



Downriver High School
33211 McCann Rd., Brownstown Twp., MI 48173
Leslie Guizzetti, Principal

Application Packet Check List

- ☐ Student Enrollment Form
- ☐ Student Application/Questionnaire
- ☐ Student Special Services Waiver
- ☐ Student Bus Transportation Form
- ☐ Student Request for Permit to Drive
- ☐ Student Request for Records
- ☐ Student Computer Permission Form
- ☐ Parent Understanding Concussion Information Sheet
- ☐ McKinney-Vento Act eligibility form
- ☐ Permission to Administer Medication
- ☐ Free & Reduced Lunch Application
- ☐ School Calendar (For Parent/Guardian information)
- ☐ Photo Release Form

Office use:

- ☐ Transcripts
- ☐ Written Referral
- ☐ Immunization Record
- ☐ Birth Certificate
- ☐ MME/ACT Taken (yes or no)



Downriver High School
33211 McCann Rd.
Brownstown Twp., MI 48173
(Phone) 734 379-7080

STUDENT ENROLLMENT FORM

IMPORTANT: Certified Birth Certificate, Proof of Immunization , and Transcripts

☐ New to District ☐ Returning to District

Entering Grade: _____ Enrollment Date: _____

Office Use Only: SCHOOL YEAR: _____

SCHOOL: _____

STUDENT ID: _____ UIC: _____

Student's Full Legal Name: _____ Gender: ☐ Male ☐ Female
Last First Middle

U. S. Citizen: ☐ NO ☐ YES Birth Date: _____ Birth Place: _____ Phone: _____
Month/Date/Year City/State

Address: _____
House Number Street Name City Zip

Home Language:(Both Part A and B Must be completed)

Part A: Is your student's primary language something other than English? ☐ NO ☐ YES If yes, what language? _____

Part B: Is there a language other than English spoken in your home? ☐ NO ☐ YES If yes, what language? _____

Race and Ethnicity: (Both Part A and Part B of the question must be answered)

Part A: Is this student Hispanic/Latino? ☐ NO ☐ YES (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race) *The above question is about ethnicity, not race.*

Part B: What is the student's race? (Choose one or more) *The following question indicates what you consider your child's race.*

☐ **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 maintain tribal affiliation)

☐ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)

☐ **Black or African American** (A person having origins in any of the black racial groups of Africa)

☐ **Native Hawaiian/Other Pacific Islander** (A person having origins in any of the original people of Hawaii, Guam, Samoa or Pacific)

☐ **White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa)

FAMILY INFORMATION

Student Lives With: ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Parent and Step Parent ☐ Other _____

MALE HEAD OF HOUSEHOLD:

Last Name First Name Middle

Education Level: ☐ High School ☐ College

Relationship to child (circle one):

A. Birth Parent B. Adoptive Parent
D. Court Appointed Guardian E. Grandparent

C. Step-Father

F. Other: _____

Work Phone: _____
Cell Phone: _____
Home Phone: _____
Employer: _____
Email: _____

FEMALE HEAD OF HOUSEHOLD:

Last Name First Name Middle

Education Level: ☐ High School ☐ College

Relationship to child (circle one):

A. Birth Parent B. Adoptive Parent
D. Court Appointed Guardian E. Grandparent

C. Step-Mother

F. Other: _____

Work Phone: _____
Cell Phone: _____
Home Phone: _____
Employer: _____
Email: _____

FAMILY INFORMATION : PARENT LIVING ELSEWHERE: (if applicable)Relationship
to Child: _____

Phone

Numbers: _____

Name _____

House Number _____

Street Name _____

City _____

State _____

Zip _____

List as Contact: _____

☐

YES

☐

NO

E-Mail Address: _____

EMERGENCY CONTACTS (other than parents)

NAME	ADDRESS, CITY, ZIP	PHONE NUMBERS	RELATIONSHIP

SIBLINGS

NAME	AGE	GRADE	PRESENT SCHOOL (if applicable)

