



ELLIS ELEMENTARY SCHOOL
ENROLLMENT CHECKLIST

Student Name: _____

Grade Entering: _____ Enrollment Date: _____

To enroll your child at Ellis Elementary, we require the following documents:

- _____ Birth Certificate – Certified original birth certificate with the raised seal. We cannot accept a copy of a birth certificate.
- _____ Immunizations – Please review with secretary.
- _____ Proof of Residency – Utility bill, lease agreement, property tax bill or purchase agreement. We cannot accept a driver’s license as proof of residency.
- _____ Proof of Guardianship/Custody – If parents are divorced, a copy of court documentation showing custody responsibility. If guardianship is applicable, documentation must be notarized.
- _____ Registration/Emergency Form
- _____ Home Language Survey
- _____ Student Residency Form – McKinney-Vento
- _____ Authorization to Release Records
- _____ Prior Discipline Form
- _____ Field Trip Permission and Photo/Video Release Form
- _____ Transportation Form
- _____ Technology Acceptable Use Agreement
- _____ Immunization Disclosure Consent Form
- _____ Current Transcripts
- _____ Special Education Permission to Place (if applicable) – We must have most recent IEP before student can be scheduled into classes
 - _____ Section 504 Plan
 - _____ Current IEP
 - _____ Current MET
- _____ Free/Reduced Lunch Application (distributed on the first day of school)

**BELDING AREA SCHOOLS
REGISTRATION/EMERGENCY FORM**

Today's Date: _____ 1st Date of Attendance: _____ Entering Grade: _____

Student's Legal Name: _____
Last First Middle

Address: _____
Number/Street Name City State Zip Code County

Birthdate: _____ Birth Place: _____ Gender: Male Female
Month/Day/Year City/State/Country

Ethnicity and Race: (Note: Both Part A and Part B of the question must be answered. If either part (A or B) is not answered, the U.S. Department of Education **requires** the school district to supply an answer on your behalf.)

Part A: Is this student Hispanic/Latino (Choose only one) <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
Part B: What is the student's race? (If Multi-Racial, please indicate with percentages)
____ White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa)
____ Black or African American (A person having origins in any of the original peoples of the Black racial groups of Africa)
____ American Indian/Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America)
____ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands)
____ Asian American (A person having origins in any of the original peoples of the Far East, Southeast Asia, Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)

Is your child's native (first) tongue a language other than English? Yes No What is the other language? _____

Is the primary language used in your child's home or environment a language other than English? Yes No
What is the other language? _____

Where was your child/student born? State _____ Country _____

If your child/student was born outside of the U.S., then when did the child/student enter the country? _____

Previous school attended: _____
District Name City/State

Has your child attended Belding Area Schools before? Yes No

Has your child been expelled from school? Yes No

If yes, please explain: _____

Special services your child received at previous school: (check all that apply) McKinney-Vento (Homeless)

Speech Learning Disabled Social Worker Title I Reading Recovery Limited English Proficient Migrant

Adult MALE Parent/Guardian in the Home: _____ Relationship: _____

Date of Birth of Adult MALE Parent/Guardian in the Home: _____

Place of Employment: _____ Hours: _____ Work Number: _____

Home Phone Number: _____ Listed: Yes No

Cell Number: _____ Email Address: _____

Adult FEMALE Parent/Guardian in the Home: _____ Relationship: _____

Date of Birth of Adult FEMALE Parent/Guardian in the Home: _____

Place of Employment: _____ Hours: _____ Work Number: _____

Home Phone Number: _____ Listed: Yes No

Cell Number: _____ Email Address: _____

Other children who reside in the Home:

Legal Name	Birthdate	Grade	Building		
_____	_____	_____	_____	<input type="checkbox"/> natural sibling	<input type="checkbox"/> step sibling
_____	_____	_____	_____	<input type="checkbox"/> natural sibling	<input type="checkbox"/> step sibling
_____	_____	_____	_____	<input type="checkbox"/> natural sibling	<input type="checkbox"/> step sibling

