

## **NEW STUDENT REGISTRATION**

Welcome to Houghton Middle School! The following checklist is provided to help parents/guardians navigate the required registration materials. Follow the checklist carefully. ***Any missing forms/documents, deem your registration packet incomplete. School of choice students will lose their place in the application process if all materials are not completed and accurate.***

Students are not considered enrolled and may not attend classes until all of the required documents are completed.

### **Required documents**

- Schools of Choice Form (only required for all School of Choice students)
- Original official copy of a birth certificate issued by a state or passport if immigrant student
- Updated vaccine record or current waiver on file with the health department.
- Proof of residency (utility bill, rental agreement, etc.). Must have street mailing address on it.
- Completed grade specific packet with class choices indicated.
- Completed registration packet with the following forms completed:
  - Student Records Request
  - Student enrollment form
  - Concussion Awareness form (signed by both student and parent/guardian)
  - Consent for Disclosure of Immunization records (if opting out, write that on the form)
  - Parent Notification Regarding Child Custody
  - Student Residency Questionnaire

### **Optional**

Through a partnership with Upper Great Lakes Family Health, there is a Child and Adolescent Health Center open at Houghton Middle/High School. The Consent Form is required for students to access services. **Students cannot be seen at the Health Center without the forms being completed.**

Registration for athletics through FinalForms.



# HOUGHTON-PORTAGE TOWNSHIP SCHOOLS

HOUGHTON MIDDLE SCHOOL  
1603 Gundlach Road | Houghton, Michigan 49931  
(906) 482-0450 | FAX (906) 483-2566

[www.hpts.us](http://www.hpts.us)

Julie Filpus – Principal

## Student Records Request

### Parent/guardian complete:

Previous school attended \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 14673). Therefore, please furnish us with the following information in order to provide proper placement.

_____	_____	_____
Student's Name	Birthdate	Grade
_____	_____	_____
Student's Name	Birthdate	Grade
_____	_____	_____
Student's Name	Birthdate	Grade

<u>Previous Michigan School Use Only</u>
UIC # _____
UIC # _____
UIC# _____

Please send the entire Cumulative Record folder, including any Special Education files, concerning the above listed student(s).

- A. All subjects and grades for the current school year plus withdrawal grades. Final grades for previous school years, along with an explanation of your grading system.
- B. Standardized test records and scores.
- C. Psychological/Physiological/Health reports.
- D. All discipline records including suspensions, expulsions, and other violations of school policies.
- E. Any other data pertinent to understanding the student's individual needs.

This is to certify that the student(s) listed above have enrolled in Houghton Middle School.

Sincerely,

\_\_\_\_\_  
Kay Waite  
HMS Secretary

\_\_\_\_\_  
Date

*Houghton Middle School/HPTS will seek 25-e funds for transfer students, if available.*

# Houghton Middle School

# Student Enrollment Form

Child's Legal Name (as shown on birth certificate) \_\_\_\_\_  Male  Female  
 Last First Middle Grade Entering \_\_\_\_\_

Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_ Multiple Birth Status:  Single  Twin  Triplet

Residential Address \_\_\_\_\_  
 Street Address City Zip

Mailing Address (if different from residential address) \_\_\_\_\_  
 Street Address City Zip

Resident School District:  Houghton—31110  Hancock — 31010  Stanton — 31140  Adams — 31020  L'Anse — 07040  Lake Linden — 31130  
 Osceola — 31100  Baraga — 07020  Calumet — 31030  Chassell — 31050  If other, spell out district name \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Township \_\_\_\_\_ Is this child a court-placed foster child?  Yes  No

Is your child's native tongue a language other than English? If yes, name of language \_\_\_\_\_  
 Yes  No

Is the primary language used in your child's home or environment a language other than English? If yes, name of language \_\_\_\_\_  
 Yes  No

Immigration Date, if not born in U.S. \_\_\_\_\_ Number of full school years child has attended any U.S. school \_\_\_\_\_

### Ethnicity

### Race

Is this student Hispanic/Latino (Choose only one)  
 No, not Hispanic/Latino  
 Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

The question to the left is about ethnicity, not race. No matter what you selected, **please continue to answer the following** by marking one or more boxes to indicate what you consider your child's race to be.  
 American Indian/Alaska Native  Asian American  
 Native Hawaiian/Pacific Islander  Black/African American  
 White

Last School Attended \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Please Check:  Michigan Public School  Out of State Public School  Church/Private School  Preschool

Did your child receive any special education services at a previous school?  Yes  No (If yes, please indicate the types of services he/she received)  
 Check all that apply  Special Education Classes  Speech  OT/PT  Social Work  504 Plan

Name of Primary Parent/Guardian Residing in the Home	Place of Employment	Work Phone	Cell Phone	E-mail address
--	---------------------	------------	------------	----------------

Relationship:  Father  Mother  Grandparent  Guardian  Self (student enrolling)  Other: \_\_\_\_\_

Name of Secondary Parent/Guardian Residing in the Home	Place of Employment	Work Phone	Cell Phone	E-mail address
--	---------------------	------------	------------	----------------

Relationship:  Father  Mother  Grandparent  Guardian  Self (student enrolling)  Other: \_\_\_\_\_

Name of Parent Living Elsewhere	Relationship to Child	Home Phone	Work Phone	Cell Phone
---------------------------------	-----------------------	------------	------------	------------

Address \_\_\_\_\_ Have custody papers been provided to district?  Yes  No  
 Should this person receive mailings?  Yes  No

Custody Restrictions \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OTHER CHILDREN IN THE FAMILY**

Name (First and Last)

Birth Date

School of Attendance

---



---



---



---



---

Are there any medical alerts or related concerns we should be aware of?  Yes  No

If yes, please explain.

