



# *Climax-Scotts Community Schools*

## **REQUEST FOR STUDENT RECORDS**

To: \_\_\_\_\_  
Previous School Name \_\_\_\_\_ Address \_\_\_\_\_  
Fax # \_\_\_\_\_ Phone # \_\_\_\_\_

Please send the CA-60 with all educational records pertaining to the student listed below as well as any other records of importance such as Student Health Plan, Discipline/Behavior Reports, Attendance Alerts, Special Education Assessment, Language Accommodations, and any other Special Service Determinations.

**Please fax (to 269-746-4142) or email the following at your earliest opportunity:**

- ☐ Transcript (grades 9-12) or student's most current report card
- ☐ Any Special Education Assessments or other Special Service Determinations
- ☐ Any Discipline/Behavior Reports

Name of Student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

### **Requesting School:**

**Climax-Scotts Jr./Sr. High School  
372 S. Main Street  
Climax, Michigan 49034  
Phone: (269) 746-2300 Fax: (269) 746-4142  
Email: [angela.gilbert@csschools.net](mailto:angela.gilbert@csschools.net)**

### **AFFIRMATION OF PRIOR DISCIPLINE RECORD**

Parent / Guardian: Please check the applicable statement below, provide all appropriate information and sign.

- ☐ The undersigned affirms that \_\_\_\_\_ has NOT been suspended or expelled from any public or private school in Michigan or any other state
- ☐ The undersigned affirms that \_\_\_\_\_ HAS been suspended or expelled from a public or private school in Michigan or any other state.

If you checked statement #2, explain below the circumstances in detail. Include the school name, dates of suspension or expulsion and a description of the incident resulting in the suspension or expulsion.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**My child has received Interventions or Special Education Services:** Yes \_\_\_\_\_ No \_\_\_\_\_

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



CLIMAX-SCOTTS JR/SR HIGH SCHOOL  
REGISTRATION FORM 2022

We have implemented a new student information system. Please fill out all information as you would like it to be in the system. Please write legibly.

Student Name \_\_\_\_\_ Grade: \_\_\_\_\_

Student Physical Address \_\_\_\_\_ City/Zip Code \_\_\_\_\_

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

Student Cell Number \_\_\_\_\_ Student Email Address \_\_\_\_\_

**Parent/Guardian #1**

Parent/Guardian Full Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Physical Address (write "same" if same as student) \_\_\_\_\_

Mailing Address (if different or write "same" if same as student) \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Would you like to receive student mailings? Yes \_\_\_\_ No \_\_\_\_ Preferred Method of Contact: Phone Email Mail

Do you have custody of student? Yes \_\_\_\_ No \_\_\_\_ (must be listed on birth certificate or have court documentation, if yes)

**Parent/Guardian #2**

Parent/Guardian Full Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Physical Address (write "same" if same as student) \_\_\_\_\_

Mailing Address (if different, write "same" if same as student) \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Would you like to receive student mailings? Yes \_\_\_\_ No \_\_\_\_ Preferred Method of Contact: Phone Email Mail

Do you have custody of student? Yes \_\_\_\_ No \_\_\_\_ (must be listed on birth certificate or have court documentation, if yes)

Student resides with: \_\_\_\_\_ Is there an official legal custody judgement? Yes No  
If "yes" provide a certified copy of the document for the office  
Are there any unusual living circumstances or housing issues/difficulties? Yes No If "yes" please fill out the housing questionnaire.

**Emergency Contact #1**

Emergency Contact's Full Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

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

Okay to release student to their custody if we are unable to reach you? Yes No

**Emergency Contact #2**

Emergency Contact's Full Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

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

Okay to release student to their custody if we are unable to reach you? Yes No

Over

**Siblings (please list all siblings school aged):**

Name _____	Grade _____
Name _____	Grade _____
Name _____	Grade _____
Name _____	Grade _____

**Emergency Treatment:** I, the undersigned parent/guardian, give my consent for my student to be released to me or my spouse or the friend/relative I have so designated and/or to be taken by ambulance to the nearest hospital in case of emergency. I understand that Climax Scotts Community Schools do not provide accident medical/dental coverage for students for the injuries/illnesses occurring at school. I understand that I may voluntarily purchase a student accident insurance plan. I further acknowledge that I am financially responsible for medical, dental, ambulance, or other health care expenses or transportation of my child, which might occur because of an illness/injury. **Parent Initial** \_\_\_\_\_

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

**Medications** \_\_\_\_\_

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

**Consent to receive over the counter medication:** I give 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 \_\_\_\_

Okay to be given to my child by the office: Tylenol (or substitute) Yes \_\_\_\_ No \_\_\_\_ Ibuprofen (or substitute) Yes \_\_\_\_ No \_\_\_\_

**Parent Initial** \_\_\_\_\_

**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 \_\_\_\_ **Parent Initial** \_\_\_\_\_

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

**Permission for Technology Resources:** I have read the technology code of ethics with my student and give permission for my child to use district technology resources. I also understand that we will be charged for any lost/broken/damaged devices assigned to my student. Yes \_\_\_\_ No \_\_\_\_ **Parent Initial** \_\_\_\_\_

**Residency Verification:** My child resides within the Climax-Scotts School District. Yes \_\_\_\_ No \_\_\_\_  
(If "no" above) I have filed a "Schools of Choice" form or Release letter to the Superintendent's Office Yes \_\_\_\_ No \_\_\_\_

**Parent Initial** \_\_\_\_\_

I affirm and attest that the above information that I, the parent/legal guardian, of \_\_\_\_\_ is true and accurate and that my child and I reside at the address I have provided.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Office Use Only*

Date Received: _____	By: _____	Locker Assignment: _____	Combo: _____
Date Entered into System: _____	By: _____	Sports Physical on File: Y or N	Physical dated: _____
		Parking Permit # _____	



**CLIMAX-SCOTTS COMMUNITY SCHOOLS  
SCHOOLS OF CHOICE (105 & 105c) APPLICATION**

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade Applying For: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_ Are Special Education Services Required: ☐ Yes ☐ No

Parent(s)/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City / Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Previous School District (Last two years): \_\_\_\_\_

