



New Era Christian School
Growing a Firm Foundation Through Home, Church, & School

Enrollment Application 2024-2025

Family Last Name _____

New Family: Complete the entire form. Provide a copy of each child's birth certificate.

Returning Family: Confirm your information on the attached page and complete the bottom portion of this form.

Father's Name _____ Father's Phone _____

Mother's Name _____ Mother's Phone _____

Address _____

Father's Email _____ Mother's Email _____

Church _____

Emergency Contact Name and Phone _____ Relationship to child _____

Emergency Contact Name and Phone _____ Relationship to child _____

Grandparents _____ Email _____

Grandparents _____ Email _____

Authorized pick up _____

Medical Conditions (allergies, medications, special conditions) _____

Permission to treat: Tylenol yes/no Ibuprofen yes/no

Child's name _____ DOB _____ Grade _____ Ethincity _____

Child's name _____ DOB _____ Grade _____ Ethincity _____

Child's name _____ DOB _____ Grade _____ Ethincity _____

Child's name _____ DOB _____ Grade _____ Ethincity _____

Previous Schools Attended _____

Returning Family-Select One

_____ I have confirmed my child's information, my contact information, and emergency contact information on Gradelink (see attached page). All information is correct.

_____ My information in Gradelink needs to be updated. I noted the needed changes on the attached page.

Parent Signature _____

Date _____

New Era Christian School Position Statement

Statement of Beliefs – New Era Christian School’s mission is based on God’s infallible Word, the Bible, and is explained in the following beliefs:

- **GOD:** There is one infinite, holy, loving, personal God who speaks to us in Scripture and reveals Himself to us in his acts of creation, salvation, and renewal as Father, Son, and Holy Spirit. As finite human beings created in God’s image, we declare that it is our purpose and privilege to worship, honor, serve, and obey Him.
- **CREATION:** The world belongs to God, who created it and faithfully sustains it by His providence. Creation is the theater of God’s glory, displaying His power and majesty. God calls us to discover creation’s resources, to receive these gifts with thanksgiving and delight, and to use them wisely as stewards and caretakers who are responsible to God and to our neighbor.
- **SIN:** Our ability to carry out our human calling to honor God, serve our neighbor, and care for creation is marred by the corrosive effects of sin, which touches every part of life. When our first parents listened to Satan’s lie, questioned God’s Word, and rebelled against Him, they brought His judgment upon themselves, their descendants, and creation. Brokenness, disease, hatred, arrogance, alienation, abuse of creation, and ultimately death are some of the inevitable fruits of sin in our world.
- **COVENANT:** God has not rejected or abandoned His world but has turned to it in love. He gave the rainbow sign to Noah as a pledge of His promise to care for all creatures. He made a covenant with Abraham, promising to be a faithful God to him and his children, and through them, to bless all nations. He disclosed His law for the human community through His servant Moses, promising rich blessings as the fruit of obedience. God always keeps His promises. We acknowledge with gratitude and joy that He is our God and the God of our children; that we are His people, and that this is His world.
- **REDEMPTION:** As He promised, God in love sent His Son, Jesus Christ, into the world to save us from sin and its consequences. The atoning death of the Son of God is the only complete payment for the debt of human sin, and Christ’s resurrection is the only liberation from the powers of evil and death. The victorious Lord sends the Holy Spirit to create faith, cleanse and renew hearts, and build a community of love and holiness. It is this community’s mission to proclaim and live this good news and to make disciples of all people in all nations.
- **KINGDOM OF GOD:** Jesus Christ is King of Kings and Lord of Lords. His kingdom is an everlasting kingdom, and He reigns over all things for our good. To be a citizen of this kingdom is a privilege, a joy, and a responsibility. Led by His Spirit, we place our every thought, word, and deed in the service of Christ’s present and coming reign, and we live daily in the confident hope of His triumphant return.
- **MARRIAGE AND FAMILY:** God instituted marriage, as biblically defined and historically interpreted, to be a sacred union between a man and a woman, and that sexual intimacy is best expressed within this design. With this in mind, NECS requires that its “standard bearers” – namely board members, staff, and volunteers with student mentorship roles – adhere to and promote this position, and that volunteers with student mentorship roles acknowledge and respect this position.