---



---

Other emergency contacts for the student:

Name	Home Phone	Cell phone	Relationship to student
Name	Home Phone	Cell phone	Relationship to student

- Yes  No Is this student the youngest or only child from this household attending Houghton Middle School?
- Yes  No Is this student the youngest or only child from this household attending Houghton-Portage Township Schools?
- Yes  No Houghton Middle School has permission to publish my child's photograph.
- Yes  No I give permission for my child to participate in school-sponsored field trips.
- Yes  No We have adequate insurance to protect my child in case of an accident.
- Yes  No I give permission to administer first aid to my child. In case of an emergency, my child may be transported to the hospital. It is understood that all expenses incurred in such situations shall be my responsibility and not that of the Houghton-Portage Township School District, nor any of its Board of Education members, administration, faculty, and other school personnel.
- Yes  No We have read and understand the student handbook.

The Michigan Missing Children's Act, MCL 380.1135 of the Revised School Code, requires that a person enrolling a pupil in a public school provide the local or intermediate school district with a certified copy of the pupil's birth certificate or other reliable proof of the pupils identity.

Please check:

- I have brought a certified copy of my child's birth certificate to provide to the school.

**OR**

I am unable to provide a certified copy of my child's birth certificate for the reason below. **Instead I am providing a notarized statement along with one of the following below. I understand I need to provide an original birth certificate within a year:**

- Baptismal certificate including date and place of birth
- County, military, or immigration records
- Doctor or hospital records accompanied by sworn statements
- Court Records
- Life insurance policy
- A sworn statement from a parent or guardian (notarized)

*The undersigned hereby acknowledges that the information provided on this form is true and accurate. The undersigned understands that it is his/her responsibility to inform the appropriate school office if and when any of the information on this form changes.*

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

## Vaccines for Michigan Schools

### Key Points:

- All children who are enrolled in a public or private: Licensed childcare, preschool, and Head Start programs, Kindergarten, 7th grade, and **any newly enrolled student into the school district** must provide proof of updated vaccines or a newly issued waiver.
- Nonmedical waivers (religious or philosophical (other) objections) will need to be obtained from a county health department; ***the school will not have them.***
- Parents and Guardians must follow these steps when requesting a nonmedical waiver:
  1. Contact your county health department for an appointment to speak with a health educator. (Western U.P. Health Dept. 906-482-7382)
  2. During the visit, there will be an opportunity to have a discussion about immunizations with the county health department staff.
  3. Take completed, certified waiver form to your child's school.
- If your child has a medical reason (a true contraindication or precaution) for not receiving a vaccine, a physician must sign the State of Michigan Medical Contraindication form; this form is available at your doctor's office (not the county health department).

Based on the public health code, a child without either an up-to-date immunization record, a certified nonmedical waiver form or a physician signed medical waiver form cannot be enrolled in school. For more information, please visit [www.michigan.gov/immunize](http://www.michigan.gov/immunize).

Parents/guardians may choose to opt out of the Michigan Department of Health and Human Services and Local Health Department's electronic vaccine registry. If you do not wish your student's data to be included, write DO NOT CONSENT with your student's information on the "Consent for Disclosure of Immunization Information to Local and State Health Departments" form (next page in the packet). Parents/guardians must still provide a paper copy of up-to-date immunization record, a certified nonmedical waiver form or a physician signed medical waiver to the school. Opting out of the electronic database reporting does not opt a parent/guardian out of providing vaccine records to the school.

## ***Houghton Portage Township Schools/Houghton Middle 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 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), 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 Houghton Portage Township 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: \_\_\_\_\_



# Vaccines Required for School Entry in Michigan

Whenever children are in group settings there is a chance for disease to spread. Children must follow vaccine laws in order to attend school. These laws are the minimum standard for preventing disease outbreaks in group settings. The best way to protect children from serious diseases is to follow the recommended vaccination schedule at [cdc.gov/vaccines](http://cdc.gov/vaccines). When following the recommended schedule children are fully protected and any school vaccination requirements are met.

	<b>All Kindergarteners and 4-6 year old transfer students</b>	<b>All 7th Graders and 7-18 year old transfer students</b>
<b>Diphtheria, Tetanus, Pertussis (DTP, DTaP, Tdap)</b>	4 doses DTP or DTaP 1 dose must be at or after 4 years of age	4 doses diphtheria and tetanus or 3 doses if 1 <sup>st</sup> dose given on or after 1 year of age 1 dose Tdap at 11 years of age or older upon entry into 7 <sup>th</sup> grade or higher
<b>Polio</b>	4 doses or 3 doses if dose 3 was given on at or after 4 years of age	
<b>Measles, Mumps, Rubella (MMR)*</b>	2 doses at or after 12 months of age	
<b>Hepatitis B*</b>	3 doses	
<b>Meningococcal Conjugate (MenACWY)</b>	None	1 dose at 11 years of age or older upon entry into 7 <sup>th</sup> grade or higher
<b>Varicella (Chickenpox)*</b>	2 doses at or after 12 months of age or Current lab immunity or History of varicella disease	

**\*If the child has not received these vaccines, documented immunity is required.** All doses of vaccines must be valid (correct spacing and ages) for school entry purposes. These rules apply to children who are the above ages upon entry into school. During disease outbreaks, incompletely vaccinated children may be excluded from school. Parents and guardians choosing to decline vaccines must obtain a certified non-medical waiver from a local health department. Read more about waivers at [Michigan.gov/Immunize](http://Michigan.gov/Immunize).

