



# FERNDALE PUBLIC SCHOOLS TOGETHER

## Ferndale Middle School

Dawn Warren, Principal

Robert Francis, Assistant Principal

725 Pinecrest • Ferndale, MI 48220 • 248/ 586-8830 • Fax 248/ 586-8834

August 2011

Dear Students, Parents/Guardians:

The most exciting communication I get to write is the “Welcome Back to School” letter. It is wonderful to anticipate the start of another school year, and while I hope you all had a relaxing and rejuvenating summer, I also hope you are eager to get back to the business of learning. As usual, you will find that all of the staff at FMS is ready to begin a new year full of challenges and opportunities for success.

The building has been cleaned, buffed; hallways painted, and our school is shining. Our front office staff continues to find new ways to improve service to you and they are ready to greet all of our students with open arms and smiling faces. Our teachers are preparing for another exciting year at Ferndale Middle School.

Again this year, we will have separate registration days for students by grade. During registration, students will:

- ❖ **Receive class schedules** and locker assignments
- ❖ **Return all mandatory forms** received in this mailing
- ❖ **TAKE PICTURES** - have hair and clothing ready from the waist up!
- ❖ **Test lockers and find classrooms** – students can walk through the building.

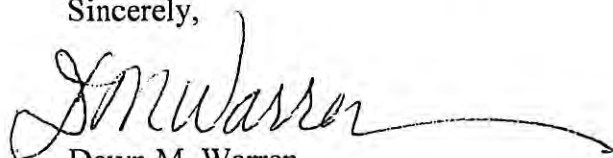
**8<sup>th</sup> grade registration: Tuesday, August 30, 2:00pm until 6:00pm**

**7<sup>th</sup> grade registration: Wednesday, August 31, 2:00pm until 6:00pm**

Please know that we are all looking forward to another fantastic year of growth and development. We have tweaked lots of things during the past year, and we are looking forward to adding some new ideas to our teaching and learning cycle. One exciting change is our goal to have EVERY student computer literate before they leave FMS! Remember that I maintain an open-door policy, so feel free to stop in and say hello if you are in the neighborhood.

In closing, I would like to leave you with a quote from George Leonard: *"To learn is to change. Education is a process that changes the learner."* The staff at FMS is ready and willing to aid in the process of learning and change for every student.

Sincerely,

A handwritten signature in cursive script that reads "Dawn M. Warren". The signature is fluid and includes a long, sweeping horizontal flourish at the end.

Dawn M. Warren

# PARENTAL SIGNATURE REQUIRED

## Ferndale School District Evaluation Surveys and NIH funded research for 2009-2014

Dear Parents/Guardians:

Ferndale School District in collaboration with Survey Sciences Group, Inc (SSG) and Dr. Carol Boyd from the University of Michigan are conducting surveys of 7<sup>th</sup> through 12<sup>th</sup> graders in your school district. Surveys will occur once a year through 2014. The survey fulfills a State of Michigan requirement that public schools evaluate each year their students' experiences of violence and alcohol/drug use as part of the Safe and Drug Free Communities Program. Dr. Boyd will use the data for a National Institutes of Health study on adolescent prescription medication use and the factors related to adolescents' misuse of prescription medications. It is important to the success of the survey that every student participates, but if you choose to not have your child take the survey, he or she will not be identified or penalized in any way.

**ALL SURVEYS ARE CONFIDENTIAL and VOLUNTARY, YOUR CHILD'S NAME WILL NOT BE ATTACHED TO THE WEB-BASED SURVEY, AND THE SCHOOL DISTRICT DOES NOT HAVE ACCESS TO YOUR CHILD'S DATA.** All data will be coded with personal identification numbers so that names are not connected to the survey responses. The data will be stored at SSG without names or other identifying information.

The purpose of these surveys is to provide the school district and the UM researchers with a better understanding of student experiences, behaviors, attitudes and concerns. Questions will address topics related to problem behaviors often seen among adolescents, including bullying, assault, health concerns, sexual activity, and use of tobacco, alcohol, and drugs within students' environments.

Prior to administration of the survey each year, you will be given an opportunity to look at the survey questions at your child's school. You will be notified when the survey will be available to review.

### Description and Procedures:

I understand that if my child and I agree that s/he can be in the project:

1. S/he will be asked to complete a confidential web-based survey in school once a year that takes approximately 30 minutes to complete. There will be annual surveys until 2014, and if you give permission, your child will continue to participate while s/he is still attending school in the district.
2. The confidential survey will be given once during each academic year and will be supervised by SSG and researchers from the University of Michigan.
3. To make sure that students' answers are kept confidential, SSG and the researchers from University of Michigan will monitor the survey testing sessions. The Ferndale School District will not be able to see students' answers, only reports about all or a group of students.
4. All consent forms with your son/daughter's name will be kept separate from his/her survey answers.
5. We provide contact information for school and non-school based counseling centers in the unlikely case that a question might be upsetting. At any time during the survey, your child may either skip a question or stop taking the survey altogether.