Resident School District (If different from above): \_\_\_\_\_

Has this student been suspended or expelled from school within the past two years? ☐ Yes ☐ No

If yes, please state reason: \_\_\_\_\_

Are there sibling(s) that will also be attending Climax-Scotts Community Schools? ☐ Yes ☐ No

Name	Date of Birth	Last Grade Completed	Grade Applying For
_____	_____	_____	_____
		Are Special Education Services Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name	Date of Birth	Last Grade Completed	Grade Applying For
_____	_____	_____	_____
		Are Special Education Services Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Does the student(s) have relatives currently living in the Climax-Scotts Community School District? ☐ Yes ☐ No

If yes, please list name/address below:

Name	Address	City/Zip
_____	_____	_____

Name	Address	City/Zip
_____	_____	_____

**Please provide a copy of a Birth Certificate and an up-to-date Immunization Record for each student listed above.**

\*Special Note: The provisions of Section 105 have no effect on the Michigan High School Athletic Association (MHSAA) rules. Section 105 schools of choice pupils are considered nonresident pupils and, at MHSAA member high schools, are ineligible for Interscholastic athletics for one full semester. REF: Section 105 schools of choice, 1996.

The signature below gives permission for records pertaining to the "applicant(s)" to be released to Climax-Scotts Community Schools. In addition, it indicates an understanding that transportation will be the responsibility of the student's parent(s)/legal guardian(s).

Parent(s)/Guardian(s) Signature

Date

**For Office Use Only**

Date Application Received: \_\_\_\_\_

Principal : \_\_\_\_\_ Approved ☐ Denied ☐ If denied, reason: \_\_\_\_\_

Superintendent/Pupil Accounting Manager: \_\_\_\_\_

Status: Approved ☐ Denied ☐ Parent/Guardian Notified \_\_\_\_\_

**CLIMAX-SCOTTS COMMUNITY SCHOOLS  
SCHOOLS OF CHOICE (105 & 105c) APPLICATION**

**AFFIRMATION OF PRIOR DISCIPLINE**

All non-resident students requesting admittance to Climax-Scotts Community Schools must complete this form. A willful false statement on this affirmation will result in a report to the appropriate authorities.

**Directions:** Select the appropriate statement, list the student(s) name(s), sign and date.

- ☐ The undersigned affirms that the following student listed on this application **HAS NOT BEEN** suspended or expelled from any public or private school in Michigan or any other state.

Student Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

- ☐ The undersigned affirms that the following student listed on this application **HAS BEEN** suspended or expelled from a public or private school in Michigan or any other state.

Student Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

*If you indicated that, any student listed has been suspended or expelled, please explain the circumstances in detail. Include the school name, dates of suspension or expulsion and a description of the incident resulting in the suspension or expulsion.*

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Printed Name of Parent(s)/Guardian(s): \_\_\_\_\_

Signature of Parent(s)/Guardian(s): \_\_\_\_\_

Date: \_\_\_\_\_



## Home Language & Background Survey

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

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

### Part A: Home Language Survey (Required by State of Michigan)<sup>1</sup>

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 outside the United States?

☐ Yes ☐ No If yes, 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

What is the race of your student?

Mark the box or boxes that indicate the race that you consider your student:

☐ American Indian or Alaskan Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Pacific Islander

☐ White

### 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

<sup>1</sup> 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.



# Climax-Scotts Community Schools

Where Students Are More Than A Test Score!

## Permission Form for Prescribed Medication

Student's Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Grade \_\_\_\_\_ Date form received by the school \_\_\_\_\_

### **TO BE COMPLETED BY THE PHYSICIAN OR AUTHORIZED PRESCRIBER**

Name of Medication: \_\_\_\_\_

Reason for medication (OPTIONAL): \_\_\_\_\_

Form of Medication/Treatment:

\_\_\_\_ Tablet/Capsule \_\_\_\_ Liquid \_\_\_\_ Inhaler \_\_\_\_ Injection \_\_\_\_ Nebulizer \_\_\_\_ Other

Instructions (time and dose to be given at school) \_\_\_\_\_

For Episodic/Emergency events only:

Restrictions and /or Important side effects: \_\_\_\_ None \_\_\_\_ Yes, Please Describe Below

\_\_\_\_\_

Special storage requirements: \_\_\_\_ None \_\_\_\_ Refrigerate \_\_\_\_ Other, Please Describe Below

\_\_\_\_\_

Physician's Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

### **TO BE COMPLETED BY PARENT/GUARDIAN**

I request that (student's name) \_\_\_\_\_ receive the above medication at school according to standard school policy.

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

*If medication is not picked up at the end of the school year, it will be discarded.*

## **CLIMAX-SCOTTS JR/SR HIGH SCHOOL**

### **Consent for Disclosure of Personally Identifiable Information and 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 and immunization 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.

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*I authorize Climax-Scotts Jr/Sr High School to release my child's immunization record and personally identifiable information 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: \_\_\_\_\_





**Climax-Scotts Jr./Sr High School**  
**Agreement for Acceptable Use of Technology Resources**  
**Students Grades: 6-12**

The purpose of this Agreement is to grant access to and define acceptable use of the District's technology resources ("Technology Resources"). Technology Resources are any type of instrument, device, machine, equipment, technology, or software that is capable of transmitting, acquiring, or intercepting, and telephone, electronic, data, internet, audio, video, or radio transmissions, signals, telecommunications, or services, and include without limitation (1) internal and external network infrastructure, (2) Internet and network access, (3) computers, (4) servers, (5) storage devices, (6) peripherals, (7) software, and (8) messaging or communication systems.