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

## UNDERSTANDING CONCUSSION

### Some Common Symptoms

Headache  
Pressure in the Head  
Nausea/Vomiting  
Dizziness

Balance Problems  
Double Vision  
Blurry Vision  
Sensitive to Light

Sensitive to Noise  
Sluggishness  
Haziness  
Fogginess  
Grogginess

Poor Concentration  
Memory Problems  
Confusion  
"Feeling Down"  
Lost Consciousness

Not "Feeling Right"  
Feeling Irritable  
Slow Reaction Time  
Sleep Problems

### 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 fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

### IF YOU SUSPECT A CONCUSSION:

- 1. SEEK MEDICAL ATTENTION RIGHT AWAY – DON'T HIDE IT, REPORT IT.** Playing or practicing with concussion symptoms is dangerous and can lead to a longer recovery. A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Ignoring symptoms and trying to "tough it out" often makes it worse.
- 2. KEEP YOUR STUDENT OUT OF PLAY –** Concussions take time to heal. Don't let the student return to play the day of injury and until a health care professional says it's okay. A student, who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
- 3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION –** Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

### SIGNS OBSERVED BY PARENTS:

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

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

### HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he must be kept out of athletic activity the day of the injury. The student shall only return to activity (practice, scrimmage or competition) with written unconditional permission from an MD, DO, Physician's Assistant or Nurse Practitioner. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students 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.

This portion below may be substituted for the signatures on the MHSAA Physical Form

## CONCUSSION AWARENESS

### EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by Houghton Middle School

\_\_\_\_\_ Sponsoring Organization

\_\_\_\_\_  
Participant Name Printed

\_\_\_\_\_  
Parent or Guardian Name Printed

\_\_\_\_\_  
Participant Name Signature

\_\_\_\_\_  
Parent or Guardian Name Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Return this signed form to the participant's MHSAA member school. The school should keep this document on file for five years following the student's high school graduation.

Participants and parents please review and keep the educational materials available for future reference.

## Parent Notification Regarding Child Custody

As per State and Federal Law (MCL 722.30 & FERPA), please be advised, Houghton Portage Twp. Middle School recognizes the equal rights of parents and guardians as indicated on a certified birth certificate or legal court order.

In cases where parents/guardians are legally separated, divorced and/or those parents who simply have ongoing custody issues between them, the parental rights of both parties will be equally recognized by your child's school, **unless and until** a parent/guardian has a legal court order that specifically restricts or denies the non-custodial parent's access to the child at school, the child's school records, or other protective order.

To accommodate a custodial parent's request to deny non-custodial parent's rights to access any information on a child, the school **must** have a copy of the most recent court order on file that indicates on parent's access and information rights are inhibited. Otherwise either parent with proper identification, may have access to the child at school, request and receive information and be included in the child's educational process.

Please sign to indicate you have read this affidavit and understand the schools position.

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name – Please Print

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Houghton-Portage Township Schools

# Student Residency Questionnaire

A student may be eligible for additional educational services through Title I Part A, Title I Part-C Migrant, and/or Federal McKinney-Vento Assistance. Eligibility can be determined by completing this questionnaire. **All information provided on this form is confidential.** Complete one form per FAMILY.

Where are you and your family currently staying? (Check one box)

**SECTION A**

Rent/own our own home.

**STOP:** If you rent/own your own home, sign below and submit form to school personnel.

**SECTION B**

- Temporarily with another family because we cannot afford or find affordable housing.
- With an adult that is not a parent or legal guardian, or alone without an adult.
- In a hotel/motel.
- In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing.
- In an emergency/transitional shelter.
- Awaiting foster care/temporary foster care placement, or currently in first six months of foster care
- Unsheltered
- Unaccompanied youth: not in the physical custody of a parent or guardian.
- Other (specify): \_\_\_\_\_

If you checked a box in Section B, your child/children may be eligible for additional educational services through Title I, Part A, Title I Part C-Migrant, or Title X, Part C-Federal McKinney-Vento Assistance Act. Please complete the information requested below.

Student Name	Male/Female	DOB	Grade	School Name

Would you like to be contacted by a member of the school system’s Education for Homeless Children and Youth program staff?  Yes  No

The undersigned certifies that the information provided above is accurate.

<b>Print</b> Parent/Guardian Name/Adult Caring for Student	Signature	Date
Phone Number	Street Address	City
		Zip

**School Use Only**

- Free or Reduced Price Meals Form Submitted/Signed  Declined Services
- Referral Form Completed/Submitted

Print School Contact	Title	Signature	Date
----------------------	-------	-----------	------

## Extra-Curricular Activities

### **First Tech (6–8)**

Team members are challenged to build autonomous robots using Lego mind storm kits and explore an area of science in preparation for sports-like tournaments where learning is more important than winning. Competition consists equally of robot design, performance of predefined tasks, presentation of a unique solution to a research problem and teamwork. Members do all the research, problem solving, building and programming. They learn skills reinforcing classroom learning, respect of others and their ideas, creative thinking, perseverance, time management, teamwork and leadership skills.

