

West Iron County Schools Student Profile

General Information	
Student's Legal Name:	
Mailing Address:	
City of Birth:	
Birth Date / Grade Level:	
Gender:	
Ethnicity:	
Physical Address:	
Home Phone:	
Student's Cell #:	

Special Education

Has student previously received a special education services? Yes or No

Have IEP? Yes or No

Does student have current 504 plan or personal Curriculum?

Parent/Guardian Information	
Mother	
Employer	
Work Phone/Cell Phone	
Father	
Employer	
Work Phone/Cell Phone	
Step Parent's/Guardian's Name	
Step Parent/Guardian Employer	
Work Phone/ Cell Phone	<i>Student lives with / Who has custody?</i>
Parent/Guardian Email Address:	

In an **EMERGENCY** situation when we cannot reach you at home or at work, please list two people who have agreed to take responsibility for your child and consented to the release of their address and phone numbers so we may reach them as an alternative.

Emergency contacts (Not Parents)	Phone Number
Name of first Emergency contact:	
Relationship to student:	
Name of second contact:	
Relationship to student:	

Medical Information		
Doctor's Name:	Doctor's Phone:	Insurance Info:
Dentist's Name:	Dentist's Phone:	Insurance Info:

If deemed necessary, _____ will be sent to your family doctor or emergency room at parent/guardian's expense.

As a parent/guardian, I authorize medical personnel to render necessary medical treatment to my child.

I give consent to release this information to West Iron County Public Schools personnel to promote the health and safety of my child, thus enhancing his ability to learn.

Signature required: _____ **Dated:** _____

The above signature acknowledged that I have read and consent to the above.

Parent/Guardian Permission	Yes or No	Please Initial Below
Reviewed and agree to contents of Student Handbook		
Permission to use student's photographs on WIC website/TV News		
Student may use Internet at school		
Directory Disclosure Information		
Permission to Disclose Parent Email Address: Yes No		

Health History		
List allergies. Give dates hospitalized with allergies:		
List diseases, operations, injuries and year:		
List Medication administered at home:		
List Medication administered at school:		

Parent/Guardian Permission		
<i>Authorized WIC personnel may administer to my child:</i>		
Non-aspirin (Tylenol)(Provided by parent)	YES/NO	Initial: _____
Has your child had Chicken Pox OR is he/she vaccinated?	YES/NO-Waiver on File/NO-Vacc	Initial: _____
Field Trip Permission		
I grant permission for my child to attend school sponsored trips	YES/NO	Initial: _____
For grades 9-12 only		
<p><i>No Child Left Behind of 2001</i> states that schools must comply with a request by a military recruiter or an institute of higher education for secondary students' names, addresses and phone numbers, unless the parent denies this request in writing. Non-compliance from the school will result in loss of federal funds.</p> <p>I grant permission to release information to a military recruiter or an institute of higher education.</p>		
		YES/NO Initial: _____

School Mailings to 2nd Parent (record name/address below)

PowerSchool Announcement Preferences	
PARENTS/GUARDIANS:	
Please indicate by which method(s) you prefer to be contacted should there be a special or emergency school announcement. Provide appropriate phone number(s)/email address(es), and please notify us of changes.	
___ Text Messaging	Cell Phone #(s) _____
___ E-mail	E-mail Address(es) _____
___ Phone Call	Cell/Home Phone #(s) _____

Residency History	Yes or No
Has student moved (alone, with or to join a parent, spouse or guardian) within the last 36 months?	
Was the move from one school district to another?	
Was the purpose of the move to seek or obtain work that is (1) temporary or seasonal AND (2) agricultural?	
Was the work an important part of providing a living for the worker and his/her family?	

Siblings		
Name _____	Age _____	Student enrolled in West Iron? Grade _____
Name _____	Age _____	Student enrolled in West Iron? Grade _____
Name _____	Age _____	Student enrolled in West Iron? Grade _____

THIS SIGNATURE IS TO VERIFY THAT THE ADDRESS ON THIS FORM IS THE ADDRESS AT WHICH THIS STUDENT RESIDES.