In exchange for the use of the District's Technology Resources either at school or away from school, you understand and agree to the following:

- A. Your use of the District's Technology Resources is a privilege that may be revoked by the District at any time and for any reason.
- B. You have no expectation of privacy when using the District's Technology Resources. The District reserves the right to monitor and inspect all use of its Technology Resources, including, without limitation, personal e-mail and voice-mail communications, computer files, data bases, web logs, audit trails, or any other electronic transmissions accessed, distributed, or used through the Technology Resources. The District also reserves the right to remove any material from the Technology Resources that the District, at its sole discretion, chooses to, including, without limitation, any information that the District determines to be unlawful, obscene, pornographic, harassing, intimidating, disruptive, or that otherwise violates this Agreement.
- C. The Technology Resources do not provide you a "public forum." You may not use the Technology Resources for commercial purposes or to support or oppose political positions or candidates unless expressly authorized in advance by a teacher or administrator as part of a class project or activity. You may, however, use the Technology Resources to contact or communicate with public officials.
- D. The District's Technology Resources are intended for use only by registered users. You are responsible for your account/password and any access to the Technology Resources made using your account/password. Any damage or liability arising from the use of your account/password is your responsibility. Use of your account by someone other than you is prohibited and may be grounds for suspension from the Technology Resources and other disciplinary consequences for both you and the person(s) using your account/password.
- E. You may not use the Technology Resources to engage in bullying, which is defined as: Any written, verbal, or physical act, or any electronic communication, that is intended or that a reasonable person would know is likely to harm one or more pupils either directly or indirectly by doing any of the following:
  - a. Substantially interfering with educational opportunities, benefits, or programs of one or more pupils;
  - b. Adversely affecting the ability of a pupil to participate in or benefit from the educational programs or activities by placing the pupil in reasonable fear of physical harm or by causing substantial emotional distress;
  - c. Having an actual and substantial detrimental effect on a pupil's physical or mental health;

- d. Causing substantial disruption in, or substantial interference with, the orderly operation of the school.

Use of other communication/messaging devices (including devices not owned by the District) to engage in bullying may be grounds for discipline under the District's *Jr./Sr. High School Student/Parent Handbook*.

- F. If you misuse the Technology Resources, your access to the Technology Resources may be suspended and you may be subject to other disciplinary actions, up to and including expulsion.

Misuse includes, but is not limited to:

1. Accessing or attempting to access material that is "harmful to minors." Material that is "harmful to minors" includes any picture, image, graphic image file, or other visual depiction that (1) taken as a whole and with respect to minors, appeals to a prurient interest in nudity, sex or excretion; (2) depicts, describes or represents, in a patently offensive way with respect to what is suitable for minors, an actual or simulated sexual act or sexual contact, actual or simulated normal or perverted sexual acts, or a lewd exhibition of the genitals; and (3) taken as whole lacks serious literary, artistic, political, or scientific value as to minors.
2. Accessing or attempting to access material that is unlawful, obscene, pornographic, profane, or vulgar.
3. Accessing or attempting to access material that is inappropriate for minors. Material that is inappropriate for minors is defined as:
4. Bullying (as defined in paragraph E).
5. Sexting, which includes, without limitation, possessing, sending or distributing nude, sexually explicit, or sexually suggestive photographs, videos, or other visual depictions of yourself or another person.
6. Vandalism, which includes, without limitation, any malicious or intentional attempt to harm, steal, destroy, or disrupt user data, school material, or school hardware or software.
7. Hacking, which includes, without limitation, gaining or attempting to gain access to, modifying, or obtaining copies of, information belonging to others or information you are not authorized to access.
8. Unauthorized copying or use of licenses or copyrighted software.
9. Plagiarizing, which includes the unauthorized distributing, copying, using or holding out as your own, material that was written or created by someone else, without permission of, and attribution to, the author/creator.
10. Posting or distributing confidential or inappropriate information meant to harass, intimidate, or embarrass others.
11. Allowing someone else to use your account or password or not preventing unauthorized access to Technology Resources when leaving them unattended.
12. Using or soliciting the use of or attempting to use or discover the account information or password of another user.
13. Attempting to or successfully disabling security features, including technology protection measures required under the Children's Internet Protection Act ("CIPA").
14. Misusing equipment or altering system software without permission.
15. Commercial for-profit activities, advertising, political lobbying, or sending mass mailings or spam. However, you may contact a public official to express an opinion on a topic of interest.

16. Using the Technology Resources in any way that violates any federal, state, or local law or rule, or the District's **Jr/Sr High School Student/Parent Handbook**.

- G. You must promptly disclose to your teacher or other school employee any content you view or receive over the Technology Resources that is inappropriate or that makes you feel uncomfortable, harassed, threatened, or bullied, or that contains sexually explicit content. You should not delete such content until instructed to do so by a staff member.
- H. It is the policy of the District, as a recipient of certain federal funds, to monitor the online activities of its minor students and provide technology protection measures on its computers with Internet access designed to prevent minors from accessing visual depictions that are (1) obscene, (2) child pornography, or (3) harmful to minors.
- I. It is the policy of the District to prohibit its minor students from (1) accessing inappropriate matter on the Internet; (2) engaging in hacking or other unlawful online activities; and (3) accessing materials that are harmful to minors. It is also the policy of the District to educate students about cyberbullying awareness and response and about appropriate online behavior, including disclosing, disseminating, or using personal information and safely and appropriately interacting with other individuals in social networking websites, chat rooms, by email, and other forms of direct electronic communications.
- J. The District does not guarantee that measures described in paragraphs H and I will provide any level of safety or security or that they will successfully block all inappropriate material from the District's students. You agree that you will not intentionally engage in any behavior that was intended to be prevented by paragraphs H and I.
- K. The District does not warrant or guarantee that its Technology Resources will meet any specific requirement, or that they will be error free or uninterrupted; nor will the District be liable for any damages (including lost data, information, or time) sustained or incurred in connection with the use, operation, or inability to use the Technology Resources.
- L. You are responsible for the proper use of the Technology Resources and will be held accountable for any damage to or replacement of the Technology Resources caused by your inappropriate use. 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 a guideline for replacement costs for lost/damaged devices:

Repair/Replacement:	Cost:
Total Device Replacement	~ \$300
Screen	~ \$50
Keypad	~ \$45
Power Charger/Cable	~ \$25

I agree to follow this Agreement and all rules and regulations that may be added from time to time by the District or its Internet Service Provider.

I also agree to follow all rules in the District's **Jr/Sr High School Student/Parent Handbook**.

Any additional rules, regulations, and policies are available in the **Climax-Scotts Board of Education Policy Manual**.

As a condition of using the Technology Resources, I agree to release the District and its board members, agents, and employees, including its Internet service provider, from all liability related to my use or inability to use the Technology Resources.



