

Returning Student

Back to School Packet



Students Rise. We All Rise.

Please complete this Back to School packet if you are returning to DPSCD for the 24-25 School Year. The Back to School packet contains important forms that are needed to keep your student safe, and provide students access to school resources.

School Name: _____

Student Name: _____

Student DOB: _____



Interested in volunteering with your school or DPSCD?
Scan the QR Code or visit the website below.
bit.ly/DPSCDvolunteerapplication

For more information, please reach out to your school, visit
detroitk12.org/backtoschool or call 313.240.4377

DPSCD does not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender identity, disability, age, religion, height, weight, citizenship, marital or family status, military status, ancestry, genetic information, or any other legally protected category, in its educational programs and activities, including employment and admissions. Questions? Concerns? contact the Civil Rights Coordinator at (313) 240-4377 or dpscd.compliance@detroitk12.org or 3011 West Grand Boulevard, 14th Floor, Detroit MI 48202.



Directory Information Opt-Out



The Family Educational Rights and Privacy Act, a federal law, and Detroit Public School Community District (“District”) Board Policy allows districts to disclose designated “directory information” to third parties, unless a student’s parent or legal guardian opts out.

Directory information includes the student’s name, school name, participation in officially recognized activities and sports, height and weight (if member of an athletic team), date of graduation, awards received, telephone numbers and/or home addresses (for inclusion in school or PTA directories), and school photos or videos of students participating in activities, events or programs. Only directory information regarding a student shall be released to any person or party, other than the student or his/her parent, without written consent.

Director information is commonly used in school publications, yearbooks, activity and athletic programs, television productions, web sites, as well as inquiries from community partners, other schools, and potential employers. In addition, the District is required by law to provide, upon request, military recruiters with the same access to directory information as is provided to prospective employers.

We take student data privacy seriously. Parents or guardians should complete this Directory Information Opt-Out Form if they do not want some or all the directory information shared with third parties. **The form can be completed online at <https://bit.ly/DPSCDoptout>.**



ANNUAL STUDENT CONTACT UPDATE FORM



Please complete this form to provide updated contact information for your student and family.

STUDENT INFORMATION

| | | | |
|--|----------------------|---|-------------------------|
| Student First Name: | Student Middle Name: | Student Last Name: | Suffix (Jr., III, etc.) |
| Student Date of Birth: (MM/DD/YYYY) | | Preferred Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Primary Parent Phone: () | | Primary Parent Email: | |
| Student Grade Level: | Student School Name: | School Year: | |
| Student Physical Address | | | |
| Street: | | | Apt #: |
| City: | | State: | Zip: |
| Student Mailing Address (if different from Physical Address) | | | |
| Street: | | | Apt #: |
| City: | | State: | Zip: |

STUDENT RESIDENCY

The following questions are given to all students to ensure our district remains in compliance with federal law.
Your answers will help school staff to determine if the student is eligible for certain support services.

Does the student live with his/her biological parent(s)? ☐ Yes ☐ No

Does the student live in any of the following types of residences? (if no, skip question)

- ☐ Shelter ☐ Transitional Housing ☐ Doubled Up/Shared housing with family, friends or others
☐ Hotel or motel ☐ Unsheltered (Such as: Campground, Car, Park, Abandoned Building, Substandard Housing, Bus or Train Station, etc.)

If you selected any of the above choices, please complete the McKinney Vento Student Referral Form at bit.ly/External-DPSCD.

FOSTER CARE

Is the student in Foster Care? ☐ Yes ☐ No

If so please provide the caseworker's contact information:

Name: _____
Phone: _____
Email: _____

DIETARY NEEDS

DPSCD strives to provide a diverse menu with a meat entree and vegetarian entree. Vegetarian entrees are halal friendly.

