



Carsonville-Port Sanilac Schools  
100 North Goetze Road  
Carsonville, MI 48419  
Telephone: (810) 657-9394  
Fax: (810) 657-9431

### *Request for Records*

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Entering Grade: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Former School: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Former School's Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

I hereby authorize the above named former school to release the following information to:

*Carsonville – Port Sanilac Schools - Learning Center  
100 North Goetze Road  
Carsonville, MI 48419  
Attn: Russell Clark*

- ✓ *Complete CA60 File*
- ✓ *Confidential or SPECIAL EDUCATION Records (if any)*
- ✓ *Portfolio*
- ✓ *Discipline Records*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if 18 years or older)

Record Clerk's Signature: \_\_\_\_\_

*Please fax a copy of the student's birth certificate, immunization record, transcript, most recent report card and withdrawal grades. Thank you.*



**Carsonville-Port Sanilac**  
**Blue Water Virtual Online Public School**  
**Seat Time Waiver**  
**Student Application Form**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Birthdate \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Current Number of Credits: \_\_\_\_\_ GPA: \_\_\_\_\_ (send available transcripts)

Year of Graduation: \_\_\_\_\_ Do you have an IEP or 540 Plan (Y/N) \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Best Time to contact: \_\_\_\_\_

Best Parent contact phone number: \_\_\_\_\_

Why are you seeking a seat time waiver option? (check all that apply)

- Homeschool Student
- Accelerated Learning
- Medical Situation
- Social/Emotionally/Family Issues
- Expelled
- Long term suspension
- Dual Enrollment
- High Interest/Low Enrollment courses
- Working Student
- Pregnant
- Teen Parent
- Other \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Carsonville-Port Sanilac**  
**Blue Water Virtual Online Public School**  
**Student Application Form**  
**Online Course Readiness Survey**

1. My technology access is best described as:
  - I have a computer at home with Internet access and I have my own e-mail account
  - I have regular access to a computer with Internet access and I have my own e-mail account.
  - I do not have a computer or an e-mail address.
2. What type of Internet access do you have?
  - Dial Up
  - High Speed Cable
  - None
3. My experience with Blackboard
  - Have accessed several times
  - Have accessed before but I don't use it
  - Have never used it
4. My technology skills are best described as:
  - I can use e-mail, web browsers, word-processing software, and can download files, and create attachments. I like trying to solve technology problems on my own and don't get frustrated easily.
  - I can use e-mail, web browsers, word-processing software, and can download files, and create attachments. I don't feel comfortable solving technology problems on my own.
  - I have used e-mail, web browsers and word-processing software, but I get frustrated when things don't work the way they should.
5. Face-to Face communication is:
  - Not essential to me. I understand that quality learning can take place without face-to face interaction.
  - Important to me and I wonder about my ability to learn without being able to see the instructor or other students.
  - Essential and I can't learn unless I can interact in person with the instructor and other students.
6. When I need help in class:
  - I feel comfortable asking questions and asking for help when I need it.
  - I hesitate to ask questions of the instructor, but I will ask for help if I need it.
  - I don't like to ask questions or ask for help.