## CLIMAX-SCOTTS TECHNOLOGY RESOURCES – SIGN AND RETURN THIS SHEET

I hereby release the District, its personnel, and any institutions with which it is affiliated, from all claims and damages of any nature arising out of my use of, or inability to use the Technology Resources, 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 of this agreement. I understand that if I violate any of the terms and 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 the Technology Resources to purchase products or services.

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

### **STUDENT SIGNATURE**

\_\_\_\_\_  
Student 1<sup>st</sup> Name (Print)

\_\_\_\_\_  
M.I. Last Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### **PARENT/GUARDIAN SIGNATURE**

I have read this Agreement and agree that as a condition of my child's use of the Technology Resources, I release the District and its board members, agents, and employees, including its Internet Service Provider, from all liability related to my child's use or inability to use the Technology Resources. I also indemnify the District and its board members, agents, and employees, including its Internet Service Provider, for any fees, expenses, or damages incurred as a result of my child's use, or misuse, of the District's Technology Resources.

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

I authorize the District to consent to the sharing of information about my child to website operators as necessary to enable my child to participate in any program, course, or assignment requiring such consent under the Children's Online Privacy Protection Act.

I understand that data my child sends or receives over the Technology Resources is not private. I consent to having the District monitor and inspect my child's use of the Technology Resources, including any electronic communications that my child sends or receives through the Technology Resources.

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

I understand and agree that my child will not be able to use the District's Technology Resources until this Agreement has been signed by both my child and me.

I have read this Agreement and agree to its terms and conditions.

Do you currently have sufficient Wi-Fi access at home?  

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

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

\_\_\_\_\_  
Date

***School Use Only***

Device Serial # \_\_\_\_\_ CSS Tag # \_\_\_\_\_ Date Given \_\_\_\_\_ By \_\_\_\_\_  
Charger # \_\_\_\_\_

# FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Climax Scotts Community Schools** offers healthy meals every school day. Breakfast costs **\$2.00**; lunch costs **\$3.00**. **Your children may qualify for free meals or for reduced-price meals.** Reduced-price is **\$.30** for breakfast and **\$.40** for lunch. This packet includes an application for free or reduced-price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

**1. WHO CAN GET FREE OR REDUCED-PRICE MEALS?**

- All children in households receiving benefits from the **Food Assistance Program (FAP)**, **Family Independence Program (FIP)**, or **Food Distribution Program on Indian Reservations (FDPIR)** are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced-price meals if your household's income is within the limits of the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

**FEDERAL INCOME ELIGIBILITY CHART for School Year 2022-2023**

Household Size	Annually	Monthly	Weekly
1	25,142	2,096	484
2	33,874	2,823	652
3	42,606	3,551	820
4	51,338	4,279	988
5	60,070	5,006	1,156
6	68,802	5,734	1,324
7	77,534	6,462	1,492
8	86,266	7,189	1,659
Each additional person:	8,732	728	168

- 2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Lisa Tuinstra 269-746-2311** [lisa.tuinstra@csschools.net](mailto:lisa.tuinstra@csschools.net).
- 3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. *Use one Free and Reduced-Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Robin Peck Climax-Scotts Food Service, 372 Main St. Climax, MI. 49034, 269-746-2308**
- 4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?** No, but please read the letter you received carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Robin Peck Climax-Scotts Food Service, 372 Main St. Climax, MI. 49034, 269-746-2308** immediately.
- 5. CAN I APPLY ONLINE?** Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the

same information as the paper application. Visit [www.csschoolsfamilyportal.com](http://www.csschoolsfamilyportal.com) to begin or to learn more about the online application process. Contact **Robin Peck Climax-Scotts Food Service, 372 Main St. Climax, MI. 49034, 269-746-2308** if you have any questions about the online application.

6. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?** Yes. Your child's application is only good for that school year and for the first few days of this school year, through **September 29<sup>th</sup>, 2022**. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
7. **I GET WIC. CAN MY CHILDREN GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please send in an application.
8. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof of the household income you report.
9. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
10. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. You also may ask for a hearing by calling or writing to: **Doug Newington, 372 Main Street, Climax, MI. 49034 (269) 746-2401**.
11. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
12. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime occasionally. If you have lost a job or had your hours or wages reduced, use your current income.
13. **WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?** Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. **WE ARE IN THE MILITARY; DO WE REPORT OUR INCOME DIFFERENTLY?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. **WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?** List any additional household members on a separate piece of paper and attach it to your application.
16. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for **Food Assistance Program (FAP)** or other assistance benefits, contact your local assistance office [https://newmlbridges.michigan.gov/s/isd-partnershiplanding?language=en\\_US](https://newmlbridges.michigan.gov/s/isd-partnershiplanding?language=en_US).

If you have other questions or need help, call (269)746-2308.

Sincerely,  
**Robin Peck, Food Service Director**



# HOW TO APPLY FOR FREE AND REDUCED-PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit one application per household, even if your children attend more than one school in Climax-Scotts Community School District. The application must be filled out completely to certify your children for free or reduced-price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact **Robin Peck Climax-Scotts Food Service, 372 Main St. Climax, MI. 49034, 269-746-2308.**

**PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.**

## STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household. **Who should I list here?** When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending Climax-Scotts Schools, regardless of age.

**A) List each child's name.** Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

**B) Is the child a student at Climax-Scotts School?** Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend Climax-Scotts Schools. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.

**C) Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4.

Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.

**D) Are any children homeless, migrant, or runaway?** If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

## STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDIPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP).
- Temporary Assistance for Needy Families (TANF).
- The Food Distribution Program on Indian Reservations (FDPIR).

**A) If no one in your household participates in any of the above listed programs:**

- Leave STEP 2 blank and go to STEP 3.

**B) If anyone in your household participates in any of the above listed programs:**

- Write a case number for SNAP, TANF, or FDIPIR. You only need to provide one case number. Go to STEP 4.

## STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

**How do I report my income?**

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
  - Gross income is the total income received before taxes.
  - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.

### STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- Mark how often each type of income is received using the check boxes to the right of each field.