ADMISSION: Our school is open to all families desiring a comprehensive Christian education regardless of race, color, sex, national origin, or denominational affiliation. NECS will, however, always teach historical Christian doctrine as professed in the Apostle’s Creed. A parent’s or guardian’s signature on the annual enrollment agreement represents not only their understanding of this condition, but also their consent to have their child immersed in an educational environment steeped in a Biblically-based Christian worldview, including the beliefs on marriage and sexual intimacy outlined in the Statement of Beliefs. Because human beings are created in the image of God their Creator, we also affirm that all humans have inestimable value and must be treated with dignity and respect. We humbly acknowledge our own human frailty and will seek to love one another as He has loved us.

Statement of Agreement

Initials

I (we) agree to fully & actively support the Biblical Christian Worldview taught at NECS. _____

I (we) understand that NECS does not turn away families seeking a Christ-centered education due to their income level. Instead, in return for an excellent Christ-centered education, our families pledge an amount that they are able to afford, they promise to pay their pledge on a timely basis and they promise to work toward paying the cost of education even after their children graduate from NECS. _____

I (we) understand that New Era Christian School complies with applicable State law that prohibits discrimination against a student in the full utilization of or benefit from the School, or the services, activities, or programs provided by the School because of race, color, national origin, or sex. _____

I (we) understand that New Era Christian School complies with applicable State law that prohibits discrimination in any manner in the full utilization of or benefit from the School, or the services provided and rendered by the School to an individual because of a disability that is unrelated to the individual's ability to utilize and benefit from the School or its services, or because of the use by an individual of adaptive devices or aids. _____

I (we) understand that admission decisions are subject to the governing authorities of New Era Christian School, which reserves the right in its sole discretion to accept or reject any student. _____

I (we) will actively support New Era Christian School, its Board, Administration, Teachers, and Staff through prayer and participation in school functions and by volunteering for school events. I (we) will fully support this School's enforcement of its rules, regulations and discipline policies as stated in the Student Handbook. _____

I (we) agree that if my (our) student(s) does not comply with the rules, regulations, and discipline policies of the School, after reasonable opportunities to conform his/her (their) conduct, the School has full authority to discontinue enrollment and/or reject future requests for enrollment, at the School's sole discretion. If disagreement exists about the School's enforcement of such rules, regulations, and discipline policies, I (we) will handle the issue in accordance with Matthew 18 and have direct communication with the school administration and not resort to unbiblical transmission of information which can lead to rumor and gossip. We understand that we will be given the opportunity to discuss such matters in a face-to-face conversation with the Teachers, Administration or Board, as the School believes is appropriate. _____

I (we) will actively and fully support the School's decisions about the educational programs provided to my (our) student(s). I (we) agree to uphold and maintain the fundamental unity of the School, church, and the home. Because of the importance of this fundamental unity to the success of the Christian education I (we) desire for my (our) student(s), if there is disagreement with the School's recommended educational programming or policies, I (we) understand and agree that I (we), or the School, at any time, may discontinue my (our) student(s)' enrollment. If there is disagreement with the School's decision to discontinue enrollment, I (we) will have the opportunity to discuss the disagreement with the Teachers, Administration, or Board, as the School believes is appropriate. _____

I (we) understand that photographs of students and faculty may be used to promote New Era Christian School. Promotional items include, but are not limited to, school publications such as videos, newsletters, home bulletins, donor correspondence, and yearbooks; as well as external media such as newspapers, magazines, television stations, and various internet publications. In most cases, students' full names will not be used in conjunction with their photos. However, I (we) agree that using a student's full name will be necessary in cases of recognition, yearbook, and general day-to-day information for the school. _____

I (we) understand that middle school students are required to participate in sports and a sports physical is required for all students (forms will be provided to you). _____

I (we) understand that there are times when food items are brought in/made by parents for hot lunches and other events, and the school is not held responsible for any allergies our student(s) may have. _____

I (we) understand that service/working dogs are allowed in the building at times. _____

I (we) subscribe to the Statement of Belief identified earlier in this enrollment packet. _____

By enrolling, I (we) understand it is primarily because of my (our) earnest desire that my (our) student (s) receive a Christ-centered education.

SIGNATURE OF ENROLLING PARENT(S): _____
(Father)

DATE: _____

(Mother)

DATE: _____

New Era Christian School (NECS) New Family Introduction & Interview

Welcome to NECS,

As followers of Christ, we at NECS believe it to be our God-given duty & privilege to provide Christian instruction to our children. The basis & foundation of NECS is the Infallible Word of God. We at NECS believe that the home, church, & school relationship are interrelated and should align in the raising up of a child in the way he/she should go. We believe that the primary responsibility of Christian education and training starts in the home. This training is then implemented and developed in the church and continually reinforced & supported through our school.