To better understand the needs of our families, please check here if you follow a halal diet: ☐ Halal Diet

- Food allergies should be listed on the Annual Health Form. If you have other dietary needs, please write them here:

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN #1

| | | |
|-------------------|--------------------------|----------------|
| First & LastName: | Relationship To Student: | Email Address: |
|-------------------|--------------------------|----------------|

Address Same as Student? ☐ Yes ☐ No (if No, enter address below)

| | | | | |
|----------|--------|-------|--------|------|
| Address: | Apt #: | City: | State: | Zip: |
|----------|--------|-------|--------|------|

| | | |
|--------------------|--------------------|--------------------|
| Cell Phone: () | Home Phone: () | Work Phone: () |
|--------------------|--------------------|--------------------|

Does the parent/guardian require communication from the school in a language other than English?

☐ No ☐ Yes, what language: **Written:** **Spoken:**

Is the parent/legal guardian currently serving in any branch of the Army, Navy, Air Force, Marines, or Coast Guard?

This includes the Michigan National Guard or Reserve personnel. ☐ Yes ☐ No

PARENT/GUARDIAN #2

| | | |
|-------------------|--------------------------|----------------|
| First & LastName: | Relationship To Student: | Email Address: |
|-------------------|--------------------------|----------------|

Address Same as Student? ☐ Yes ☐ No (if No, enter address below)

| | | | | |
|----------|--------|-------|--------|------|
| Address: | Apt #: | City: | State: | Zip: |
|----------|--------|-------|--------|------|

| | | |
|--------------------|--------------------|--------------------|
| Cell Phone: () | Home Phone: () | Work Phone: () |
|--------------------|--------------------|--------------------|

Does the parent/guardian require communication from the school in a language other than English?

☐ No ☐ Yes, what language? **Written:** **Spoken:**

Is the parent/legal guardian currently serving in any branch of the Army, Navy, Air Force, Marines, or Coast Guard?

This includes the Michigan National Guard or Reserve personnel. ☐ Yes ☐ No

EMERGENCY CONTACT INFORMATION

To add additional Emergency Contacts, please contact your school's front office.

EMERGENCY CONTACT #1

| | | |
|-------------------|--------------------------|----------------|
| First & LastName: | Relationship To Student: | Email Address: |
|-------------------|--------------------------|----------------|

| | | |
|--------------------|--------------------|--------------------|
| Cell Phone: () | Home Phone: () | Work Phone: () |
|--------------------|--------------------|--------------------|

EMERGENCY CONTACT #2

| | | |
|-------------------|--------------------------|----------------|
| First & LastName: | Relationship To Student: | Email Address: |
|-------------------|--------------------------|----------------|

| | | |
|--------------------|--------------------|--------------------|
| Cell Phone: () | Home Phone: () | Work Phone: () |
|--------------------|--------------------|--------------------|

DetroitK12.org/backtoschoolpacket • (313) 240-4377

I certify that the information provided on this Student Contact Update Form is true and correct. If necessary, I will allow an interview by the District to verify. I understand that incorrect information may be grounds for revoking enrollment. I understand that it is my responsibility to inform the appropriate school office if/when there is a change to any information on this form.

By signing this form, I accept and agree that if any statements and information used to determine residency are not accurate, I will be personally liable to pay to the District tuition and any fees incurred to collect tuition for all periods of time my student was a non-resident.

Parent or Guardian Signature

Print Name

Date

(MM/DD/YYYY)



DPSCD does not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender identity, disability, age, religion, height, weight, citizenship, marital or family status, military status, ancestry, genetic information, or any other legally protected category, in its educational programs and activities, including employment and admissions Questions? Concerns? Contact the Civil Rights Coordinator at (313) 240-4377 or dpscd.compliance@detroitk12.org or 3011 West Grand Boulevard, 14th Floor, Detroit MI 48202.



