



# **Climax-Scotts Community Schools**

*Where Students Are More Than A Test Score!*

## **STUDENT ATTENDANCE**



Daily school attendance is a key factor in your child's education. Every school day offers new learning opportunities and experiences that will shape your child and help to strengthen their abilities—to expand their future educational opportunities and career choices. **Excessive absences, excused or unexcused, require contact with the school's truancy officer.**

If your child is coughing or sneezing excessively, vomiting, has a fever, a rash, discharge from the eyes, ears, or nasal passages, has lice or any infestation, or is unable to control bowel function; he/she needs care and must be absent from school. Some absences may require a doctor's note before returning to class to safeguard the health of classmates. When your child is well, it is vital that he/she attend school for the entire school day.

If your child must be absent for any part of the scheduled school day, the school is required to record and report that absence. **Please notify the school office at your earliest opportunity if your child is going to be absent.**

You can phone the office at **(269) 497-2102** or **email the school secretary, Jeanelle Pontoni, at [jpontoni@csschools.net](mailto:jpontoni@csschools.net)**. **Please include the reason for the absence.** If the absence is due to illness, include any symptoms or a diagnosis from your doctor. By law, schools and childcare facilities must report all absences due to illness and the symptoms (or a diagnosis) of the illness to the County Health Department. The school will contact you if we need more information about the absence.

Thank you, in advance, for your support of our efforts to protect the health and well-being of each child.





# **Climax-Scotts Community Schools**

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## **Climax-Scotts Elementary is a PBIS School!**

### ***Positive Behavior Intervention & Support***

We have several ways to motivate our students to make good choices and earn privileges! Our belief is that making good choices throughout the entire campus allows teachers to spend more time on instruction and less time on negative behaviors.

#### **How We Support Positive Behavior**

- When we “catch you being good” you get a PURRS (*Panthers Using Respect, Responsibility & Safety*) ticket along with a sentence of positive praise.

#### **What Do You Do With The Ticket?**

- At the end of the week your teacher will draw two Panther PURRS winners to come to the office to choose from the treasure chest.
- On Fridays teachers hold “Fun Fifteen” in which all student in class who have avoided any referrals get to do something fun with their classmates for fifteen minutes.

#### **What If You Are A Great Panther All Month?**

If you have remained referral-free for majors and have received not more than one minor:

- You earn 30 minutes of an all-school reward!
- Two students are drawn to choose a friend and come to the office to enjoy Pizza with the Principal, Mrs. Peters. We have pizza, pop and dessert!
- You earn a certificate and your picture goes up in the hallway!



C-S elementary Student Information 2021-2022 Grade \_\_\_\_\_ Teacher/Homeroom: \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent(s)/Guardian(s)/Household #1 \_\_\_\_\_

Address \_\_\_\_\_ City/Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City/Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

**Relationship to child (circle):** Both Parents Father/Stepmother Mother/Stepfather Father Only Mother Only Legal Guardian  
**Court Placed:** Relative Foster Home

If a Second Household: Parent(s)/Guardian(s)/Household #2 \_\_\_\_\_

Address \_\_\_\_\_ City/Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Relationship to child (circle):** Both Parents Father/Stepmother Mother/Stepfather Father Only Mother Only Legal Guardian **Court Placed:**  
Relative Foster Home

Student resides with: \_\_\_\_\_ Is there an official legal custody judgment? Yes No

If "Yes" provide a certified copy of the document for office

Other emergency contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Siblings (please list all siblings school aged or at home):**

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

**Emergency Treatment:** As the parent/guardian of the above student, I agree that as a result of participation in school activities emergency medical treatment may become necessary and that school personnel may not be able to contact me or our emergency contact for consent to emergency medical care: school personnel make seek medical treatment; including ambulance transportation and hospital services; for my child as deemed necessary under the existing circumstances.