These commandments that I give you today are to be on your hearts. Impress them on your children. Talk about them when you sit at home and when you walk along the road, when you lie down and when you get up. Deuteronomy 6:6,7

The following is a series of topics and questions that would likely come up with the family interview committee.

Family

- Tell us why you want your child/children to attend NECS.
- Our mission is to provide an excellent Christ-centered education that prepares students for lives of Christian service. What does this mean to you?
- We believe that instruction of your children at home, church, and school are interrelated and should align one with another. What does this mean to you?
- We require students to participate in art, music, and sports in addition to normal academic classes so that they may develop into well-rounded individuals. Do you have any thoughts on this policy?
- NECS Society. You are becoming a member of the NECS society, do you understand what this is and the expectations?

Faith

- Are you and your family attending regularly and active in a local church body?
- What activities does your child/children participate in?
- Do you believe that the Bible is the inspired and infallible word of God and suitable for instruction and correction?
- Do you believe the Apostles Creed is a valid summary of the Christian faith? God the Father is the creator of everything, His Son, Jesus, died for our sins by taking on human flesh, suffered, died on a cross, was buried, rose again, and ascended into heaven. As a result of confession, repentance, and acceptance of Him & His sacrifice the Holy Spirit lives in our hearts and inspires us to live Godly lives.

Financial

- Financial commitment conversation – ability level, desire
- Tuition Policy review – Tuition cost, full vs partial tuition
- FACTS Program Explanation (factsmgt.com) – determining affordable tuition commitment.

Volunteer

- We believe that parents need to actively participate in the life of the school. Is this important to you and are you able to do this?
- Volunteer Policy review. Are you able & willing to make a volunteer time commitment?
- What areas would you be able & willing to volunteer?

Registration Overview and Related Policies

Key Dates:

March 1 - Initial registration letter sent out
April 30 - FACTS application submission deadline
June 15 - FACTS verification deadline

FACTS Grant and Aid Assessment Application Deadline:

Current NECS families must submit a FACTS application before April 30 to receive financial assistance. Furthermore, their financial information must be verified by June 15.

New families must have verified FACTS information before any financial aid can be awarded..

All families whose financial information cannot be verified will be charged full tuition.

FACTS Grant and Aid Assessment Pledges:

A pledge will be considered by the school once the financial information is verified on FACTS.

Once financial information is verified, families whose pledge meets the minimum tuition criteria, **and** are at or above the FACTS recommendation, are automatically accepted. Once confirmed, families will receive a letter from NECS as soon as possible.

Families whose pledges are below the FACTS recommendation are subject to an initial review process. The review process is at the discretion of the principal and the NECS school board. It would include a face-to-face meeting with the principal and a board member. Families whose pledge continues to be below the FACTS recommendation and the minimum tuition criteria, can submit an appeal to be reviewed by the School Board. A decision regarding approval will be made at the next board meeting.

Minimum Tuition Requirement:

The current minimum tuition as set by the Board of education is \$2000 per student.

ACH Form:

NECS families who do not pay the full cost of tuition by September 1 must make monthly payments through our automatic payment service. Payment will be drawn on the 20th of each month. Tuition will be divided into 12 equal installments except in the case of late registration. For these cases, tuition will be divided by the number of months remaining in our fiscal year.

Activities Fees:

NECS collects an activity fee for workbooks, school books, milk and technology for all children at registration (for amount, see registration paperwork). These fees are non-refundable.

PACE Fees:

The tuition charged to families does not cover the actual cost of education for our students. Therefore, in order for NECS to continue its mission, it is essential that families contribute volunteer hours to serve in a variety of ways. The PACE organization plays a vital role in both fundraising and recruiting assistance with various building projects. Most importantly, it promotes community involvement which is the catalyst for fulfilling our call to act as the body of Christ. PACE communications provides information about volunteer opportunities that occur throughout the school year as well as during the summer months.

Our goal is that each family would contribute 20 hours of service (10 hours of service for a single parent family household) during the course of a year (June 1 - May 31). The PACE fee of \$200 that is collected with the

enrollment form will be credited back to the account of the family after their commitment of service hours is fulfilled. For families that are unable to complete service hours, \$200 will not be credited back to their account.