Annual Health Information



Dear Parent/Guardian: The information on this form will be used to meet your child's health needs at the school. Please complete all sections of the form and then sign and return it to your child's teacher as soon as possible. Every student must have a new form completed each year.

| | | | | | | | |
|---|--|---|--|--|---|-------------------------|--|
| School Name: | | Grade: | | Is your child new to the district? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Student's First Name: | | Middle Name: | | Last Name: | | Suffix (Jr., III, etc.) | |
| Date of Birth: (MM/DD/YYYY) | | | | | | | |
| Parent/Guardian Name: | | | | Relationship to Student: | | | |
| Home or Cell Phone: () | | | | Work Phone: () | | | |
| What type of health insurance does your child have? <input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> Unsure <input type="checkbox"/> My child does not currently have health insurance | | If your child has Medicaid, please mark the plan name: <input type="checkbox"/> Aetna <input type="checkbox"/> Blue Cross Complete <input type="checkbox"/> HAP Midwest <input type="checkbox"/> McLaren <input type="checkbox"/> Meridian <input type="checkbox"/> Molina <input type="checkbox"/> Total Health Care <input type="checkbox"/> United <input type="checkbox"/> Other | | | What type of dental insurance does your child have? Healthy Kids (<i>please select which plan</i>) <input type="checkbox"/> Blue Cross Blue Shield <input type="checkbox"/> Delta Dental <input type="checkbox"/> Unsure which Healthy Kids plan <input type="checkbox"/> Private <input type="checkbox"/> Unsure | | |

Does your child have any of the following health conditions?

| HEALTH CONDITION | YES | NO | HEALTH CONDITION | YES | NO | HEALTH CONDITION | YES | NO |
|---|-----|----|--|-----|----|---------------------------------------|-----|----|
| Severe allergies (food, insects, drugs, latex) | | | Allergies (<i>seasonal</i>) | | | Heart Problems | | |
| | | | Anxiety | | | Lead Poisoning | | |
| If yes, please state what your child is allergic to (certain foods, insects, latex, etc) _____ _____ _____ | | | Asthma or breathing problems | | | Pregnant | | |
| | | | Attention Deficit Hyperactivity Disorder | | | Seizures | | |
| | | | Behavioral Problems | | | Sickle Cell Disease | | |
| | | | Bladder or Bowel Problems | | | Speech Problems | | |
| | | | Dental Problems | | | Vision Problems | | |
| If yes, please check the reaction that occurs: <input type="checkbox"/> Hives <input type="checkbox"/> Swelling <input type="checkbox"/> Trouble breathing <input type="checkbox"/> Other | | | Depression | | | Wears Glasses | | |
| | | | Diabetes | | | Other Health Conditions, please list: | | |
| | | | Head Injury or Concussions | | | | | |
| | | | Hearing Problems | | | | | |

MEDICATIONS AND/OR SPECIAL PROCEDURES*

- Does your child require any daily medications to be taken at school? ☐ Yes* ☐ No
- Does your child require any emergency medications be kept at school? ☐ Yes* ☐ No
- Does your child require any special procedures to be done at school?
(g-tube feeding, catheterization, etc.) ☐ Yes* ☐ No

*** If you answered yes to any of the above questions under Medications and Special Procedures, please complete the Authorization for Release of Medical Information form. If needed, please have your provider complete the Prescribed Medication form. Both forms are available at detroitk12.org/enrollnow and must be renewed every year.**

MEDICAL CARE PROVIDERS

| | | |
|---|-----------------------------------|----------|
| Doctor's Name: | Phone: () | Address: |
| Date of last physical: (MM/DD/YYYY) | <input type="checkbox"/> Unsure | |
| Dentist's Name: | Phone: () | Address: |
| Date of last dental exam: (MM/DD/YYYY) | <input type="checkbox"/> Unsure | |
| Medical Specialist (optional): | Local Hospital: | |
| Phone: () | Emergency Room Phone: () | |
| Address: | Address: | |

FAMILY NEEDS

- In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food? ☐ Yes ☐ No

ACKNOWLEDGMENTS & SIGNATURE

I certify that this information is correct to the best of my knowledge and understand that it is my responsibility to inform the school if any of this information changes. I also understand that this information may be shared with need-to-know staff at my child's school in order to keep my child safe and protected while at school.

