

Welcome back to a new school year with Detroit Public Schools Community District!

We are delighted to have your family join us this year as a part of our community of exceptional parents and students.

It is critical for the District to have the most up to date contact and health information from our students and families. Our school and our school district will use this information to stay connected throughout the year and to keep your students safe.

This packet contains the following forms:

1. Annual Student Information Update form
2. Annual Health Information form
3. Vaccine Consent form
4. Directory Opt Out flyer

Please complete this Back to School packet and return the forms to your school within two weeks. If you have provided a new enrollment packet to your school in spring or summer 2022 and your contact and health information has not changed, you do not need to fill out Forms 1 and 2 listed above.

Important Note regarding Enrollment Documentation: If your address has changed, please provide updated “proof of address” documents to your school for review. If your student has updated immunization record, please provide it to the school.

We look forward to a great year ahead as we reengage our students and families across and support their growth academically, socially, emotionally, and athletically/artistically.

When Students Rise, We All Rise.

For more information, please reach out to your school, visit detroitk12.org/backtoschoolpacket or call 313.240.4377.



ANNUAL STUDENT CONTACT UPDATE FORM



Please complete this form to provide updated contact information for your student and family.

STUDENT INFORMATION

Student First Name:		Student Middle Name:		Student Last Name:		Suffix (Jr., III, etc.)	
Student Date of Birth: (MM/DD/YYYY)				Preferred Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Student Cell Phone (if applicable): ()				Student Email (if applicable):			
Student Grade Level:		Student School Name:			School Year:		
Student Physical Address							
Street:						Apt #:	
City:				State:		Zip:	
Student Mailing Address (if different from Physical Address)							
Street:						Apt #:	
City:				State:		Zip:	

STUDENT RESIDENCY

The following questions are given to all students to ensure our district remains in compliance with federal law. Your answers will help school staff to determine if the student is eligible for certain support services.

Does the student live with his/her biological parent(s)? Yes No

Does the student live in any of the following types of residences? (if no, skip question)

- Shelter Transitional Housing Doubled Up/Shared housing with family, friends or others
 Hotel or motel Unsheltered (Such as: Campground, Car, Park, Abandoned Building, Substandard Housing, Bus or Train Station, etc.)

If you selected any of the above choices, please complete the McKinney Vento Student Referral Form at bit.ly/External-DPSCD.

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN #1

First & Last Name:	Relationship To Student:	Email Address:		
Address Same as Student? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, enter address below)				
Address:	Apt #:	City:	State:	Zip:
Cell Phone: ()	Home Phone: ()	Work Phone: ()		
Does the parent/guardian require communication from the school in a language other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes, what language: Written: Spoken:				
Is the parent/legal guardian currently serving in any branch of the Army, Navy, Air Force, Marines, or Coast Guard? This includes the Michigan National Guard or Reserve personnel. <input type="checkbox"/> Yes <input type="checkbox"/> No				

PARENT/GUARDIAN #1

First & Last Name:	Relationship To Student:	Email Address:		
Address Same as Student? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, enter address below)				
Address:	Apt #:	City:	State:	Zip:
Cell Phone: ()	Home Phone: ()	Work Phone: ()		
Does the parent/guardian require communication from the school in a language other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes, what language? Written: Spoken:				
Is the parent/legal guardian currently serving in any branch of the Army, Navy, Air Force, Marines, or Coast Guard? This includes the Michigan National Guard or Reserve personnel. <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMERGENCY CONTACT INFORMATION

To add additional Emergency Contacts, please contact your school's front office.

EMERGENCY CONTACT #1

First & Last Name:	Relationship To Student:	Email Address:
Cell Phone: ()	Home Phone: ()	Work Phone: ()

EMERGENCY CONTACT #2

First & Last Name:	Relationship To Student:	Email Address:
Cell Phone: ()	Home Phone: ()	Work Phone: ()

I certify that the information provided on this Student Contact Update Form is true and correct. If necessary, I will allow an interview by the District to verify. I understand that incorrect information may be grounds for revoking enrollment. I understand that it is my responsibility to inform the appropriate school office if/when there is a change to any information on this form.

By signing this form, I accept and agree that if any statements and information used to determine residency are not accurate, I will be personally liable to pay to the District tuition and any fees incurred to collect tuition for all periods of time my student was a non-resident.

