

PICKFORD Public Schools

**PO Box 278 - 333 S Pleasant
Pickford, MI 49774
906-647-6285**

Dear Parent/Guardian,

It is our pleasure to welcome you to Pickford Public School family. We are delighted that you have selected our district for your child and confident that he/she will thrive in our exceptional and enriching educational environment.

This "Student Enrollment Kit" contains our district's enrollment forms as well as a list of the documents required for admission. Our goal is to make the enrollment process as straightforward as possible.

We encourage you to spend a little time browsing our website to learn more about the opportunities available to students through curricular as well as extra-curricular programs. You may obtain information about curriculum, services and activities by calling the district office, (906)647-6285.

It is our desire that your family's experience with Pickford Public School will be one of fulfillment, enrichment and exceptional opportunities. Attached are the required documents and information necessary to complete the student enrollment process. During your enrollment appointment, staff will review your student's enrollment materials and discuss any further documentation needs based on your unique circumstances.

Again, welcome to Pickford Public School. If we can be of further assistance, please feel free to contact us.

Student's Legal: Name: _____
(Last) (First) (Middle)

Sex: M () F () Other () Grade: _____ Has student ever repeated a grade? () Yes () No If so, which grade? _____

Date of Birth: _____ Place of Birth: _____ Country of Birth _____

Physical Address: _____ District of Residence _____

Mailing Address (if different from physical address): _____

Who has physical custody and/or decision making authority _____

Other Children in household and ages:?

Ethnicity: American Indian African American Hispanic Asian Caucasian Pacific Islander Other

With whom does student reside? Natural Parents Natural Mother Only Natural Father Only Natural Mother & Stepfather
 Natural Father and Stepmother Court Appointed Guardian

Are there any custody/contact issues? () No () Yes (Please explain and provide documentation)

Name of Father: _____ Place of Employment: _____

Home Phone: _____ Work Phone: _____ Cell Phone _____

Email _____

Address (if different from above)

Name of Mother: _____ Place of Employment: _____

Home Phone: _____ Work Phone: _____ Cell Phone _____

Email _____

Address (if different from above)

Please list those who can pick up your child or be contacted in case of emergency:

Name: _____ Phone #: _____ Relationship to child: _____

Name: _____ Phone #: _____ Relationship to child: _____

Name: _____ Phone #: _____ Relationship to child: _____

Last School attended: _____ Address of School: _____

Predominant language of the student _____ What language is most often spoken at home? _____

Has this student been receiving Special Education services? (i.e: Resource Room, Speech, etc.) () Yes () No

If yes, please explain:

Does this student have a current Individual Educational Plan (IEP)? () Yes () No () I don't know

Does this student have any medical conditions requiring a 504 plan? () Yes () No () I don't know

Please list any medical conditions (asthma, heart condition, allergies, etc) that we should be aware of, and/or name of local physician that can be contacted in case of emergency (use other side if necessary):

Has the student, within the previous 12 months, ever been expelled, suspended for more than ten days or denied enrollment from any public or private school in the US? No () ? Yes () If yes, please explain (use other side if necessary):

Virtual Course Permission

I consent for my child to be enrolled in virtual courses and/or other online instruction: () Yes () No

I verify that the above information is correct to the best of my knowledge. I understand that my child is temporarily enrolled in Pickford Public Schools pending receipt of official school records and verification of the above information. By signing this form, I give permission to be contacted using our school's automated notification system at numbers listed above unless requested otherwise.