Parent or Guardian Signature Print Name Date (MM/DD/YYYY)

TO BE COMPLETED BY OFFICE STAFF

| | DATE | STAFF PERSON |
|---|------|--------------|
| Form received | | |
| Information entered into Student Information System | | |



DPSCD does not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender identity, disability, age, religion, height, weight, citizenship, marital or family status, military status, ancestry, genetic information, or any other legally protected category, in its educational programs and activities, including employment and admissions. Questions? Concerns? Contact the Civil Rights Coordinator at (313) 240-4377 or dpscd.compliance@detroitk12.org or 3011 West Grand Boulevard, 14th Floor, Detroit MI 48202.



**Detroit Public Schools Community District and Detroit Public Library
have joined forces to offer a**

Free Public Library Card to Students in Grades K-12

*Give your child access to the resources of Detroit Public Library
at school, in the library, and at home.*

Library Card Application

| | | |
|--------------|-------|--|
| Student Name | | |
| First Name | | |
| Middle Name | | |
| Last Name | | |
| School | Grade | |

Cards are valid for one school year.

Parents will receive their child's library card number and user information via email.

*For more information on the benefits and responsibilities of library card ownership,
go to www.detroitpubliclibrary.org/DPSCD, call 313-481-1400, or
email ask-a-librarian@detroitpubliclibrary.org*

Parent/Guardian Consent

I accept responsibility for the choice and use of library resources on this card (including the open internet); I accept responsibility for the return of materials borrowed and fees for lost items; and my child and I agree to abide by the policies of the Detroit Public Library.

Parent/Guardian Signature: _____

There are no fines for late returns!

5/31/2023



Student Media Release



PLEASE PRINT ALL INFORMATION

To the parent or guardian of: _____
(Print Student's Name)

On occasion, Detroit Public Schools Community District-approved non-commercial video, photographic and/or audio production crews may be present at the school or at a Detroit Public Schools Community District sanctioned activity your child attends, in order to highlight the activity, school, student or the District in the interest of promoting public education. If you consent to your child's participation in the video/photographic/ audio, productions/interviews/ activities that may take place, please sign below after reading the following.

I, _____, am the parent/guardian of the above-named student.
(Print Parent/Guardian Name)

In the interest of public education, I hereby authorize the Detroit Public Schools Community District, its Board of Education, and the non-commercial production crews, acting through their authorized employees or agents, to use, publish, and copyright audio and/or visual reproductions of the above-named student's voice and/or image, alone or with other persons, with or without the use of the student's name for the sole use in the interest of public education connected with a DPSCD authorized project.

This release is in effect in perpetuity from the date _____
(Print Student's Name)
becomes a student of _____ until the date his/her
(Print School Name)

status at DPSCD or at the school as a student terminates. I hereby release and hold the Detroit Public Schools Community District harmless from any liability, any and all injuries, claims, damages or costs arising from the use of images or recordings of any type and waive any request for remuneration.

Parent or Guardian Signature: _____ Date: _____
(MM/DD/YYYY)

Address, City, Zip: _____

KEEP THE COMPLETED FORM AT YOUR SCHOOL.

Office of Communications & Marketing
ph: (313) 873-3494 | communications@detroitk12.org



Vaccine Consent Form

Student Name: _____ Birth Date: _____ Age: _____

Street Address: _____ City, State, Zip: _____

Telephone: _____ Male Female (circle one)

School Name: _____ Grade: _____

VFC Eligibility: _____

Insurance Type (circle): **Private** **Medicaid** **No Insurance** **Under-insured** **American Indian/Alaskan Native**

Parent/Guardian Name: _____

CONSENT FOR VACCINATION: Detroit Public Schools Community District (DPSCD) will review my child's information in the Michigan Care Improvement Registry (MCIR). Based on the information in MCIR, I authorize the DPSCD and/or its School-Based Health Center Partners to administer all recommended or needed vaccines for his/her age. This consent form authorizes the administration of multiple doses of a vaccine, as medically indicated. Combination vaccines will be used as available, unless contraindicated.

