

HANDBOOK AGREEMENT FORM

The Student Handbook reviews policies and procedures that govern the student body at the Manistique Area Middle and High School. The contents of the Handbook were covered with your child today during school hours. I encourage you to discuss the Handbook with your child. Additionally, there is a link to the Handbook on the Manistique Area Middle and High School website at <http://mmhs.manistiqueschools.org/>

Please sign this form in acknowledgment of the contents of the Manistique Area Middle and High School Handbook and have your child return it to their 1st period teacher by Friday, Sep. 10th.

I have read and understand the contents of the Manistique Area Middle and High School Handbook.

Student's Name _____
(please print)

Signed:

Parent/Guardian

MANISTIQUE AREA SCHOOLS EMERGENCY MEDICAL FORM

(PARENT/GUARDIAN: Please print all information completely and legibly - use dark pen)

STUDENT INFORMATION

Student Last Name:		First:	Middle:	Grade:	Birth Date:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Home Street Address:		City:	State:	Zip:	Student Cell Phone: ()	
Mailing Address: <input type="checkbox"/> same as above					Home Phone: ()	
Race/Ethnicity:		<input type="checkbox"/> Asian America		<input type="checkbox"/> Black or African American		<input type="checkbox"/> White
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> America Indian or Alaskan Native		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> Other _____

FAMILY/CONTACT INFORMATION

<input type="checkbox"/> Mother/ <input type="checkbox"/> Guardian Name:				Cell Phone: ()		
Address:		City:	State:	Zip:	Home Phone: ()	
Employer:		Work Phone:	Email Address:			
<input type="checkbox"/> Primary Contact	<input type="checkbox"/> Secondary Contact	Daytime Preferred Method of Contact:		Cell Phone <input type="checkbox"/>	Home Phone <input type="checkbox"/>	Work Phone <input type="checkbox"/>
<input type="checkbox"/> Father/ <input type="checkbox"/> Guardian				Cell Phone: ()		
Address:		City:	State:	Zip:	Home Phone: ()	
Employer:		Work Phone: ()	Email Address:			
<input type="checkbox"/> Primary Contact	<input type="checkbox"/> Secondary Contact	Daytime Preferred Method of Contact:		Cell Phone <input type="checkbox"/>	Home Phone <input type="checkbox"/>	Work Phone <input type="checkbox"/>
<input type="checkbox"/> Contact Person (IF Parent/Guardian are at available):			Relationship to Student:	Phone: Home <input type="checkbox"/>	Cell <input type="checkbox"/>	Work Phone: <input type="checkbox"/>
				()		()

MEDICAL INFORMATION

Name of Primary Doctor:		Phone:	Name of Dentist:		Phone: ()
<input type="checkbox"/> Allergies: (Please Specify)			<input type="checkbox"/> Special Medical Circumstances: (that you feel we should be aware of)		

RELEASE

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgment in calling the physician indicated above or if not available, to transport the child to a hospital emergency room. Likewise, your signature below is not sufficient for the release of confidential information protected by Federal Law.

MANISTIQUE AREA SCHOOLS IS NOT RESPONSIBLE FOR ANY COSTS OF MEDICAL TREATMENT

Parent/Guardian Signature _____

_____ Date

(OFFICE USE ONLY)

Student ID # _____

UIC# _____

**STUDENT EDUCATION TECHNOLOGY ACCEPTABLE USE
AND SAFETY AGREEMENT**

To access and use the District's Education Technology, including a school-assigned e-mail account and/or the Internet at school, students under the age of eighteen (18) must obtain parent permission and sign and return this form. Students eighteen (18) and over may sign their own forms.

Use of the Education Technology is a privilege, not a right. The District's Education Technology, including its Internet connection and online educational services, is provided for educational purposes only. Unauthorized and inappropriate use will result in a cancellation of this privilege and possibly further disciplinary action.

The Board has implemented technology protection measures, which protect against (e.g. block/filter) Internet access to visual displays/depictions/materials that are obscene, constitute child pornography, or are harmful to minors. The Board also monitors online activity of students in an effort to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. Nevertheless, parents/guardians are advised that determined users may be able to gain access to information, communication, and/or services on the Internet that the Board has not authorized for educational purposes and/or that they and/or their parents/guardians may find inappropriate, offensive, objectionable or controversial. Students accessing the Internet through the school's computers assume personal responsibility and liability, both civil and criminal, for unauthorized or inappropriate use of the Internet.

The Board has the right, at any time, to access, monitor, review and inspect any directories, files and/or messages residing on or sent using the Board's Education Technology. Messages relating to or in support of illegal activities will be reported to the appropriate authorities. Individual users have no expectation of privacy related to their use of the District's Education Technology.

Please complete the following information:

Student User's Full Name (please print): _____

School: _____ Grade: _____

Parent/Guardian's Name: _____

Parent/Guardian

As the parent/guardian of this student, I have read the Student Education Technology Acceptable Use and Safety Policy and Guidelines, and have discussed them with my child. I understand that student access to the Internet is designed for educational purposes and that the Board has taken available precautions to restrict and/or control student access to material on the Internet that is obscene, objectionable, inappropriate and/or harmful to minors. However, I recognize that it is impossible for the Board to restrict access to all objectionable and/or controversial materials that may be found on the Internet. I will not hold the Board (or any of its employees, administrators or officers) responsible for materials my child may acquire or come in contact with while on the Internet. Additionally, I accept responsibility for communicating to my child guidance concerning his/her acceptable use of the Internet - i.e., setting and conveying standards for my daughter/son to follow when selecting, sharing and exploring information and resources on the Internet. I further understand that individuals and families may be liable for violations.