There are no personal benefits for participating in the study. However, this survey may improve our society's understanding of the experiences and risks teens face today.

6. Participation is voluntary. At any point your child may choose to not to take the survey; in addition, as parent or guardian, you may choose to not have your child take the survey. Academic standing (e.g., grades) will not be affected by not participating in the survey.
7. **A Certificate of Confidentiality** from the National Institutes of Health has been obtained to protect your privacy. With this Certificate, Dr. Boyd or anyone working with Dr. Boyd on this project cannot be forced to disclose

IRB: Health Sciences and  
Behavioral Sciences

IRB Number: HUM00022797

Document Approved On: 7/20/2010

## PARENTAL SIGNATURE REQUIRED

information that may identify you or your child, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. Dr. Boyd will use the Certificate to resist any demands for information that would identify you or your child, except to resist a demand for information from personnel of the United States Government that is used for auditing or evaluation of Federally-funded projects or for information that must be disclosed in order to meet the requirements of the federal Food and Drug Administration (FDA). You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information. The researchers do not intend to make any voluntary disclosures with the information collected through this survey.

8. **Questions:** If you have any questions about this study, you may contact Dr. Carol Boyd at 734-764-9537 or at [caroboyd@umich.edu](mailto:caroboyd@umich.edu) or a school representative, Stephanie Hall, Director of Pupil Services at 248-586-8651. If you should have any questions regarding Institutional Review Board (IRB) approval or your child's rights as a participant in research, please contact the Human Subjects Protection Office at 734/936-0933, 540 East Liberty Street, Suite 202B, Ann Arbor MI 48104-2210 or at [irhsbs@umich.edu](mailto:irhsbs@umich.edu). Dr. Carol Boyd's address is as follows: The University of Michigan, 1136 Lane Hall, 204 S. State Street, Ann Arbor, MI 48109-1290.
9. We will keep a copy of this form with our research records and will give you a copy to keep.

This consent form is valid until **September 14, 2014**.  
Parents/Guardians, Please Complete and Return the Form Below

If you are willing to allow your child to participate in the surveys, please write your initials in front of the statement below, and complete and return the form below.

\_\_\_\_\_ YES, I/we **CONSENT** to this study and **WILL ALLOW** my/our child to participate.

If you are **NOT** willing to allow your child to participate in the surveys, please write your initials in front of the statement below and complete the form below.

\_\_\_\_\_ **NO**, I/We **DO NOT CONSENT** to this study and **WILL NOT ALLOW** my/our child to participate.

Student's  
Name

Student's  
Grade

Student's  
School

Print Name of Parent/Guardian

Date

Signature of Parent/Guardian



# FERNDALE PUBLIC SCHOOLS

Enrollment & Pupil Services Office • 248/586-8686

## District Waivers and Release Form

Print & Electronic Media, PTA Directory, Sex Education, Technology/Internet Use

### Dear Parents/Guardians:

Your signatures and checked wishes on the waivers and releases below indicate that you have read the District Waivers and Release Information handout provided by the Enrollment Office or your child's school for your records, also located on the Ferndale Schools website at [www.ferndaleschools.org/enrollment.html](http://www.ferndaleschools.org/enrollment.html). This form will be saved in your child's official record folder, the CA60, and your wishes will be recorded in our student record database system. If you decide to change this record, you may complete a new form at any time. If this form is not completed within ten days of enrollment or the beginning of the school year, the district will not release any media or PTA information about this student.

## Print and Electronic Media – Including PTA Directory

This waiver is valid throughout your child's enrollment, but may be changed by notifying your school in writing.

### Check one for Media Release of Information

- I give permission to the Ferndale Public Schools to publish information about my child, including photographs of or work by my child, either alone or in a group, in print material or on their website for the sole purpose of communicating students' school, classroom, or district activities.
- I **DO NOT** give permission to the Ferndale Public Schools to publish photographs, information, or work of my child.

### Check one for PTA Directory Publication

- I give permission to have my child's Directory information (such as parent contact names, phone number, address, email address) published in a PTA Directory.
- I **DO NOT** give permission to have my child's information published in a PTA Directory.

I waive and forego any compensation for the use of material, including photographs that may appear on the Ferndale Public Schools' website or in print materials. Further, I release the Ferndale Public School District, its staff, its agents, employees and any other authorized parties from any liability arising from creation and/or use of the material created or furnished by my child.

## Technology Responsibility/Internet Use

- Part A: For Parents or Guardians of Students under age 18:** As the parent/guardian of this student, I have read the District's Internet Use Policy and Technology Procedures and I accept full responsibility for supervision if and when my child's use is not in a school setting. I give permission to issue an account for my child.
- Part B: Students age 18 or older:** As an adult over 18, I have read and understand and will abide by the District's Internet Use Policy and Technology Procedures. I understand any violation of the Policy or Procedures is prohibited and may constitute a criminal offense. If I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be initiated.