Parent living elsewhere: _____ Home Phone Number: _____ Mailings? Yes No

Address: _____
Number/Street Name City State Zip Code

Custody Issues: _____

Emergency Contact Person (Other than Parent)	Phone Number	Relationship
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____

Does your child attend a day care center or go to a sitter after school? Yes No

If yes, _____
Number/Street Name City State Zip Code

Emergency medical conditions/problems: (check ALL that apply)

- hemophiliac diabetic epileptic asthma contact lenses wears glasses
 seizures allergy (please list below)

Other medical conditions that may affect your child at school: _____

Allergies (please list food, medication, and environmental allergies): _____

Medications (please list medications that your child is currently taking): _____

The Family Rights and Privacy Act requires your signature for disclosure of any medical problems your child may have. Your signature will allow release of medical information to school or medical personnel to better serve your child. **If applicable, please provide the school office with a Medical Care Plan signed by your physician.** In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated on this form and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangement necessary. **Note to parents:** No medications will be administered by school personnel without written directions from parent.

Name of Physician: _____ Phone: _____

Physician Address: _____
Number/Street Name City State Zip Code

Parent/Guardian Signature: _____ **Date:** _____

I have received the fact sheet for parents regarding concussions and understand the district has the responsibility to report all suspected concussions to the parent/guardian.

Parent/Guardian Signature: _____ **Date:** _____

Have you or a family member worked in agriculture, poultry or dairy in the past three years? Yes No

If yes, where did you work? _____ Date: _____

¿A usted o alguien en su familia trabajado en agricultura, una lechería, o con animales como pollos o cerdos en los últimos 3 años?

Si, su respuesta es sí. Cuando _____ y Donde _____.

I affirm, that as the parent/legal guardian, all information provided above is true and accurate, and that my child and I reside at the listed address. I understand any false information provided by me, may subject me to legal penalties for perjury.

Parent/Guardian Signature: _____ **Date:** _____



HOME LANGUAGE SURVEY

Dear Parent or Guardian,

The Belding Area School District is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1152 – 380.1157 of the School Code of 1995, Michigan’s Bilingual Education Law. Would you please help by providing the following information?

This Home Language Survey has been developed for the purpose of identifying students who may need support in English in order to develop English language proficiency that will allow them to master grade level curriculum. Your child may be given an English language proficiency screener, W-APT, in order to identify their English language proficiency. If the W-APT screener identifies the need for your child to receive ESL services, you will receive a Parent Notification Letter and an explanation of those instructional services.

Thanks you very much for your cooperation.

Student’s Name: _____ Grade: _____

Date of Birth: _____ Age: _____

School Building: _____

1. Is your child’s native (first) tongue a language other than English?
 Yes No What is the other language? _____
2. Is the primary language* used in your child’s home or environment a language other than English?
 Yes No What is the other language? _____

Parent Name (please print): _____

Parent Signature: _____ Date: _____

Address: _____

*“Primary language” means “the dominant language used by a person for communication.”



ENCUESTA SOBRE EL IDIOMA DEL HOGAR

El Belding Area School District necesita información acerca de le idioma que sus estudiantes hablan o entienden. Esta información sobre su hijo/hija será usada por el distrito escolar para determinar el número de estudiantes que pueden calificar para recibir educación bilingüe de acuerdo a las Secciones 380.1151 – 380.1157 del Código Escolar de 1995, Ley Sobre Educación Bilingüe de Michigan.

Esta encuesta sobre el idioma usado en casa fue hecha con el propósito de identificar a los estudiantes que talvez necesiten ayuda con el idioma inglés para poder dominar el idioma inglés y lograr una comprensión completa del vocabulario académico usado en su grado actual. A su hijo/hija se le puede dar un examen de inglés llamado English language proficiency screener o mejor conocido como W-APT para poder demostrar su dominio del idioma inglés. Si el examen W-APT demuestra que su hijo/hija necesita ayuda para dominar el idioma inglés su hijo/hija tendría derecho a recibir apoyo de los servicios de ESL, y usted estaría recibiendo una carta notificándole de estos servicios y explicándole lo que estos servicios son.