### **Middle School Yearbook (7–8)**

The yearbook staff will meet after school. Activities include photography and producing a yearbook for the current school year.

### **Middle School Student Council (6–8)**

The Middle School Student Council consists of a representative from each homeroom. Representatives are elected by blind ballot at the beginning of each school year. The representatives are expected to pass information to and from the student body. The Senate plans dances, fun-nights, fundraisers, community service projects and Middle School Month.

### **Math Counts (6–8)**

Students attend weekly coaching sessions to improve their skills in mathematical problem solving. There will be two in-school math competitions and a U.P. and state competition.

**Adventures in Outdoor Recreation:** Students will participate in various forms of Outdoor pursuits. Activities planned: Archery, Team Building, Geocaching, DiscGolfing, Camping/ Shelter building, Fire Starting, Survival Skills, Mountain biking, and swimming. In the winter semester: Snowshoeing, skiing, snow shelter building. Prior experience is not required. Students at various levels will all be learning and having fun together as a team. Everyone is welcome to join!

### **Other School Year Activities – Open to Grades 6-7-8**

Michigan Math League and AMC8 (6–8)

Science Fair

Spelling Bee

### **Athletics**

The Houghton-Portage Township School District encourages participation in interscholastic athletics, both boys and girls. Students must have a current sports physical on file to participate and information completed in Final Forms <https://houghtonportage-mi.finalforms.com/>. The sports offered to middle students are listed below:

- 7th and 8th Grade Tackle Football - Starts mid August
- 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> Grade Boys' and Girls' Cross Country – Starts mid August
- 7th and 8th Grade Girls' Basketball - Starts mid August
- 7th and 8th Grade Boys' Basketball –Winter
- 6th Grade Boys' and Girls' Basketball - Winter
- 7th and 8th Grade Girls Volleyball Camp - Late Winter
- 7th and 8th Grade Boys' and Girls' Track – Spring

# PARENTS – How to Stay Informed

THE HOUGHTON WEBSITE  
<http://www.hpts.us>

**FACEBOOK:** Houghton Middle School

## FOR DAILY HOMEWORK WEBSITE INFORMATION:

For students attending in-person, homework is posted for grades 6 & 7 daily using a shared Google Doc.

- Go to: <http://www.hpts.us>
- Click on Middle School Link
- Scroll down to HOMEWORK ASSIGNMENTS (middle of the page)
- Click on the Google doc of the grade your student.

## POWERSCHOOL-Grades, Attendance and Lunch Balances

Create a parent access account on PowerSchool. You may choose to log in and view this information or subscribe to a variety of email reports. If you have issues with PowerSchool please call the middle school office. If your child is a returning student, parent access information will be the same as before and you will not need to set up an account.

To view lunch balances or make on-line payments go to <https://houghtonportage.familyportal.cloud//>. Students may also add money to their lunch accounts by bringing cash or a check made payable to Houghton Portage Township Schools to the cafeteria.

**LISTSERV:** To subscribe to the Houghton Portage Township Schools email list, send a blank email to the respective email address below.

[msparents+subscribe@houghton.k12.mi.us](mailto:msparents+subscribe@houghton.k12.mi.us)

A daily bulletin is sent via the listserv with the daily announcements. The bulletin includes upcoming events, activities, and deadlines.

**ATTENDANCE LINE: 906-482-0450; Option 2 for Middle School; Options 1 for the attendance line or Option 2 for the office.** Please remember to call the attendance line (available 24/7) when your student(s) will be absent, leaving early or coming in late. If you make a same day appointment or need to pick up your student immediately, please call the office directly. We check the attendance line regularly between 8:00-10:00 and at 12:30. Students must check in and out of the office.

**Have questions about busing?** Call Lamers at 906-482-4866.

**Have questions about the school lunch and breakfast program?** Call Shelby Turnquist at 906-482-0450, option 5 or reach her by email at [sturnquist@hpts.us](mailto:sturnquist@hpts.us). If you will be submitting a free and reduced meals application, please be aware only one form is needed per family, even if you have children attending in more than one building. Families who were eligible last year must complete a new application every school year to remain eligible.

**Have questions about athletics?** Contact our athletic director, Rob Fay, at 906-482-0450, option 6. Please be aware your child must have all documents completed in FinalForms and a current sports physical form on file to be able to participate. This includes practices. A physical is considered current if it was completed on or after April 15 of the previous school year. Game schedules are posted on line at <https://houghtonathletics.com/>.

## Medications/Epi-Pens

The middle school is unable to provide any over the counter pain, cold, allergy, etc. medications to students. If anticipate your student needing over the counter medications, please send in a bottle of the medication(s) with your student's name and complete a medication form available in the office. Alternatively, if a student has written consent to visit the Student Wellness Center, Whitney Brey, PA-C, may dispense over the counter medications, as needed.