STUDENT'S SCHOOL HISTORY—Please complete for all schools attended

Did Student Previously Attend a Gibraltar School? <input type="checkbox"/> YES <input type="checkbox"/> NO	Last Grade Attended at Gibraltar: _____
Has this student been suspended from any school for more than one day? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Has this student been suspended from any school long term (more than 10 days) or expelled? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Schools Previously Attended	Grade	School Address	City, State, Zip	Phone

SPECIAL EDUCATION INFORMATION

Has this student ever received special education services that require an Individual Education Plan (IEP) and special education services? ☐ YES ☐ NO

If yes, describe and provide a copy of current IEP: _____

The undersigned hereby acknowledges that the information provided on this form is true and accurate, incorrect information could be grounds for revoking enrollment. The undersigned understands that it is his/her responsibility to inform the appropriate school office if and when any of the information set in this form changes.

Parent or Guardian Signature_____
Date

MEDICAL INFORMATION

DOCTOR'S NAME:	PHONE:
ALLERGIES:	
MEDICATIONS: (Please list)	
HEALTH PROBLEMS—Circle all existing conditions. Asthma; Diabetes; Hearing-Frequent Infections, Hearing Aids, Tubes; Seizures; Vision—Contacts/Glasses; Other—	Describe:
Does your child have any health conditions that would limit participation in strenuous activities such as physical education or athletics? Yes _____ No _____	Describe:
May your child be treated by your family doctor if you cannot be reached? <input type="checkbox"/> Yes <input type="checkbox"/> No By another doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Michigan Department of Community Health IMMUNIZATION REQUIREMENTS—
Please use following information to be sure your child meets Michigan requirements.

- Two doses of MMR
- Three doses of Hepatitis B
- A minimum of four doses of DTaP/Td/DT with one dose of Tdap if 5 years have passed since this last vaccine.
- Three doses of polio
- Two doses of varicella (or history of chicken pox disease)
- One dose of meningococcal (11– 18 years of age)

Statement of Chicken Pox (Varicella) Disease

My child has had chicken pox on: _____
(Please indicate when chicken pox occurred—month and year.)

Children who have not received the required immunizations WILL BE EXCLUDED from school UNTIL parents provide proof that ALL REQUIRED IMMUNIZATIONS have been given, or have a WAIVER on file. (Waiver Form can be obtained from our Enrollment Office.)



Downriver High School
33211 McCann Rd., Brownstown Twp., MI 48173
Leslie Guizzetti, Principal

Student Application

Name _____ Date _____

Your cell phone number _____

Last school/district attended: _____

Parent/Guardian _____

Address _____

Phone (Home) _____

(Work) _____

(Cell) _____

Date of birth _____ Age _____

Medical concerns: Allergies, medications, reason for taking, dosage times

Do you have any drug/Alcohol/Anger Management Problems?

Are you on probation? _____ Probation officers name and phone number:

Employed: _____ Hours: _____

Reason for referral to Downriver High School:

Optional
Counseling services received: _____

May we contact your counselor/therapist/case worker? _____

Name and phone number: _____

Student Needs Questionnaire

1. What is the reason that you are transferring to Downriver High/Middle School?
☐ At risk of failing a grade at home school.
☐ Dropped out of home school.
☐ At risk of being expelled from home school.
☐ Was expelled from home school.
☐ Other
☐ Please explain _____
2. Have you ever received special education services? Yes _____ No _____
If so, what type of services? (Check all that apply)
☐ EI (emotionally Impaired)
☐ OHI (Otherwise Health Impaired)
☐ CI (Cognitively Impaired)
☐ AI (Autistic Impaired)
☐ Speech/language
☐ Resource Room
☐ Other
If "other", please specify what type of services _____
3. Have you ever been held back or failed a grade in school? Yes _____ No _____
If so, in what grade(s) were you held back? _____

Why were you held back? _____

4. Are you currently receiving and mental health services (such as therapy, psychiatric medication, etc)? Yes _____ No _____
5. Have you ever participated in mental health services (such as therapy, psychiatric medication, etc)? Yes _____ No _____
6. If you are not currently participating in mental health services, would you like to speak to someone about treatment options? Yes _____ No _____
7. Has the student ever participated in substance abuse treatment? Yes _____ No _____
8. If you are not currently participating substance abuse treatment, would you like to speak to someone about treatment options? Yes _____ No _____
9. Are you currently on probation for any reason? Yes _____ No _____
10. Are you interested in receiving job skills training? Yes _____ No _____



Downriver High School
33211 McCann Rd., Brownstown Twp., MI 48173
Leslie Guizzetti, Principal

Dear Parent/Guardian,

This letter is to inform you that Downriver High School does not offer Special Services. When registering your child into our program you are giving up the right for these services.