I have read and understood the Vaccine Information Statement(s) available online at [MDHHS - Vaccine Information Statements \(VIS\) \(michigan.gov\)](http://MDHHS-Vaccine-Information-Statements(VIS)(michigan.gov)) for the recommended vaccine(s). I understand the benefits and risks of the recommended vaccine(s) and I understand the immunization(s) administered is entered into MCIR. This consent form will expire after the last vaccination is given in a vaccine series.

Parent/Guardian Signature: _____ Date: _____

| Please check Yes or No | Yes | No |
|--|-----|----|
| Does the child have any allergies to medication, food, a vaccine component, or latex? | | |
| Has the child had a serious reaction to a vaccine in the past? | | |
| Has the child had a health problem with lung, heart, kidney, or metabolic disease (diabetes), asthma, or a blood disorder? Is he/she on long term aspirin therapy? | | |
| Has the client, a sibling, or a parent had a seizure? Has the client had brain or other nervous system problems? | | |
| Does the client have cancer, leukemia, HIV/AIDS, or any other immune system problem? | | |
| In the past 3 months, has the client taken medications that weaken their immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments? | | |
| In the past year, has the client received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? | | |
| Is the client pregnant or is there a chance she could become pregnant during the next month? | | |
| Has the client received vaccinations in the past 4 weeks? | | |
| Has the client received a TB skin test this month? | | |

Students Rise. We all Rise



PLEASE NOTE!!!! VACCINE REFUSAL SECTION BELOW

COMPLETE SECTION BELOW IF YOU DO NOT WANT YOUR CHILD TO RECEIVE A VACCINE

VACCINE REFUSAL: Place a check next to the vaccine(s) that you **do not** want your child to receive and **sign**.

| | | | |
|---------------------------------------|---------------------------------------|---|------------------------------------|
| <input type="checkbox"/> DTaP/Tdap/Td | <input type="checkbox"/> Pneumococcal | <input type="checkbox"/> Meningococcal ACWY | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Hib | <input type="checkbox"/> MMR | <input type="checkbox"/> Influenza | <input type="checkbox"/> HPV |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Men B | <input type="checkbox"/> Varicella |

My child, as named above, should not receive the above vaccines as indicated by a check mark. I understand the possible consequence(s) of not allowing my child to receive the recommended vaccines.

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

For Staff Use Only:

Verbal Consent for Vaccination

Name of DPSCD Staff Member Making the Call:

Name of Parent or Guardian: _____

Date: _____

Time: _____

Parent/Guardian has provided authorization for DPSCD and/or its School-Base Health Center Partners to Provide Vaccines to the student. Please circle the appropriate answer. (Yes) (No)

Additional Comments: _____

Students Rise. We all Rise



One-to-One Student Technology



Program Overview

The One-to-One Student Technology Initiative was launched to increase anytime, anywhere access to online learning resources, academic enrichment, and interventions to support student academic achievement. Through the One-to-One Student Technology Initiative, students will receive a learning device (iPad for PK-2nd grades or laptop for 3rd-12th grades) as an academic support tool. Students are responsible for the safekeeping and condition of their learning device, including reporting technical issues, damage, or loss. All equipment is the property of Detroit Public Schools Community District and must be returned in good working condition at the end of the school year or upon exit from the district.

