Gaming and Technology Academy

500 S Hamilton St, Saginaw, MI 48602

Child's Legal Name: _____ Grade Entering: _____
Last First Middle

Physical Address: _____
House # Street Apt/Unit # City Zip Code

Mailing Address: _____
House # Street Apt/Unit # City Zip Code

Child's Birth Date: _____ ❒ Male ❒ Female Birth Status: ❒ Single ❒ Twin ❒ Triplet+

Primary Phone Number: (_____)_____ County of residence: _____

Are you a military family? ❒ Yes ❒ No

Is English the primary language spoken in your home? ❒ Yes ❒ No

If no, what is the primary language spoken? _____

Previous School attended: _____

Race- (Check all that apply) What do you consider your child's race? ❒ American Indian/Alaskan Native ❒ Asian American ❒ Black/African American ❒ Hispanic/Latino ❒ Native Hawaiian/Pacific Islander ❒ White/Caucasian	Special Education: **Please bring a copy of the IEP** Did your child receive special education services at a previous school? ❒ Yes ❒ No (If yes, please indicate what types received) ❒ Special Education classes ❒ Speech ❒ OT/PT ❒ Social Work ❒ 504 Plan

PARENT/GUARDIAN INFORMATION

Parent/Guardian: ❒ Custodial ❒ Non-Custodial Name: _____ Relationship to child: _____ Date of birth: _____ Email address: _____ Main phone: _____ Employer: _____ Work phone: _____	Secondary/Step parent: ❒ Custodial ❒ Non-Custodial Name: _____ Relationship to child: _____ Date of birth: _____ Email address: _____ Main phone: _____ Employer: _____ Work phone: _____
Parent/Guardian: ❒ Custodial ❒ Non-Custodial Name: _____ Relationship to child: _____ Date of birth: _____ Email address: _____ Main phone: _____ Employer: _____ Work phone: _____	Secondary/Step parent: ❒ Custodial ❒ Non-Custodial Name: _____ Relationship to child: _____ Date of birth: _____ Email address: _____ Main phone: _____ Employer: _____ Work phone: _____

If there is a custody order in place, please provide court documentation to the office

Has your child ever been suspended from school? ❒ Yes ❒ No

If yes, why? _____

Has your child ever been expelled from school? ❒ Yes ❒ No

If yes, why? _____

MCKINNEY-VENTO HOMELESS QUESTIONNAIRE

Where is the child currently living? (Please check one box. If one of the following boxes is checked, the school may be required to fill out a McKinney-Vento referral.)

❒ In a shelter ❒ With family/friends (with parent) ❒ In a one family dwelling

❒ In a hotel/motel ❒ Homeless ❒ Other: _____

Emergency Contact Information- In the case my child becomes ill or injured at school and I cannot be reached for any reason please contact the following: (please list in order you would like contacted)

	First & Last Name	Relationship	Phone #1	Phone #2
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Does your child have any allergies or medical problems that the school should be aware of?

_____

_____

Gaming and Technology Academy

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 student's 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 Gaming and Technology Academy 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.

- I **DO NOT** authorize Gaming and Technology Academy 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_____ Date:_/___/__

Printed Parent/Guardian Name: _____

Concussion Awareness

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 rapidly back and forth. Even what seems to be a mild bump or blow to the head can be serious. If a child reports one or more symptoms of concussion listed below after a bump, blow, or jolt to the head or body, she/he should be kept out of school the day of the injury and until a health care professional, experienced in evaluating for concussion says they are symptom-free and may return to school.

- Appears dazed or stunned
- Confused
- Forgetful
- Clumsy
- Answers questions slowly
- Loses consciousness
- Shows mood, behavior, or personality changes
- Can't recall events prior to the hit or fall
- Can't recall events after the hit or fall
- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Not "feeling right" or "feeling down"

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. Concussion affects people differently. While most 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. Sign below to indicate that you have been made aware of the dangers and warning signs of concussions as well as being informed of the acceptable use policy

_____

Student's Name

_____ _____

Parent's/Guardian's Signature Date

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Kindergarten Waiver Request for the 2025-2026 School Year

According to Michigan Law, if a child residing in Michigan is not five years of age on September 1, 2020, but will be five years of age not later than December 1, 2020, the parent or legal guardian of that child may enroll the child in kindergarten for the 2025-2026 school year if the parent or legal guardian notifies the school district in writing that he or she intends to enroll the child in kindergarten.

A school district that receives this written notification may make a recommendation to the parent or legal guardian as to whether the child is not ready to enroll in kindergarten due to the child's age or other factors. The district recommendation retains the sole discretion to determine whether or not to enroll the child in kindergarten if the student is five years of age not later than December 1, 2025.

Student Name: _____ Date of Birth: _____

Verification of Age: ☐Birth Certificate ☐Government Record ☐Hospital Record
(Check one) ☐ Court Record ☐Citizenship Paper ☐Other: _____
(Specify)

Evidence of School Readiness (provided by parent):

1) _____
2) _____
3) _____
4) _____

_____ _____ _____
Parent/Guardian's Printed Name Parent/Guardian's Signature Date