#### 3.A. REPORT INCOME EARNED BY CHILDREN

**A) Report all income earned or received by children.** Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.  
**What is Child Income?** Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

#### 3.B. REPORT INCOME EARNED BY ADULTS

**Who should I list here?**

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
  - People who live with you but are not supported by your household's income AND do not contribute income to your household.
  - Infants, Children and students already listed in STEP 1.

**B) List adult household members' names.** Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

**C) Report earnings from work.** Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

**What if I am self-employed?** Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

**D) Report income from public assistance/child support/alimony.** Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

**E) Report income from pensions/retirement/all other income.** Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.

**F) Report total household size.** Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back, and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced-price meals.

**G) Provide the last four digits of your Social Security Number.** An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

#### STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

**All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.**

**A) Provide your contact information.** Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

**B) Print and sign your name and write today's date.** Print the name of the adult signing the application and that person signs in the box "Signature of adult."

**C) Mail Completed Form to: Climax-Scotts Schools Food Service, 372 S. Main St. Climax, MI. 49034.**

**D) Share children's racial and ethnic identities (optional).** On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced-price school meals.



**STEP 1: List ALL Household Members who are infants, children, and students up to and including 12 (if more spaces are required for additional names, attach another sheet of paper)**

**Definition of Household Member. "Anyone who is living with you and shares income and expenses, even if not related". Children in Foster care and children who meet definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price School Meals for more information. PLEASE PRINT**

Child's First Name	MI	Child's Last Name	Student?		School	Grade	Foster Child	Homeless Migrant, Runaway
			Yes	No				
1)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
2)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
3)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
4)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
5)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**STEP 2: Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR**

**IF NO > Go to STEP 3. IF YES > Write a case number here, then go to STEP 4 (Do not complete STEP 3).**

**Case Number:** \_\_\_\_\_  
(Write only one case number in this space)

**STEP 3: Report Income for All Household Members (Skip this step if you answered "YES" to STEP 2)**

**Unsure what income to include here? Flip the page and review the charts titled, "Sources of Income" for more information. The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with the All-Adult Household Members Section.**

### A. Child Income

**Sometimes children in the household earn or receive income. Please include the TOTAL income received by**

Child Income \_\_\_\_\_  
\$ \_\_\_\_\_

How Often? Please put an X  
Weekly Bi-Weekly 2x Month Monthly Annually  
☐ ☐ ☐ ☐ ☐ ☐

**All Household Members listed in STEP 1 here.**

**B. All Adult Household Members (including yourself)**

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

**PLEASE PRINT**

Name of Adult Household Members (First and Last)	Earnings from Work	How Often?	Public Assistance/ Alimony/Child Support	How Often?	Pensions/Retirement/Other Income	How Often?				
		Weekly <u>El-Weekly</u>	2x Month <u>Mo-Monthly</u>	Annually <u>An-Annually</u>	Weekly <u>El-Weekly</u>	2x Month <u>Mo-Monthly</u>	Annually <u>An-Annually</u>	Weekly <u>El-Weekly</u>	2x Month <u>Mo-Monthly</u>	Annually <u>An-Annually</u>
1) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Household Members  
(Children and Adults) \_\_\_\_\_

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

☐ Check if no SSN

**STEP 4: Contact information and adult signature**

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal Funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

**Street Address (if available)** \_\_\_\_\_

**Apt#** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**Zip** \_\_\_\_\_

**Daytime Phone and Email (Optional)** \_\_\_\_\_

**Printed Name of Adult Signing Form** \_\_\_\_\_

**Signature of Adult** \_\_\_\_\_

**Today's Date** \_\_\_\_\_

**INSTRUCTIONS: Sources of Income**

**Sources of Income for Children**

Sources of Child Income		Examples
Earnings from work		A child has a regular full or part-time job where they earn a salary or wages
Social Security		A child is blind or disabled and receives Social Security Benefits.
- Disability Payments		A parent is disabled, retired, or deceased, and their child receives Social Security benefits.
- Survivor's Benefits		
Income from person outside the household		A friend or extended family member regularly gives a child spending money.
Income from any other source		A child receives regular income from a private pension fund, annuity, or trust.

**Sources of Income for Adults**

Sources of Adult Income		Example(s)
Earnings from work		Salary, wages, cash bonuses / Net income from self-employment (farm or business) / If you are in the U.S. Military / -Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)
Public Assistance / Alimony / Child Support		-Allowances for off-base housing, food and clothing -Unemployment Benefits -Workers compensation -Supplemental Security Income (SSI) -Cash assistance from State or local government -Alimony payments-Child support payments -Veteran's benefits
Pensions / Retirement / All Other Income		-Social Security (including railroad retirement and black lung benefits) -Private pensions or disability benefits -Annuities -Regular income from trusts or estates -Investment income -Earned interest -Regular cash payments from outside household -Strike benefits

**Optional: Children's Racial and Ethnic Identities**

We are required to ask for information about your children(s) race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your child(s) eligibility for free or reduced-price meals.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Race (check one or more): The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them investigate violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the **USDA Program Discrimination Complaint Form** ([https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain\\_combined\\_6\\_8\\_12.pdf](https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf)), (AD-3027) found online at: **How to File a Complaint** (<https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-8982. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;  
(2) fax: (202) 690-7442; or  
(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**DO NOT FILL OUT: For School Use Only**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ Household Size: \_\_\_\_\_ Categorical Eligibility: \_\_\_\_\_ Eligibility: \_\_\_\_\_

Weekly BI-Weekly 2x Month Monthly Annually

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date



## PRE-PARTICIPATION PHYSICAL - CONSENT - INSURANCE

Shaded headline areas are to be completed by student, parent/guardian or 18-year-old

There are FOUR (4) signatures on this page **4** to be completed by student, parent/guardian and/or 18-year-old

**A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR**

Student Name: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Student Address: \_\_\_\_\_  
STREET CITY ZIP

Gender: ☐ M ☐ F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth (City/State): \_\_\_\_\_

School: \_\_\_\_\_ Circle Grade: 6 7 8 9 10 11 12

Father/Guardian Name: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

Email Address: Parent/Guardian/18-Year-Old: \_\_\_\_\_

### STUDENT PARTICIPATION & PARENT or GUARDIAN or 18-YEAR-OLD CONSENT

The information submitted herein is truthful to the best of my knowledge. By my/my child's signature below, I/we acknowledge that I/we have received concussion educational information that meets Michigan Department of Health and Human Services and MHSAA requirements.