Signature: _____



WEST IRON COUNTY PUBLIC SCHOOLS



601 Nick Baumgartner Way
Iron River, Michigan 49935

KEVIN SCHMUTZLER
Superintendent

email: kschmutzler@westiron.org

Phone: (906) 265-9218
Fax: (906) 265-9736

RESIDENCY VERIFICATION AFFIDAVIT

According to State Attorney General Opinion No. 5925, school districts have the right to request proof of pupil residency. By signing this affidavit, you are affirming that the address given on all enrollment forms is the legal residency of the parent or guardian enrolling the student and is the residence of the student. If you are living in the home of another person without a rental or lease agreement, that person must sign this document and prove their residency.

Student name

Date

Street Address

City

State

Zip Code

Parent or Guardian Signature

Date

Signature of Person with Whom Residing (If Applicable)

Date

SECTION TWO: Please provide (2) of the following

- | | | |
|---|---|---|
| <input type="checkbox"/> Drivers License | <input type="checkbox"/> Lease Agreement | <input type="checkbox"/> Utility Bill |
| <input type="checkbox"/> Voter Registration | <input type="checkbox"/> State I.D. | <input type="checkbox"/> Purchase Agreement |
| <input type="checkbox"/> Insurance Forms | <input type="checkbox"/> Mortgage Receipt | <input type="checkbox"/> Other |

SECTION THREE: Please read and complete if applicable

If you are **NOT** a resident of the West Iron County Public School district, please complete the following:

School of Choice Form

Signature of WIC Schools Representative

Date



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

Immunizations are an important part of keeping our children healthy. Schools, 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 the **West Iron County Public 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: _____

WEST IRON COUNTY PUBLIC SCHOOLS

Notice of Incomplete Student Records

In regards to the enrollment of _____

In WEST IRON COUNTY PUBLIC SCHOOLS on _____

The Michigan Missing Children's Act, MCL 380.1135 of the Revised School Code, requires that a person enrolling a pupil in school provide the local or intermediate school district with a certified copy of the pupil's birth certificate or *other reliable proof* of the pupil's identity. Pertinent parts of this law states:

- (1) Upon enrollment for the first time in a local or intermediate school district (ISD) the local district / IDS shall notify in writing the person enrolling the student that within 30 days he or she must provide to the local district / ISD either of the following:
 - a. A certified copy of the student's birth certificate
 - b. Other reliable proof, as determined by the school district, of the student's Identity and age **accompanied by** an affidavit explaining the inability to Produce a copy of the birth certificate.
- (2) If a person enrolling a student fails to comply with subsection (1), the local district or ISD shall notify the person enrolling in writing that, unless he/she complies within 30 days of the notification, the case shall be referred to the local law enforcement agency for investigation.
- (3) The local district / ISD shall immediately report to the local law enforcement agency any affidavit received pursuant to this section that appears inaccurate or suspicious in any form.

The school district has authority to determine the type of other reliable proof the district will accept to prove the pupil's age and identity when a copy of the pupil's birth certificate is not available. Examples of other reliable proof include:

- | | |
|--|--------------------------|
| * Baptismal Certificate indicating date and place of birth | * Court Records |
| * County, military or immigration records | * Certain family records |
| * Doctor or hospital records accompanied by sworn statements | * Life Insurance Policy |
| * A sworn statement from a parent or guardian (notarized) | |

This Notice is delivered to you in writing that you have 30 calendar days from the student's enrollment date or the discovery of incomplete records to provide **West Iron County Public Schools** with a birth certificate or other reliable proof with an affidavit of age and identity to prove your student's age and identity. Pursuant to state law, failure to comply will result in the local law enforcement agency being notified.

Record Due:

School Official Signature

Date

Parent or Guardian Signature

Date



WEST IRON COUNTY PUBLIC SCHOOLS



601 Nick Baumgartner Way
Iron River, Michigan 49935

KEVIN SCHMUTZLER
Superintendent

email: kschmutzler@westiron.org

Phone: (906) 265-9218
Fax: (906) 265-9736

Affirmation of Prior Discipline Record

Please complete the information below. A willful false statement of this affirmation is a violation of the Student Code of Conduct and may result in the student's expulsion from the West Iron County Public Schools.

The undersigned affirms the student named below, has or has not been suspended or expelled from any public or private school in Michigan or any other place for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school-sponsored activity, or on a public or private conveyance providing transportation to and from a school or school-sponsored activity.

Has Been Suspended or Expelled Student's Name _____

Has **NOT** been Suspended or Expelled Student's Name _____

If you checked "Has Been Suspended or Expelled", explain the circumstances in detail. Include the school name, dates of suspension/expulsion, and a description of the incident giving rise to the suspension or expulsion.