Bus Use Fee:

Families using the bus for transportation of their children will remit the fee using one of the following options:

- A. Payment made in full at the time of registration.
- B. Monthly payments – payable through SSB automatic withdrawals.
- C. Refund Policy
 - a. Families rescinding their registration prior to the first day of the school year will receive a 100% refund of their Bus Use Fee.
 - b. No Bus Use Fees will be refunded after the first day of the school year.

Unpaid Tuition, Activity Fees, Bus Fees, etc.:

Families with unpaid tuition, activity or bus fees from the previous school year, may not enroll their children for the upcoming school year until all obligations are fulfilled. In cases of extenuating circumstances, families can make an appeal to the board.

Tuition Refund Policy:

Families rescinding their registration prior to the first day of the school year will receive a 100% refund of any tuition paid. Should a family withdraw their child from NECS after the school year has started, NECS will refund any tuition remitted according to the following formula: Divide the number of weeks the child has been in school by the total number of weeks in a school year (36), then multiply that percentage by their yearly pledge. No refunds will be issued after January 1 of the current school year.

Cost/Tuition Rates for 2024-2025

Grade Level	Per child cost of education *	Tuition **	Required activity fee per student
3-Year-Old Preschool	NA	\$1,000	none
4-Year-Old Preschool****	NA	\$2,900	none
Kindergarten ***	\$5,800	\$4,800	\$150
1st - 8th Grade ***	\$7,000	\$6,000	\$150

* Per child cost of education: The amount it costs to educate a child. Parents are encouraged to pay the per child cost of education. They will receive a letter/receipt acknowledging a tax-deductible gift/donation of \$1,000 per student (K-8th).

** Tuition: This is a lower cost of education that we can offer due to the generosity of donors. This is the scheduled rate that is offered to our families which includes instructional, administrative, and operational expenses. Parents may elect to pay the scheduled tuition rate.

*** Financial assistance is available for those who qualify (K-8, no Prek). An application must be filled out through FACTS.

FACTS application submission deadline: April 30

FACTS verification deadline: June 15

All families whose financial information cannot be verified will be charged full tuition when the first payment is drawn on August 20.

**** Half days may be available at a reduced cost.

Additional Forms

Volunteer/ Driver Profile: To be completed if you are interested in driving students to field trips or athletic events. A copy of your driver's license, vehicle registration, and vehicle insurance must be included. This form needs to be completed each school year.

MHSAA Athletic Physical: All 6th-8th grade students must have a current physical on file for participation in athletic practices and events. **Must be completed on or after April 15, 2024.**

2024-2025 NECS Enrollment/Accounting Form

Family Name: _____

Pledge Information

My tuition pledge for the 2024-2025 school year will be _____
(See Registration Overview and Related Policies document for guidance and details regarding pledges.)

Select one:

- I will pay the full cost of education.
- I will pay the cost of tuition.
- I will be applying for tuition assistance using my 2023 tax return. (See Registration Overview and Related Policies document for important dates and deadlines.)

Select one:

- I will pay my tuition pledge in full by August 1.
- I will pay my tuition in installments through Shelby State Bank's Auto Payment Service in 12 installments.

Bus Information: Bus Fare \$700

Select one:

- My children will not ride the bus.
- My children will ride the bus.

If your children are riding the bus, select one:

- I will pay the bus fare by Aug. 1.
- I will pay the bus fare in installments through Shelby State Bank's Auto Payment Service.

Fees/Payments Due at Time of Enrollment

Activity Fees: Number of students X \$150 \$ _____ (\$500 max per family)

PACE Fee: \$200 \$ 200
(Will be credited to your account upon completion of 20 volunteer hours)

Prepaid Tuition Payment (if any) \$ _____

Total due at time of enrollment \$ _____

Any unpaid fees will be added, in full, to your August payment.

Date Paid: _____ Cash _____ Check # _____ Received by: _____



New Era
Christian School

Volunteer and Driver Profile

A volunteer profile is to be completed by all family members (parents, grandparents, older siblings, etc.) who are participating in field trips or are regularly involved in volunteer capacities at New Era Christian School. It is being used to help the school provide a safe and secure environment for the children who participate in our school activities and to protect the volunteers with whom our students have contact. These items can be brought into the office or emailed to office@newerachristian.org.

