



2720 Riverside Drive, PO Box 5013 • Port Huron, MI 48061-5013
(810) 984-3101 • Fax (810) 272-4785 • www.phasd.us

Kindergarten Round Up Enrollment Packet

Please fill out all forms in this packet electronically, print them, and return them to the school staff at Kindergarten Round Up or when you enroll your child.

Parent Name: _____

Child's Full Legal Name: _____

Child's Date of Birth: _____

Child's School: _____

If the above school is not your resident/neighborhood school, did you apply for school of choice for the above school? Yes No

If you would like to receive the weekly newsletter, "This Week @ Port Huron Schools" from the Superintendent, please provide the following information and turn this in with the rest of the forms.

Your email address: _____

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Required Documents for Enrollment

Our Enrollment process may have a waiting period of 48 to 72 hours while records are being reviewed. The following documents are **required** before a student can be enrolled.

Please have the following documents ready along with the enclosed forms completed. We will make copies of these documents for the students file and return the original documents.

- **Two proofs of residency**; any of the following will be acceptable: Driver's license, utility bill, rent receipt, lease, tax bill, voter registration.

- **Original Birth Certificate**

- **Immunization Record**; must indicate a minimum of one dose of each of the required shots: DTP, Polio, MMR, Hepatitis B, Meningococcal (age 11 or upon entry to 7th grade) and Varicella. (Varicella is not required if the child has had chickenpox, but documentation stating this fact and a signature is required).

*A 30 day waiver may be signed if the shots are not "up to date" to allow for the shots to be updated. This waiver does not allow enrollment to school without at least one dose of each shot.

*The new rule allows parents/guardians to have the opportunity to speak with a health educator from their local health department about their concerns and questions regarding immunizations prior to the nonmedical waiver being signed.

Any parent/guardian who wants to claim a nonmedical waiver will need to receive education regarding the benefits of vaccination and the risks of disease from a county health department before obtaining the certified nonmedical waiver form through the Local Health Department. The new rule requires the use of the State of Michigan nonmedical waiver form dated January 1, 2015.

- **Transcripts and/or current exit grades from the previous school** – These can be requested from the school at the time of enrollment, but the enrollment may be delayed until they are received. Providing these will prevent a delay in enrollment.

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Port Huron Area School District Student Registration Form

Today's Date _____

Student Information		
Student's Full Legal Name (Last Name, First Name, Middle Name)		Gender <input type="checkbox"/> M <input type="checkbox"/> F
Student's Date of Birth		Grade
Student Order of Birth (if multiple) Please circle 01 02 03 04		Birth City/State (if born in US)
Home Street Address (with apt/suite)		Home City & Zip
Mailing Address		Home Phone <input type="checkbox"/> One Call Number
Mailing City & Zip		Cell Phone <input type="checkbox"/> One Call Number
Student lives with (circle one) Mother/Father Guardian Mother Father Joint Custody Mother/Stepfather Father/Stepmother		
Part A. Is this student (or are you) Hispanic/Latino? (Choose only one) <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)		
<i>The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's (or your) race to be.</i>		
Part B. What is the student's (or your) race? (Choose one or more) <input type="checkbox"/> American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.) <input type="checkbox"/> Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam). <input type="checkbox"/> Black or African American (A person having origins in any of the black racial groups of Africa). <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands). <input type="checkbox"/> White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa).		
Home Language Survey: 1. Is your child's native language a language other than English? Yes No If yes, what is that language _____ 2. Is the primary language * used in your child's home or environment a language other than English? Yes No If yes, what is that language _____ *Primary language means the dominate language used by a person for communication		
Services Received at Former School <input type="checkbox"/> Special Ed <input type="checkbox"/> English Learner <input type="checkbox"/> Speech/Language <input type="checkbox"/> Social Work <input type="checkbox"/> Other Services <input type="checkbox"/> Transportation <input type="checkbox"/> Physical <input type="checkbox"/> 504 Plan <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> No Special Services		
Please List All Other Children in the Household:		
Last Name	First Name	DOB
Last Name	First Name	DOB
Last Name	First Name	DOB
Last Name	First Name	DOB
Contact 1 Parent/Guardian ONLY		
First & Last Name		Relationship to Student
Street Address		Contact Emergency Priority
City, State & Zip		Home Phone
Employer		Cell Phone
Email Address <input type="checkbox"/> Add to auto email		Resides with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone (with extension)		If No Would You Like To Receive Letter Mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact 2 Parent/Guardian ONLY		
First & Last Name		Relationship to Student
Street Address		Contact Emergency Priority
City, State & Zip		Home Phone
Employer		Cell Phone
Email Address <input type="checkbox"/> Add to auto email		Resides with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone (with extension)		If No Would You Like To Receive Letter Mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No