Program Requirements:

- Parents must complete the [Family Orientation](#) to participate in the One-to-One program. [Scan the QR code below to watch the video.](#)
- Parents are required to complete the DPSCD One-to-One Program Agreement for their student to receive a device.
- Students must adhere to the Technology Acceptable Use Policy (po7540.03), Student Care of District Property Policy (po5513) and the Student Code of Conduct while using DPSCD devices and accessing the district network (email) and learning resources.
- In accordance with the Student Code of Conduct and State law, students who cause damage to district property shall be subject to disciplinary measures, and their parents shall be held financially responsible for such damage to the extent of the law. The District reserves the right to impose fines for the loss, damage, or destruction of district equipment.
- Any loss or theft of laptop or iPad must be reported to the school immediately to lock and disable the device. A police report should be filed with DPSCD Police Department for stolen equipment.

Internet-at-Home. Do you have reliable Internet access available at home?

Reliable Internet access is defined as Wi-Fi provided by an Internet Service Provider (Comcast, AT&T, Wow, Dish, Spectrum, etc.) connected at the residence/home; not using the Internet on a cell/mobile device, as this connection is not classified as reliable for student learning.

Yes ☐ No ☐

Acknowledgement:

I have completed the [One-to-One Student Technology Initiative Family Orientation](#) (video links below) and understand the program requirements, expectations for device use and care, and technical support available. I have discussed expectations for device care and use for educational purposes with my student as well. I certify consent for my child to participate and receive a learning device from Detroit Public Schools Community District.

Parent Name _____

Parent Signature _____

Student Name _____

Student DOB _____

[One-to-One Student Technology Initiative Family Orientation](#)



[SPANISH- One-to-One Student Technology Initiative Family Orientation](#)



[ARABIC- One-to-One Student Technology Initiative Family Orientation](#)





Student Technology Use Agreement



AGREEMENT FOR STUDENT USE OF LAPTOP COMPUTER

This Agreement is made by and between Detroit Public Schools Community District (“DPSCD”) and the student (“Student”) named in this online form and is effective upon submission. DPSCD and Student agree as follows:

A. Purpose of Agreement. DPSCD is pleased to make available for Student’s use, in connection with his/her enrollment with the District, a laptop computer and/or LTE internet hotspot for the purpose of conducting schoolwork. It is intended only for the use of the DPSCD student to whom it is assigned. Student’s permission to use the laptop is strictly subject to the terms and conditions of this Agreement. Read the Agreement for Student Use of Laptop Computer to understand the terms of use for district technology. For the purposes of this Agreement, the term “laptop” or “laptop computer” shall refer to the laptop computer assigned to the Student, along with all accompanying peripherals, including an LTE internet hotspot, received with the laptop computer or as may from time to time be provided for Student’s use under this Agreement.

B. Student’s Rights and Responsibilities.

1. **Term of Use of the Laptop.** Student shall be granted use of the laptop computer while enrolled in good standing with DPSCD. The use of the laptop shall be governed by the DPSCD Student Acceptable Use and Safety Policy (7540.03).

2. **Care of the Laptop.** Student shall maintain appropriate oversight and security of the laptop. Student may take the laptop computer home, or to other locations outside of school hours. Student is responsible, at all times, for the care, security and appropriate use of the laptop computer. Negligence found in securing items that are otherwise damaged, stolen, or misplaced may result in disciplinary action and/or repair or replacement fees.

3. **Return of Laptop to DPSCD.** Student must return the laptop to DPSCD within five (5) days upon the occurrence of any of the following events:

- a. Student ceases to be enrolled by DPSCD;
- b. DPSCD provides Student with five (5) days’ notice that the laptop must be returned; or
- c. Student fails to perform any of his/her obligations under this Agreement.

Upon return of the laptop to DPSCD, DPSCD shall have an absolute right to any and all information or data on the laptop and will have no liability whatsoever for the loss, destruction, or misuse of information or data on the laptop.

4. **Failure to Return Laptop.** If Student fails to return the laptop as required, DPSCD may exercise all options available to it under DPSCD policies and applicable state or federal law.

5. **Alterations and Attachments.** Student may not make any alterations in or add attachments, hardware, or software to the laptop computer absent express written permission from DPSCD, which permission is at the sole option of DPSCD.