Parent/Guardian Signature

Date

PICKFORD Public Schools

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Pickford, MI 49774

906-647-6285

PROOF OF RESIDENCY REQUIREMENTS

All applicants must submit at least one document from the following columns

<ul style="list-style-type: none">• copy of Deed OR record of most recent mortgage payment• copy of Lease OR record of most recent rent payment• Legal affidavit from landlord affirming tenancy AND record of most recent rent payment• Copy of title work, closing papers, or paperwork from recorder's office	<p>A utility bill or work order dated within the past 60 days, including:</p> <ul style="list-style-type: none">• Gas bill• Oil bill• Electric bill• Home telephone bill• Cable bill• Cell phone bill• Other bills (trash removal, satellite TV, sewer bill, water bill, lawn bill, etc.)• Physician's bill• Automobile bill• Insurance bill• Payroll stub• Bank or credit card statement	<ul style="list-style-type: none">• Valid Michigan driver's license with current address• Current vehicle registration• Valid Indiana photo identification card <p>Dated within the past year:</p> <ul style="list-style-type: none">• W-2 form• Excise (vehicle) tax bill• Property tax bill
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It is the policy of the Pickford Public Schools that no person shall, on the basis of sex, race, color, creed, age, marital status, sexual orientation, national origin, weight, height, or handicap, be excluded from participation in, be denied the benefits of, or be subject to discrimination in employment or any of its programs or activities.

Immunization Information

Michigan General School law states that a child enrolling in a school in this state for the first time shall submit a statement signed by a health professional or health department with the month, day and year of the following required immunizations. In addition to the required immunizations, vision screening is required for kindergartners enrolling for the first time. The Michigan Department of Community Health specifies what immunizations are required.

For children 4 years through 6 years of age:

1. 4 doses of DPT (diphtheria, tetanus, pertussis) vaccine. If a dose was not received on or after the 4th birthday, a booster dose at school entry.
2. 3 doses of any appropriate polio vaccine and if a dose was not received on or after the 4th birthday, a booster dose at school entry.
3. 2 doses of any appropriate live MMR (measles, mumps and rubella) vaccine received after the 1st birthday, at least 28 days apart OR current laboratory evidence of measles, mumps or rubella immunity. Documented disease history alone is **not** acceptable.
4. 3 doses of Hepatitis B vaccine.
5. Varicella vaccine (Chicken Pox) 2002/03 – 1 dose required on or after 1st birthday. A parent statement that a child has had chicken pox is sufficient.
- As of the 2010-2011 school year, all children entering kindergarten must have two doses of Varicella (Var) vaccine or history of chickenpox disease.

For children 7 years through 18 years of age:

1. 4 doses of any appropriate DT (diphtheria and tetanus) vaccine. 3 doses if the 1st dose was received on or after the 7th birthday. IF a dose was not received within the last 10 years, a booster dose at school entry.
- As of the 2010-2011 school year, all children 11 through 18 years who are changing school districts, or are enrolled in sixth grade must have one dose of tetanus/diphtheria/acellular pertussis ((Tdap) if 5 years have passed since last dose of tetanus/diphtheria vaccine (DTap, Td, DT)
2. 3 doses of any appropriate polio vaccine.
3. 2 doses of any appropriate live MMR (measles, mumps and rubella) vaccine, received after the 1st birthday at least 28 days apart OR current laboratory evidence of measles, mumps and rubella immunity. Documented disease history alone is **not** acceptable.
4. 3 doses of Hepatitis B vaccine.
5. Varicella vaccine (Chicken Pox) 2002/03 – 1 dose required if received on or after 1st birthday but prior to the 13th birthday, OR 2 doses required, administered at least 28 days apart, if child received the 1st dose on or after the 13th birthday. A parent

STATE BOARD OF EDUCATION APPROVED HOME LANGUAGE SURVEY

The Michigan Department of Education is collecting information regarding the language background of each student. This information will be used by our District to determine the number of children who should be provided bilingual instruction according to Sections 380.1151 through 380.1158 of the School Code of 1976, Michigan's Bilingual Education Law. Please provide the following information.

Thank you very much for your cooperation.

Name of Student _____ Grade _____ Age _____
School Building _____ District _____

1. Is your child's native tongue a language other than English?

YES NO

If yes, what is that language? _____

2. Is the primary language¹ used in the child's home environment a language other than English?

YES NO

If yes, what is that language? _____

Signature of Parent of Guardian _____ Signature of School Administrator _____ Date _____

¹ Primary language means the dominant language used by a person for communication.
Translation of this survey form in Spanish, Arabic, French, Italian, and Ojibwa is available at the Office of Field Services, MDE.