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone (____) _____ Work/Cell Phone (____) _____

Driver's License or State ID # _____ Race: _____ Gender: M / F

Other Names (Aliases, Maiden): _____

Have you been arrested or convicted of child or domestic abuse; including physical or sexual abuse, neglect, molestation or exploitation of a minor? Y / N

Have you ever been arrested or convicted of any other crime? Y / N

If yes, please explain: _____

Are you interested in driving for any school activities (field trips sporting events, etc.)? Y / N

*If yes, please complete the following and **submit a copy of your driver license and proof of insurance.** Volunteer drivers must be at least 21 years of age, hold a valid driver's license and have insurance coverage on any vehicle used.*

Owner of vehicle: _____ Make/Model: _____ Year: _____

License Plate #: _____ Front Air Bag? Y / N Total Number of Seatbelts: _____

Do you have more than six active points on your driving record? Y / N

VOLUNTEER'S STATEMENT:

The information I have provided is correct to the best of my knowledge. I authorize New Era Christian School to perform annual criminal background checks. I understand it is my right to request a copy of any background check report provided by any state agency and that I may challenge the completeness of any information provided therein. I understand New Era Christian School's abuse policy and realize that any allegation of abuse could result in suspension of my service duties within the school. I additionally understand that the school will report all allegations of physical and sexual abuse to the appropriate authorities (Children's Protective Services and local law enforcement department). My signature acknowledges my understanding and agreement with this policy.

Signature: _____ Date: _____

This document outlines the expectations we have for all volunteers who work with NECS students. Please read this policy carefully. Before you volunteer, you must accept the terms and conditions of the NEC Volunteer Policy.

Confidentiality:

Confidentiality is of the utmost importance. What you see and hear at the school is private. Students you observe in the classroom or the school cannot be discussed with parents, faculty, or staff. Refer any questions or concerns regarding students at NECS to the child's teacher or the principal.

If you are volunteering in the classroom:

Your time must be prearranged with the classroom teacher.

Please do not bring any siblings/children with you when you are volunteering during school hours.

You are never to be alone in the classroom, or with a child, and must always be under the supervision of the assigned teacher.

If you are attending a field trip as a driver and/or chaperone:

We expect your full attention for the children you are supervising on the field trip.

We require that you have a valid driver's license, proof of insurance and a safe vehicle for children to ride in with the appropriate car seats and seat belts.

Volunteers may not bring other children with them. Exceptions: At times, teachers invite other family members for special functions.

Language and Behavior:

Profanity, inappropriate language or discussions, harsh language, sarcasm, and putdowns are not allowed on campus or on field trips.

Social Media:

Volunteers are not allowed to post negative criticisms or statements about students, teachers, parents, administrators, or school policies and practices. Violation of this policy jeopardizes a parent's invitation to volunteer, as well as the family's enrollment at NEC.

Classroom Disruptions:

Please conduct all private conversations outside of the classroom.

Refrain from addressing personal concerns regarding a teacher's techniques, attitude, style, and classroom management during volunteer times. Concerns such as these must be discussed by appointment with the teacher.

Cell Phones:

Cell phones are to be turned off or silenced in the classrooms.

Discipline:

Discipline is solely the responsibility of the teacher. On field trips when you are the adult supervising a group of children and the teacher is unavailable, volunteers may appropriately address safety or behavior issues. It is the responsibility of the volunteer to inform the teacher about these issues. Any consequences for behavior are the responsibility of the teacher, not the volunteer.

Students Must Treat Volunteers With Respect:

If on any occasion you are treated disrespectfully, tell the teacher or the principal as soon as possible.

Return to the school office by Friday, September 13, 2024

2024-2025 PACE Service Sign Up Form

NECS Family Info:

Last Name: _____

Mothers Name: _____ **Phone #:** _____

Best Method for Fast Contact: _____ Phone Call _____ Text _____ E-mail: _____

Father's Name: _____ **Phone #:** _____

Best Method for Fast Contact: _____ Phone Call _____ Text _____ E-mail: _____

Name(s) of Student(s):

_____ Grade: _____ _____ Grade: _____

_____ Grade: _____ _____ Grade: _____

Areas I/We Feel Able or Gifted to Serve: Please check all that apply or that you are willing to try