Preferred Hospital \_\_\_\_\_ Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Medical Concerns \_\_\_\_\_

**Consent to receive over the counter medication:** I give my permission for my child to receive from the office, as directed with my note of instructions, over the counter (non-prescription) medication that I have provided. Yes \_\_\_\_\_ No \_\_\_\_\_

**Picture Release Consent:** I give consent for my child's picture to be used in school/community publications as deemed appropriate by the school. Yes \_\_\_\_\_ No \_\_\_\_\_

**Permission for Educational Travel:** I give permission for my child to go on any trip which the school may sponsor for its groups. Yes \_\_\_\_\_ No \_\_\_\_\_

**Permission for Technology Resources:** I have read the technology code of ethics with my child and I give permission for my child to use district technology resources. Yes \_\_\_\_\_ No \_\_\_\_\_

**Residency Verification:** My child resides within the Climax-Scotts School District. Yes \_\_\_\_\_ No \_\_\_\_\_

(If No Above) I have filed a "Schools of Choice" or Release letter with the Superintendent's office. Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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## ETHNICITY/RACE/LANGUAGE SURVEY

Name of the Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

### Part A: Home Language Survey (Required by State of Michigan)

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

☐ Yes ☐ No What is that language? \_\_\_\_\_

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

☐ Yes ☐ No What is that language? \_\_\_\_\_

Was the student born in the United States?

☐ Yes ☐ No If no, where was the student born? \_\_\_\_\_

### Part B: Race/Ethnicity (Optional)

Is your student Hispanic/Latino? (Choose only one)

☐ No, not Hispanic/Latino

☐ Yes, is Hispanic/Latino (A person originally from Cuba, Mexico, Puerto Rico, Central America or South America, or from another country with a Hispanic culture regardless of race).

The previous question is about ethnicity or race. It does not matter what you selected. Please answer the following by marking the box or boxes that indicate the race that you consider your student.

What is the race of your student?

☐ **American Indian or Alaskan Native** (A person originally from North America, South America (including Central America), and is affiliated with a tribe or tribal community).

☐ **Asian** (A person originally from the far East, South East, Asia or the subcontinent of India, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand and Vietnam).

☐ **Black or African American** (A person originally from a black racial group from Africa).

☐ **Native Hawaiian or Pacific Islander** (A person originally from Hawaii, Guam, Samoa, or another Pacific Island).

☐ **White** (A person originally from Europe, the Middle East or North Africa).

### Part C: Please list the name(s) and date(s) of birth of other children at home?

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_

Date

The first part of the paper discusses the importance of understanding the cultural context of the research. It highlights the need for researchers to be sensitive to the values and beliefs of the communities they are studying. This is particularly important in the field of education, where cultural differences can significantly impact learning outcomes.

The second part of the paper focuses on the methodology used in the study. It describes the process of selecting participants, collecting data, and analyzing the results. The authors emphasize the importance of using a mixed-methods approach to gain a comprehensive understanding of the research topic.

The third part of the paper presents the findings of the study. It discusses the results of the quantitative data analysis and the insights gained from the qualitative interviews. The authors conclude that there are significant differences in learning outcomes between the two groups, and these differences can be attributed to cultural factors.

The final part of the paper offers recommendations for future research and practice. It suggests that educators should be aware of the cultural context of their students and tailor their teaching methods accordingly. Additionally, it calls for further research to explore the underlying reasons for the observed differences.

## CS COMMUNITY SCHOOLS DISMISSAL/RELEASE PERMISSIONS

If changes occur during the school year, please complete a new form as soon as possible

### BUS ASSIGNMENT

AM Driver \_\_\_\_\_ # \_\_\_\_\_

PM Driver \_\_\_\_\_ # \_\_\_\_\_

for transportation dept use only

Student Name

Grade

Teacher/Homeroom


Parent/Guardian Names \_\_\_\_\_ Primary Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Alternate Phone \_\_\_\_\_

## DAILY RELEASE INFORMATION

### Bus Transportation

Morning Pickup Address:

Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Who Lives Here? \_\_\_\_\_

Afternoon Drop Address:

Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Who Lives Here? \_\_\_\_\_

### Walk Home from School/Regular Pick Up

☐ I allow my child(ren) to walk to \_\_\_\_\_ after the buses dismiss at the end of the day, or when school has a scheduled half day. At the elementary, I understand s/he will be released from the Panther Pickup Room after the busses leave the area.

☐ My child(ren) will be a regular after school pick up and I understand elementary students will be waiting for me in the Panther Pickup Room to be signed out.

