



NEW STUDENT ENROLLMENT CHECKLIST

The laws of the State of Michigan dictate that students attend school in the district in which the parent(s) resides. **Before we are allowed to enroll a student into Fraser Public Schools the State of Michigan requires the following documents:**

- New Student Registration
- Proof of Residency* (The State of Michigan requires **3 items**)
 1. Home purchase closing papers or
 2. Mortgage documents or
 3. Apartment/House current rental lease (Note: Renters must get notarized signature of property owner/management on attached Verification of Residency Affidavit.)
AND 2 OF THE FOLLOWING
 4. Utilities receipts (gas, electric, cable, cell phone)
- Parent Identification – driver’s license, state ID or passport
- Proof of Custody (when applicable). You must have court issued papers showing that you, as guardian, have legal physical custody.
- Original Certified Birth Certificate (We will make a copy and return the original)
 - Order online at www.vitalcheck.com
 - Go to the courthouse of the county where child was born
 - Contact State of Michigan Vital Records at (517) 335-8656
- Current Immunization Records (by State Law a child **may not** start at a new school without proof of immunization). We may not let a child attend even one day without these! At least the first of the 3 shot Hepatitis B series must be documented and included with all other immunizations. Also the parent/guardian must furnish proof of the child having had the chicken pox or varicella vaccination.
- Authorization for Request/Release of Student Records
- Most recent report card or unofficial transcript
- Checkout form with grades from present school
- Parent Portal Form
- Concussion Form
- Foreign Student – Birth Certificate or Passport
- FHS Students Only** - \$20.00 Book Deposit (this fee covers all textbooks and the hall lock)

Please note: The following situations will require Administrative review by Central Office.

1. Limited guardianship
2. Placement of child in home of relative
3. Power of Attorney
4. 18 years of age and resides in district

*Any non-resident family living with a relative who resides in the Fraser School District must complete the “Verification of Residency” affidavits. A non-resident child living with a relative who resides in the Fraser School District must complete the “Child in Home of Relative” affidavits and bring verification of relative’s residency. These are available at the school.

Fraser Public Schools Student Data Form 2020-2021

Please complete and return this enrollment form.

Student Information

Student's Full Legal Name Last Name First Name Middle Name			Gender <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Grade
--	--	--	---	--------------

Home Street Address (with apt/suite)	Home City & Zip	Primary Phone
---	----------------------------	----------------------

Mailing Address	Mailing City & Zip	Secondary Phone
------------------------	-------------------------------	------------------------

Resident School District	Race (Please choose one from list below, regardless of Ethnicity) 1. <input type="checkbox"/> Alaskan Native/American Indian 2. <input type="checkbox"/> Asian American 3. <input type="checkbox"/> Black or African American 4. <input type="checkbox"/> Native Hawaiian/Other Pacific Islander 5. <input type="checkbox"/> White 6. <input type="checkbox"/> Hispanic or Latino 7. <input type="checkbox"/> Multi-Racial – If Multi-Racial, please list two:
---------------------------------	--

Ethnicity (Please choose one) Hispanic/Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/>
--

Student's Date of Birth	Student Order of Birth (if multiple) Please circle: <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08	Birth City/State (if born in US)
--------------------------------	--	---

Fill in Section Below for Students not Born in US

U.S. Citizen Yes No	Date Entered US (month & year)	First Attended School in US (month & year)	Country of Birth
----------------------------------	---	---	-------------------------

Fill in Sections Below for All Students

Primary Language	Language Spoken in Home
-------------------------	--------------------------------

Former School

Attended School in this District Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, School Attended
---	--------------------------------

Former District	Former School
------------------------	----------------------

Former School Address	Former School City, State & Zip	Suspended/Expelled from Former School? <input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------	--	---

Services Received at Former School

<input type="checkbox"/> IEP 504	<input type="checkbox"/> Title I	<input type="checkbox"/> ELL	<input type="checkbox"/> Social Work	<input type="checkbox"/> Other Services
-------------------------------------	----------------------------------	------------------------------	--------------------------------------	---

Please Describe Other Services *Please provide copies related to any of the above checked boxes*

Forms Submitted

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Proof of Residency	<input type="checkbox"/> Immunization	<input type="checkbox"/> Hearing & Vision	<input type="checkbox"/> Concussion Awareness
--	---	---------------------------------------	---	---