7. The amount of uninterrupted time I have to devote to an online class is:
  - 20 hours or more per week, anytime during the day or night.
  - 10-15 hours per week, mainly at night
  - Less than 10 hours per week.
8. I would describe my personal style as:
  - Self-motivated, self-disciplined and organized
  - Motivated, but I need help remembering assignments and due dates.
  - Pretty disorganized- I need someone to motivate me and help me stay on top of my coursework.
9. When it comes to procrastination:
  - I rarely procrastinate.
  - I sometime procrastinate, but I always get my work in on time
  - I always procrastinate- I like to work under pressure.
10. My reading and writing abilities are:
  - I enjoy reading and writing and have confidence in my abilities.
  - I read well but I'm not comfortable expressing myself in writing.
  - I don't like reading and look for classes without a lot of writing assignments.
11. My critical thinking skills are best described as:
  - I can analyze class materials and formulate opinions on what I've learned.
  - I can sometimes analyze class materials and form opinions but it is a struggle for me.
  - Analyzing material is not something I do well.
12. Class discussions are:
  - Important to me and useful in helping me learn the information presented in class. I almost always participate in class discussions.
  - Somewhat important to my learning. I sometimes participate in class discussions.
  - Not very useful to me. I don't usually participate in class discussions.
13. When it comes to learning:
  - I welcome opportunities to learn new things and master new technologies.
  - I get nervous around technology, but I like to learn.
  - I get nervous around technology and would rather not use it.
14. I am considering taking an online course because:
  - I've taken an online course before and enjoyed the experience.
  - I'm curious about online classes and have room in my schedule.
  - I need the class for a graduation requirement or job situation and I can't fit it in to my schedule.
15. I think an online class:
  - Will be a breeze and easy to complete.
  - May be difficult but I am capable of handling it.
  - Will be difficult for me and I will need a lot of help.
16. If I have problems with the course work or technology, I:
  - Always have someone who is available to help me.
  - Usually have someone available to help me.
  - Never have someone to help me.

Carsonville-Port Sanilac School District  
Blue Water Virtual/Online Public School  
Seat Time Waiver/Student Contract

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

*Student Policy: Due to the uniqueness of the seat time waiver program, certain standards and behaviors are expected of students enrolling in this program. this policy is intended to make both the students and parents aware of these expectations.*

As a student enrolled in a Seat Time Waiver program, I am aware that:

1. It is a privilege to participate in this program and, therefore, I am expected to adhere to the highest codes of conduct and integrity as a representative of my school district.
2. I understand that it is my responsibility to have access to the Internet when working on the courses outlined in my seat time waiver program. If I have difficulty with access, I will contact the school to make alternative arrangements.
3. I will adhere to the school's timelines for completion of course requirements. The district's policies will take precedence in meeting program requirements as dictated by the Department of Education.
4. Certain standards are expected of me, as a student. Inappropriate use of the Internet of any kind will not be tolerated. All terms outlined in the district's Acceptable Use Policy apply as well.
5. Anything I do in the courses taken can be retrieved and monitored by the mentor at anytime.
6. Course procedures that must be followed are:
  - a. I must communicate with my mentor as well as my online teacher on a regular basis.
  - b. I must not inappropriately use information within the course.
  - c. I must follow all other rules as specified by the district, mentor and online teacher.
7. I agree to have weekly contact with my mentor to monitor my progress. The mentor teacher will determine a regular time schedule and meeting place. (Email and/or telephone contact are acceptable forms of contact if agreed upon by both parties.)
8. Attendance for weekly contacts is mandator. If an absence is unavoidable and reasonable, the student must contact the mentor prior to the meeting and reschedule the meeting at the Mentor's convenience.
9. More than two (2) unexcused absences per term is subject to removal from the program.
10. I will be committed to the courses, adhere to the course schedules as prescribed, and I understand that drops will be allowed only as outlined by online provider and the local district add/drop policy.
11. I agree to take the Michigan Department of Education mandated assessments; M-Step or MME/SAT. I understand that the assessment will be given at a site and time designated by CPS Blue Water Virtual Online Public School.
12. I understand that the courses will be listed on my transcript The grade assigned will be part of my record and will be included in my cumulative Grade Point Average (GPA).

**Consequences for Violations:**

- 1st offense: I will be given a verbal warning. My parents will be notified.
- 2nd offense: I will be given a written warning. My parents will be notified. I may be removed from the course.
- 3rd offense: I will be removed from the course/program.

**Severe Misconduct:**

Regardless of whether the offense is a first time offense, I will be removed froth the course/program.