## EMERGENCY RELEASE INFORMATION

The district requires release information on each child in case of unplanned early dismissal due to severe weather or emergencies. In the event of an emergency dismissal, the student(s) listed above will:

- ☐ Ride the bus as usual
- ☐ Walk, drive, or ride bike as usual
- ☐ Be picked up by the parent/guardian listed above, who can be contacted during the school day at:
  - o Phone Number \_\_\_\_\_
  - o Email \_\_\_\_\_
- ☐ Be picked up by the friend or relative named below:
  - o Name and Relationship to student(s) \_\_\_\_\_
  - o Phone number for contact during the school day \_\_\_\_\_
- ☐ Follow a different plan (please give detailed instructions below)
  - o \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

I verify that I have reviewed this plan and these instructions with my child and s/he understands what procedure is to be followed in the event of an early dismissal due to weather or other emergencies.

Initial here

## RELEASE PERMISSIONS

In an effort to help ensure the safety of our students, parents are required to provide the following permissions in the event someone other than the legal parent/guardian picks up a child from school. **Please note: students will not be release to anyone who is not listed below. If you need to update your list during the school year, you must come to the office to do so. Verbal additions or deletions will not be accepted. For each permission, please provide their name and relationship to the child.**

YES! My child(ren) can be released to:	NO! My child(ren) cannot under any circumstance release to:

Parent/Guardian Signature #1

Date

Parent/Guardian Signature #2

Date



## **CLIMAX SCOTTS COMMUNITY SCHOOLS EDUCATIONAL DEVICE ACCEPTABLE USE AGREEMENT – STUDENT**

This agreement covers access to and use of electronic devices (personal or otherwise), computer-based technologies, and Internet services.

Climax Scotts Community Schools gives student accounts to access the Educational Network. This document contains the terms and conditions of use that a student agrees to follow when using technology provided by Climax Scotts Community Schools. "Student" is defined as any individual attending any educational institution served by CSS.

### **Purpose and Acceptable Use**

- Use of any student account must be in support of education and research, and consistent with the educational objectives of CSS. The Superintendent of CSS and his designees, may at any time make determinations that particular uses are or are not consistent with the purpose of CSS.
- The term "**educational purpose**" includes classroom activities, career development, and limited, high-quality, self-discovery activities.
- CSS retains the right to place reasonable restrictions on the material users access or post through the use of technology. In accordance with the Children's Internet Protection Act, CSS has implemented Internet filtering software to help deter access to "non-educational" websites. In addition, users are expected to abide by the rules set forth by CSS and all applicable Federal and State laws.
- This policy places restrictions on accessing inappropriate material. However, there is a wide range of material available on the Internet, which may not be appropriate for students. It is not practical or possible for CSS to monitor and enforce the wide range of social values represented on the Internet. CSS recognizes that parents bear primary responsibility in specifying to their child(ren) what is not acceptable for their child(ren) to access through CSS technology.
- Access to CSS Technology is a privilege. Users must be considerate to other users.
- The district will provide each student with a login ID and password for accessing the networks. The student will protect the password, provide for its security and will not share this information with other students.

### **Unacceptable Use**

Using the guiding statement of "educational purpose", some specific examples of prohibited use are shown below. However, this policy does not attempt to demonstrate all behaviors. Behaviors that are considered unacceptable may result in termination of Internet access and/or the general use of technology as provided by the CSS. Depending upon the severity of a user's inappropriate action(s), disciplinary action of up to and including student expulsion may occur as decided by CSS. The following examples are considered unacceptable:

- Users will not provide or purchase products or services through CSS technology.
- Use of obscene, profane, lewd, abusive, threatening, discriminatory, harassing, or bullying language is prohibited.
- CSS prohibits access to or posting of material that is pornographic, advocates illegal acts, purchasing of drugs, violence related or discrimination towards other people (hate literature). For student users, a special exception may be made for hate literature if the purpose of such access is to conduct research and the monitoring teacher approves access.
- Users who can identify a security problem on the CSS Technology Systems must notify CSS Teacher or Administrator and not demonstrate the problem to other users.
- Plagiarism and copyright infringement is prohibited. Users shall not take ideas or writings of others and present them as if they were their own. Respect the rights of copyright holders.
- CSS highly encourages users not to transmit personal information about himself/herself or others, such as their: name, address, phone number, or school address. For personal safety, users should not arrange to meet anyone contacted over the Internet in person.