TURN THIS PAGE OVER AND COMPLETE THE QUESTIONS ON THE OTHER SIDE. →

To the extent that proprietary rights in the design of a website hosted on Board-owned or leased servers would vest in my child upon creation, I agree to assign those rights to the Board.

Please check each that applies:

- I give permission for the Board to issue an Internet/e-mail account to my child.
- I give permission for my child's image (photograph) to be published online, provided only his/her first name is used.
- I give permission for the Board to transmit "live" images of my child (as part of a group) over the Internet via a web cam.
- I authorize and license the Board to post my child's class work on the Internet without infringing upon any copyright my child may own with respect to such class work. I understand only my child's first name will accompany such class work.

Parent/Guardian's Signature: _____ Date: _____

Student

I have read and agree to abide by the Student Education Technology Acceptable Use and Safety Policy and Guidelines. I understand that any violation of the terms and conditions set forth in the Policy and Guidelines is inappropriate and may constitute a criminal offense and/or may result in disciplinary action. As a user of the Board's Education Technology, I agree to communicate over the Internet and through the Education Technology in an appropriate manner, honoring all relevant laws, restrictions and guidelines.

Student's Signature: _____ Date: _____

Teachers and building principals are responsible for determining what is unauthorized or inappropriate use. The principal may deny, revoke or suspend access to and use of the Education Technology to individuals who violate the Board's Student Education Technology Acceptable Use and Safety Policy and related Guidelines, and take such other disciplinary action as is appropriate pursuant to the Student Code of Conduct.

11/14

NATIONAL SCHOOL LUNCH PROGRAM – SEAMLESS SUMMER OPTION HOUSEHOLD INFORMATION REPORT – LETTER TO HOUSEHOLDS

100 North Cedar Street
Manistique, MI 49854



Manistique Area Schools

Administration and Principal's Office
(906) 252-4300

Administration FAX (906) 252-4600
High School FAX (906) 252-4603

www.manistiqueschools.org

Dear Parent or Guardian:

We are pleased to inform you that the Manistique Area School District will be participating in the Seamless Summer Option as part of the National School Lunch and School Breakfast Programs for the School Year 2021-2022.

The GREAT NEWS is that ALL students enrolled at our school can receive a healthy breakfast and lunch at NO CHARGE to your household each day.

We still need your household to **fill out and sign the Household Information Report**. This report is *critical* in determining the amount of money that our school receives from a variety of State and Federal supplemental programs like Title I A, At-risk (31a), Title II A, E-Rate, etc.

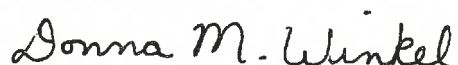
These supplemental programs have the potential to offer supports and services for our students including, but not limited to:

- Instructional supports (staff, supplies & materials, etc.)
- Non-instructional services (counseling, social work, health services, etc.)
- Professional Learning for staff
- Parent and Community engagement supplies and activities
- Technology

We are asking that you please complete and submit it as soon as possible to ensure that additional funding for our school is available to meet the needs of our students. All information on the report submitted is confidential. Without your assistance in completing and returning the attached report, our school cannot maximize the use of available State and Federal funds.

If we can be of any further assistance, please contact Donna Winkel at 906-252-4326 or dwinkel@manistiqueschools.org.

Sincerely,



Donna Winkel
Business Manager

INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD INFORMATION REPORT

This report is used to determine eligibility for state benefits for which your child(ren)'s school may qualify. Please complete, sign, and return this form to your child's school.

If any member of your household receives benefits from the Food assistance program (FAP), family independence program (FIP), or FDPIR please follow these instructions:

Part A: Student Information - For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received: If any household member, including adults, receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR), provide the name and case number. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Part C: Size of Family - Enter the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Total Monthly Household Income - Skip this part

Part E: Certification - Sign the form. Print your name and Date.

If your household does not receive benefits from the Food assistance program (FAP), family independence program (FIP), or FDPIR please follow these instructions:

Part A: Student Information - For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received: Skip this part.

Part C: Size of Family - Enter the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Total Monthly Household Income - Enter monthly income for all household members for each type of income that applies. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc. If you have no income for a category, circle NONE. Add lines though 1 through 6 and enter the Total Monthly Household Income.

Part E: Certification - Sign the form. Print your name, date, and contact information.

HOUSEHOLD INFORMATION REPORT SY 2021 - 2022

Manistique Area Schools

To determine eligibility for various additional state and federal program benefits that your school may qualify for, please complete, sign and return this report to Donna Winkel at the Manistique Area Schools.

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

PART A: STUDENT INFORMATION – Complete for each student Pre-K through 12th Grade

Student's Last Name	Student's First Name	Grade Level	School	Identify H if Homeless M if Migrant R if Runaway F if Foster

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

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

Name: _____ Case Number: _____

PART C: SIZE OF FAMILY - Enter the total number of individuals living in your household, including all adults and children →

PART D: TOTAL MONTHLY HOUSEHOLD INCOME – Report income for all members of household excluding Foster Children. If you have reported a case number above, you do not need to fill in this section. Simply sign and date form.

Type of Income	Income	Circle if None
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefits	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
Total Monthly Household Income (Add lines 1-6)	\$	

PART E: SIGNATURE - I certify (promise) that all information on this report is true and that all income is reported. I understand that the school will get federal/state funds based on the information I give. I understand that school officials may verify (check) the information.

(Signature) _____
(Printed Name) _____
(Date)

(Address) _____
(City) _____
(Zip)

(Home Phone) _____
(Work Phone) _____
(Email Address)

Do NOT fill out this section. This is for school use only.

Status: F _____ R _____ N _____ Determining Official's Signature: _____ Date: _____