## Sex Education Participation Approval

- Yes, I APPROVE participation of my child(ren) in all Sex Education/HIV Instruction.** I have read the information regarding School Code PA 451 and I give permission for my child(ren) to participate in all instruction concerning Sex Education/HIV Instruction. I understand that notices will be sent home when Sex Education/HIV units will take place, and at that time I may choose to excuse my child(ren) from participation in specific units on Sex Education/HIV.
- No, I DO NOT wish my child(ren) to participate in Sex Education/HIV Instruction.** I have read the information regarding School Code PA 451 and I request that my children be excused from all instruction concerning Sex Education/HIV Instruction until I further notify the school principal in writing.

Child's Name– Print	Chil	d's Birthdate	Child's School
Print Name of Parent/Guardian			
Signature of Parent/Guardian	Date		
Address	Phon	e	



# FERNDALE PUBLIC SCHOOLS

## Student Emergency Contact Information

Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Room \_\_\_\_\_

Student's Name- Print (Last, First) \_\_\_\_\_ Student's Birthdate \_\_\_\_\_ Student's School \_\_\_\_\_

Male  Female (\_\_\_\_\_) \_\_\_\_\_

Student address: Street/City/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

**Parent/Guardian Contacts:** Please list all telephone numbers and email addresses where parents/guardians can be reached. Please list in the order you wish to be called:

1) \_\_\_\_\_  
Relationship to child:  Mother  Father  other \_\_\_\_\_ Address if other than above \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone Home Phone Daytime Phone Email address

2) \_\_\_\_\_  
Relationship to child:  Mother  Father  other \_\_\_\_\_ Address if other than above \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone Home Phone Daytime Phone Email address

3) \_\_\_\_\_  
Relationship to child:  Mother  Father  other \_\_\_\_\_ Address if other than above \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone Home Phone Daytime Phone Email address

### Emergency Dismissal Contacts

It is most important that children know where they are to report if their parents will not be home when there is an emergency dismissal. Parents should make arrangements with friends or neighbors to care for their children if no one is at home during school hours. If the school is unable to reach parents/guardians, the following are LOCAL people to be contacted in case of an emergency or where students are to report during an emergency dismissal of school:

\_\_\_\_\_  
Last Name, First Name Relationship to Child (i.e. neighbor)

\_\_\_\_\_  
Address

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone Home Phone Daytime Phone Email address

\_\_\_\_\_  
Last Name, First Name Relationship to Child (i.e. neighbor)

\_\_\_\_\_  
Address

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone Home Phone Daytime Phone Email address

### Medical Authorization

In case of an accident or serious illness, if the school is unable to contact me, I hereby authorize the school to take my child to the nearest available hospital emergency clinic, physician, neighbor or relative specified by me on this card. We authorize the attending physician and hospital personnel to take action and give treatment they deem advisable for our child's comfort and well being.

\_\_\_\_\_  
Local Physician's Name (\_\_\_\_\_) \_\_\_\_\_  
Business Phone

**Check only health problems that apply to this student:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Allergies requiring treatment | <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Other conditions that may require treatment or hospitalization<br>_____ |
| <input type="checkbox"/> Asthma                        | <input type="checkbox"/> Epilepsy       |  |
| <input type="checkbox"/> Bee Sting Allergy             | <input type="checkbox"/> Heart Problems |  |
| <input type="checkbox"/> Peanut Allergy                | <input type="checkbox"/> Hemophilia     |  |

Current medications or treatments \_\_\_\_\_

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

**Parent/Guardian must return this form to the school office every year. Please call to report any changes.**



# FERNDALE PUBLIC SCHOOLS

Enrollment & Pupil Services Office • 248/586-8686

## Authorization to Administer Medication

It is the policy of Ferndale Public Schools to have written authorization for a student taking prescribed medication during the school day. This information will be handled in a confidential manner.

Date Received at School \_\_\_\_\_ Child's School \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_ Room \_\_\_\_\_

Child's Name- Print \_\_\_\_\_ Child's Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**This section must be completed by the student's Physician or Authorized Prescriber**

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

Reason for Medication \_\_\_\_\_

Start Date \_\_\_\_\_ Date Form Received \_\_\_\_\_  
 Throughout the School Year  For Episodic/Emergency Events Only

End Date \_\_\_\_\_

**Form of Medication/Treatment:**

- Tablet/Capsule  Nebulizer  Other conditions that may require treatment or hospitalization
- Inhaler
- Injection

Instructions (Schedule and Dose to be given at school) \_\_\_\_\_

Restrictions and/or important side effects (Please describe) \_\_\_\_\_  None expected