Further, in consideration of my/my child's participation in MHSAA-sponsored athletics, I/we do hereby agree, understand, appreciate, and acknowledge: that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I/we assume; and that I/we agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.

I/we understand that I am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA. I/we hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. My child has my permission to accompany the team as a member on its out-of-town trips.

**1** Signature of STUDENT: \_\_\_\_\_ Date: \_\_\_\_\_

**2** Signature of PARENT or GUARDIAN or 18-YEAR-OLD: \_\_\_\_\_ Date: \_\_\_\_\_

### INSURANCE STATEMENT

Our son/daughter will comply with the specific insurance regulations of the school district.

The student-athlete has health insurance: ☐ YES ☐ NO

If YES, Family Insurance Co: \_\_\_\_\_ Insurance ID #: \_\_\_\_\_

Additionally, I hereby state that, to the best of my knowledge, my answers to the medical history questions (see reverse) are complete and correct.

**3** Signature of PARENT or GUARDIAN or 18-YEAR-OLD: \_\_\_\_\_ Date: \_\_\_\_\_

----- (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) -----

### MEDICAL TREATMENT CONSENT COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

I, \_\_\_\_\_ an 18-year-old, or the parent or guardian of \_\_\_\_\_ recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

**4** Signature of PARENT or GUARDIAN or 18-YEAR-OLD: \_\_\_\_\_ Date: \_\_\_\_\_





# MEDICAL HISTORY: Completed by Parent or Guardian of 13-Year-Old

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

Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

GENERAL QUESTIONS		Y	N
Has a doctor ever denied or restricted your participation in sports for any reason?			
Do you have any ongoing medical conditions? If so, please identify below:			
<input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infection <input type="checkbox"/> Other: _____			
Have you ever spent the night in the hospital or have you ever had surgery?			
HEART HEALTH QUESTIONS ABOUT YOU		Y	N
Have you ever passed out or nearly passed out DURING or AFTER exercise?			
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			
Does your heart ever race or skip beats (irregular beats) during exercise?			
Has a doctor ever told you that you have any heart problems? Check all that apply:			
<input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur <input type="checkbox"/> Heart infection <input type="checkbox"/> High cholesterol			
<input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other: _____			
Has a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram)			
Do you get lightheaded or feel more short of breath than expected during exercise?			
Do you have a history of seizure disorder or had an unexplained seizure?			
Do you get more tired or short of breath more quickly than your friends during exercise?			
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Y	N
Has anyone in your family had unexplained fainting, unexplained seizures or near drowning?			
Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?			
Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 60 (including drowning, unexplained car accident or sudden infant death syndrome)?			
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?			
BONE AND JOINT QUESTIONS		Y	N
Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?			
Have you ever had any broken or fractured bones, dislocated joints or stress fracture?			
Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?			
Do you regularly use a brace, orthotics or other assistive device?			
Do you have a bone, muscle or joint injury that bothers you?			
Do any of your joints become painful, swollen, feel warm or look red?			
Do you have any history of juvenile arthritis or connective tissue disease?			
Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?			
MEDICAL QUESTIONS		Y	N
Do you cough, wheeze or have difficulty breathing during or after exercise?			
Have you ever used an inhaler or taken asthma medicine?			
Is there anyone in your family who has asthma?			
Were you born without, or missing a kidney, eye, testicle (male), spleen or any other organ?			
Do you have groin pain or a painful bulge or hernia in the groin area?			
Have you had infectious mononucleosis (mono) within the last month?			
Do you have any rashes, pressure sores or other skin problems?			
Have you had a herpes or MRSA skin infection?			
Do you have headaches or get frequent muscle cramps when exercising?			
Have you ever become ill while exercising in the heat?			
Do you or someone in your family have sickle cell trait or disease?			
Have you had any problems with your eyes or vision or any eye injuries?			
Do you wear glasses or contact lenses?			
Do you wear protective eyewear such as goggles or a face shield?			
Immunization History: Are you missing any recommended vaccines?			
Do you have any allergies?			
Have you ever had a head injury or concussion?			
Do you have any concerns that you would like to discuss with a doctor?			
Have you ever received a blow to the head that caused confusion, prolonged headache or memory problems?			
Have you ever had numbness, tingling, weakness or inability to move your arms or legs after being hit or falling?			
Have you ever had an eating disorder?			
Do you worry about your weight?			
Are you trying to or has anyone recommended that you gain or lose weight?			
Are you on a special diet or do you avoid certain types of foods?			
FEMALES ONLY (optional)		Y	N
Have you ever had a menstrual period?			
How old were you when you had your first menstrual period?			
How many periods have you had in the last 12 months?			

CURRENT-YEAR PHYSICAL GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

## PHYSICAL EXAMINATION & MEDICAL CLEARANCE: Completed by MD, DO, PA or NP - RETURN DIRECTLY TO PATIENT

EXAMINATION: Height: \_\_\_\_\_ Weight: \_\_\_\_\_ ☐ Male ☐ Female BP: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_ Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: ☐ Y ☐ N

MEDICAL	NORMAL	ABNORMAL	MUSCULOSKELETAL	NORMAL	ABNORMAL
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlexity, myopia, MVP, aortic insufficiency)			Neck		
Eyes/Ears/Nose/Throat: Pupils Equal Hearing			Back		
Lymph nodes			Shoulder/Arm		
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)			Elbow/Forearm		
Pulses: Simultaneous femoral and radial pulses			Wrist/Hand/Fingers		
Lungs			Hip/Thigh		
Abdomen			Knee		
Genitourinary (males only)			Leg/Ankle		
Skin: HSV: Lesions suggestive of MRSA, tinea corporis			Foot/Toes		
Neurologic			Functional Duck Walk		

### RECOMMENDATIONS:

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities NOT crossed out below.