Health-Fill Out the Medical Forms Packet for any Boxes Checked

Preferred Hospital			Names & Schedule for Medications		
Emergency Medical Alerts, Allergies or Problems			Physical Limitations (Explain)		
<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Vision Problem	<input type="checkbox"/> Hearing Problem	<input type="checkbox"/> Peanut Allergy	Cystic Fibrosis Other

Physician Name	Physician Phone
----------------	-----------------

Contact 1 (Parent/Guardian)

First & Last Name	Relationship to Student	Contact Emergency Priority
Street Address, City, State & Zip	Home Phone	Cell Phone
Cell Phone 2/Pager	Email Address	Resides with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Work Phone (with extension)	Receives Letter Mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No

Contact 2

First & Last Name	Relationship to Student	Contact Emergency Priority
Street Address, City, State & Zip	Home Phone	Cell Phone
Cell Phone 2/Pager	Email Address	Resides with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Work Phone (with extension)	Receives Letter Mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No

Contact 3

First & Last Name	Relationship to Student	Contact Emergency Priority
Street Address, City, State & Zip	Home Phone	Cell Phone
Cell Phone 2/Pager	Email Address	Resides with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Work Phone (with extension)	Receives Letter Mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No

Contact 4

First & Last Name	Relationship to Student	Contact Emergency Priority
Street Address, City, State & Zip	Home Phone	Cell Phone
Cell Phone 2/Pager	Email Address	Resides with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Work Phone (with extension)	Receives Letter Mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No

Siblings

Name	Date of Birth	School Attended
Name	Date of Birth	School Attended
Name	Date of Birth	School Attended
Name	Date of Birth	School Attended

INTERNET ACCEPTABLE USE POLICY PRESS / VIDEO RELEASE

Fraser Public Schools has my permission to use photographs and/or videos of my child to show school activities to the public. I understand that the personally identifiable information may be used at the discretion of the media, involving no financial compensation to Fraser Public Schools, the student, or family of the student.

Press/Video Release Yes No

I understand that I have the right to deny consent to the release of photographs, information and/or Internet accessibility specified above by notifying the principal of my child's school.

Parent/Guardian Signature

Date

If permission is denied, please write "DENIED" on the signature line.

INTERNET USE

All students are able to use the Internet in accordance with Fraser Public Schools Internet acceptable use policy, available at each school. If you do not want your child to use the Internet, please contact his/her school principal.

MEDICAL ASSISTANCE

In the event that my child is injured or may need medical assistance and I cannot be reached, school personnel of this district are hereby authorized to take whatever action that is necessary to provide medical emergency care for my child. I agree to assume all expenses.

I certify that the information on this form is true and correct to the best of my knowledge.

Parent/Guardian Signature

Date



By completing this questionnaire, you help the district comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your truthful and accurate answers help the district identify services that the student may be eligible to receive.

Student Name		Birth date	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Grade Entering
Parent/Guardian Name			Phone		
Street Address (with apt/suite)	City & Zip		Cell Phone		
School Attending					

1. Where is the student living now? (check one box)

- in a shelter in a motel or hotel with more than one family in a house or apartment
 in a car in a trailer on a campsite | with friends or family member (other than parent/guardian)
 none of the above

If you marked "none of the above" you do not have to complete the remainder of this form. If you marked something other than "none of the above", please fill out the Student Residency Questionnaire on the next page. Please sign below and return this form to Fraser Public Schools

2. Does the living arrangement checked in Question 1 result from a loss of housing or economic hardship?

- yes no unsure

If you answered "yes" to the above question, do you consider yourself to be homeless? yes no

3. The student lives with

- 1 parent 2 parents 1 parent & another adult a relative, friend(s), or other adults
 alone with no adults an adult who is not the parent or legal guardian

Parent/Guardian Signature	Date
---------------------------	------

Student Residency Questionnaire

PLEASE PRINT

School Name: _____ School Year: _____

Student Name: _____
Last First Middle

Birth Date: ____/____/____ Gender: Male Female Grade: ____
Month / Day / Year

The answer you give below will help determine your child's eligibility for services under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate.

Where is the student currently living? (Please *check one box*.)