**This student is both capable and responsible for self-administering this medication:**

- Yes, if supervised  Yes, unsupervised (only inhalers may be carried by students)  No

**Please indicate if you have provided additional information:**

- On the back of this form  As an attachment  Refrigerate  None

Special Storage Requirements \_\_\_\_\_

Physican's Name (Please Print) \_\_\_\_\_ Office Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

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

### Waiver of Release of Liability

I, \_\_\_\_\_, knowingly authorize the Ferndale Public Schools, its Board

*Print Name of Parent or Guardian*

Members, employees, agents, delegates, or those persons working within the district, to administer medication and medical treatment to \_\_\_\_\_ as required according to the good faith judgment

*Child's Name*

of those persons authorized to administer this medication and treatment. The undersigned further expressly and knowingly agrees to hold Ferndale Public Schools, its Board members, employees, agents, delegates or those persons employed as teachers or otherwise working within the district, harmless and otherwise not liable in criminal actions, or for civil or other damages as a result of the administration of such medication or medical treatment. I advise school personnel that the above named student is taking the medication named above during school hours, according to the physician's directions. I will notify the school of any changes in or discontinuation of this medication.

Parent/Guardian Name (Last, First) \_\_\_\_\_ Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Today's Date \_\_\_\_\_



**SECTION III -- PHYSICAL EXAMINATION, INSPECTION, TESTS, AND MEASUREMENTS**

**EXAMINATIONS AND/OR INSPECTIONS**

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

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**TESTS AND MEASUREMENTS**

		Within Normal Limits	Under Care	Referred			Within Normal Limits	Under Care	Referred
Vision Tested? <input type="checkbox"/> Visual Activity <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Muscle Imbalance Date _____ <input type="checkbox"/> Other _____ (Specify)					Urinalysis Done? <input type="checkbox"/> Sugar <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Albumin Date _____ <input type="checkbox"/> Microscopic				
Hearing Tested? <input type="checkbox"/> Audiometer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____ (Specify) Date _____					Blood Pressure Measured? <input type="checkbox"/> Yes <input type="checkbox"/> No Reading _____				
Hemoglobin/Hematocrit Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No					Height _____ Weight _____ Other:				
Blood Lead Level Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Result _____					Blood Lead level recommended for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high risk areas should be tested at the same intervals as noted above.				

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

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Tuberculin Test (if given)      Date \_\_\_\_\_      Type \_\_\_\_\_       Negative       Positive \_\_\_\_\_ mm.

**SECTION IV -- RECOMMENDATIONS**

Is there any defect of vision, hearing, or other condition for which the school could help by seating or other action?  Yes  No  
 If yes, please explain:

Should the student's activity be restricted because of any physical defect or illness?  Yes  No    If yes, check below and explain degree of restriction:  
 Classroom     Playground     Gymnasium     Swimming Pool     Competitive Sports     Camp     Other

Examiner's Signature \_\_\_\_\_ Date \_\_\_\_\_ Examiner's Name (print or type) \_\_\_\_\_ Degree or License \_\_\_\_\_

Number & Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

**SECTION V -- DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)**

I have examined \_\_\_\_\_ teeth and make the following recommendations as for treatment:

Child's Name \_\_\_\_\_

\_\_\_\_\_  
 Dentist's Signature      Date

**COMMENTS**

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August 5, 2011

Dear Parent/Guardian:

Children need healthy meals to learn. Ferndale Public Schools offers healthy meals every school day. Students may buy lunch for \$2.50 and breakfast for \$1.25 at the Elementary Locations or buy lunch for \$2.75 and breakfast for \$1.25 at Ferndale Middle School and at the high schools. Your children may qualify for free meals or for reduced price meals. We sell reduced price lunches for \$.40 and breakfast for \$.30. If a doctor has determined that your child has a disability, and the disability would prevent the child from eating the regular school meal, the school will make any substitution prescribed by a licensed physician at no extra charge. For further information, please contact Laura shields at (248)586-8703. The physician's statement, including prescribed diet and/or substitution, must be submitted to the food service department at your school.

**1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No**

Complete the application to apply for free and reduced price school meals. Use one Free and Reduced Price School Meals Family 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: Ferndale Public Schools, Attn: Laura Shields, 881 Pinecrest Ferndale, MI 48220, 248/586-8703. Applications can also be turned in at any of the school offices.

**2. WHO CAN GET FREE MEALS?**

Children in households getting Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR), can get free meals regardless of your income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.

**3. CAN FOSTER CHILDREN GET FREE MEALS? Yes**

Foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.

**4. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS? Yes**

children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call [name and phone number], homeless liaison or migrant coordinator to see if your child(ren) qualify.

**5. WHO CAN GET REDUCED PRICE MEALS?**

Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Guidelines.

**6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?**

Please read the letter you got carefully and follow any instructions if provided. Call the Food Service Department at 248/586-8702, if you have questions.