Previous School Information			
School District	School Name	Address	City, State, Zip Code
School Phone	School Fax	Last Grade Completed	Date Requested CA-60

NOTE: Under the provisions of the Family Educational Rights and Privacy Act (FERPA) of parents and students, Title 34: Education, Part 99, Subpart D, §99.31, it is not necessary to have the written request of the parent to release school records to officials of other schools or school system in which the student seeks or intends to enroll.

NOTICE OF NONDISCRIMINATION Port Huron Area School District does not discriminate on the basis of race, color, religion, national origin or ancestry, gender, age, disability, height, weight or marital status in its programs, services, activities, or employment. Inquiries related to nondiscrimination policies should be directed to Ed Breslin, Supervisor of Administrative Services, Port Huron Area School District, 2720 Riverside Drive, Port Huron, MI 48060/ Nondiscrimination inquiries related to disability should be directed to: Department of Exceptional Children, Director (same as address above) 810-984-3101

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify my child for enrollment possibility and, if my child is enrolled, may be grounds for removal from Port Huron Area School District. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

Parent/Guardian Signature (Student if over 18)

Date

Office Use Only	
Proof of Birth (Initial next to document received) Birth Certificate ____ Birth Registration ____ Passport/VISA ____ Official Court Document ____	
Proof of Residence Recent bill sent to the home ____ Signed rental agreement ____ Property tax bill (current) ____ Driver's License ____ Rent receipt ____ Mortgage statement/bill ____ Deed (with owner's name and street address) ____	
Immunization Records: Proof of MCIRS ____ Clinic/Physician record ____	

School	Resident School District <input type="checkbox"/> Port Huron Area School District (74010) <input type="checkbox"/> Other	Date Starting
Student Number	UIC	SRM Date
Bus #	Counselor	Caseload Teacher
Fill in Section Below for Students That Are School-of-Choice ONLY		
Grade Started SOC	District of Residence	District Entry Date

Copies to: Transportation ____ Pupil Accounting Office ____ CA-60 ____

Revised 6/14 PH-12 Stock# 3452

Medical/Allergy Alert

NOTE: If any of the situations below are applicable to your child for the School District to implement, you must supply a detailed Physician's Note on any asthma condition, medical condition, and/or allergies/allergic reactions. When it comes to a life threatening allergy a medical statement (form supplied by enrollment personnel) must be filled out by a physician and returned to school personnel.

Student's Name
Birth Date:
School:
Teacher:
Grade:

My Child Has Asthma:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, Please explain conditions:	My child will require the use of an inhaler YES <input type="checkbox"/> NO <input type="checkbox"/>
My Child has a Medical Condition:			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Medical Condition - Please Supply Details:				
Medications Taken				
Medical Alert #1				
My Child has Allergy/Allergies:			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Allergies and Allergic Reaction - Please Supply Details:				
SIGNS OF AN ALLERGIC REACTION INCLUDE BUT ARE NOT LIMITED TO (Please Select Any That Apply to Your Child)				
SYSTEMS	SYMPTOMS			
MOUTH	Itching and swelling of the lips, tongue, or mouth			
THROAT	Itching and/or a sense of tightness in the throat, hoarseness, and hacking cough			
SKIN	Hives, itchy rash, and/or swelling about the face or extremities			
STOMACH	Nausea, abdominal cramps, vomiting, and/or diarrhea			
LUNG	Shortness of breath, repetitive coughing, and/or wheezing			
HEART	"Thready" pulse, "passing out"			
The severity of symptoms can quickly change. All above symptoms can potentially progress to a life-threatening situation!				