**Por favor responda a las preguntas que abajo se hacen.
Muchas gracias por su cooperación.**

Nombre del estudiante: _____ Grado: _____

Fecha de Nacimiento: _____ Edad: _____

Nombre de su escuela _____

1. ¿Es el idioma nativo¹(primer idioma) de su hijo/hija otro aparte del inglés?

Si No ¿Cuál es ese idioma? _____

2. ¿Es el idioma principal² usado en la casa o “barrio” de su hijo(a) un idioma diferente al inglés?

Si No ¿Cuál es ese idioma? _____

Nombre del padre/madre/guardián (escrito): _____

Firma del padre/madre/guardián: _____ Fecha: _____

Dirección: _____

1 “Idioma nativo” significa “el idioma primero en que el niño/la niña comenzó a entenderse con sus padres.

2 “Idioma principal” significa “el idioma dominante usado por una persona para comunicarse.”



STUDENT RESIDENCY IDENTIFICATION/ELIGIBILITY (SRIE) FORM

By completing this form, you help the district comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Truthful and accurate answers help the district identify services that your student may be eligible to receive.

Building/Grade: _____ Date: _____
Name of person completing form: _____ Relationship to Student: _____
Student's Name: _____ Male/Female: _____ Birth Date: _____

1. Currently living in any of the following situations? (Please check all that apply)

- Sharing the housing of other persons due to:
Loss of housing, Economic hardship
other(explain):
In Emergency or transitional shelter (explain):
In a car, park, public place, abandoned building, substandard housing, bus/train station, motel, hotel, campground, or similar setting explain):
Unaccompanied youth (not in physical custody of parent/guardian)
Living in foster care How long:
NONE OF THE ABOVE*

*If NONE OF THE ABOVE is checked-STOP! Do not complete the remainder of this form.

If any of the other boxes above are checked, additional information is needed. Please complete the remainder of this form.
All information will remain confidential.

2. How long have you lived at this location?
Address/City/State/Zip
Phone number(s): Email:

Please list preschool and school aged children currently living at this address:

Name: Birth Date: School:
Name: Birth Date: School:
Name: Birth Date: School:

SCHOOL USE ONLY- Building contact person/Local Liaison determination of eligibility; Based on the above information, I attest to the eligibility for benefits under the McKinney Vento Assistance Act due to the lack of Fixed, Adequate or Regular Residency.

Parent/Guardians/Unaccompanied youth was notified of eligibility on:

Signature/Title Date

ELLIS ELEMENTARY SCHOOL

**100 W. ELLIS
BELDING, MI 48809
phone 616-794-4100
fax 616-794-4142**

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Student Name: _____ Birth Date: _____ Grade: _____

This is to certify that the parent(s)/ legal guardian of the above named student hereby authorizes and requests:

Previous school district or agency Address City State Zip

Phone Fax

to release any pertinent information regarding this child to:

ELLIS ELEMENTARY SCHOOL 100 W. ELLIS BELDING MI 48809
School, district, or agency Address City State Zip

(616)794-4100 (616)794-4142
Phone Fax

Please fax the following documents ASAP:

- _____ Last IEP (if applicable)
- _____ Current Transcript
- _____ Withdrawal Grades

Please mail the complete school record (CA60) to the following address:

Ellis Elementary School
100 W. Ellis
Belding, MI 48809

Please note: If any of the above referenced information is available only by contacting some other department within your organization, or other agency within your community, please forward, or advise us as to the appropriate mailing address.

Signature of parent/guardian or student (if over 18) Date

In that enclosed education records are being transferred without written consent, any sensitive records such as psychiatric discharge summaries, which could arguably be considered non-educational records, will have been omitted but would be made available upon receipt of signed consent.

FOR OFFICE USE ONLY:

Date Sent: _____ Date Received: _____

Belding Area Schools

FIELD TRIP PERMISSION

Parents are asked to give permission for their child to go on instructional trips between this date and the end of the school year. With the help of the principal, the classroom teacher will select trips which have educational value. Transportation will be provided by Belding Area Schools. Some field trips may include walking to the destination. Teachers will send home an informational letter letting parents know whenever their class is leaving the building for a trip. Your signed permission will be held on file in the office.