RESIDENCY INFORMATION QUESTIONNAIRE

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11431 et seq.

Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Please choose which of the following situations the student currently resides in (you may choose more than one):

- House or apartment with parent or guardian
- Motel, car, or campsite
- Shelter or other temporary housing
- With friends or family members other than or in addition to parent/guardian
- In housing that lacks adequate heat, running water or electricity
- New Foster Care placement (within last six months) Date of new Placement _____

If you are living in shared housing, please check all of the following reasons that apply:

- Loss of housing
- Economic situation
- Temporarily waiting for house or apartment
- Provide care for a family member
- Living with boyfriend/girlfriend
- Loss of employment
- Parent/Guardian is deployed
- Parent/Guardian is incarcerated
- Other Family hardship _____
- Other – Please explain: _____

Is the student under the age of 18 and living apart from parents or guardians? Yes No
 If yes, who is the student's primary caregiver? _____ Relationship _____

Other Student(s) Names living in the household. Also list any children living in the home but not enrolled in school.

Last	First	Middle	M/F	DOB	Grade	School

Students without fixed, regular, and adequate living situations have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the McKinney-Vento State Coordinator at 317-460-1340 or jsmart@doe.in.gov.
 By signing below, I acknowledge that I have received and understand the above rights.

Parent/Guardian _____ Date _____
 Student _____ Grade _____ Date of Birth _____
 Current Address _____

Signature of McKinney-Vento Liaison _____

**U.S. Department of Education
Office of Indian Education
Washington, DC 20202
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM**

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name of the Child _____ Date of Birth _____ Grade _____
(As shown on school enrollment records)
Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

- _____ Federally Recognized
- _____ State Recognized
- _____ Terminated Tribe (Documentation required. Must attach to form)
- _____ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

- A. Membership or enrollment number (if readily available) _____ OR
- B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____
City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____

INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does **NOT** have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

DEFINITION: Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

STUDENT INFORMATION: Write the name of the child, date of birth and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-** a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

PAPERWORK BURDEN STATEMENT According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



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 bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

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. An athlete 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 or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes 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.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

JOIN THE CONVERSATION  www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO WWW.CDC.GOV/CONCUSSION



Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

Pickford Public School

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 students 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), 20 U.S.C. § 1232g, 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 disclosures of information from his or her education records.

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

I authorize _____ Pickford Public 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 immunization information and limited personally identifiable information from the school.

Student's Name: _____ Date of Birth: __/__/__

Signature of Parent/Guardian
or Eligible Student: _____ Date: __/__/__

Printed Parent/Guardian Name: _____

**Schools of Choice Application
Pickford Public Schools**

STUDENT INFORMATION

Student Name: _____ Birthdate: _____
Address: _____ SS #: _____
City: _____, Michigan, _____ Phone: (906) _____
Name of School District in which you reside: _____
Name of School last attended : _____
Address: _____

Grade you expect to enter this fall: _____
Special Services required by the student : _____

Please answer the following questions:

1. Have you ever been expelled from a school for any reason ? _____ YES _____ NO
If yes, please state when, for how long, and the reason for expulsion: _____
2. Have you been suspended from school any time in the last two years ? _____ YES _____ NO
If yes, please describe the number of suspensions, length of time suspended, and reasons for suspension: _____

PARENT/GUARDIAN INFORMATION

Parent(s)/Guardian(s): _____
Address (if different than student's) _____
Home phone: () _____ Work phone () _____

I acknowledge that the above information is, to the best of my knowledge, true, and understand that any misrepresentation may result in the forfeiture of any consideration intended in this application. Furthermore, I hereby give my consent to school officials to contact previously attended schools pertaining to information on this form or required for enrollment. I also agree to abide by all policies and regulations, stated and implied, of the Pickford Public School system.