**7. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes**

Your child's application is only good for one school year and for the first few days of the new school year. You *must* send in a new application unless the school told you that your child is eligible for the new school year.

**8. I RECEIVE WOMEN, INFANTS, & CHILDREN (WIC). CAN MY CHILD(REN) GET FREE MEALS?**

Children in households participating in WIC may be eligible for free or reduced price meals. An application must be filled out by WIC households.

**9. WILL THE INFORMATION I GIVE BE VERIFIED? Yes**

We may ask you to send written proof of any information provided on the application.

**10. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes**

You may apply at any time during the school year if your house-hold size goes up, income goes down, or if you start getting FAP, FIP, FDPIR, or other benefits. If you lose your job, your children may be able to get free or reduced price meals.

**11. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?**

You should talk to the Food Service Department. You also may ask for a hearing by calling or writing to: Maureen Adams, Executive Director of Finance, 2920 Burdette, Ferndale MI 48220, or call 248/586-8651.

**12. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes**

You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.

**13. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?**

You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you not support, who do not share income with you or your children, and who pay a pro-rated share of the expenses), do not include them.

**14. WHAT IF MY INCOME IS NOT ALWAYS THE SAME?**

List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

**15. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?**

If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.

**16. WHAT IF MY CHILD DOES NOT HAVE HEALTH INSURANCE?**

Your children may qualify for low cost or free health insurance through MIChild and Healthy Kids Program. To apply online, go to [www.michigan.gov/michild](http://www.michigan.gov/michild) or call 1-888-988-6300 for help or to request a paper application.

**17. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME? No**

If the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before he/she was deployed, combat pay is not counted as income. Contact your school for more information.

**18. 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 or call 1-800-481-4989.

Sincerely,  
Laura Shields  
Food Service Director  
248/586-8703

**APPLICATION INSTRUCTIONS:**

Your children may qualify for free and reduced price school meals if your household income falls within the limits on this chart.

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$20,147	\$1,679	\$840	\$775	\$388
2	\$27,214	\$2,268	\$1,134	\$1,047	\$524
3	\$34,281	\$2,857	\$1,429	\$1,319	\$660
4	\$41,348	\$3,446	\$1,723	\$1,591	\$796
5	\$48,415	\$4,035	\$2,018	\$1,863	\$932
6	\$55,482	\$4,624	\$2,312	\$2,134	\$1,067
7	\$62,549	\$5,213	\$2,607	\$2,406	\$1,203
8	\$69,616	\$5,802	\$2,901	\$2,678	\$1,339
*Each additional household member add:	\$7,067	\$589	\$295	\$272	\$136

**IF YOUR ENTIRE HOUSEHOLD GETS FAP, FIP, OR FDP, FOLLOW THESE INSTRUCTIONS:**

- Part 1: Skip this part.
- Part 2: List the name and case number for any household member (including adults) receiving FAP, FIP, or FDP.
- Part 3: List child(ren)'s name, grade, and building.
- Part 4: Skip this part.
- Part 5: Sign and date the form. A Social Security Number is not necessary.
- Part 6: Answer this question.

If you are applying for a homeless, migrant, or runaway child, check the appropriate category and contact your Homeless Liaison or Migrant Coordinator. Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

**IF YOU ARE APPLYING FOR ONLY FOSTER CHILD(REN), FOLLOW THESE INSTRUCTIONS:**

- Part 1: Skip this part.
- Part 2: Skip this part.
- Part 3: List the foster child(ren)'s name, circle Yes for foster child, and list grade and building.
- Part 4: Skip this part.
- Part 5: Sign and date the form. A Social Security Number is not necessary.
- Part 6: Answer this question.

**FOLLOW THESE INSTRUCTIONS FOR ALL OTHER HOUSEHOLDS: (Includes households with WIC, homeless, migrant, runaway, and households with both foster and non-foster children.)**

- Part 1: Complete if applicable.
- Part 2: Skip this part.
- Part 3: Follow these instructions to report ALL household members:
  - Column 1 - Names: List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends). You *must* include yourself and all children living with you. Be sure to include all children. Attach another sheet of paper, if needed.
  - Column 2 - Circle Yes if Foster Child: Circle Yes if applicable.
  - Column 3 - Grade: Fill in the grade for each child attending school.
  - Column 4 - Building Name: Fill in the building name for each child attending school.
- Part 4: GROSS INCOME: Use this section to report all income in your household from the previous month: Next to each person's first and last name, list each type of income received last month. *Next to the amount, circle how often the person got it (weekly, every 2 weeks, twice a month, or monthly).*
  - o All persons must claim some income, or indicate that they receive no income. If a person, including any child listed in part 3, does not have any income, then \$0 *must* be circled in the column labeled "Circle if NO Income."
  - o *Earnings from Work:* List the gross income each person earned from work. This is not the same as take-home pay. *Gross income is the amount earned before taxes and other deductions.* Net income should ONLY be reported for self-owned business, farm, or rental income.
  - o *Welfare, Child Support, and Alimony:* List the amount each person received last month.
  - o *Pensions, Retirement, and Social Security:* List the amount each person received last month.
  - o *All Other Income:* All Other Income includes Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Department of Veterans Affairs (VA) benefits, disability benefits, regular contributions from people who do not live in your household, personal income from foster children, and *any other income.*
- Part 5: An adult household member *must* sign and date the form, list the last four (4) digits of their *Social Security Number*, or check the box "I do not have a Social Security Number."
- Part 6: Answer this question.

## FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

**Part 1 -** If the child you are applying for is homeless, migrant or a runaway, check the appropriate category and verify with the district/school Homeless Liaison or Migrant coordinator at \_\_\_\_\_  
 \_\_\_\_\_ Homeless \_\_\_\_\_ Migrant \_\_\_\_\_ Runaway List the Child's Name, Grade, and Building in Part 3.

**Part 2 -** If any member of your household received Food Assistance Program (FAP), Family Independence Program(FIP), or FDPIR, provide the name and case number for the person who receives benefits.  
 Name: \_\_\_\_\_ Case Number: \_\_\_\_\_ Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers  
 If a case number is provided only students need to be listed in Part 3.

**Part 3 - Household Names -** List below *all* people living in your household, students and non-students, foster children, related or unrelated. For example, grandparents, other relatives, and/or friends, including yourself and children who live with you, *must* be listed.  
**Part 4 - Total Household Gross Incomes -** Include the amount of money and circle how often it is received. If the person does not receive any income "\$0" must be circled in the column Circle if NO income. If you listed a FAP/FIP/FDPIR number in Part 2, skip to Part 5.

Names	Circle Yes if Foster Child	Grade (if applicable)	Building Name (if applicable)	Circle if NO Income	Earnings from Work (before any deductions and taxes)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income			
					weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks		
Example: <i>Jane Doe</i>	Yes			\$0	\$600	twice a month	monthly	twice a month	monthly	\$250	twice a month	monthly	twice a month	monthly
1	Yes			\$0		weekly	every 2 weeks	weekly	every 2 weeks		weekly	every 2 weeks	weekly	every 2 weeks
2	Yes			\$0		twice a month	monthly	twice a month	monthly		twice a month	monthly	twice a month	monthly
3	Yes			\$0		weekly	every 2 weeks	weekly	every 2 weeks		weekly	every 2 weeks	weekly	every 2 weeks
4	Yes			\$0		twice a month	monthly	twice a month	monthly		twice a month	monthly	twice a month	monthly
5	Yes			\$0		weekly	every 2 weeks	weekly	every 2 weeks		weekly	every 2 weeks	weekly	every 2 weeks
6	Yes			\$0		twice a month	monthly	twice a month	monthly		twice a month	monthly	twice a month	monthly
7	Yes			\$0		weekly	every 2 weeks	weekly	every 2 weeks		weekly	every 2 weeks	weekly	every 2 weeks
8	Yes			\$0		twice a month	monthly	twice a month	monthly		twice a month	monthly	twice a month	monthly

**Part 5 - Signature and Last Four (4) Digits of Adult Social Security Number** (*Adult household member MUST sign and date.*)

If Part 4 is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a social security number box". See Privacy Act Statement on the back of this page.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will get federal 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	County
Home/Cell Phone	Work Phone	Email Address	By providing your email address you may be notified via email of your eligibility for free and reduced price school meals.

**Part 6 - Child's Racial/Ethnic Identity (optional)**

Check One or More Racial Identities:

- American Indian or Alaskan Native       Asian  
 Black or African American                       White  
 Native Hawaiian or Other Pacific Islander       Other

Check One Ethnic Identity:

- Hispanic or Latino  
 Neither Hispanic or Latino

**Privacy Act Information: Social Security Number**

The Richard B. Russell 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 (4) digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child, list a FAP or FIP case number or other FDPIR identifier for your child, or 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 look into violations of program rules.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly.