BASEBALL - BASKETBALL - BOWLING - COMPETITIVE CHEER - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASTICS - ICE HOCKEY  
LACROSSE - SKIING - SOCCER - SOFTBALL - SWIMMING/DIVING - TENNIS - TRACK & FIELD - VOLLEYBALL - WRESTLING

EXAMINER → Name of Examiner (print/type): \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Examiner: \_\_\_\_\_ (Check One): ☐ MD ☐ DO ☐ PA ☐ NP

----- (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) -----

## EMERGENCY INFORMATION: COMPLETED BY PARENT OR GUARDIAN OF 13-YEAR-OLD

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
IN EMERGENCY (1): \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_  
IN EMERGENCY (2): \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_  
Drug Reactions: \_\_\_\_\_ Current Medications: \_\_\_\_\_  
Allergies: \_\_\_\_\_

# NEW STUDENT FORM 2022-23 – For students who change schools after starting 9th grade

YES ☐ NO ☐

## I AM INTERESTED IN PARTICIPATING IN ATHLETICS

To be completed by new students, parents and former school. This form is intended to assist schools in compiling information to determine eligibility under MHSAA Regulations. Provide copies in new student packets and as soon as possible the form should be submitted to the athletic director for evaluation. The AD may then contact the MHSAA for assistance. Consult Int. 65 and 77 or the Residential Change Check List on MHSAA.com (Schools → Parents → Regulations Summary) to assist in determining if residential changes are full and complete. Int. 37 states two current and complete documents are prerequisites for participation: Physical Exam/Consent Form or Health Questionnaire/Consent Form and official school record (transcript) since first enrolling in the 9th grade of any school.

### SECTION COMPLETED BY SCHOOL & STUDENT – CHECK TRANSCRIPT

- Official enrollment date (In school records & attending one or more classes) →
- Number of classes for which credit has been given in the previous academic term →
- Number of potential classes for a full-time student in the previous high school →
- Number of semester's and/or trimesters in grades 9-12 COMPLETED to date →
- In what school year did the student END the 8th grade (and BEGIN grade 9th) →
- Has the student REPEATED any grade 9-12? →

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

CURRENT (NEW) ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF RESIDENCE CHANGE INTO CURRENT (NEW) ADDRESS \_\_\_\_\_

CURRENT (NEW) PUBLIC SCHOOL DISTRICT IN WHICH YOU RESIDE \_\_\_\_\_

NEW ADDRESS IS IN A DIFFERENT PUBLIC SCHOOL DISTRICT (OR ATTENDANCE AREA OF A MULTI-HIGH-SCHOOL DISTRICT) ☐ Y ☐ N

OLD HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FORMER RESIDENCE (CHECK ALL THAT APPLY) ☐ VACANT ☐ SOLD ☐ RENTED ALL BELONGINGS MOVED? ☐ Y ☐ N

FORMER PUBLIC SCHOOL DISTRICT OF RESIDENCE \_\_\_\_\_

PARENT(S) OR GUARDIAN(S) \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

1. The last school the student attended \_\_\_\_\_

2. While enrolled at former school, the student lived with \_\_\_\_\_  
(List ALL people & their relationship to the student - parents, siblings, or others)

☐ YES ☐ NO The student lived with the above for at least 30 days during the most recent previous academic term.

3. The student NOW lives with \_\_\_\_\_  
(List ALL people & their relationship to the student - parents, siblings, or others)

### SELECT THE APPROPRIATE ANSWER

4. 9 10 11 12 Circle the highest grade in which the student was enrolled at any previous school.

5. ☐ YES ☐ NO School previously attended was a nonpublic or charter school.

6. ☐ YES ☐ NO Student is a "Ward of the Court/State" and was placed in this school district by court order.

7. ☐ YES ☐ NO Student is an international student enrolling from a foreign country. Select VISA: ☐ F1 ☐ J1

7a. ☐ YES ☐ NO Student is from an MHSAA Approved International Student Program (AISP).

Program Name: \_\_\_\_\_ Program is listed on MHSAA.com ☐ Y ☐ N

8. ☐ YES ☐ NO Student's previous school has been closed, dissolved or reorganized. (see Int. 64 & 90)

9. ☐ YES ☐ NO Student's parents are DIVORCED. If divorced, give exact decree date: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

10. ☐ YES ☐ NO Student is 18 or under; or the 19th birthday is on or after Sept. 1st of this school year.

11. ☐ YES ☐ NO Last year, the student lived at a boarding school, or while enrolled out of state attended a sports academy.

12. ☐ YES ☐ NO Student is 18 and moved into this district WITHOUT his or her parents.

13. ☐ YES ☐ NO Student participated in a cooperative program involving his/her previous school and our school.

14. ☐ YES ☐ NO Student wishes to discuss her/her situation with the athletic director.

OVER →

## VERIFICATION OF PREVIOUS HIGH SCHOOL SPORTS PARTICIPATION

15. List ALL high school sports the student participated in (game/meet or scrimmage at any level) in the most recent previous school year and, if the transfer occurs after the school year started, list any sports participated in at any level during the current school year. List the year next to the sport played (e.g. 2021-22).

FALL	WINTER	SPRING

16. List the sport(s) in which the student desires to participate in during the next 12 months at the new school:

• \_\_\_\_\_ • \_\_\_\_\_ • \_\_\_\_\_ • \_\_\_\_\_

Unless a student meets one of the 15 stated Exceptions, the student is **INELIGIBLE** for participation in any of the sports listed above (Item #15) during the **2022-2023** school year. Students are eligible for participation in sports NOT listed above (Item #15).

Today's Date \_\_\_\_\_ IN THE PAST 12 MONTHS?

17. YES NO While at the previous high school the student was coached by any member of our high school's coaching staff (current or incoming). If yes, indicate the name of the coach(es) and sport(s):

\_\_\_\_\_

## RECOMMENDED VERIFICATION & COMMUNICATION BETWEEN SCHOOLS

By my signature below I state that the above is true and accurate. I also understand that contests the student participates in may be forfeited to opponents if the information submitted is not accurate:

STUDENT \_\_\_\_\_

DATE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

NEW SCHOOL ATHLETIC DIRECTOR \_\_\_\_\_

DATE \_\_\_\_\_

SCHOOL NAME + EMAIL OR FAX \_\_\_\_\_

## TO PREVIOUS SCHOOL A.D. - PLEASE SIGN AND RETURN TO A.D. AT THE STUDENT'S NEW SCHOOL

Exchange this form between athletic directors for students who wish to play the same sport as played previously. The previous school athletic director indicates that to the best of their knowledge the above is true and accurate:

PREVIOUS SCHOOL ATHLETIC DIRECTOR \_\_\_\_\_

DATE \_\_\_\_\_

Form Returned to NEW School:

DATE \_\_\_\_\_

Notes if previous AD declines to sign: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALERT!** The Sport Specific Transfer Rule states: ANY sport a student played in 2021-22 determines eligibility in 2022-23 should the student transfer and not meet one of the 15 stated Exceptions.