Be advised that several of the school districts associated with our program will continue to provide some of these special education services depending on the circumstances. However, in an attempt to continue these services for your child, it is up to you as a parent or guardian to make these arrangements with the school district that you are leaving. They will be the responsible party for providing services, not Downriver High School.

Sincerely,

Leslie Guizzetti
Principal

Downriver High School staff has informed me that special education services are not available through their program.

Parent signature _____

Date _____



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Bus Transportation Request Form

Limited Bus Transportation is available through DCTC vocational busing. In order to provide safe and orderly transportation all students are required to register for busing. Students not registered for busing will not be permitted the use of bus transportation.

Student's name _____

Parent/Guardian names _____

Street address _____ City, State, Zip _____

Phone number _____

Alternate phone number _____

Home school district _____

Office use:

Sent to:



DOWNRIVER HIGH SCHOOL

33211 McCANN RD., BROWNSTOWN TWP., MI 48173

LESLIE GUIZZETTI, PRINCIPAL

REQUEST FOR PERMIT TO DRIVE

Student: _____

Address _____ Telephone _____

I request permission for my son/daughter to drive to school. Our insurance fully covers the car he/she will be driving. This includes both public liability and property damage.

YEAR AND MAKE OF CAR

AUTO LICENSE NUMBER

DRIVERS LICENSE NUMBER _____

It is fully understood that the following regulations must be followed and that they will be strictly enforced. Driving and parking a car on campus is subject to the following conditions:

1. All students wishing to drive must have a "Permit to Drive" form on file in the principal's office before any permission to drive is granted.
2. The administration reserves the right to search cars when they have probable cause to believe the car contains illegal substances or objects that violate school rules.
3. All student cars are to be parked in student parking areas.
4. All cars are to be locked and are not to be moved during the school day unless the office in writing has granted special permission.
5. Public liability insurance must be carried on the car.
6. Driving the car in a reckless and dangerous manner or using the car to skip school will cause the loss of driving privilege.
7. No unauthorized person shall drive cars when the car privileges have been suspended.
8. No sitting in cars during class periods or during lunch.
9. The privilege to drive may be taken away should any of the above-mentioned regulations be broken.

I have read all the above conditions and agree to abide by them with the understanding that the right to drive will be forfeited if any of the regulations are broken.

STUDENT SIGNATURE

PARENT GUARDIAN SIGNATURE

PERMIT NUMBER

PRINCIPAL SIGNATURE



Downriver High School
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REQUEST FOR RECORDS

Previous School Name: _____

School Street Address: _____ City, State, Zip: _____

Phone number of previous school: _____

Student's name: _____ Date of birth: _____ Grade: _____

Signature of Parent/Guardian: _____

Street address: _____ City, State, Zip: _____

Please release the cumulative files, including CA-60, Health Records, Social Work Records, Psychological Records, Special Education Records and the UIC number for above named student to:

Downriver High School
33211 McCann Rd.
Brownstown Twp., MI 48173
(734) 379-7080
Email: lamped@gibdist.net



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Computer Permission Form

In order to preserve and protect the school's investment in our computer equipment the following guidelines have been provided for your signature. When the completed form is on file, your son/daughter may begin using computers in our school building. I understand and agree to the following:

1. Students shall only use the system for authorized purposes, and that all questions concerning authorized use would be directed to the appropriate instructor.
2. Students, while utilizing the computer system, are only permitted to access files and data of their own and information which is generally available to the public, any other use being unauthorized and subject to discipline.
3. The use of the Gibraltar School District Network is a privilege and responsible use is expected. Some examples of irresponsible use include, but are not limited to, the placing of unlawful information on the system, or information which conveys an offensive, profane, sexually suggestive message, or harasses or disturbs by pestering or tormenting, including, but not limited to, intimidation because of a person's race, color, religion, gender or ethnicity in either public or , upon registration of complaint, private messages or other systems that are accessed through the Gibraltar School District Network. The Gibraltar School District/DHS will be the sole arbiter of what constitutes irresponsible use.
4. The Gibraltar School District Network may not be used for conduct that embarrasses, harms, or in any way distracts from the good reputation of the Gibraltar School District/DHS and its faculty and staff, or any organizations, groups, and institutions with which the Gibraltar School District Network is affiliated. The Gibraltar School District/DHS will be the sole arbiter of what constitutes this unacceptable behavior.
5. The Gibraltar School District/DHS reserves the right to review any material stored in files to which all users have access and will edit or remove any material which the staff, in its sole discretion, believes may be unlawful, conveys an offensive, profane, or sexually suggestive message or harasses or disturbs by pestering or tormenting including, but not limited, intimidated because of a person's race, color, religion, gender or ethnicity. There is o expectation of privacy for any individual who sends or receives information via the Gibraltar Schools Network.
6. In consideration of the privilege of using the Gibraltar School District Network and having access to the information contained in it, I hereby release the Gibraltar School District Network/DHS and its operators and sponsors, Gibraltar School District and its faculty and staff, and all organizations, groups and institutions with which the Gibraltar School District is affiliated, for any and all claims. I may have or my minor child may have, of any nature arising from the use, or inability to use, The Gibraltar School District Network.

7. Each student is responsible for his/her workstation. Each day before using the assigned computer the student must check for any possible damage and report any problem immediately to the teacher. Failure to do so will result in the student being held responsible for any damage or problems.
8. Tampering with equipment or data, copyright infringement, unauthorized use of passwords, entering chat rooms, improper web sites, wasting computer time, connection time, disc space, or disruption of other student's work will not be tolerated. Sever discipline will follow.
9. Login I.D. codes shall be protected from unauthorized use and the student is responsible for any work or activity performed under his/her login I.D.
10. System resources shall not be used in violation of any federal, state or local statues or ordinances, or in violation of any administrative regulation.
11. Students shall not be permitted to install any software on the computer.
12. The computer resources shall not be used for private financial gain or compensation.
13. Students who use the Lab, with a class or individually, will be responsible for the computer that hour if any damages occur.
14. The school reserves the right to publish student images in official publications.
15. Students are not allowed to bring portable computing devices into school buildings without principal's permission.

When finished using the DHS computer, make sure the system is in proper working order. Consequences for violation of the rules will result in any, or all, of the following: three to five day suspension from school, permanent removal from the class, restitution for financial loss. Financial consequence for the parent could be quite extensive (into the thousands of dollars). It is vital that you and your computer student review these rules and consequences together.

These rules and consequences are necessary to ensure a learning environment in which all students can have an equal opportunity for success.

This letter will be in effect for the student's entire enrollment in Downriver High School.

I have read the rules and consequences and understand my obligation.

<hr/>		Daytime phone # <hr/>
Parent signature (required)	Date	
<hr/>		
Student signature	Date	

UNDERSTANDING CONCUSSION

Some Common Symptoms

Headache
Pressure in the Head
Nausea/Vomiting
Dizziness

Balance Problems
Double Vision
Blurry Vision
Sensitive to Light

Sensitive to Noise
Sluggishness
Haziness
Fogginess
Grogginess

Poor Concentration
Memory Problems
Confusion
"Feeling Down"

Not "Feeling Right"
Feeling Irritable
Slow Reaction Time
Sleep Problems

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:

- 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.
- 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.
- 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 Downriver High School (Sponsoring Organization).

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian Name Printed

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.

Downriver High School

33211 McCann Road., Brownstown Township, MI 48173 Phone (734) 379-7080 www.gibdist.net/gibdist/schools/downriver



This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The questions below are to assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act.