SEAT TIME WAIVER SIGNATURES

CPS BWV Mentor Signature:	Date:
Superintendent Signature:	Date:

**Student Acknowledgement and Understanding:**

<i>I have read, understand and acknowledge all the expectations and the policy as set forth in this document. I agree to abide by the guidelines as stated.</i>	
Student Signature:	Date:

**Parent/Guardian Acknowledgement and Understanding:**

<i>I have read and understand the student policy and stated expectations for my child and agree to support the seat time waiver program expectations. I understand that participation in my child's education will help determine his/her likelihood of success in the program. Therefore I will monitor and support my student in his/her studies. I agree to be accessible and readily available to the mentor to discuss my child's progress and development. I understand time management and attendance is vital to my student's success. I understand acceptance into this program is a privilege and my child must maintain the contracts and program policies in order to remain enrolled. Failure to follow these policies may result in dismissal from the program.</i>	
Parent/Guardian Signature:	Date:



**Schools of Choice Section 105/105c & Nonresident Student  
Enrollment Application for Sanilac County Schools  
2015 - 2016 School Year**

<input type="checkbox"/>	Schools of Choice
<input type="checkbox"/>	Nonresident

**INSTRUCTIONS:** Kindergarten through twelfth grade students residing in a participating district may apply to attend any other participating public school district. Complete one application for each student. **The Schools of Choice window is from July 1st through the end of the 1st week of school (September 11, 2015).** For Districts on a trimester schedule (Cros-Lex), the second trimester Schools of Choice window is from November 2, 2015 through December 4, 2015. For Districts on a semester schedule (Brown City, CPS, Deckerville, Marlette, Peck, Sandusky), the second semester Schools of Choice window is December 14, 2015 through January 22, 2016.

**\*\*Any student who transfers to a nonresident district outside of the Schools of Choice window are considered a nonresident student and will require a signature from the Superintendent of the resident district in order to obtain FTE funding for that student.**

**Section 1: To be completed by the Student's Parent or Guardian**

Student Name (Last, First, M.I.)		Birth Date _____ Month Day Year	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Student Address		City	Zip Code
School Currently Attending	Grade Entering	Date student will begin attending new district:	
Resident District of Student		Has your child ever been suspended or expelled? _____ If so, why?	
Requested District for Schools of Choice		Requested School Building	
Parent/Guardian Name (Last, First, M.I.)		Telephone Numbers: Home: (    ) Work: (    )	
Parent/Guardian Address		City	Zip Code
<b>Does your child have an IEP?</b> ___ Yes    ___ No <b>If yes, what is the area of eligibility:</b> ___ Cognitive Impairment                      ___ Emotional Impairment ___ Hearing Impairment                            ___ Visual Impairment ___ Physical Impairment                          ___ Speech & Language Impairment ___ Early Childhood Developmental Delay ___ Specific Learning Disability                ___ Severe Multiple Impairment ___ Autism Spectrum Disorder                ___ Traumatic Brain Injury ___ Deaf-Blindness                                ___ Other Health Impairment <b>Does your student have a Section 504 Plan?</b> ___ Yes    ___ No		<b>Signature of Superintendent of Resident District</b> <b>Date</b> (Signature required if transfer takes place outside of Schools of Choice window.)  Receiving District <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
The above information is true and correct to the best of my knowledge and I agree to release my student's records to the receiving school.		Signature of Superintendent or Designee                      Date	
Signature of Parent/Guardian                      Date		<b>Deckerville Community Schools</b> 2633 Black River Deckerville, MI 48427  <b>Marlette Community Schools</b> 6230 Euclid Street Marlette, MI 48453  <b>Peck Community Schools</b> 222 East Lapeer Street Peck, MI 48466  <b>Sandusky Community Schools</b> 191 Pine Tree Lane Sandusky, MI 48471	

**Send or deliver to:**  
**Brown City Community Schools**  
 PO Box 160  
 Brown City, MI 48416  
  
**Carsonville-Port Sanilac Schools**  
 100 North Goetze Road  
 Carsonville, MI 48419  
  
**Croswell-Lexington Community Schools**  
 5407 East Peck Road  
 Croswell, MI 48422

It is the policy of the Sanilac Intermediate School District that no person shall, on the basis of religion, race, color, national origin, gender, handicap, age, height, weight, marital status or disability, be excluded from participation in, be denied the benefits of, or be subject to discrimination during programs, activities, and employment.

**No out-of-district transportation will be provided.**