Parent or Guardian Signature

Print Name

Date (MM/DD/YYYY)



DPSCD does not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender identity, disability, age, religion, height, weight, citizenship, marital or family status, military status, ancestry, genetic information, or any other legally protected category, in its educational programs and activities, including employment and admissions. Questions? Concerns? Contact the Civil Rights Coordinator at (313) 240-4377 or dpscd.compliance@detroitk12.org or 3011 West Grand Boulevard, 14th Floor, Detroit MI 48202.



Annual Health Information



Dear Parent/Guardian: The information on this form will be used to meet your child's health needs at the school. Please complete all sections of the form and then sign and return it to your child's teacher as soon as possible. Every student must have a new form completed each year.

School Name:		Grade:	Is your child new to the district? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student's First Name:	Middle Name:	Last Name:	Suffix (Jr., III, etc.)	
Date of Birth: (MM/DD/YYYY)				
Parent/Guardian Name:			Relationship to Student:	
Home or Cell Phone: ()			Work Phone: ()	
What type of health insurance does your child have? <input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> Unsure <input type="checkbox"/> My child does not currently have health insurance	If your child has Medicaid, please mark the plan name: <input type="checkbox"/> Aetna <input type="checkbox"/> Molina <input type="checkbox"/> Blue Cross Complete <input type="checkbox"/> Total Health Care <input type="checkbox"/> HAP Midwest <input type="checkbox"/> United <input type="checkbox"/> McLaren <input type="checkbox"/> Other <input type="checkbox"/> Meridian		What type of dental insurance does your child have? Healthy Kids (<i>please select which plan</i>) <input type="checkbox"/> Blue Cross Blue Shield <input type="checkbox"/> Delta Dental <input type="checkbox"/> Unsure which Healthy Kids plan <input type="checkbox"/> Private <input type="checkbox"/> Unsure	

Does your child have any of the following health conditions?								
HEALTH CONDITION	YES	NO	HEALTH CONDITION	YES	NO	HEALTH CONDITION	YES	NO
Severe allergies (food, insects, drugs, latex)			Allergies (<i>seasonal</i>)			Heart Problems		
			Anxiety			Lead Poisoning		
If yes, please state what your child is allergic to (certain foods, insects, latex, etc) _____ _____			Asthma or breathing problems			Pregnant		
			Attention Deficit Hyperactivity Disorder			Seizures		
			Behavioral Problems			Sickle Cell Disease		
			Bladder or Bowel Problems			Speech Problems		
			Dental Problems			Vision Problems		
			Depression			Wears Glasses		
If yes, please check the reaction that occurs: <input type="checkbox"/> Hives <input type="checkbox"/> Swelling <input type="checkbox"/> Trouble breathing <input type="checkbox"/> Other			Diabetes			Other Health Conditions, please list: _____		
			Head Injury or Concussions					
			Hearing Problems					

MEDICATIONS AND/OR SPECIAL PROCEDURES*

- Does your child require any daily medications to be taken at school? Yes* No
- Does your child require any emergency medications be kept at school? Yes* No
- Does your child require any special procedures to be done at school?
(g-tube feeding, catheterization, etc.) Yes* No

*** If you answered yes to any of the above questions under Medications and Special Procedures, please complete the Authorization for Release of Medical Information form. If needed, please have your provider complete the Prescribed Medication form. Both forms are available at detroitk12.org/enrollnow and must be renewed every year.**

MEDICAL CARE PROVIDERS

Doctor's Name:	Phone: ()	Address:
Date of last physical: (MM/DD/YYYY)	<input type="checkbox"/> Unsure	
Dentist's Name:	Phone: ()	Address:
Date of last dental exam: (MM/DD/YYYY)	<input type="checkbox"/> Unsure	
Medical Specialist (optional):	Local Hospital:	
Phone: ()	Emergency Room Phone: ()	
Address:	Address:	

FAMILY NEEDS

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food? Yes No

ACKNOWLEDGMENTS & SIGNATURE

I certify that this information is correct to the best of my knowledge and understand that it is my responsibility to inform the school if any of this information changes. I also understand that this information may be shared with need-to-know staff at my child's school in order to keep my child safe and protected while at school.