To be completed by Parent/Guardian/Unaccompanied Youth:

Name of Student: _____ Date of Birth: _____

Name of School: _____ Circle one: Male Female

Current Living Situation:

- ☐ Temporarily sharing a house with another person due to loss of housing, economic hardship or similar reason
- ☐ In a motel, hotel or campground due to a lack of alternative accommodations
- ☐ In an emergency or transitional shelter or hospital
- ☐ Awaiting foster care placement
- ☐ In a living arrangement not described above that is not fixed, regular and adequate
- ☐ Unaccompanied youth and/or runaway
- ☐ None of the above (if you check this box, sign below and then do not complete the remainder of this form)

Current Contact Information:

Print Name of Current Parent/Guardian: _____

Address: _____

Phone Number: _____ Email: _____

- ☐ I am aware that information will be exchanged between Downriver High School, the Home School District and Wayne-Metropolitan Community Action Agency in order to provide services to this student under the McKinney-Vento Act.
- ☐ I am not interested in receiving services at this time

Signature of Parent/Guardian: _____ Date: _____

School Use Only – Administrator's determination of current living circumstances:

**DOWNRIVER MIDDLE SCHOOL/HIGH SCHOOL
PERMISSION TO ADMINISTER MEDICATION
2015-2016**

STUDENT: _____ BIRTHDATE: _____

TEACHER: _____ GRADE: _____

I hereby request that my child be administered his/her prescribed medication by the designated school personnel. I understand that the medication will be administered per the physician's order as outlined below. I understand that a doctor's signature, dosage and frequency are mandatory for prescription medications as well as for over-the-counter medications. I understand that medication will only be administered from the original prescription container with this child's name indicated. (Over the counter medications must be in their original container and labeled by the parent with the child's name and instructions.) I will provide a new PTAM form if any changes or discontinuation of any medication is needed. I give the school nurse permission to discuss or clarify the following order with my child's physician.

Signed: _____ Date: _____
(Parent or Legal Guardian)

Home Phone: _____ Work Phone: _____

For Inhalers and/or Epi Pens: ☐ Student May Self-Carry ☐ Student May Self-Administer

I request my child be allowed to carry his/her Inhaler and/or Epi Pen (Circle which is applicable to use as needed at school as ordered by his/her physician.

I agree to ensure that my child will carry the above mentioned medication in a responsible manner. Misuse may revoke these privileges.

Signed: _____ Date: _____
(Parent or Legal Guardian)

Signed: _____ Date: _____
(Child)

PHYSICIAN'S DIRECTIONS

1. Name of Medication: _____ Dosage: _____

Frequency: _____ Route: _____

Reason for medication, symptoms: _____

2. Name of Medication: _____ Dosage: _____

Frequency: _____ Route: _____

Reason for medication, symptoms: _____

Physician's (Printed) Name: _____ Ph. #: _____

Physician's Signature: _____ Date: _____

Any medication not picked up by the parent at the end of the school year will be disposed of properly.
(Parent's initials)

2016-2017 Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 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."	Child's First Name	MI	Child's Last Name	Grade	Student?		Foster Child	Homeless, Migrant, Runaway
					Yes	No		
Children in Foster care and children who meet the 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.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<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 FDPIR?

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)

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income	How often?		
	Weekly	Bi-Weekly	2x Month
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?			Public Assistance/Child Support/Alimony	Pensions/Retirement/All Other Income	How often?		
		Weekly	Bi-Weekly	2x Month			Monthly	Weekly	Bi-Weekly
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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 the form					Today's date

INSTRUCTIONS Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
- 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 - A Parent is disabled, retired, or deceased, and their child receives Social Security 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		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- 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) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

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 children's eligibility for free or reduced price meals.

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

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 look into 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, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
fax: (202) 690-7442; or
email: 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	How often?				Household Size	Categorical Eligibility <input type="checkbox"/>	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date
	Weekly	2-Weekly	2x Month	Monthly							
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
Determining Official's Signature											

Gibraltar School District Meal Charging Policy

The purpose of having a meal charging policy is to establish consistent and clear meal account procedures throughout the district. There is a fine line between considering the fiscal integrity of the district and the solvency of the food service program, while also meeting the nutritional needs of students.