6. Risk of Loss. Student agrees that from the time the delivery of the laptop is accepted and until the laptop is returned to DPSCD in its original condition, normal wear and tear excepted, Student shall be responsible for any loss or damage thereto. If the laptop computer is lost, stolen, destroyed, damaged where the repair costs exceeds the value of laptop or in the event of any confiscation, seizure or expropriation by government action, or if the laptop is not returned to DPSCD upon the events and within the time and manner required by this Agreement, then the Student shall be liable to DPSCD immediately upon demand for the payment of an amount calculated by DPSCD that is equal to the full replacement value of the laptop at the time of loss. Hardware or software additions made to the laptop at Student's expense are at Student's risk and will not be a factor in the fair market value of the laptop. If part of the laptop is damaged but repairable Student shall be liable for the expense of repairing that item if not covered by the manufacturer's warranty. If payment is not received, DPSCD, may exercise all options available to it, under applicable law.

7. Notification of Loss, Damage, or Malfunctioning. Student agrees to immediately notify DPSCD upon the occurrence of any loss to, damage to, or malfunctioning of any part of the laptop for any reason and cooperate in any police investigation required following the loss or theft of the laptop. DPSCD, at its option, may then terminate Student's right to use the laptop and any right Student may have to further participate in the staff laptop program. The laptop computer is configured for optimal use on the DPSCD network. Detroit Public Schools Community District's Technology Division will not assist Student at his or her home in order to connect the laptop to other Internet providers.

8. Inspection by DPSCD. Upon reasonable notice, Student shall permit persons designated by DPSCD to examine the laptop computer.

C. DPSCD Rights and Responsibilities

1. Ownership of Laptop. The laptop computer is and shall remain DPSCD property.

2. Enforcement of Manufacturer's Warranty. Upon receipt of a written request from Student during the term of this Agreement, DPSCD shall determine if it will take all reasonable effort to enforce any manufacturer's warranty, express or implied, issued on or applicable to the laptop computer and which is enforceable by DPSCD in its own name. DPSCD will make reasonable efforts to obtain for Student and Parent all service furnished by the manufacturer in connection, therewith; provided, however that, DPSCD shall not be obligated to commence or resort to any litigation to enforce any such warranty. If any such warranty is enforceable by Student in his or her own name, upon receipt of a written request from DPSCD during the term of this Agreement, Student shall take all reasonable action requested by DPSCD to enforce that warranty, and Student shall obtain for DPSCD all service furnished by the manufacturer in connection therewith. **DPSCD SHALL HAVE NO LIABILITY WHATSOEVER FOR THE LOSS, DESTRUCTION OR MISUSE OF ANY INFORMATION, SOFTWARE OR DATA EXISTING ON THE EQUIPMENT. PROTECTION AND BACKUP OF DATA ON AND FOR THE EQUIPMENT IS STUDENT'S SOLE RESPONSIBILITY.**

Acknowledgement:

I have read and understand the Student Technology Use Agreement.

Parent Name _____ Parent Signature _____

Student Name _____ Student DOB _____



Office of School Nutrition

Support Services Complex, Building C • 1601 Farnsworth • Detroit, MI 48211
(313) 578-7220

detroitk12.org

July 1, 2024

Dear Parent or Guardian:

We are pleased to inform you that Detroit Public Schools Community District continues to participate in the Community Eligibility Provision (CEP) as part of the National School Lunch and School Breakfast Programs for the 2024-2025 School Year.

Our participation in CEP ensures that all students enrolled at a District school will receive a healthy breakfast and lunch daily at **NO CHARGE** to your household.

To maintain our program status, parents and guardians **must fill out and sign the Education Benefits Form**, (*formerly known as the Household Information Report*). This form is **critical** in determining the amount of money that your child's school receives from a variety of State and Federal supplemental programs such as Title I A, At-risk (31a), Title II A, E-Rate, etc.