Prescription medications must be brought in by a parent in the original bottle. A parent must complete a medication form prior to any medications being administered by office staff. All medications must be stored in the middle school office. Please contact the office to make arrangements to drop off prescription medications or Epi-Pens.



# HOUGHTON-PORTAGE TOWNSHIP SCHOOLS

HOUGHTON HIGH SCHOOL

1603 Gundlach Rd. | Houghton, Michigan 49931

(906) 482-0450 | FAX (906) 487-5218

[www.hpts.us](http://www.hpts.us)

TIFFANY SCULLION – Principal | ROB FAY – Athletic Director

May 12, 2026

In preparation for the 2026/27 sports season please take note of the following information. All schedules will be on our website at [www.houghtongremlins.com](http://www.houghtongremlins.com). It is recommended that you create an account to sign up for schedule reminders and updates with customizable calendars [Create an Account \(eventlink.com\)](https://eventlink.com).

High School Practices will start on 8/10/26. Athletes are expected to be present on the first day of practice and tryouts. The sport offerings remain the same as previous –

- Fall - Boys/Girls Cross Country, Girls Volleyball, Football, Boys Soccer, Cheer
- Winter – Boys/Girls Basketball, Skiing, Hockey, Swim, Gymnastics (co-op), Cheer
- Spring – Girls Soccer, Boys/Girls Track and Field, Baseball, Softball, Golf

Middle School Practices will start on 8/17/25. Middle school options include:

- Fall - Boys/Girls Cross Country (Grades 6-8), Football (Grades 7-8)
- Fall / Winter - Girls/Boys Basketball (Grades 7-8)
- Winter - Girls Volleyball (Grades 7-8)
- Spring - Track and Field (Grades 7-8)

As a reminder, all signups are handled in FinalForms <https://houghtonportage-mi.finalforms.com/>. Registration for next year is open now. A parent/guardian needs to create an account and then add their children to it. This is where students can select their sports and where all communication should occur. There will be summer workouts scheduled throughout the summer that each varsity head coach will coordinate (No workouts 6/30-7/6). Details will be communicated via FinalForms.

To be eligible to practice and play, each student and their parent/guardian must sign off on the FinalForms documents. Additionally, each student must have a valid physical [Physical Form \(mhsaa.com\)](http://mhsaa.com) on file that was taken on or after 4/15/2026. After completion of the physical, it must be uploaded into your FinalForms account. Please note the physical form must be signed by the parent and MD, DO, NP, or PA. Whitney Brey, PA has the ability to complete these physicals in the Upper Great Lakes Health Center Clinic in the high school. Please schedule directly with her via email ([gremlinswellness@hpts.us](mailto:gremlinswellness@hpts.us)).

All new 10<sup>th</sup>-12<sup>th</sup> grade students must fill out the [NEW STUDENT – TRANSFER INFORMATION \(mhsaa.com\)](http://mhsaa.com) and return it to the Athletics Office.

If you have any questions, feel free to reach out to the Athletics Office.

Thank you and Go Gremlins!

Rob Fay ([rfay@hpts.us](mailto:rfay@hpts.us)) – Athletic Director

Emily Palosaari ([epalosaari@hpts.us](mailto:epalosaari@hpts.us)) – Administrative Assistant for the Athletics Department



Houghton-Portage Township Middle/High School  
Child and Adolescent Health Center  
1603 Gundlach Rd, Houghton, MI (906) 482-0450



Dear Parents/Guardians,

We are excited to announce that our Child and Adolescent Health Center is nearing completion, and we are eager to get started in the new year! Our goal is to help improve the health and well-being of all our students. Healthy students are better equipped for school success.

### **What is the Houghton-Portage Township Middle/High School Child and Adolescent Health Center?**

The Houghton-Portage Township Middle/High School Child and Adolescent Health Center (CAHC) is a collaboration of Houghton Schools and Upper Great Lakes Family Health (UGL) supported through funding from the Michigan Department of Health and Human Services (MDHHS). With parental/guardian consent, our Physician Assistant and Licensed Behavioral Health Practitioner can provide care conveniently within the Middle/High School. This allows for ease of access, fewer disruptions of regular routines and less loss of class time for students.

Services include but are not limited to preventative care, immunization assessment and administration, sick visits, acute care, well child exams/sports physicals, health education, behavioral health therapy, Medicaid enrollment and more!

### **Is there a charge for services?**

Basic age-appropriate comfort, Band-Aid, ice, soap & water are not billable services.

Medical services provided by the Physician Assistant and Behavioral Health services provided by the Licensed Behavioral Health Practitioner are billable services. These are scheduled visits made by the parent/guardian and insurance information will be obtained prior to the scheduled visit.

We accept and bill insurance for medical and behavioral health services, but no fees are required at the school site. Co-pays and deductibles are based on the students' insurance and no student is ever turned away for inability to pay. Our staff can also assist students and their families with Medicaid Enrollment and/or Upper Great Lakes Family Health Center (UGL) Sliding Fee Discount Program.

---

The Houghton Middle/ High School Child and Adolescent Health Center consent form must be completed, signed, and returned to the School office before any student can receive services. Additional consent forms are available in the school office.

We look forward to working with you!