GOALS:

- To ensure that students have a healthy meal and that no child goes hungry.
- To treat all students with dignity and confidentiality in the serving line.
- To foster clear and positive communication among staff, administrators, teachers, students and the parent/guardian.
- To establish fair practices that can be used consistently throughout the district regarding meal charges and the collection of said charges.

SCOPE OF RESPONSIBILITY:

The Food Service Department:

- Responsible for maintaining meal account records. Robo calls are made to households on Monday evenings when a student has a negative lunch account balance.
- Responsible for providing written documentation of lunch activity when requested and working with households towards a reasonable resolution.
- Responsible for notifying school administration of potential problems and/or repeat offenders.

The Parent/Guardian:

- Responsible for immediate payment.
- Responsible for monitoring lunch activity on ParentConnect.

MEAL ACCOUNTS:

We strongly discourage meal charges, but understand that an occasional emergency, shortage of funds, or forgetfulness may make it necessary. Meal charges are a temporary solution and are not intended to address the broader issue of whether a parent/guardian has an inability to pay for a meal for his/her child. In those instances, an application for Free or Reduced Meal Benefits should be completed. The parent should be reassured that this process will be treated with the utmost of confidentiality.

As a matter of practice, parents/guardians are encouraged to make meal payments in advance. Personal checks and cash deposits are accepted daily at the schools. For convenience, deposits may also be made by credit/debit card by going to www.gibdist.net. Click on "Our District" at the top and follow the MiStar Parent Portal login to the Cafeteria link. Parents/guardians may view their student's lunch account at anytime. Payments can be made for one week, several weeks or even months in advance. The District uses a computerized meal credit system to account for student meals and ala carte sales. All students have personal accounts regardless of their form of payment. The process is the same whether the child is a free, reduced or full pay student. This process maintains the integrity of the child.

Similar to a bank account, each student has a school ID number which stays with them for their duration in the Gibraltar School District. Lunchroom cashiers at the Middle & High Schools level will verbally notify students at the register when their meal account is in the negative.

MEAL CHARGING POLICY:

Although not required by law through the National School Lunch Act or the Healthy Hunger Free Kids Act, limited meal charging will be allowed as a courtesy to families, under the following conditions:

ELEMENTARY SCHOOL STUDENTS:

- Only reimbursable meals may be charged. No ala carte purchases can be charged.
- Students may charge up to the value of \$15.00.
- When a student charges a meal, their meal balance becomes a negative balance. When a student has a negative balance a Robo call is made to the household on Monday evenings indicating the negative balance for the student.
- Immediate repayment is expected for all charged meals and/or meal supplements.
- After the 6th occurrence, students will be provided with a meal supplement (a cheese sandwich, fruit and milk for lunch). Cost of the meal supplement is \$1.00 which will be charged to their account.
- Students are not permitted to purchase ala carte items if they owe any unpaid charges.
- No charging will be permitted 2 weeks prior to the end of the school year.
- All unpaid charges will be added to the list of any outstanding fees or unpaid fines at the end of the school year. Payment must be made in full to the Gibraltar School District.

MIDDLE SCHOOL STUDENTS:

- Only reimbursable meals may be charged. No ala carte purchases may be charged.
- Students may charge up to the value of \$20.00.
- Students will be notified verbally at the register when their balance is in the negative.
- When a student charges a meal, their meal balance becomes a negative balance. When a student has a negative balance a Robo call is made to the household on Monday evenings indicating the negative balance for the student.
- Immediate payment is expected for all charged meals.
- After the 6th occurrence, students will be provided with a meal supplement (a cheese sandwich, fruit and milk for lunch). Cost of the meal supplement is \$1.00 which will be charged to their account.
- Students are not permitted to purchase ala carte items if they owe any unpaid charges.
- No charging will be permitted 2 weeks prior to the end of the school year.
- All unpaid charges will be added to the list of any outstanding fees or unpaid fines at the end of the school year. Payment must be made in full to the Gibraltar School District.