Signatures:

Parent(s)/Guardian(s) _____ Date _____

Student (if over 16): _____ Date _____

The Pickford Public School District complies with all federal and state laws and regulations prohibiting discrimination based on gender, race, color, religion, national origin or ancestry, age, marital status, limited English, or handicap, and, furthermore, will abide by any and all non-discrimination guidelines set forth in the School Choice law.

RETURN COMPLETED APPLICATION TO: Pickford Public Schools
P.O. Box 278
Pickford, MI 49774

Any question can be directed to Angela Nettleton, Superintendent, (906) 647-6285

Pickford Public Schools

General Information

Re: School Choice

1. The Pickford Board of Education has voted to opt-in to the Section 105 of the School Aid Act thereby agreeing to accept non-resident students according to the guidelines of the law.
2. For the current school year, Pickford Schools will accept applications for the available openings from non-resident students after the required posting is published in local papers. That posting should take place around the first part of July. The Pickford School District will abide by the non-discrimination language contained in the act and will make its judgment based on available space and the student's previous discipline record.
3. As the law states, transportation is the responsibility of the non-resident student. However, upon acceptance, a non-resident student will be informed of the available existing transportation services. Pickford Schools is under no obligation to alter or adjust current bus routes nor is it obligated to create new routes. Any change will be entirely at the discretion of the Pickford Public Schools, though attempts will be made to insure safe travel for all students. In any event, parents must be able to make sure their student is delivered to school in a timely fashion and picked up in the same manner.
4. If a student is accepted this year they will not need to apply in subsequent years provided attendance is contiguous. If a student should happen to transfer, drop-out, be expelled, or stop attending for any other reason, they will have to re-apply the following summer if they wish to attend Pickford.
5. The history of schools of choice has on occasion presented a few wrinkles to be ironed out. On the district's behalf, we ask that everyone work for cooperation and supply some understanding if things don't always run smoothly. To help avoid problems, all parents should make sure the school has plenty of emergency information in the event the parent or guardian or contact person needs to be reached. Parents are also asked to have a contingency in place for days scheduled to release at noon or for those times when school is affected by inclement weather.
6. For non-resident junior high and high school students interested in athletics, be aware that MHSAA regulations still apply to transfers and non-resident students must sit out one semester before becoming eligible.
7. The Mission Statement for Pickford Public Schools is as follows:
"The total school family of Pickford Public Schools believes that all students can learn and achieve to their maximum potential through the best education we can possibly provide. Our purpose is to nurture and motivate students to attain high levels of academic performance, foster positive attitudes and self-confidence, and develop responsible, caring, productive members of society. It is the responsibility of the school family to accomplish these goals."
To all new students and their parents, we'd like to welcome you to the family that is Pickford Public Schools. We are constantly striving to build upon over 100 years of tradition and are doing our best to fulfill our mission. If you join our 'family', we hope you'll share that mission.
8. Please direct any questions you may have to: Angela Nettleton, Superintendent
Pickford Public Schools
PO Box 278
Pickford, MI, 49774
(906) 647 - 6285

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BUS BEHAVIOR EXPECTATIONS



Using the positive behavior approach (Paw Laws and Panthers ROAR) that we practice in our school we are going to be focusing, especially, on bus expectations for the next few weeks and then revisiting them for the rest of the year. Please speak with your child/ren about our expectations and why it's so important to behave appropriately on the bus for the safety of everyone riding. Bus transportation is a privilege. Please remind your child/ren to be respectful, responsible, and safe on the bus:

- Use a quiet voice and talk to those seated near them
- Wait their turn in line
- Be respectful of the bus driver and follow his directions
- Keep track of their belongings
- Stay seated -- back to back and bottom to bottom when the bus is in motion
- Keep aisles clear of arms, legs, feet, and backpacks
- Place any trash in the garbage can
- Use appropriate and respectful language
- Be on time for pick up
- Ride your assigned bus and get off at your assigned stop unless you have a note from your parents or the office

We will be teaching lessons at school to reinforce these behaviors. Your help at home is appreciated and will make for safe travel on our busses.