Sincerely,

Your Child and Adolescent Health Center Staff



## FREQUENTLY ASKED QUESTIONS

### **What is a Child and Adolescent Health Center?**

The Houghton Middle/High School Child and Adolescent Health Center (CAHC) is a collaboration between Upper Great Lakes Family Health (UGL) and Houghton-Portage Township Middle/High School, with funding support from the Michigan Department of Health and Human Services (MDHHS). The CAHC provides services to promote academic success by helping students achieve their best possible physical and mental health status. The CAHC supports student health with the availability of onsite medical and behavioral health services. Parents and youth are important partners, and their involvement is not only encouraged but is viewed as a core component of the CAHC.

### **Who can access the Houghton Middle/High School Child and Adolescent Health Center?**

The targeted patient population for services at the Houghton Middle/High School Child and Adolescent Health Center are students who are enrolled at the School. The CAHC will maintain the same security requirements outlined by the school's security protocols to always maintain school security.

### **What types of services are offered?**

The Child and Adolescent Health Center (CAHC) is aimed at supporting student health with the availability of onsite medical services staffed by a full-time Physician Assistant (PA) and onsite behavioral health services staffed by a full-time Limited Licensed Professional Counselor (LLPC). CAHC's provide primary, preventative, and early intervention health care services for children, adolescents and their families.

**(\*) Current Michigan State Law allows for confidential services to minors in these areas. They do not require parental consent.**

CAHC medical services includes, but not limited to:

- Primary Care, including health care maintenance
- Physical Exams for school, sports, and camps (may include vision & hearing tests, basic lab tests, etc.)
- Sick care/minor illness
- Treatment for acute and chronic illness/injuries
- Over-the-counter medications
- Immunization Assessment and Administration using the Michigan Immunization Record (MCIR)
- Education/Support programs for smoking cessation, nutrition, fitness, parenting, etc.
- Referrals for specialty services
- \*Physical/sexual abuse counseling and referrals
- \*Substance abuse education, counseling, and referrals
- \*Sexually transmitted infection & HIV testing, treatment and counseling
- \*Pregnancy prevention, counseling, testing and referrals



CAHC Behavioral Health Care includes:

- Individual counseling visits for students
- Family counseling for students and parents
- Group counseling

**Services NOT provided:**

- No family planning services
- No birth control, pills, or devices are dispensed or prescribed
- No abortion counseling, services, or referrals

**My child has a primary care provider (PCP) outside of Upper Great Lakes Family Health. Can they still be seen by the PA and/or LLPC at the CAHC?**

Yes! Care at the Houghton Middle/High School CAHC is available for all students regardless of being an established patient of Upper Great Lakes Family Health. If your child is an established patient elsewhere but sees the PA or LLPC through the CAHC, we are more than happy to send this information upon request (with signed release) to your child's primary care provider/specialist. Additionally, we can help coordinate care based on parent/guardian preference for referrals/needed services to a facility of choice.

**Will you treat my child without my knowledge?**

Consent for services is required for all students seeking care and forms will be provided to parents/guardians prior to the start of the school year. If a student seeks care and a consent is not on file, the parent/guardians are contacted by the school to obtain a verbal consent. The CAHC staff will use their judgement (example: sending a note home with a child verse a phone call for a band-aid) unless otherwise indicated to staff.

Please note, in the case of an emergency and/or crisis intervention, a consent is not required.

**Am I going to be billed every time my child seeks services?**

Basic age-appropriate comfort care, band-aid, ice, soap, and water are not billable services, and you will not be charged for your student seeking basic care.

Medical services by the PA and Behavioral Health Services by the LLPC are billable services. These are scheduled visits made by the parent/guardian (if under the age of 18) and insurance information will be obtained prior to the scheduled visit. Applicable copays do apply, but no fees are required at the school site. Our staff can also assist students and their families with Medicaid Enrollment and/or Upper Great Lakes Family Health Sliding Fee Discount Program. No student will be turned away based on inability to pay.



Located inside Houghton-Portage Township  
 Middle/High School:  
 1603 Gundlach Rd, Houghton, MI 49931  
 Phone: (906) 482-0450

**PARENT/ GUARDIAN/ CLIENT CONSENT FORM**  
 (Please read and complete front and back)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

**SERVICES THAT MAY BE PROVIDED AT THE CHILD & ADOLESCENT HEALTH CENTER**

**ALL SERVICES ARE PROVIDED IN COMPLIANCE WITH FEDERAL, MICHIGAN AND MICHIGAN MINOR CONSENT LAWS.**

- Physical Exams for School, Sports, and Camps (may include vision & hearing tests, basic lab tests, etc.)
- Primary Health Care Services
- Sick Care/ Minor Illness
- Treatment for Acute & Chronic Illness & Injuries
- Over-the-Counter Medications
- Immunizations
- Education/ Support Programs for Smoking Cessation, Nutrition/ Fitness, Parenting, etc.
- Referrals for Specialty Services
- \*Physical/ Sexual Abuse Counseling and Referrals
- \*Substance Abuse Education, Counseling, and Referrals
- \*Mental Health and Psycho-Social Assessment, Counseling, and Referrals
- \*Sexually Transmitted Infection & HIV Testing, Treatment, and Counseling
- \*Pregnancy Prevention Counseling, Testing, and Referrals

(\* Current Michigan Law allows for confidential services to minors in these areas. They do not require parental consent.

