this form changes.

I, the undersigned, authorize the physician and/or hospital listed on this document to treat my child in the event of serious illness or accident when I or the other persons listed on this form cannot be reached. Any obligation for medical expenses resulting from treatment in such a case is my responsibility. Permission to transport my child in case of emergency is also given.

Parent/Guardian Signature:

Date:



EASTPOINTE COMMUNITY SCHOOLS

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

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the 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 Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

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

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

Student's Name: _____ Date of Birth: __/__/__

Signature of Parent/Guardian
or Eligible Student: _____ Date: __/__/__

Printed Parent/Guardian Name: _____



Eastpointe Community Schools
Pupil Transportation Department
17116 Ten Mile Road
Eastpointe, Michigan 48021
Phone (586) 533-3971



TRANSPORTATION FORM

ALL families should complete this form, front and back, and return to your school office, regardless of whether your child will receive transportation to and from school. Bus expectations and responsibilities apply to all ECS students using district transportation to travel to field trips, athletic contests, and other school activities.

The Eastpointe Community Schools Board of Education determines transportation services to eligible Eastpointe students attending the school serviced by their attendance boundary or assigned program. Bus transportation is not a state law. Bus transportation is a privilege.

Eastpointe Early Learning Center (ECSE): as designated by program
Elementary (grades K-5): more than a ½ mile from designated school
Middle School (grades 6-8): more than one mile from designated school

If your child's transportation requirements change during the year, please notify your school by submitting an updated form.

PLEASE NOTE: It takes 2-3 business days to process route information.

Today's Date: _____

Student ID Number: _____
(Issued by School Office)

Circle School Attending for 2025-2026 School Year:

EHS EMS 8th Grade Academy Bellview Pleasantview Forest Park Crescentwood ELC

PLEASE PRINT:

Students Last Name: _____ Students First Name: _____

Grade: _____ Student Birth Date: _____ Gender: ____Male ____Female

Home Address: _____ City/Zip Code: _____

Cell Phone: _____ Home Phone: _____

Emergency Contact Name: _____ Phone: _____

Parent/Guardian Name: _____

Please print first and last name

**Parent/Guardian Signature: _____ Date: _____

**I have read and understand the EXPECTATIONS on the back of this form and WILL review them with my student.

**Parent/Guardian Acknowledgment of Expectations Please Initial: _____

Please review the following conditions:

☐ **While waiting for the bus, your Student is responsible for:**

- Getting on and off the bus at her/his assigned bus stop
- Staying off of lawns, porches, driveways, fences, etc. around neighboring homes
- No yelling, screaming or talking loudly that will disturb or offend neighboring homes
- No littering
- No fighting
- No unacceptable language
- Boarding the bus in a respectful manner
- Not approaching the bus until the bus has come to a complete stop and the bus door is opened
- ECS - Zero Tolerance Policy applies while waiting for the bus
- School/Transportation conduct codes are in place while waiting for the bus

☐ **While on the bus your Student is responsible for:**

- Sitting in assigned seat, facing forward with no part of the body in the aisle or out of the window
- No Food & No Beverages
- No littering
- No fighting
- No unacceptable language
- No yelling, screaming or talking loudly that can distract the driver
- Carrying nothing other than school bags and musical instruments on the bus
- Being courteous and respectful at all times to fellow students and Bus Driver
- ECS - Zero Tolerance Policy applies while riding the bus
- School/ Transportation conduct codes are in place while riding the bus

☐ **As an ECS Parent with a student riding an ECS Bus your responsibilities are to:**

- Make sure all necessary paperwork is completed and received by your students' school
- Know your students bus route information
- Be responsible for your child's safety to and from the steps of the bus
- Know the rules governing bus riders (as listed above)
- Enforce expected classroom behavior of your student while waiting for and riding the bus
- Discuss with your student the rules that are to be followed when waiting and riding the bus.
 - Bus disciplines will be handed out for the listed offenses and/or infractions above.
 - Bus Disciplines could result in suspensions from riding the bus anywhere from 1 Day to the remainder of the school year.
- Riding the school bus is a privilege that can be taken away due to safety infractions and/or inappropriate behavior. School / Transportation conduct codes are in place while riding and waiting for the bus

☐ **Please be advised that your child may be videotaped and voice recorded when being transported.**

Parent/Guardian Signature

Date

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

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

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

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.



SYMPTOMS REPORTED BY ATHLETE:

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

SIGNS OBSERVED BY COACHING STAFF:

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

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should 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 or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

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

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

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

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

JOIN THE CONVERSATION ➞ www.facebook.com/CDCHeadsUp

The logo features the words "HEADS UP" in a bold, white, sans-serif font. The text is set against a dark, curved background that resembles a banner or a stylized helmet. A small white star is positioned between the words "HEADS" and "UP".

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](https://www.cdc.gov/concussion)



EASTPOINTE COMMUNITY SCHOOLS

DISTRICT HANDBOOK

For Students and Parents/Guardians 2025-26 School Year

All district handbooks are available online at <http://www.eastpointeschools.org>. Requests for hard-copies of the handbooks may be placed at the main office of your child's school.

I have read the following District Handbook (check the appropriate handbook for your child):

- ☐ Elementary
- ☐ Eastpointe Middle School
- ☐ Eastpointe High School
- ☐ Eastpointe Virtual Academy

and I understand what is expected of my child. I have sought clarification of any and all items I did not fully understand and am clear about the contents of the handbook. I have also reviewed the District Handbook with my child and we understand the rules and regulations set forth by the Board of Education of Eastpointe Community Schools.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

Print Student Name

Student Signature

Date



EASTPOINTE COMMUNITY SCHOOLS

Virtual Learning Consent

Virtual learning is a method of receiving academic instruction in courses in which the pupil is registered and the courses are taken through a digital learning environment. Virtual learning may be offered at a supervised school facility during the day as a scheduled class period or through self-scheduled learning where pupils have some control over the time, location, and pace of their education. Virtual learning includes, but is not limited to, online learning and computer-based learning, where the delivery of instruction may incorporate a combination of software, technology, and the Internet.

By signing below, I am giving permission for _____ to participate in all virtual learning options that Eastpointe Community Schools deem appropriate for the academic success, safety, etc. for my student. We understand and agree that all courses offered can and may be offered virtually at any time while enrolled at Eastpointe Community Schools.

Student signature: _____ Date: _____

Parent signature: _____ Date: _____

Technology Consent

I understand that the district/school Code of Conduct will be followed while present on campus. Please visit the school's website for information regarding the Code of Conduct.

In the event that I do not have a computer or access to online services, the district will provide me a computer and/or broadband internet.

I understand and agree to abide by the Technology Use Agreement I signed at the time of enrollment.

Device Access - Please check one:

☐ I do not need a computer.

☐ I need a computer.

Internet Access - Please check one:

☐ My house has access to internet services and I do not need a district provided WiFi device.

☐ My house does not have access to internet services and I need a district provided WiFi device.

This form must be signed to enroll in the Virtual Academy.

Parent signature: _____ Date: _____