- Permanent housing
- Homeless shelter Motel/Hotel
- Youth shelter Domestic violence shelter
- Doubled-Up (temporarily living/staying with another family member/friend/others due to loss of housing or economic hardship)
- Other location (e.g. in a car, park, bus, train, or campsite)
- Other temporary living arrangement (please describe): _____

Parent/Legal Guardian Name: _____

Address: _____ Phone: _____

City, State: _____ Zip: _____

- Please check if new address or phone number
- Please check if either parent is active or former military personnel

PLEASE READ: Presenting false information, false records or falsifying records is an offense punishable by federal and state law. By signing below, you attest that all information provided on this form is true and accurate.

Parent/Legal Guardian Signature: _____ **Date:** _____

For School Use Only:

I certify the above named student is eligible to receive services under the McKinney-Vento Act including participation in the Child Nutrition Program.

Date McKinney-Vento Liaison Signature



Verification of Residency Affidavit

FRASER PUBLIC SCHOOLS VIGOROUSLY INVESTIGATES AND PROSECUTES ANY AND ALL CASES OF RESIDENCY FRAUD.

SCHOOL YEAR _____

I/We acknowledge and I/we have read this affidavit and are submitting it in support of a request to enroll in school for a period of time terminating at the close of the current school year. Further documentation will be required to re-enroll.

Name of Child(ren) & Grade(s) _____

Name of Parent(s) _____

Previous Address including City, State, and Zip _____

The above named are living with me, (Resident's Name) _____,
on a full-time basis in my home within Fraser Public Schools or Macomb County starting on
_____, 20_____ and ending on _____, 20_____.

Address _____

City _____, MI Zip Code _____

Home Phone _____ Other Phone _____

1. The parent(s)/child(ren) is/are not residing anywhere else or with anyone else on either a part-time or full-time basis.
2. Parent(s) and/or Residents(s) agree to notify Fraser Public Schools immediately of any change in said residency.
3. I/We (Resident) will provide the school district with proof of my residency to include current lease/deed and two current utilities (gas, electric, etc). Parent to provide school district with proof of residency (examples: license, insurance bill, etc). If you are submitting a driver's license as part of your proof of residency in the Fraser Public Schools, please be advised that if any of the information contained in the license is false, including but not limited to your actual residential address, this is punishable as a felony under Michigan law. MCL Sec. 257.903(1).
4. For dwellings that are Leased/Rented, signature of property owner or apartment manager will also be required and the Fraser Public Schools will call property owner/apartment manager to verify.

Verification of Residency Affidavit

BY SIGNING THIS AFFIDAVIT, WE ARE SWEARING UNDER THE PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF OUR KNOWLEDGE AND BELIEF. PERJURY IS A FELONY PUNISHABLE BY IMPRISONMENT FOR UP TO 15 YEARS. MCL §750.423

Resident	Parent	Property Owner/Management
Print Your Name _____	Print Your Name _____	Phone Number _____
Date _____	Date _____	Print Your Name _____
Signature _____	Signature _____	Date _____
Subscribed and sworn before me on _____	Subscribed and sworn before me on _____	Signature _____
Notary Public, _____	Notary Public, _____	Subscribed and sworn before me on _____
County, Michigan	County, Michigan	Notary Public, _____
My Commission expires: _____	My Commission expires: _____	County, Michigan
		My Commission expires: _____



STATEMENT OF VARICELLA DISEASE (CHICKENPOX)

Macomb County Immunization Regulations require all children admitted to any public, private, or parochial elementary or secondary school, day care center, camp, or any other organized care or educational facility operating in Macomb County to present a certificate indicating dates of all required immunizations.

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

I certify my child: _____
Last Name First Name M.I.

Birth Date

Grade

Date of School Enrollment

has had varicella disease _____
(When did varicella occur: age or date)

Signature: _____ Date: _____

Witnessed by: _____ Date: _____

School District: _____

School/Child Care Program: _____

Place in child's permanent record.