___ Yes ___ No Have you ever **voluntarily withdrawn** from any school district **prior to** a disciplinary action, suspension, or expulsion? If yes, include the school name, date of withdrawal, and a description of the incident giving rise to the withdrawal.

Date: _____ Signature of Student: _____

Date: _____ Signature of Parent: _____

Please check the correct box, complete the bottom and fax to the school listed below.

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

If the student has been involved in offenses 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.

Date Signature of Administrator Title

School District & School Phone: _____
Fax this form to: 906-265-9810

West Iron County School
Stambaugh Elementary
700 Washington Ave.
Iron River, MI 49935
Phone: 906-265-6141

STATE BOARD OF EDUCATION
APPROVED HOME LANGUAGE SURVEY*

The _____ 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 380.1151 - 380.1158 of the School Code of 1976, Michigan's Bilingual Education Law. Would you please help by providing the following information?

Thank you very much for your cooperation.

Name of Student _____ Grade _____ Age _____

School Building _____

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

Yes

No What is that language? _____

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

Yes

No What is that language? _____

Signature of Parent or Guardian	Address	Date
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¹"Primary language" means "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 Service.



West Iron Bus Pick-Up and Drop-Off Form

Students are allowed a maximum of two pick up and drop off locations. All changes can take up to three days to complete. If all children of the household have the same Monday through Friday pick up and drop off then only one form is needed per family.

Student Name	Grade	Student Name	Grade
1.		3.	
2.		4.	

Parent/Guardian Name:		Parent/Guardian Number

The Transportation Department will not be responsible for keeping track of every other week's schedules due to the number of families requesting it.

Home Address:	Home Phone:
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Pick Up

If Transportation is Monday-Friday from home address or as closest stop near home, then please check this box	
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If your Pick up schedule varies, please list the location and days	M	T	W	TH	F
Pick Up Address 1:					
Pick Up Address 2:					

Drop Off

If Transportation is Monday-Friday at home address or as closest stop near home, then please check the box	
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If your Drop off schedule varies, list the location and days	M	T	W	TH	F
Drop off Address 1:					
Drop Off Address 2:					

West Iron County Public Schools

Regulations for Bus Riders/Bus Contract

Before the Bus Arrives:

1. Arrive at your bus stop at least five minutes before the targeted pick up time. All children should be at the bus stop visible for the driver to see them.
2. Stay off people's lawn and other private property.
3. Parents of Pre-K and Kindergarten students should stay with students until the bus arrives.

Boarding the Bus:

1. Wait for the bus to come to a complete stop.
2. Be polite and take your turn getting on the bus and use the handrail.

Conduct on the Bus:

1. Follow directions of the bus driver.
2. Walk to your assigned seat (if you have one) and remain there.
3. Do not stand or move around while the bus is moving.
4. Talk quietly so the driver can hear traffic sounds. No loud talking or yelling.
5. Keep hands and head inside the bus. Do not stick or throw anything out the window.
6. Keep your hands and feet to yourself.
7. Use kind words: please, thank you, excuse me
8. Do not distract the bus driver

Leaving the Bus:

1. Do not leave your seat until the bus comes to a full stop.
2. Take your turn; don't crowd in front of others.
3. Use the handrail.
4. Parents of Pre-K and Kindergarten students must be at the bus top in the afternoon to meet their children (or have a sibling accompany them home).

Disciplinary Procedural Progression for Improper Behavior on the School Bus:

1. Driver warns student.
2. Student is assigned a seat near the front.
3. Driver writes up a Bus Safety Referral on the student.
4. The Principal is informed of the issue and parents are notified.
5. Disciplinary notice is sent to parents.
6. Misconduct on the bus can result in suspension from the bus.

NOTE: Violation of the above rules and regulations will result in a bus suspension.

The Parent and Student are each asked to sign and return to the school the statement below: I am aware of and agree with the standards of conduct expected by the West Iron County Public Schools for bus riders and I understand and agree with the regulations which are necessary in order to provide the safety and welfare of all children on the bus.