HIGH SCHOOL STUDENTS:

- Only reimbursable meals may be charged. No ala carte purchases may be charged.
- Students may charge up to the value of \$20.00.
- Students will be notified verbally at the register when their balance is in the negative.
- When a student charges a meal, their meal balance becomes a negative balance. When a student has a negative balance a Robo call is made to the household on Monday evenings indicating the negative balance for the student.
- Immediate payment is expected for all charged meals.
- After the 6th occurrence, students will be provided with a meal supplement (a cheese sandwich, fruit and milk for lunch). Cost of the meal supplement is \$1.00 which will be charged to their account.
- Students are not permitted to purchase ala carte items if they owe any unpaid charges.
- No charging will be permitted 2 weeks prior to the end of the school year.
- All unpaid charges will be added to the list of any outstanding fees or unpaid fines at the end of the school year. Payment must be made in full to the Gibraltar School District.

Downriver High School 2016 - 2017 Calendar

Professional Development Day	August 30, 2016
Staff Report Day	August 31, 2016
First day of school	September 8, 2016
Picture Day	September 26, 2016
DHS Event Night	TBA
Full day of school - Exams PM (4th, 5th and 6th hours)	November 3, 2016
Half day for students AM - Exams 1st, 2nd 3rd	November 4, 2016
Election Day- No School	November 8, 2016
Second Quarter Begins	November 9, 2016
Thanksgiving Recess No School	November 24 and 25, 2016
School Resumes - 3rd Term begins/2nd Trimester	November 28, 2016
Half day of school	December 23, 2016
Winter Holiday Recess No School	December 26, 2016 to January 6, 2017
School Resumes	January 9, 2017
No school scheduled (MLK Day)	January 16, 2017
Full day of school - Exams PM (4th, 5th, and 6th hours)	January 26, 2017
Half day for students AM - Exams 1st, 2nd 3rd	January 27, 2017
Second Semester Begins (Third Quarter)	January 30, 2017
No School- President's Day	February 20, 2017
Full day of school - Exams PM (4th, 5th and 6th hours)	March 30, 2017
1/2 Day of School - Exams 1st, 2nd, 3rd	March 31, 2017
Spring Break - No School	April 3, 2017 to April 7, 2017
SAT Testing: Juniors Only	April 11 2017
PSAT 9/10 and Work Keys Testing AM/ All students PM	April 12 2017
School Resumes and 4th Quarter Begins	April 10, 2017
No School: Good Friday	April 14, 2017
Prom	May 5 2017
Graduation	May 25, 2017
Memorial Day - No School	May 29, 2017
School Resumes	May 30, 2017
Full day of school - Exams PM (4th, 5th, and 6th hours)	June 8, 2017
Half day for students AM - Exams 1st, 2nd 3rd /Last day for students	June 9, 2017
Records Day	June 12, 2017

Late Start Mondays: School will begin at 8:57 AM

September : 12,19,26
 October: 3,10,17,24,31
 November: 7,14,21, 28
 December: 5,12,19
 January: 9,23,30
 February: 6, 13, 27
 March: 6, 13, 20, 27
 April: 10, 17, 24
 May: 1, 8, 15, 22
 June: 5

Flex Fridays: Half day 8:27-11:22

September: 23, 30
 October: 7, 14, 21, 28
 November: 11, 18
 December: 2, 9, 16, 23
 January: 13, 20
 February: 3, 10, 17, 24
 March: 3, 10, 17, 24
 April: 21, 28
 May: 5, 12, 19, 26



Doing Together What Can't Be Done Alone!

Photo Release Permission Slip

As a parent or guardian of this student, I hereby consent to the use of photographs/video taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentations or broadcast via newspaper, internet, social media, or other media sources). I do this with full knowledge and consent and waive all claims to compensation for use, or for damages.

_____ Yes, I give consent for Downriver High School to photograph my student for school purposes and/or at school events.

_____ No, I do not authorize Downriver High School to photograph my student at any event.

Parent/Guardian Signature: _____ Date: _____

Student Name: _____