_____ Date

Parent's/Guardian's Signature

ELEMENTARY Office Use Only: School Secretary please attach student photo (obtain from student database).

Main Ofc:	Teacher:	Food Serv:	Gym:	Music:	Spanish:	Art:	Library:
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SECONDARY:

Main Ofc:	Food Serv:	0 Hr:	1 st Hr:	2 nd Hr:	3 rd Hr:	4 th Hr:	5 th Hr:	6 th Hr:	7 th Hr:	Coach:
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Residency Information Form

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11431 et seq. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student _____ Parent/Guardian _____

School _____ Phone/Cell Phone _____

Age _____ Grade _____ Birth Date _____ Is this address Temporary ___ or Permanent ___

Address _____ City _____ Zip Code _____

Please choose which of the following situations the student currently resides in (check all that apply):

House or apartment with parent or guardian

Motel, car, or campsite

Shelter or other temporary housing

With more than one family in a house or an apartment

With friends or family members (other than parent/guardian)

First 6 months in Foster Care placement or awaiting Foster Care placement

Other, please explain: _____

If you are living in shared housing, please check all of the following reasons that apply:

Loss of housing

Economic situation

Temporarily waiting for house or apartment

Provide care for a family member

Living with boyfriend/girlfriend

Loss of employment

Parent/Guardian is deployed

Other (Please explain)

Are you a student under the age of 18 and living apart from your parents or guardians? Yes _____ No _____

Residency and Educational Rights

Students without fixed, regular, and adequate living situations have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento Liaison at 810-984-3101 ext. 4050.

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth

Date

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Michigan Department of Community Health Immunization Requirements

Attention Parent/Guardian of School Entrants
 (Kindergarten and Entrants New to Port Huron Schools grades 1 – 12)

To Enter School: State law prohibits a principal or representative from admitting new entrants to school without a record of having received **at least one dose of each:** Measles, Mumps, Rubella, Diphtheria, Meningococcal (age 11 or upon entry to 7th grade), Polio, Tetanus, Pertussis, Hepatitis B and Varicella (chickenpox vaccination or documentation of immunity). If the student has had the chickenpox disease, you will need to document on the shot record and provide a parent signature on this form below that would verify this.

If your student has one dose of each shot that is listed above, but is still incomplete with the rest of the doses, then the following paragraph applies:

According to Act 368 of the Public Acts of 1978, State of Michigan, I understand that my child is being allowed to attend school on a temporary basis for four months (4) from the date of this certificate because immunization records/immunizations are incomplete.

I understand that in order to remain in school after the four month temporary basis, my child must have received or be in the process of receiving the required vaccines.

Student Name: _____

Parent Signature _____ Date: _____

Parent Printed Name: _____

Age	4 years through 6 years	7 years through 18 years including all 7th grade students
Vaccine**		
Diphtheria, Tetanus, Pertussis	4 doses DTP or DTaP, one dose must be on or after 4 years of age	4 doses Diphtheria and Tetanus OR 3 doses if #1 given on or after the first birthday. 1 dose of Tdap for children 11 years of age or older upon entry into 7th grade or higher.
Polio	4 doses of polio. Only 3 doses of polio are required if dose 3 is administered on or after the fourth birthday.	4 doses of polio. Only 3 doses of polio are required if dose 3 is administered on or after the fourth birthday.
Measles,* Mumps,* Rubella*	2 doses on or after 12 months of age	
Hepatitis B*	3 doses	
Meningococcal Conjugate	None	1 dose for all children 11 years of age or older upon entry into 7th grade or higher
Varicella* (Chickenpox)	2 doses of varicella vaccine at or after 12 months of age OR current lab immunity OR reliable history of disease	

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Household Information Survey

School Use Only Approved for 1 <input type="checkbox"/> 2 <input type="checkbox"/>
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Port Huron Schools is participating in the Community Eligibility Provision (CEP) provision under the National School Lunch Program. Under CEP, all children in the school will receive a breakfast/lunch at no charge regardless of completion of this form. However, to determine eligibility for various additional state and federal program benefits and reduced school activity and testing fee's that your child(ren) may qualify for, please complete, sign and return this application to any Port Huron Schools office.