**SERVICES NOT PROVIDED:**  
**NO distributing or prescribing birth control pills or devices**  
**NO abortion counseling, referrals or services**

- I give my consent for the above-named student to receive all services as indicated in this document.
  - If you do **NOT** want your child to be given any over-the-counter medications (i.e. Tylenol), check this box.
  - If you do **NOT** want your child to receive immunizations, check this box.
- By signing this consent form, I certify that I am the legal guardian and legal custodian of the student named above.
- I understand that it is not necessary to renew my consent yearly, but it is necessary to have updated address, phone, insurance, and my child's current health information.
- I understand that the Health Center will make every attempt to contact me by phone should my child need to receive services unless otherwise indicated to staff.
- I understand that the Health Center may release information regarding treatment to other medical or mental health providers when necessary for coordination of care, or to third party payers or others for purposes of receiving payment for services. I further understand both the Health Center and my child's primary care provider may exchange health care information for the purpose of continuity of care and coordination of care.
- I understand the Health Center may exchange health information, as necessary, with schoolteachers and staff.
- I understand I may withdraw my consent for services at any time by submitting a Withdrawal of Consent Form.
- I understand that my child may have the opportunity to participate in educational programs related to health and wellness topics and have the opportunity to give feedback on services and programs through surveys or focus groups.
- I understand that my child may be administered a behavioral risk assessment (RAAPS) during their appointment at our clinic.
- I understand that testing for bloodborne diseases, including HIV/ AIDS, may be performed upon a patient without separate written consent in the event that a healthcare professional receives a cut or exposure to my child's blood or body fluids. I understand parental/guardian consent is **not** needed for crisis intervention or emergency care.
- I understand that if face-to-face services are not available, telehealth may be an appropriate alternative. All existing laws that apply to face-to-face services also apply to telehealth.
- I understand the Health Center participates in and recognizes the rules of the Health Information Portability and Accountability Act (HIPAA). I acknowledge that a copy of Upper Great Lakes Family Health **Notice of Privacy Practices** is available at [www.uglhealth.org](http://www.uglhealth.org) or paper copy upon request.

**AGREEMENT OF FINANCIAL RESPONSIBILITY**

We accept and bill insurance for any visit by a medical and/or behavioral health provider, however, no fees are required at the school site. Co-pays and deductibles are based on the student's insurance and no student is ever turned away for inability to pay. You may receive a bill for services that are not covered by insurance. Our staff can assist students and their families with Medicaid Enrollment and/or Upper Great Lakes Family Health Sliding Fee Discount Program.

I acknowledge that a copy of Upper Great Lakes Family Health **Sliding Fee Discount Program** is available at [www.uglhealth.org](http://www.uglhealth.org) or paper copy upon request.

**SIGNATURE OF PARENT/GUARDIAN/SELF:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**RETURN TO:** The Child & Adolescent Health Center (**Turn Over and Complete**)

**CHILD & ADOLESCENT HEALTH CENTER**  
**Registration/ Billing Information Demographic**  
**Information**

<b>Student Name</b>	<b>Birthdate</b>	<b>Race</b> <input type="checkbox"/> Am Indian/ Alaskan <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Multi-Racial <input type="checkbox"/> White <input type="checkbox"/> Unknown <b>Ethnicity</b> <input type="checkbox"/> Arab <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Arabic/ Hispanic		
<b>Address</b>	<b>City</b>	<b>Zip Code</b>	<b>Home Phone #</b>	<b>Parent Cell #</b>
<b>Parent/ Guardian</b>		<b>Relationship to Student</b>	<b>Parent Work Phone #</b>	
<b>Emergency Contact</b>		<b>Relationship to Student</b>	<b>Phone #</b>	

Does Student live with parents? \_\_\_\_\_ Yes \_\_\_\_\_ No    If not, where? \_\_\_\_\_

**INSURANCE \*Please, fill out completely. (\*\*see below)**

\_\_\_\_\_ None/Uninsured (please contact me to help obtain MI Child/ Healthy Kids health insurance for my child) \_\_\_\_\_ Yes \_\_\_\_\_ No  
 \_\_\_\_\_ Medicaid/ MI Child    \_\_\_\_\_ Blue Cross/ Blue Shield    \_\_\_\_\_ Priority    \_\_\_\_\_ Other: \_\_\_\_\_  
 \_\_\_\_\_ MI Health (Student's Card Number): \_\_\_\_\_

<b>ID #</b>	<b>Policy #</b>	<b>Group #</b>	<b>Coverage Code</b>
<b>Member Name</b>	<b>Birth Date</b>	<b>Social Security #</b>	<b>Relationship to Student</b>
<b>Member Employer</b>	<b>Employer Address</b>	<b>Does your insurance pay for immunizations?</b> _____ Yes    _____ No	

**SECONDARY INSURANCE (if applicable)**

\_\_\_\_\_ Medicaid/ MI Child    \_\_\_\_\_ Blue Cross/ Blue Shield    \_\_\_\_\_ Priority    \_\_\_\_\_ Other: \_\_\_\_\_

<b>ID #</b>	<b>Policy #</b>	<b>Group #</b>	<b>Coverage Code</b>
<b>Member Name</b>	<b>Birth Date</b>	<b>Social Security #</b>	<b>Relationship to Student</b>
<b>Member Employer</b>	<b>Employer Address</b>	<b>Does your insurance pay for immunizations?</b> _____ Yes    _____ No	

\* PLEASE NOTE: SERVICES ARE NOT DENIED BASED ON INABILITY TO PAY.  
 \*\* PLEASE COPY FRONT AND BACK OF INSURANCE CARD(S) AND RETURN IT WITH THIS FORM.