1st request Faxed/Mailed
 2nd request Faxed/Mailed
 3rd request Faxed/Mailed

AUTHORIZATION FOR REQUEST/RELEASE OF STUDENT RECORDS

This authorizes a one-time only release to the above organizations and/or individuals

To Release:

- **All** records-- UIC number (Michigan Schools only) (including 504 Plan, **discipline**, psychological and special education testing information – IEP & MET)
- Transcript of student’s record, including key to grading system, Grades at time of release, Standardized Test Data, Health Records

Student Name: _____

First

Middle

Last

Date of Birth: _____

Grade: _____

Has student ever been suspended? Yes No

Has student ever been expelled? Yes No

Explain: _____

- Does the student have a 504 plan? Yes No

Does the student have an IEP (Individualized Education Plan)? Yes No

I authorize (Former School District): _____

Name of School Student Attended

Address

City/State

Zip

Phone Number

Fax Number

PLEASE SEND SPECIAL EDUCATION RECORDS including 504 Plan, psychological & testing information – IEP & MET) TO:

**FRASER PUBLIC SCHOOLS – SPECIAL EDUCATION DEPT.
 33466 GARFIELD ROAD, FRASER, MI 48026
 PHONE: (586) 439-7044 FAX: (586) 439-7001**

PLEASE SEND CA-60 STUDENT RECORDS TO: (please check appropriate school)

- Fraser High School**, 34270 Garfield, Fraser, MI 48026 (586)439.7200; FAX (586)439.7201
- Richards Middle School**, 33500 Garfield, Fraser, MI 48026 (586)439.7400; FAX (586)439.7401
- Disney Elementary**, 36155 Kelly Rd., Clinton Twp, MI 48035 (586)439.6400; FAX (586)439.6401
- Edison Elementary**, 17470 Sewell, Fraser, MI 48026 (586)439.6500; FAX (586)439.6501
- Eisenhower Elementary**, 31275 Eveningside, Fraser, MI 48026 (586)439.6600; FAX (586)439.6601
- Emerson Elementary**, 32151 Danna, Fraser, MI 48026 (586)439.6700; FAX (586)439.6701
- Salk Elementary**, 17601 15 Mile Rd., Clinton Twp., MI 48035 (586)439.6800; FAX (586)439.6801
- Twain Elementary**, 30601 Callahan, Roseville, MI 48066 (586)439.6900; FAX (586)439.6901
- Dooley Center**, 16170 Canberra, Roseville, MI 48066 (586)439.7600; FAX (586)439.7601

Signed _____
 Parent/Legal Guardian Date

Sending School only:

Name of Sending (former) school: _____

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

_____ Date

_____ Signature of sending School District Administrator & Title

_____ Telephone number

FRASER PUBLIC SCHOOLS

PARENT PORTAL AGREEMENT

You must agree to the following terms and conditions before proceeding:

Fraser Public School is excited to be utilizing one of the features available through our District's Student Information System called the PowerSchool Parent Portal. The portal provides parents with the privilege of accessing the student information records of their children through a secure Internet connection.

Access to your child's grades and attendance through PowerSchool is being provided to you as another form of communication with teachers and administrators with the goal of supporting your child's education. Please read these guidelines carefully.

Participating parents/guardians will be expected to act in a responsible, ethical, and legal manner, as well as to abide by and support the following guidelines:

1. Keep your Username and Password confidential. Best practice is not to share your log-in information with your child as there is parent-specific information that should not be available to students. However, please share the grades and attendance data with your child to start a conversation about study habits and learning.
2. It is your responsibility to determine which parents or guardians are able to access records. By logging into the PowerSchool Parent Portal, you acknowledge that you are duly authorized to view the site. Users will not attempt to gain unauthorized access to the district system or go beyond their authorized access. This includes attempting to log in through another person's account or access another person's files. Inappropriate use will result in cancellation of a user's privilege.
3. Parents who identify a security problem with the PowerSchool Parent Portal must notify their school office immediately.
4. Parents who are identified as a security risk to the Parent Portal or any other Fraser computers/networks will be denied access to the Portal.
5. Parents will not attempt to harm or destroy data of another user, school or district network, or the Internet. Anyone found to be violating Data Privacy laws will be subject to legal prosecution.
6. Grade concerns should first be addressed in a conversation with your child. A discussion can then be directed to the student's teachers by phone or email.
7. The way the due date of an assignment is displayed and the frequency of posted grades may vary from teacher to teacher. It could mean the date that assignment was recorded in the grade book or the date the assignment is due. If the information is not available in the Class Description in the Parent Portal, contact your child's teacher.
8. Fraser Public Schools reserves the right to monitor, inspect, copy, review and store at any time, and without prior notice, any and all usage of the PowerSchool system and any and all information transmitted or received in connection with such usage. All such information files shall be and remain the property of the school district. No user shall have any expectation of privacy regarding such materials.
9. I release Fraser Public School from any and all liability for damages arising out of the unauthorized access to this account.