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provides the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name: _____ Case Number: _____

Instructions: Complete survey and return to your child's school or mail to the address listed above.

These sections must be completed by the head of household or designee.

1. **Size of Family:** Indicate the total number of individuals living in your household, including all adults and children:
2. **Student Information:** Complete for each student Pre-K through 12th Grade

Last Name	First Name	Birth Date MM-DD-YYYY	School	Identify H if Homeless M if Migrant R if Runaway F if Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

If you need additional lines, attach a second sheet to this survey or attach a copy of this survey clearly marked as a Page 2.

3. **Total Monthly Household Income:** Report income for all members of household excluding Foster Children. If you have reported a case number above, you do not need to fill in this section. Simply sign and date form.

Type of Income	Income	Check if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefits	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
Total Monthly Household Income (Add lines 1-6)	\$	

4. **Signature:** If Income Section is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or check the "I do not have a Social Security Number" box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will be eligible for certain federal and/or state funds based on the information I give. I understand that sponsor officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X _____ Print Name: _____ Date: _____

Last Four (4) Digits of Adult Social Security Number: XXX-XX-_____ I do not have a Social Security Number

Address _____ City _____ Zip Code _____

Home Phone	Work Phone	Email Address
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By providing your email address, you may be contacted via email by the district.

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.

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 _____

Sponsoring Organization

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

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.



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The Family Educational Rights and Privacy Act

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records including information found in the district directory.

Information in the directory includes:

- Name, address and phone number
- Dates of school attendance
- Other information such as honor roll, yearbook, etc.
- Date and place of birth
- School activities
- Program of study
- Honors and awards

The district must disclose such information upon appropriate request. However, parents can ask that directory information on their child younger than 18 be withheld from release. To do so, parents must send a letter to the principal asking that directory information not be given out. Correspondence should be addressed to:

Student Services
Port Huron Schools
2720 Riverside Drive
Port Huron, MI 48060
Fax: 810-272-4785

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Harassment, Intimidation, and Bullying (HIB)

The Port Huron Schools prohibit acts of harassment, intimidation, or bullying and is firmly committed to its prevention and elimination. Refusing to tolerate harassment, intimidation, or bullying is expected of district administrators, teachers, volunteers, and all other employees. The principal of each school is responsible for ensuring that the policy is implemented.

Harassment, intimidation and bullying means 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 individuals either directly or indirectly and that would be perceived as ridiculing, insulting or demeaning. This includes, but is not limited to acts perceived as being motivated by religion, race, color, national origin, age, sex, sexual orientation, disability, height, weight, or socio-economic status, or any other distinguishing characteristics, including those based on an association with another person who has or is perceived to have any of these characteristics. For example, derogatory and demeaning comments to a person about their sexual orientation or use of racial slurs are prohibited.

Students who believe they have been the victim of harassment, intimidation, or bullying or know a student who they believe has been the victim of harassment, intimidation or bullying have an obligation to immediately report what they know to the building principal or his/her assigned designee. The incident may be reported verbally with the administrator serving as scribe, or the victim/reporting individual may fill in the HIB Complaint Reporting Form available at each school. The matter will be investigated promptly. False reports of harassment, intimidation, or bullying will result in appropriate remedial action.

Consequences and appropriate remedial actions for a student who commits an act of harassment, intimidation, or bullying may range from positive behavioral interventions up to and including suspension or expulsion. Remedial measures shall be designed to correct the problem behavior, prevent another occurrence of the behavior, and protect the victim of the act.

At the conclusion of the investigation, when there is a finding of a violation of this policy, the investigator will provide notification to the parent or legal guardian of a victim of bullying and the parent or legal guardian of a perpetrator of the bullying by phone, email, or letter.

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