Parent/Guardian Signature _____

Student Name/Signature _____

Print Student Name _____

Date _____



WEST IRON COUNTY PUBLIC SCHOOLS

601 Nick Baumgartner Way
Iron River, Michigan 49935



KEVIN SCHMUTZLER
Superintendent

email: kschmutzler@westiron.org

Phone: (906) 265-9218
Fax: (906) 265-9736

RELEASE OF INFORMATION AND RECORDS

In order to ensure your child is provided with equal access (both physical and academic) to services, programs and activities offered by our school, a mutual exchange of information and records is required for your child.

Name of Student: _____ DOB: _____

School: _____ Grade: _____

The requested exchange is between the West Iron County Public School District and the following:

(Prior school) _____

Address: _____

Name of Contact Person: _____ Phone: _____

Records that may be exchanged include the following: (check all that apply)

Release all information

Release the checked information:

General identifying data (name, address, birth date, grade level completed, grades, class standing, attendance record)

Standardized achievement and aptitude test scores

Personality and interest scores

Teacher ratings

Record of extra-curricular activities

Individualized education programs

Psychological reports

Medical reports

Psychiatric report

Other: _____

Consent of Parent/Guardian for Release of Information

I authorize the West Iron County Public School District and the above-named individual/organization/agency to exchange information and records as indicated. Except as limited above, this authorization encompasses all information pertaining to the minor, including protected health information (PHI) as defined in the Health Insurance Portability and Accountability Act (HIPAA) and its implementing regulations, and education records as defined in the Family Educational Rights and Privacy Act (FERPA) and R.C. 3319.321.

We expressly waive all provisions of law (including, but not limited to, the privacy provisions of HIPAA, FERPA, and R.C. 3319.321), forbidding any physician or other person who has or may hereafter treat, attend, or examine the minor, or any educational agency, from disclosing any knowledge or information, including PHI, which they may have thereby acquired.

Pursuant to HIPAA, the following are specified as part of this authorization:

- A. The purpose of disclosure is for assisting the School District in offering the student a free appropriate public education pursuant to Section 504 of the Rehabilitation Act of 1973.
- B. This authorization expires one (1) year after the date it is signed.
- C. The parents signing this permission form understand that they may revoke this authorization at any time by providing written notification to the District Compliance Officer, the building principal/Building Compliance Officer, or the individual/organization/agency listed above, except to the extent that this authorization has already been relied upon.
- D. The parents signing this form have been informed that the individual/organization/agency listed above may not condition treatment, payment, enrollment, or eligibility for benefits on whether the parents sign this authorization.
- E. The parents signing this form have been informed of the potential for information disclosed pursuant to this authorization to be subject to redisclosure by the recipient and to be no longer protected by HIPAA. The parents signing this form are also aware that any information disclosed to the School District is subject to other state and Federal privacy laws.

Parent's Signature _____ Relationship to Student _____ Date Signed _____

Address: _____ Phone: _____

Please send released information/records to:

Stambaugh Elementary 700 Washington Ave. Iron River, MI 49935	Or	West Iron Middle/High School 701 Nick Baumgartner Way Iron River, MI 49935
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WEST IRON COUNTY PUBLIC SCHOOLS

601 Nick Baumgartner Way
Iron River, Michigan 49935



Heidi Priestley
Principal

email: hpriestley@westiron.org

Phone: (906) 265-6141 x3139
Fax: (906) 265-9810

July 1, 2024

Dear Parent or Guardian,

Beginning in the 2024-25 school year, all children in Michigan enrolling into their first year of school are required to have an oral health assessment (dental screening) before starting school [Public Health Code Act 368 Section 333.9316]. Similar to the required vision and hearing screening(s), we are working with the Health Department and *Smiles on Wheels* to coordinate a date at the beginning of the 2024-2025 school year for dental assessments. An explanation of the new requirement and frequently asked questions will be in our Kindergarten registration packet for the upcoming year, along with a Kindergarten Oral Health Assessment Form.

If you have a dental appointment coming up soon, or your child has recently had a dental appointment within the last two (2) months (as screenings need to be within six (6) months), you may bring or fax the attached form to your dental provider for them to complete. If you would like to visit your dental provider, simply take the attached Kindergarten Oral Health Assessment Form to any of these locations to have the screening done. Return the completed form to the school by August 12, 2024.

Good oral health is important to help children be healthy and ready to learn, and the purpose of this screening is to make sure your child does not have any dental problems that would prevent them from doing well in school. Tooth decay is the most common chronic illness in children. Dental problems can cause pain and make it difficult for children to eat, speak, and sleep, all of which may prevent them from reaching their full learning potential.