- | | |
|---|--|
| <input type="checkbox"/> Being the Kitchen Keeper | <input type="checkbox"/> Cake Roll Sale Order Prep |
| <input type="checkbox"/> Playground Monitor | <input type="checkbox"/> Grandparent's Day |
| <input type="checkbox"/> P.A.C.E. Hot Lunch Worker | <input type="checkbox"/> School Year & Summer Cleaning & Organizing Projects |
| <input type="checkbox"/> Chair an NECS Fundraising Event. | <input type="checkbox"/> Building and Grounds Projects |
| <input type="checkbox"/> Soliciting Items & Donations for Fundraisers | <input type="checkbox"/> Flower Basket Sales |
| <input type="checkbox"/> Working or Serving at Fundraiser Events | <input type="checkbox"/> Serve on the P.A.C.E. Board |
| <input type="checkbox"/> Fall Festival | <input type="checkbox"/> Serve on the School Board |
| <input type="checkbox"/> Apple Pie Making Day | |
| <input type="checkbox"/> Banket Making Day | |

We are Willing to Personally Grow to Serve: I /We would be willing to set an example for our children in growing my/our strengths and talents by doing one of the following...even if it means stretching the boundaries of my/our comfort zone!

_____ I would be willing to learn how to chair/assist with chairing, one of our school's major fundraising events.
Event I would be interested in: _____

_____ I have experience chairing one of our school's major fundraising events, and would be willing to teach someone how to chair it this year.
Event I am experienced in: _____

_____ *I/We fully understand what is required and expected of our family, in regards to the number of volunteer service hours required at New Era Christian School. I/We agree to complete and fulfill the number of service hours required to the best of my/our ability. I/We understand that the \$200 service hour fee will not be refunded if these service hours are not met. Required hours: 20 service hours per family (10 for single-parent families) from June 1-May 31. We will submit our service hours on our Gradelink account.*

_____ *I/We DO NOT feel that I/we are able to commit to the required number of service hours or to the required fee for not serving, due to a legitimate reason. I/we understand that in checking this line, I/we are required to submit a written explanation for not serving or paying, and attach it to this form. I/We also understand that a member of the PACE Board, the School Board or the Principal may contact me/us to discuss my/our situation further.*

Signature: _____

Date: _____



New Era Christian School

1901 Oak Avenue
New Era, MI 49446
Phone: 231-861-5450

REQUEST FOR STUDENT RECORDS

I hereby grant permission to have

Name of Current School

Street Address

City, State, Zip Code

send school records of my child(ren) to:

New Era Christian School

1901 Oak Ave.

New Era, MI 49446

Phone: 231-861-5450

E-Mail: office@newerachristian.org, jeppink@newerachristian.org

Signature _____ Date _____

Please send the CA60 file for the students listed below

Name of Student (s)	Birthdate	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



New Era
Christian School
Growing a Firm Foundation Through Home, Church, & School

Consent for Access of Information

I, _____, by my signature below, give my consent for designated representatives of New Era Christian School, in New Era, Michigan, to access confidential information including the following (indicated by check marks below; Please note that the other organization may also require a signed release):

_____ Medical information for student (name) _____

Name of Professional: _____

Address: _____

Phone

Number: _____ Email: _____

_____ Psychological, psychiatric, or other treatment reports and relevant information, including consent for email, telephone and/or person-to-person correspondence for student (name) _____

Name of Professional: _____

Address: _____

Phone

Number: _____ Email: _____

_____ Employment/human resources information, professional/personal references information, and other information relevant to hiring decisions for candidate (name): _____

School/Organization: _____

Contact Person/Position: _____

Phone

Number: _____ Email: _____

_____ Educational information, including CA-60 review, email/telephone/in-person discussion with teachers/school administrators, and other relevant educational information, for student (name) _____

School/Organization: _____

Contact Person/Position: _____

Phone

Number: _____ Email: _____

_____ Other: Specify _____

Signature: _____ Date: _____

Printed Name: _____



MEDICAL HISTORY: Completed by Parent or Guardian or 18-Year-Old

Student Name: _____ Date of Birth: _____

Doctor: _____ Doctor's Phone: _____ Date of Exam: _____

- GENERAL QUESTIONS Y N

Has a doctor ever denied or restricted your participation in sports for any reason?
Do you have any ongoing medical conditions? If so, please identify below:
Asthma Anemia Diabetes Infections Other.
Have you ever spent the night in the hospital or have you ever had surgery?
Do you have any concerns that you would like to discuss with a doctor?