OVER →

**THIS PAGE FOR INTERNAL SCHOOL USE**  
**Do NOT send any page of this form to the MHSAA**

Return the completed form to the School Athletic Director who should complete the following:

The eligibility status of \_\_\_\_\_ at \_\_\_\_\_ High School is checked below.

- ☐ This student is IMMEDIATELY ELIGIBLE to participate in interscholastic athletics.
- ☐ This student will be eligible upon completion and processing of the Educational Transfer Form.
- ☐ There is a question about the eligibility of this student, and he/she may not participate in an interscholastic scrimmage or contest until written permission is given by the school and the MHSAA.
- ☐ This student is NOT ELIGIBLE to participate in interscholastic athletics.
- ☐ This student may be ELIGIBLE effective \_\_\_\_/\_\_\_\_/\_\_\_\_

ATHLETIC DIRECTOR \_\_\_\_\_

DATE \_\_\_\_\_

PRINCIPAL \_\_\_\_\_

DATE \_\_\_\_\_

**Assistance in Applying the 2022-23 MHSAA Transfer Rule and Interpretations**

Page 1 and 2 of this form is based upon the following MHSAA Regulations, Sections and Interpretations. Administrators should consult the *MHSAA Handbook* and then, if necessary, the MHSAA staff to assist in processing a new student transfer. The only interpretations that are official are those received in writing.

This boxed information is intended to provide evidence to address Regulation I, Section 2 (age eligibility), Section 4 (maximum enrollment), Section 7 (previous academic term record), and Section 9(A-F) (transfer student). A transfer student must be enrolled prior to Oct 1 to participate in fall MHSAA tournaments, Feb 1 winter tournaments or May 1 for spring tournaments. See Reg. I, Section 9 [F].

The CAPITALIZED INFORMATION on residence relates to Regulation I, Section 9 exceptions regarding residence change "from one public school district to a different public school district." Exceptions: 1, 2, 3, 4, 5, 8, & 12 and Int. 90.

- Line 1: Indicates type of school: public, nonpublic or charter school.
- Lines 2-3: Regulation I, Section 9(A), Exception 1, (30 days) Interpretations 65 and 90.
- Line 4: Determine grade level. Regulation I, Section 9(A), Exceptions 10 and 11.
- Line 5: Verification of line 1 and Interpretation # 62 (school of residency).
- Line 6: Regulation I, Section 9(A), Exception 3.
- Line 7: Regulation I, Section 9(A), Exception 4. J-1 or F-1 Visa International Students See Interpretations 83-89 and MHSAA.com for Approved International Student Program (AISP) listing.
- Line 8: Regulation I, Section 9(A), Exception 6, (also see Interpretations 65, and 90)
- Line 9: Regulation I, Section 9(A), Exception 8 (allowed one time → Must use "Educational Transfer Form"). Student moving between parents who never married see Interpretation 92 and include documentation.
- Line 10: Regulation I, Section 2.
- Line 11: Regulation I, Section 9(A), Exception 2 (Int. 62, 63) or Exception 1 (Int. 67 - out-of-state sports academy).
- Line 12: Regulation I, Section 9(A), Exception 12 (allowed ONE time → Must use "Educational Transfer Form").
- Line 13: Regulation I, Section 9(C), Former school must concur and student must have participated in the co-op.
- Line 14: Acknowledges that the student or parents need to discuss the matter of eligibility further.
- Lines 15-16: Regulation I, Section 9(B) Checks history of sports participation during the most recent previous school year. See section 9(B) Sports Specific Eligibility.
- Line 17: Section 9(E.5) the Athletic Related Transfer Regulation (Links Rule). Checks enrolling at a school where a coach from the former school has been recently hired in the previous 12 months.

**ALERT!** The Sport Specific Transfer Rule states: ANY sport a student played in 2021-22 determines eligibility in 2022-23 should the student transfer and not meet one of the 15 stated Exceptions.





## CLIMAX-SCOTTS JR./SR. HIGH SCHOOL ATHLETIC PARTICIPATION FEE

- FEE:** \$150 per high school student, \$100 per junior high student per year.  
One time fee good for all sports for the **2022-2023** school year.
- WHO:** All students at Climax-Scotts Jr./Sr. High who participate in athletics.
- WHEN:** For all sports, payment is due prior to the first competition.
- HOW:** Make checks payable to **Climax-Scotts Athletics**. Please bring this form and payment to the Jr./Sr. High School Office with registration or prior to the start of the sport season.
- LIMITS:** There is a \$300 limit per family.
- REFUNDS:** Refunds are given **ONLY** in the following cases:  
1. Student quits prior to the first competition  
2. Student withdraws from school prior to the first competition.
- SPONSORSHIP:**  
Please contact the Athletic Department at 269-746-2303 or mark the box below if you are unable to afford the assessment fee and they will match your student up with a sponsor.

### PAYMENT OF FEES DO NOT GUARANTEE PLAYING TIME.

\*\*\*\*\*

#### PLEASE PRINT ALL INFORMATION

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Sponsorship Needed

\_\_\_\_\_ Paid \_\_\_\_\_ Check #

I will participate in the following activities:

\_\_\_\_\_ Baseball # \_\_\_\_\_ Basketball + # \_\_\_\_\_ Cross Country + # \_\_\_\_\_ Golf #

\_\_\_\_\_ Football + # \_\_\_\_\_ Volleyball + # \_\_\_\_\_ Wrestling + # \_\_\_\_\_ Softball #

\_\_\_\_\_ Track+ # \_\_\_\_\_ Sideline Cheer + #

# - High School Sport  
+ - Junior High Sport