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

**VERIFICATION - FOR SCHOOL USE ONLY**

Date Selected for Verification: _____		Date Follow-up/Second Notice: _____		Date of Adverse Notice Sent: _____
Confirming Officials Signature: _____		Follow-up Official's Signature: _____		_____
Response Due from Household: _____		Verification Official's Signature: _____		_____
FAP/FIP/FDPIR/Foster Eligibility: <input type="checkbox"/> Not confirmed Confirmed: <input type="checkbox"/> Department of Human Services <input type="checkbox"/> Notice of Eligibility	Income \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	_____ Wage Stubs _____ Written Documents _____ Collateral Contact _____ Agency Records _____ Other _____	Verification Result <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Free to Paid <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Reduced to Paid <input type="checkbox"/> No Change	Reason for Eligibility Change: <input type="checkbox"/> Income <input type="checkbox"/> Household Size <input type="checkbox"/> Refused to Cooperate <input type="checkbox"/> Other _____

**APPROVAL/DISAPPROVAL - FOR SCHOOL USE ONLY**

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

Household Size: _____  Total Gross Income: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	_____ Number of Children Free _____ Number of Children Reduced _____ Number of Children Paid _____ Temporary Free - Time Period: _____ (expires after _____ days)	Reason for Denial: <input type="checkbox"/> Income Too High <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Other (specify) _____
---	---	---

**Determining Official's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Date Dropped/Withdrawn:** \_\_\_\_\_



## Attention Students and Parent/ Guardians!

### We Need Your Email Addresses!!!

We know you want to keep up on your progress and get access to your information about:

- Assignment
- Grades
- Attendance
- Discipline

We can also reach you on Snow Days to let you know when there will be no school.

So, please complete your email addresses and return this form at your schedule pick up. Zangle Student Connection requires students to use their email addresses to login. Once the district has your email on file, you will receive your password and Zangle instructions to go online and see your info. Zangle Passwords will be U.S. Mailed home by the end of September.

**Write Neatly, so your email will be entered accurately.**

---

Student Name

---

Student Email Address

---

Parent/Guardian Name

---

Parent/Guardian Email Address

---

Parent/Guardian Name

---

Parent/Guardian Email Address

---

Parent/Guardian Name

---

Parent/Guardian Email Address

If you do not have your own email address, free accounts are available through Hotmail. Gmail, and Yahoo, and AOL.

## FERNDALE PUBLIC SCHOOLS



## TOGETHER

Dear 7-8 FPS Families:

Welcome to another year with the Ferndale Public Schools! We want your student's experience with transportation to be a **SAFE** trip – every day. For that reason we have a few procedures we want to share with you. The first day of school is Tuesday, September 6<sup>th</sup> and it is a full day of school.

### **Bus assignments**

If your student is eligible for Transportation, you should be receiving a letter indicating their assignments before the start of school. If you do not receive the letter and believe they are eligible, please contact us @ 248-586-8890. Students can only ride assigned buses and get off at assigned stops, unless prior approval is given by the transportation office. Schools of Choice students are not eligible for transportation.

### **Bus Conduct**

We expect the students to follow the same guidelines and have the same conduct as they use in the classrooms. When the code of conduct is not followed, the drivers will fill out a conduct report and forward it to the building for action. Cell phone use on the bus is strictly prohibited

**Not Riding the Bus?** If your student is not going to use transportation at all, please contact us at 248/586-8890 and let us know, so we aren't expecting your child to ride the bus. Not only will this help us keep track of all the children riding the bus, but the number of children who ride may have a direct effect on the route adjustments that may need to be made.

If you have any questions about riding the bus, please call Transportation at (248) 586-8890. Thank you for your attention to this important bus information.

Sincerely,  
Dee Petri  
Transportation Supervisor



# PARENTS: WE NEED YOU To Volunteer Your Talents!!!

If you are interested in volunteering, please let us know. We would love to have you help with field trips, volunteer in the classroom, help out in the lunchroom, run community service projects or even run a 4-week after school club! If you'd like to contribute in any of the above, OR if you have an idea of your own, please fill out the bottom portion of this sheet and return it on your student's registration date. **THANK YOU!**

**YES**, I would like to volunteer at FMS this school year.

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

Student's name: \_\_\_\_\_

Contact number(s): \_\_\_\_\_

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

This is what I would like to do:



**BOYS & GIRLS CLUBS**  
of South Oakland County

## Membership Application Form

Boys & Girls Clubs of South Oakland County  
With Locations in Royal Oak & Ferndale  
Administrative Office  
1545 East Lincoln—Royal Oak, MI 48067  
(P) 248.544.4166 (F) 248.545.7688  
www.boysandgirlsclubs.us



**Confidentiality:** The information below is for our records and is important for the funding for the Boys & Girls Clubs of South Oakland County. The answers you provide will be kept confidential. Your cooperation in providing this information is appreciated and necessary. Please complete all fields. Welcome to the Boys & Girls Clubs of South Oakland County.