- HEART HEALTH QUESTIONS ABOUT YOU Y N

Have you ever passed out or nearly passed out DURING or AFTER exercise?
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?
Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?
Has a doctor ever told you that you have any heart problems? Check all that apply:
High blood pressure Heart murmur Heart infection High cholesterol
Kawasaki disease Other.
Has a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram)
Do you get lightheaded or feel more short of breath than expected during exercise?
Do you have a history of seizure disorder or had an unexplained seizure? Fainting?
Do you get more tired or short of breath more quickly than your friends during exercise?

- HEART HEALTH QUESTIONS ABOUT YOUR FAMILY Y N

Has anyone in your family had a pacemaker or implanted defibrillator before age 35?
Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?
Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic, right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?

- BONE AND JOINT QUESTIONS Y N

Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?
Have you ever had any broken or fractured bones, dislocated joints or stress fracture?
Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?
Do you regularly use a brace, orthotics or other assistive device?
Do you have a bone, muscle or joint injury that bothers you?
Do any of your joints become painful, swollen, feel warm or look red?
Do you have any history of juvenile arthritis or connective tissue disease?
Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?

- MEDICAL QUESTIONS Y N

Do you cough, wheeze or have difficulty breathing during or after exercise?
Have you ever used an inhaler or taken asthma medicine?
Is there anyone in your family who has asthma?
Were you born without, or missing a kidney, eye, testicle (males), spleen or any other organ?
Do you have groin pain or a painful bulge or hernia in the groin area?
Have you had infectious mononucleosis (mono) within the last month?
Do you have any rashes, pressure sores or other skin problems?
Have you had a herpes or MRSA skin infection?
Do you have headaches or get frequent muscle cramps when exercising?
Have you ever become ill while exercising in the heat?
Do you or someone in your family have sickle cell trait or disease?
Have you had any problems with your eyes or vision or any eye injuries?
Do you wear glasses or contact lenses?
Do you wear protective eyewear such as goggles or a face shield?
Immunization History: Are you missing any recommended vaccines?
Do you have any allergies?
Have you ever had a head injury or concussion?
Have you ever received a blow to the head that caused confusion, prolonged headache or memory problems?
Have you ever had numbness, tingling, weakness or inability to move your arms or legs after being hit or falling?
Have you ever had an eating disorder?
Do you worry about your weight?
Are you trying to or has anyone recommended that you gain or lose weight?
Are you on a special diet or do you avoid certain types of foods?

- FEMALES ONLY (Optional) Y N

Have you ever had a menstrual period?
If "YES", When was your most recent menstrual period?
How old were you when you had your first menstrual period?
How many periods have you had in the last 12 months?

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

Please explain any "YES" answers: _____

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

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

Table with columns: MEDICAL, NORMAL, ABNORMAL, MUSCULOSKELETAL, NORMAL, ABNORMAL. Rows include: Appearance: Marfan stigmata, Eyes/Ears/Nose/Throat, Heart: Murmurs, Lungs, Abdomen, Genitourinary (males only), Skin: HSV, Neurologic.

RECOMMENDATIONS: _____

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities except: _____

EXAMINER Name of Examiner (print/type): _____ Date: _____
Signature of Examiner: _____ (Check One): MD DO PA NP

(DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE)

EMERGENCY INFORMATION: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

Student: _____ Grade: _____ Doctor: _____ Phone: (____) _____

IN EMERGENCY (1): _____ Home #: (____) _____ Cell #: (____) _____

IN EMERGENCY (2): _____ Home #: (____) _____ Cell #: (____) _____

Drug Reactions: _____ Current Medications: _____

Allergies: _____



PRE-PARTICIPATION PHYSICAL - CONSENT - INSURANCE

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

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

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

Student Name: LAST FIRST MIDDLE INITIAL
Student Address: STREET CITY ZIP
Sex: M F Age: Date of Birth: Place of Birth (City/State):
School: Circle Grade: 6 7 8 9 10 11 12
Parent/Guardian Name:
Phone (home): (work): (cell):
Parent/Guardian Name:
Phone (home): (work): (cell):
Email Address: Parent/Guardian/18-Year-Old:

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

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

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

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

1 Signature of STUDENT: Date:

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

INSURANCE STATEMENT

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

The student-athlete has health insurance: YES NO

If YES, Family Insurance Co: Insurance ID #:

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

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

(DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE)

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

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

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