**Parent/Guardian/Self Initials** \_\_\_\_\_

## CLIENT MEDICAL HISTORY

NAME OF PRIMARY CARE PROVIDER:		DATE OF LAST PHYSICAL EXAM:		DATE OF LAST DENTAL EXAM:	
		MONTH:	YEAR:	MONTH:	YEAR:
MEDICATION ALLERGIES: <input type="checkbox"/> YES <input type="checkbox"/> NO	OVERNIGHT HOSPITALIZATIONS: <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICATIONS (prescription, over-the-counter, and/or vitamins): <input type="checkbox"/> YES <input type="checkbox"/> NO			
TYPE:	REASON:				
FOOD ALLERGIES: <input type="checkbox"/> YES <input type="checkbox"/> NO	SURGERIES: <input type="checkbox"/> YES <input type="checkbox"/> NO	NAMES AND DOSAGES:			
TYPE:	TYPE:	_____			
ALLERGIES (i.e. dust, pollen, etc.): <input type="checkbox"/> YES <input type="checkbox"/> NO	BROKEN BONES: <input type="checkbox"/> YES <input type="checkbox"/> NO	_____			
TYPE:	DESCRIBE:	_____			
BEE STING ALLERGY? <input type="checkbox"/> YES <input type="checkbox"/> NO					
ADD/ADHD <input type="checkbox"/> YES <input type="checkbox"/> NO	ASTHMA <input type="checkbox"/> YES <input type="checkbox"/> NO	DIABETES (high blood sugar) <input type="checkbox"/> YES <input type="checkbox"/> NO			
LD/ SPECIAL NEEDS <input type="checkbox"/> YES <input type="checkbox"/> NO	SHORTNESS OF BREATH <input type="checkbox"/> YES <input type="checkbox"/> NO	CANCER <input type="checkbox"/> YES <input type="checkbox"/> NO			
HEADACHES/ MIGRAINES <input type="checkbox"/> YES <input type="checkbox"/> NO	HEART PROBLEM <input type="checkbox"/> YES <input type="checkbox"/> NO	STOMACH PROBLEMS <input type="checkbox"/> YES <input type="checkbox"/> NO			
SEIZURE <input type="checkbox"/> YES <input type="checkbox"/> NO	MURMUR <input type="checkbox"/> YES <input type="checkbox"/> NO	KIDNEY/ URINARY PROBLEMS <input type="checkbox"/> YES <input type="checkbox"/> NO			
ECZEMA/ RASHES <input type="checkbox"/> YES <input type="checkbox"/> NO	HYPERTENSION (high blood pressure) <input type="checkbox"/> YES <input type="checkbox"/> NO	DEPRESSION <input type="checkbox"/> YES <input type="checkbox"/> NO			
ANEMIA (low iron/ blood count) <input type="checkbox"/> YES <input type="checkbox"/> NO	FAINTING <input type="checkbox"/> YES <input type="checkbox"/> NO	ANXIETY <input type="checkbox"/> YES <input type="checkbox"/> NO			
OTHER (please specify):					

Additional Information:

\_\_\_\_\_

## FAMILY MEDICAL HISTORY

PLEASE CHECK ALL THAT APPLY	PLEASE NOTE WHICH RELATIVE THAT HAS/HAD THIS CONDITION
ASTHMA/ EMPHYSEMA/ COPD	
HYPERTENSION (high blood pressure)	
HIGH CHOLESTEROL	
CANCER (please specify type)	
DIABETES (high blood sugar)	
STROKE	
SEIZURES	
KIDNEY PROBLEMS	
HEART PROBLEMS	
MENTAL HEALTH CONCERNS (please specify)	
DEATH UNDER AGE 50 CAUSE:	
OTHER	

Additional Information:

\_\_\_\_\_

## RESOURCE ASSISTANCE

WOULD YOU LIKE INFORMATION FROM OUR STAFF REGARDING THE FOLLOWING?	DO YOU HAVE CONCERNS ABOUT THE EMOTIONAL WELL-BEING OF YOUR CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO
-OPTIONS FOR HEALTH INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU CONCERNED ABOUT YOUR INCOME MEETING THE BASIC NEEDS OF YOUR FAMILY? <input type="checkbox"/> YES <input type="checkbox"/> NO
-FINDING A HEALTH CARE PROVIDER? <input type="checkbox"/> YES <input type="checkbox"/> NO (doctor or nurse practitioner)	Please circle concerns: FOOD CLOTHING HOUSING HEAT/WATER BILLS TRANSPORTATION TO MEDICAL OR SCHOOL APPTS
-FINDING A DENTIST? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU OR ANY OF YOUR FAMILY HAVE ANYTHING YOU WOULD LIKE TO DISCUSS WITH THE COUNSELOR?	<b>IF YOU ANSWERED YES TO ANY OF THE ABOVE, A MEMBER OF OUR STAFF MAY CONTACT YOU.</b>

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

For office use:

Reviewed with client: \_\_\_\_\_ DATE: \_\_\_\_\_