I, _____ father/mother/guardian of
(Parent/Guardian name)
_____ give permission for my child to
(Child's name)

accompany his/her class on any instructional trips jointly planned and approved by the Principal using transportation provided by bus and/or by walking.

Signature of Parent/Guardian: _____ Date: _____

Telephone: Home: _____ Work: _____

Child's Grade: _____ Homeroom Teacher: _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated on this form and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangement necessary. **Note to parents:** No medications will be administered by school personnel without written directions from parent.

Physician's Name: _____ Physician's Telephone #: _____

Parent/Guardian Signature: _____

I affirm that as the parent/legal guardian, all information provided above is true and accurate. I understand any false information provided by me, may subject me to legal penalties for perjury.

Parent/Guardian Signature: _____ Date _____

PHOTO/VIDEO RELEASE FORM

The schools may receive requests to allow students' pictures and video to be taken for use by newspapers, magazines, other publications, television programs, online sites and for a variety of other purposes like school security, student and staff slide and digital media presentations, internal brochures, and district website. For that reason, parent permission is needed on file in our schools. Please sign this release and return with your student.

_____ has my/our permission to have his/her picture and/or video
(Child's name)

taken for any of the above reasons. We understand this consent is ongoing and we will not be contacted further.

Signature of Parent/Guardian: _____ Date: _____

Child's Grade: _____ Homeroom Teacher: _____



Belding Area Schools

The right size. The right choice.

Beverly Brownell • Director • Transportation Department

Transportation Form / New Student

Student Name: _____ Grade: _____

Home Address: _____

City: _____

Parent(s)/Guardian(s): _____

Home Phone: _____ Cell Phone: _____

Emergency Phone: _____ Contact: _____

Thank you for the opportunity to transport the most precious gift there is, your child. If your child is living more than ½ mile from the school they attend, please let us know your needs for transportation for the upcoming school year. **For safety reasons students are allowed one drop-off and one pick-up location.** Parents must be present at the bus stop. If you have any questions, please call us.

Transportation Needs:



My child does NOT need transportation provided by school.

My child will be picked up and dropped off at the home address listed above or the nearest existing stop.

I do not know the place my child will be picked up and/or dropped off. I will let the Transportation Department know by calling 616-794-4970 (open all year), as soon as I have this information.

Daycare Information:

My child will be picked up at this location:

Address: _____

Name of childcare provider: _____ Phone: _____

My child will be dropped off at this location:

Address: _____

Name of childcare provider: _____ Phone: _____

Belding Area Schools
STUDENT TECHNOLOGY ACCEPTABLE USE AND SAFETY AGREEMENT

To access and use District Technology Resources (see definition in Bylaw 0100), 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 District Technology Resources is a privilege, not a right. The Board of Education's Technology Resources, including its computer network, Internet connection and online educational services/apps, are provided for educational purposes only. Unauthorized and inappropriate use will result in loss of this privilege and/or other disciplinary action.

The Board has implemented technology protection measures that 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 using District Technology Resources are personally responsible and liable, both civilly and criminally, for unauthorized or inappropriate use of the Resources.

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 District Technology Resources. 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 District Technology Resources.

Please complete the following information:

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

Parent/Guardian's Name: _____

Parent/Guardian

As the parent/guardian of this student, I have read the Student 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.

I authorize the District to consent to the sharing of information about my child to website operators as necessary to enable my child to participate in any program, course, or assignment requiring such consent under the Children's Online Privacy Protection Act.

Parent/Guardian's Signature: _____ Date: _____

Student

I have read and agree to abide by the Student 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 District Technology Resources, I agree to communicate over the Internet and through the Technology Resources 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 Technology Resources to individuals who violate the Board's Student 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.



Belding Area Schools

The right size. The right choice.