Funding from these supplemental programs, have the potential to provide additional supports and services for our students including, but not limited to:

- Instructional supports (staff, supplies, and materials, etc.)
- Fee application waivers (college applications, ACT/SAT testing, etc.)
- Discounts for internet services
- Student bus discount cards
- Parent and community engagement supplies and activities
- School technology

Please return the completed Education Benefits Form to your child's school as soon as possible to ensure that additional funding is available to meet the needs of our students.

If we can be of any further assistance, please contact us at (313) – 578 – 7220.

Sincerely,

Detroit Public Schools Community District

Students Rise. We all Rise.

DPSCD does not discriminate based on race, color, national origin, sex, disability and/or religion.
Contact Compliance for more information at (313) 240-4377 or detroitk12.org/admin/compliance

INSTRUCTIONS FOR COMPLETING THE EDUCATION BENEFITS FORM

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

If any member of your household receives benefits from the Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, please follow these instructions:

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

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

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

Part D: Annual Household Income – Skip this part

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

If your household does not receive benefits from the Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, please follow these instructions:

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

Part B: Benefits Received – Skip this part

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

Part D: Annual Household Income – Moving across the same row as the household size check box, check the box that shows the range of annual income for all people in your household. Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

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

EDUCATION BENEFITS FORM SY 2024 - 2025

District: Detroit Public Schools Community District School: _____

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

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

Part B: BENEFITS RECEIVED (if applicable)

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

Name: _____ Case Number: _____

| Part C: HOUSEHOLD SIZE | Part D: ANNUAL HOUSEHOLD INCOME - Select the appropriate range of combined annual income for all people in the household (Include all income before taxes) | | |
|------------------------------|--|--|---|
| <input type="checkbox"/> 1 → | <input type="checkbox"/> At or below \$19,578 | <input type="checkbox"/> Between \$19,579 and \$27,861 | <input type="checkbox"/> At or above \$27,862 |
| <input type="checkbox"/> 2 → | <input type="checkbox"/> At or below \$26,572 | <input type="checkbox"/> Between \$26,573 and \$37,814 | <input type="checkbox"/> At or above \$37,815 |
| <input type="checkbox"/> 3 → | <input type="checkbox"/> At or below \$33,566 | <input type="checkbox"/> Between \$33,567 and \$47,767 | <input type="checkbox"/> At or above \$47,768 |
| <input type="checkbox"/> 4 → | <input type="checkbox"/> At or below \$40,560 | <input type="checkbox"/> Between \$40,561 and \$57,720 | <input type="checkbox"/> At or above \$57,721 |
| <input type="checkbox"/> 5 → | <input type="checkbox"/> At or below \$47,554 | <input type="checkbox"/> Between \$47,555 and \$67,673 | <input type="checkbox"/> At or above \$67,674 |
| <input type="checkbox"/> 6 → | <input type="checkbox"/> At or below \$54,548 | <input type="checkbox"/> Between \$54,549 and \$77,626 | <input type="checkbox"/> At or above \$77,627 |
| <input type="checkbox"/> 7 → | <input type="checkbox"/> At or below \$61,542 | <input type="checkbox"/> Between \$61,543 and \$87,579 | <input type="checkbox"/> At or above \$87,580 |
| <input type="checkbox"/> 8 → | <input type="checkbox"/> At or below \$68,536 | <input type="checkbox"/> Between \$68,537 and \$97,532 | <input type="checkbox"/> At or above \$97,533 |

*** Special Instructions for households with more than 8 people: DO NOT check the boxes above. Instead, fill in items below:**

Household size (# people): _____ Total annual income: _____

Part E: CERTIFICATION - The head of household or adult designee who completed this form must complete this certification section

I certify (promise) that all information on this form is true and that all income is reported to the best of my knowledge. I understand that this form may impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

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

(Address) _____ (City) _____ (Zip) _____

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

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

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