Parent or Guardian Signature Print Name Date (MM/DD/YYYY)

TO BE COMPLETED BY OFFICE STAFF

	DATE	STAFF PERSON
Form received		
Information entered into Student Information System		





Vaccine Consent Form

Student Name: _____ Birth date: _____ Age: _____

Street Address: _____ City, State, Zip: _____

Telephone: _____ Male Female (circle one)

School Name: _____ Grade: _____

VFC Eligibility:

Insurance Type (circle): **Private Medicaid No Insurance Under-insured American Indian/Alaskan Native**

Parent/Guardian Name: _____

CONSENT FOR VACCINATION: Detroit Public Schools Community District (DPSCD) will review my child’s information in the Michigan Care Improvement Registry (MCIR). Based on the information in MCIR, I authorize the DPSCD to administer all recommended or needed vaccines for his/her age. This consent form authorizes the administration of multiple doses of a vaccine, as medically indicated. Combination vaccines will be used as available, unless contraindicated.

I have read and understand the Vaccine Information Statement(s) available online at [MDHHS - Vaccine Information Statements \(VIS\) \(michigan.gov\)](http://MDHHS - Vaccine Information Statements (VIS) (michigan.gov)) for the recommended vaccine(s). I understand the benefits and risks of the recommended vaccine(s) and I understand the immunization(s) administered is entered into MCIR. This consent form will expire after the last vaccination is given in a vaccine series.

Parent/Guardian Signature _____ **Date** _____

Please check Yes or No	Yes	No
Does the child have any allergies to medication, food, a vaccine component, or latex?		
Has the child had a serious reaction to a vaccine in the past?		
Has the child had a health problem with lung, heart, kidney, or metabolic disease (diabetes), asthma, or a blood disorder? Is he/she on long term aspirin therapy?		
Has the client, a sibling, or a parent had a seizure? Has the client had brain or other nervous system problems?		
Does the client have cancer, leukemia, HIV/AIDS, or any other immune system problem?		
In the past 3 months, has the client taken medications that weaken their immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments?		
In the past year, has the client received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?		
Is the client pregnant or is there a chance she could become pregnant during the next month?		
Has the client received vaccinations in the past 4 weeks?		
Has the client received a TB skin test this month?		

Students Rise. We all Rise



PLEASE NOTE!!!! VACCINE REFUSAL SECTION BELOW

COMPLETE SECTION BELOW IF YOU DO NOT WANT YOUR CHILD TO RECEIVE A VACCINE

VACCINE REFUSAL: Place a check next to the vaccine(s) that you **do not** want your child to receive and **sign**.

<input type="checkbox"/> DTaP/Tdap/Td	<input type="checkbox"/> Pneumococcal	<input type="checkbox"/> Meningococcal ACWY	<input type="checkbox"/> Polio
<input type="checkbox"/> Hib	<input type="checkbox"/> MMR	<input type="checkbox"/> Influenza	<input type="checkbox"/> HPV
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Men B	<input type="checkbox"/> Varicella

My child, as named above, should not receive the above vaccines as indicated by a check mark. I understand the possible consequence(s) of not allowing my child to receive the recommended vaccines.

Parent/Guardian Signature _____

Date _____

Students Rise. We all Rise



Directory Information Opt-Out



The Family Educational Rights and Privacy Act, a federal law, and Detroit Public School Community District (“District”) Board Policy allows districts to disclose designated “directory information” to third parties, unless a student’s parent or legal guardian opts out.

Directory information includes the student’s name, school name, participation in officially recognized activities and sports, height and weight (if member of an athletic team), date of graduation, awards received, telephone numbers and/or home addresses (for inclusion in school or PTA directories), and school photos or videos of students participating in activities, events or programs. Only directory information regarding a student shall be released to any person or party, other than the student or his/her parent, without written consent.

Director information is commonly used in school publications, yearbooks, activity and athletic programs, television productions, web sites, as well as inquiries from community partners, other schools, and potential employers. In addition, the District is required by law to provide, upon request, military recruiters with the same access to directory information as is provided to prospective employers.

We take student data privacy seriously. Parents or guardians should complete this Directory Information Opt-Out Form if they do not want some or all the directory information shared with third parties. **The form can be completed online at <https://bit.ly/DPSCDoptout>.**