Vision: All students who graduate from Belding Area Schools will be career and college ready.



Brent R. Noskey • Superintendent

Consent for Disclosure of Immunization Information To Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and state and local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the student's name, date of birth, gender and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA) requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosure of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize Belding Area Schools to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any information and limited personally identifiable information from the school.

Student's name: _____ Date of Birth: _____

Date: _____

Signature of Parent/Guardian or Eligible Student

Printed Parent/Guardian Name

850 Hall St • Belding MI 48809

Phone: 616.794.4700

Fax: 616.794.4730

Mission: Belding Area Schools will commit minds to inquiry, hearts to compassion, and lives to the service of humanity.

An engaged staff + a supportive community = successful students.

www.bas-k12.org

Home of the Black Knights



Belding Area Schools

The right size. The right choice.

Directory Information

Each year the Superintendent shall provide public notice to students and their parents of the District's intent to make available, upon request, certain information known as "directory information." The Board designates student "directory information" as:

- A. a student's name;
- B. major field of study;
- C. participation in officially recognized activities and sports;
- D. height and/or weight, if a member of an athletic team which requires disclosure to participate;
- E. awards received;
- F. grade placement;
- G. honor rolls;
- H. scholarships;
- I. school photographs or videos of students participating in school activities, events or programs.

The District commonly uses student directory information for the following purposes:

- A. School yearbook
- B. Programs for athletic events, musical/drama presentations, graduation and/or award ceremonies
- C. Academic Honor Roll recognition
- D. School and/or district newsletters
- E. School and/or district web site/social media
- F. Project Graduation

Parents may elect not to have his/her child's directory information disclosed for one or more of the listed uses by completing the opt-out form below and returning it to the child's school within the first 30 days of the school year. This form is also available at the school office.

Directory Information Opt-Out Form

Student Name: _____ School Year: _____

School Name: _____ Grade: _____

I request that my child's directory information not be included in publications listed below:

Parent Signature: _____ Date: _____



HEADS UP SCHOOLS

A Fact Sheet for Parents

What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports *one or more* of the symptoms of concussion listed below, or if you notice the symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

SIGNS AND SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY PARENTS OR GUARDIANS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to the hit, bump, or fall
- Can't recall events *after* the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

SYMPTOMS REPORTED BY YOUR CHILD OR TEEN

Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Emotional:

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*:

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual
- Has trouble falling asleep

**Only ask about sleep symptoms if the injury occurred on a prior day.*

To download this fact sheet in Spanish, please visit: www.cdc.gov/Concussion. Para obtener una copia electrónica de esta hoja de información en español, por favor visite: www.cdc.gov/Concussion.






DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)



Children and teens with a concussion should **NEVER** return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care professional experienced in evaluating for concussion says they are symptom-free and it's OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class,
- Sports practices or games, or
- Physical activity at recess.

What should I do if my child or teen has a concussion?

1. **Seek medical attention right away.** A health care professional experienced in evaluating for concussion can determine how serious the concussion is and when it is safe for your child or teen to return to normal activities, including physical activity and school (concentration and learning activities).
2. **Help them take time to get better.** If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen may need to limit activities while s/he is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. After a concussion, physical and cognitive activities—such as concentration and learning—should be carefully managed and monitored by a health care professional.
3. **Together with your child or teen, learn more about concussions.** Talk about the potential long-term effects of concussion and the dangers of returning too soon to normal activities (especially physical activity and learning/concentration). For more information about concussion and free resources, visit: www.cdc.gov/Concussion.

How can I help my child return to school safely after a concussion?

Help your child or teen get needed support when returning to school after a concussion. Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms. Your child may feel frustrated, sad, and even angry because s/he cannot return to recreation and sports right away, or cannot keep up with schoolwork. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement. As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Be given more time to take tests or complete assignments,
- Receive help with schoolwork, and/or
- Reduce time spent reading, writing, or on the computer.



*To learn more about concussion and to order materials **FREE-OF-CHARGE**, go to: www.cdc.gov/Concussion or call 1.800.CDC.INFO.