Many things influence a child's progress and success in school, including oral health, and we encourage you to have your child screened.

Sincerely,

Mrs. Heidi Priestley

Mrs. Heidi Priestley
Principal
Stambaugh Elementary School



Did You Know?

Being prepared for kindergarten starts with a dental assessment. Children are now required to have one prior to starting school.

A healthy mouth is important. Dental problems can prevent children from doing well in school. Children are required to have a dental assessment before starting kindergarten so that any problems can be fixed and they start school ready to learn.



Cavities are common. Tooth decay (cavities) is the most common chronic disease in children.



Cavities can cause pain. Pain can make it hard for children to pay attention in school, prevent them from eating well, and keep them awake at night. All of this can all affect their ability to learn.



Dental problems affect attendance and grades. Children with dental problems miss more school than children with good dental health.

Facts About Kindergarten Dental Assessments

- 1** **It's easy to get your child screened.** Local health departments provide the assessments (screenings) at places like preschools, school enrollment events, community events, and at the health department. Check with your school or the local health department for a schedule.
- 2** **The assessment is free.** There is no cost to you if the local health department does the assessment. Check with the school to see if it will have a registration event and if dental staff from the health department will be there or call the health department to check when and where they will be doing assessments.
- 3** **A dental assessment is simple and fast.** A dental professional will look into your child's mouth and note what they see on the assessment form. No treatment is done. It's simply a quick look in the mouth. They will let you know if your child needs to see a dentist.
- 4** **Help is available.** The local health department can help you find a dentist if you don't have one. Your child may be able to enroll in the Michigan Healthy Kids Dental Program if they don't have insurance. For information about Healthy Kids Dental, visit: www.michigan.gov/mdhhs/assistance-programs/healthcare/childrenteens/hkdental

Common Questions

How will my child benefit from having a dental assessment?

Dental problems can cause pain and make it difficult for children pay attention in school, prevent them from eating and sleeping well, and can even affect their ability to speak and socialize. All of this can affect a child's ability to learn and do well in school. Children benefit from having a dental assessment (screening) before starting school to check for any dental problems that need to be fixed so that they start school ready to learn.

How can I get the assessment done?

The school should give you a form, or you can download it from the [MDHHS Kindergarten Oral Health Assessment website](#). You can take this form to your dentist to get the assessment done, or you can have it done by the local health department. **There is no cost to you if the assessment is done by the local health department.** Check with the school to see if it will have a registration event and if dental staff from the health department will be there or check with the health department for their schedule.

Do my older children need a dental assessment, too?

The dental assessment requirement is only for children entering kindergarten, but it is highly recommended that all children see a dentist at least once a year.

What if I don't have a dentist or I can't afford one?

The local health department can provide you with a list of dental providers in your area. Check the Michigan Oral Health Directory for a list of low- and no-cost dental providers by county: <https://www.michigan.gov/mdhhs/adult-child-serv/childrenfamilies/familyhealth/oralhealth>. If your child does not have dental insurance, they may be eligible for the Michigan Healthy Kids Dental Program: www.michigan.gov/mdhhs/assistance-programs/healthcare/childrenteens/hkdental



For More Information

MDHHS-KOHA@michigan.gov



MDHHS-6067, KINDERGARTEN ORAL HEALTH ASSESSMENT

Michigan Department of Health and Human Services (MDHHS)

(New 8-23)

SECTION 1 – STUDENT INFORMATION

Child's Name (Last, First, Middle)

Date of Birth

Address (Number, Street, City, Zip Code)

Home/Cell Phone Number

Parent/Guardian Name (Last, First, Middle)

Parent/Guardian Email

School Name

SECTION 2 – DENTAL EXAM OR ASSESSMENT RECOMMENDATIONS

(Licensed dental professional must complete this section)

Date of Service

Type of Service

Dental Exam

Dental Assessment

Findings (Check all that apply)

Recommendations (Check **one**)

No findings

Routine care

Treated decay

Referral for dental treatment

Untreated decay

Referral for urgent dental care

Provider Type (Check **one**)

Dentist

Dental Therapist

Dental Hygienist

Provider Signature

Agency/Local Health Department

Provider Name (Print)

Phone Number

Additional Comments

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.