- Unauthorized access to CSS Technology Systems or any other computer system through or going beyond intended authorized access is prohibited. Users shall not access another person's material, information or files without permission.
- Users agree not to intentionally attempt to disrupt CSS Technology Systems or destroy data accessible through CSS systems by spreading computer viruses or by any other means.

#### **Using a Device Outside of School**

The student device is Wi-Fi ready and will connect to any Wi-Fi network, whether at home, school, or inside a business or public network. All Internet traffic, regardless of where the device is connected, will be filtered through the District's Internet filter. If a student attempts to 'by-pass' this function, their technology privileges will be suspended, asked to forfeit their device to Administration, and/or disciplinary action.

#### **Repairing or Replacing a Device**

All repairs and replacements must be arranged through Climax Scotts Community Schools. If your device is lost, damaged, or having technical issues, please report this to your teacher or office staff immediately. User will be responsible for any damaged or broken devices.

The following chart represents the replacement costs for lost or damaged devices:

<b>Repair/Replacement:</b>	<b>Cost:</b>
Total Device Replacement	\$195
Screen	\$50
Key Pad	\$45
Power Charger/Cable*	\$15

#### **Liability**

- CSS makes no warranties or assurances of any kind, whether expressed or implied that the functions or services provided by or through CSS will be error-free or without defect. CSS will not be responsible for any damage users may suffer, including, but not limited to, loss of data resulting from delays, non-deliveries, missed-deliveries or service interruptions caused by Climax Scotts Schools negligence, user error or omission. CSS does not guarantee and is in no way responsible for the accuracy or quality of information obtained through or stored on the CSS Technology System. Use of any information obtained is at the user's own risk. CSS shall not be responsible for any financial obligations arising from the user's unauthorized use.
- CSS will not be responsible for any financial obligations arising from the user's use of CSS Technology Services to purchase personal product(s) or service(s).

## **Signature Page**

I hereby release CSS, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising out of my use of, or inability to use CSS Technology, including, but not limited to claims that may arise from unauthorized use of the system.

I have carefully read and fully understand the terms and conditions of this agreement. I agree to follow the terms and conditions in this agreement. I understand that if I violate any of the terms or conditions of this agreement my account can be terminated and I may face other disciplinary measures.

I further understand that I am responsible for any financial obligations arising from my unauthorized use of CSS Technology to purchase products or services.

I hereby give consent to CSS for the interception of my electronic communications as it deems necessary for compliance with this agreement and any applicable laws.

### **Student Signature**

\_\_\_\_\_  
Student First Name      M.I.      Last Name      Grade      Date of Birth  
(Please Print)

\_\_\_\_\_  
Student User Signature      Date  
\_\_\_\_\_  
Home Phone      Home Address

### **Parent/Guardian Signature**

I hereby give consent to CSS to intercept my child's electronic communications as it deems necessary for compliance with this agreement and any applicable laws.

I hereby release CSS from any and all claims and damages of any nature arising out of my child's use of, or inability to use CSS Technology systems, including, but not limited to claims that may arise from unauthorized use of the system.

I understand it is impossible to restrict my child's access to all potentially controversial materials. I agree not to hold CSS responsible for any information or materials acquired by my child through the Climax Scotts Schools' Technology.

I understand and agree that I am fully responsible for any financial obligations arising from my child's use or unauthorized use of CSS Technology Services to purchase products or services.

I hereby give my permission to issue an account for my child and certify that the information contained on this form is correct.

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature      Date

Do you currently have sufficient WiFi access at home? \_\_\_\_\_

Device Serial Number \_\_\_\_\_ CSS Tag# \_\_\_\_\_



## 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/concussion](http://www.cdc.gov/concussion).

**Parents and Students Must Sign and Return the Educational Material Acknowledgement Form**

# 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 Climax-Scotts Community Schools

Sponsoring Organization

Participant Name Printed -- (Student)

Parent or Guardian Name Printed

Participant Name Signature -- (Student)

Parent or Guardian Name Signature

Date

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.