### Head of Household (Please Print)

First Name:\*

Last Name:\*

Gender:\*

 Male  Female

Family Income:

\$10,000 or below  
 \$10,001 - \$15,000  
 \$15,001 - \$26,650  
 \$26,651 - \$30,000  
 \$30,001 - \$33,250  
 \$33,251 - \$36,000  
 \$36,001 - \$38,550  
 \$38,551 - \$41,250  
 \$41,251 - \$44,000  
 \$44,000 and above

Address:\*

(Line 1)

(Line 2)

(City)  (State)

Address Type:\*

Home

Work  \_\_\_\_\_

(Zip Code)

Phone Number:\*

( ) -

( ) -

Phone Type:\*

Home  Work  \_\_\_\_\_

Home  Work  \_\_\_\_\_

Family Size:

E-Mail Address:

E-Mail Type:

Home  Work  \_\_\_\_\_

Employer:

Job Title:

Occupation:

Military Branch:

Status:

Start Date:

End Date:

**Additional Parent/Guardian Information (Please Print) Please complete if there is an additional parent/guardian.**

First Name:

Last Name:

Gender:

 Male  Female

Address:

(Line 1)

(Line 2)

(City)  (State)

Address Type:

Home

Work  \_\_\_\_\_

(Zip Code)

Phone Number:

( ) -

( ) -

Phone Type:

Home  Work  \_\_\_\_\_

Home  Work  \_\_\_\_\_

E-Mail Address:

E-Mail Type:

Home  Work  \_\_\_\_\_



Employer:  Job Title:  Occupation:

Military Branch:  Status:  Start Date:  End Date:

**Club Member Information: (Please Print.)**

First Name:\*  Middle Name:  Last Name:\*

Nick Name:  Birth Date:\*

**Gender:\***  
 Male  
 Female

**Ethnicity:\***  
\_\_ African American    \_\_ Arabic    \_\_ Asian    \_\_ Bi-Racial  
\_\_ Caucasian    \_\_ Latino    \_\_ Native American    \_\_ Other

**Interests/Hobbies**

**List any areas where the Club member would benefit from additional help.**

**School:**

**Grade:**

**Household Type:**

\_\_ Single Parent    \_\_ Two Parent    \_\_ Grandparent(s)  
\_\_ Foster Family    \_\_ Other

**Family Setting:**

\_\_ Divorced    \_\_ Married  
\_\_ Separated    \_\_ Other \_\_\_\_\_

**How did you hear about the Boys & Girls Club?**





**Check all that Apply: Club Member's Address**

- TANF
- Food Stamps
- General Assistance
- SSDI
- SSI
- Veterans Compensation
- Day Care Voucher
- School Lunch
- Medicaid
- Can Swim

(Line 1) \_\_\_\_\_

(Line 2) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_

**Club Member's Phone Number**

( ) - -

**Phone Type:**

Home  Cell  \_\_\_\_\_

**Club Member's Email Address**

\_\_\_\_\_

**Member Medical Information (Please Print.)**

*If the answer is "none" in any of the following boxes, please state that in the appropriate field.*

**Insurance Company:**

\_\_\_\_\_

**Medications:**

\_\_\_\_\_

**Medical Problems/Allergies:**

\_\_\_\_\_

**Insurance Policy Number:**

\_\_\_\_\_

**Physician:**

\_\_\_\_\_

**Physician Phone:**

\_\_\_\_\_

**Disabilities:**

\_\_\_\_\_

**Preferred Hospital:**

\_\_\_\_\_

**Pick Up Information ( Please Print )**

*Two emergency contacts other than the parent(s) or guardian(s) listed earlier.*

**1.) First Name:**

**Last Name:**

\_\_\_\_\_

( ) -  Home  Work

Friend  
 Relative  
 \_\_\_\_\_

**2.) First Name:**

**Last Name:**

\_\_\_\_\_

( ) -  Home  Work

Friend  
 Relative  
 \_\_\_\_\_

**Membership Agreement**

I have read the completed application, understand the rules of the Boys & Girls Clubs of South Oakland County and request that my son/daughter be admitted into membership. For consideration of Boys & Girls Clubs of South Oakland County admitting my child into membership, and other good and valuable consideration, the sufficiency of which I acknowledge, on behalf of myself, any other parent or guardian and my child, I/we agree to indemnify and hold harmless Boys & Girls Clubs of South Oakland County, their agents, members, officers, employees, counselors, and volunteers, from any and all liability, claims, suits, demands, damages, judgments, costs, interest and expenses (including attorney's fees and all legal costs, any injury and costs of medical services, etc.) arising directly or indirectly from membership in the Boys & Girls Clubs of South Oakland County or participation or transportation of my child with regard to any activity. I further waive all claims I may have against Boys & Girls Clubs of South Oakland County, to the fullest extent permitted by law. I also acknowledge I have the authority and ability to sign this Permission Form, inclusive with all its components. In the event any provision of this Form is deemed invalid, the balance remains in full force and effect. I give my consent for photographs, in which the member may appear to be used in any way the Boys & Girls Club of South Oakland County may use them.

Authorization to treat a minor: In the event that I cannot be reached in an emergency, I hereby give permission to the bearer of this form to allow any physician, medical facility, or other health care provider, including paramedic, to provide any emergency medical treatment deemed necessary in the event of injury or illness of my child while participating in this event and to exchange any protected health information for this purpose.