By signing, you "AGREE", as a parent or guardian, I have read and agree with this policy and understand that access is designed for the educational support of my child's education.

Once this form is turned in, you will be issued a Username and Password.

NOTE: If you signed up for the Parent Portal last school year, you do not need to sign up again this year. You can still get into the Parent Portal using your same Username and Password

PARENT NAME _____ STUDENT NAME: _____

PARENT SIGNATURE _____ STUDENT SIGNATURE: _____

DATE _____ DATE _____

Parent Email: _____

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?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, 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, spinning 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 the head can be serious. A concussion can happen even if you haven't been knocked out.

You 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 days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention 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 professional says they are okay to return to play.

IF YOU SUSPECT A CONCUSSION:

- 1. 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.
- 2. 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 health 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.
- 3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION** – Schools should know if a student had a previous concussion. A student'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:

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. A student 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/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:

If a student 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 athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional. Remember. Concussion affects people differently. While most students 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.

To learn more, go to: www.cdc.gov/headsup/index.html

CONCUSSION AWARENESS

EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by **FRASER PUBLIC SCHOOLS.**

Sponsoring Organization

Participant Name Printed

Participant Signature

Date

Parent or Guardian Name Printed

Parent or Guardian Signature

Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

Participants and parents please review and keep the educational materials available for future reference.



p 586.439.7000
f 586.439.7001

33466 Garfield • Fraser, MI 48026
www.fraser.k12.mi.us

BOARD OF EDUCATION

LAURA EDGHILL
President

JIM BIRKO
Vice President

LINDA CORBAT
Secretary

RON DELVILLANO
Treasurer

TODD KOCH
Trustee

DANIEL STAWINSKI
Trustee

SCOTT WALLACE
Trustee

ADMINISTRATION

CARRIE WOZNIAK
Superintendent

DONNA ANDERSON, Ph.D.
Assistant Superintendent

KERRY TERMAN
Human Resources Director

LAURIE VIDETTA, CPA
Business Manager

DENIS METTY
Special Education Director

DAN WATERS
*Operations, Maintenance &
Transportation Director*

TROY LINDNER
Technology Director

KRISTIN LEDFORD
Director of Communications

Dear Fraser Families,

Fraser's teaching staff is committed to helping all students succeed. The Mission Statement for our district is "Innovate. Learn. Lead." There are many ways to help students to be as successful as possible. We also realize here at Fraser, that our students do not come to us as "one size fits all" learners, and have different learning styles and learn at different rates. Multi-Tiered System of Support (MTSS) is one way to offer needed support.

Multi-Tiered System of Support (MTSS) is a process of providing educational and behavioral support. There are three tiers in this approach, and they are as follows:

Tier I: ALL students receive the core curriculum and instruction in their regular education classrooms as well as School-Wide Positive Behavioral Interventions and Support (SW-PBIS). The teachers work with all students at their individual levels.

Tier II: ALL students receive the core curriculum and instruction in their regular education classrooms. The school provides targeted interventions to students who need more support in addition to what they are receiving in their general education classroom.

Tier III: Students in this tier receive more intensive interventions. They are exposed to the core curriculum in their general education classroom but need more intensive interventions on basic skills that usually requires an individual learning or behavioral plan.

Fraser Public Schools has developed a time line for student assessments. Your child's general education teacher conducts additional and more frequent progress monitoring to move students fluidly through these tiers as needed based on each students' assessment data. As a parent, you will be notified by your child's school if your child moves into a different tier of support.

If you have any questions about MTSS, please do not hesitate to contact me. Also, the Fraser website has additional information on MTSS as well.

Sincerely,
Donna Anderson, Ph.D.
Assistant Superintendent
586-439-7015

"A caring district — working together"

Fraser Public 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 Fraser 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: _____