

Enrollment Information 2023—2024



**ANDERSON
ELEMENTARY**



**BRENDEL
ELEMENTARY**



**BRENDEL
ELEMENTARY**



**INDIAN HILL
ELEMENTARY**



**BRENDEL
ELEMENTARY**



**BRENDEL
ELEMENTARY**

Grand Blanc Community Schools Kindergarten Buildings

Anderson Elementary	591-5829
Brendel Elementary	591-6137
Cook Elementary	591-7910
Indian Hill Elementary	591-4100
Myers Elementary	591-3000
Reid Elementary	591-7121

School Hours:

8:40 a.m. - 3:50 p.m.



ONLINE ENROLLMENT 2023-2024

NEW STUDENT ONLINE ENROLLMENT

OPTION 1: If you are enrolling a NEW kindergartner in Grand Blanc and DO NOT have (and have never had) any students at Grand Blanc, you will need to create a ParentVue account. *Even new kindergartners that have been enrolled in Speech or Great Start at Perry Center will already be in the ParentVue system and will need to be enrolled following OPTION 3 below.*

1. Click on the link for GBCS Online Registration: https://sis.geneseedsd.org/GBCS/login_parent_oen.aspx
2. Underneath the login boxes, click the "more options" tab, then click "Create a New Account."
3. It will walk you through the process of setting up an account.
4. Once you have created your account, you will receive an email that will prompt you to create a password for your account. Use the username and password you created to login. Follow the prompts to register your student.
5. Once you have completed the registration process, the school building will be notified that you have completed your registration. Once the proofs of residency are provided, the building will accept the student for enrollment into their building.
6. If you have multiple students to register, you can click add new student. All info will need to be complete (have green check-mark) before you can submit.



"I am completely new to Grand Blanc Schools and have never had a student enrolled in the District."

CURRENT OR RETURNING STUDENT

OPTION 2: You already have a ParentVue account, but need to add your kindergartner or access their information. *Even new kindergartners that have been enrolled in Speech or Great Start at Perry Center will already be in the ParentVue system and will need to be enrolled following OPTION 3 below.*

1. Login to your existing ParentVue account: <https://parentvue.geneseedsd.org/gbcs>
[If you do not remember your login, you can contact the building your student attends, and they will be able to provide you with your username. If you have forgotten your password, you can enter your username on the login site and click the link "Forget Your Password? Click Here", and it will walk you through resetting your password. **DO NOT** create a new account if you already have an account, because it will not allow you to view your current student's information.]
2. Once you've logged in, click on "Online Registration" at the top right. To add a new kindergartner for registration, select "Online Registration for new attendees for 2023-24" from the drop-down menu at the bottom. If you have multiple students, they should be updated here for 2023-24, as well. All info will have to be complete (green check) before you can submit.
If you changed your address, you will need to supply the building with new proofs of residency (if you do not choose the option to upload the documents). If you moved from your original school boundaries into another area in Grand Blanc, you will need to apply for In District Schools of Choice to remain in your previous building.
3. Once you have reviewed each student's information, the buildings will be notified and accept or deny the student. You will receive an email confirmation.



"I have a student enrolled, or have in the past, and need to add my kindergartner."

CURRENT OR RETURNING STUDENT

OPTION 3: You already have a ParentVue account but have never logged in. If you have or have had a student at Grand Blanc, the account already exists and will have to be activated. *This includes other students under your guardianship, returning students and preschool students that have been enrolled in Speech or Great Start at Perry Center.*

1. You will need to contact your student's building to obtain your activation key.
2. Once you have your activation key code, you will need to login to ParentVue (<https://parentvue.geneseedsd.org/gbcs>) and click on the "More Options" tab and "Activate Account" and follow the instructions.
3. Once your account is activated, you will need to login to ParentVue. Click the "Online Registration" tab at the top right. To add a new kindergartner for registration, select "Online Registration for new attendees for 2023-24" from the drop-down menu at the bottom. If you have multiple students, they should be updated here for 2023-24, as well. Each will need information updated. All info will have to be complete (green check) before you can submit.
If you changed your address, you will need to supply the building with new proofs of residency (if you do not choose the option to upload the documents). If you moved from your original school boundaries into another area in Grand Blanc, you will need to apply for In District Schools of Choice to remain in your previous building.

"I have a student enrolled at GBCS, or have in the past, but I've NEVER logged into my ParentVue account."



See reverse for online enrollment tips for all parents!

ONLINE ENROLLMENT 2023-2024



TIPS FOR ALL PARENTS

- All students are required to have information entered or updated on ParentVue:
<https://parentvue.geneseeisd.org/gbcs>
- Please note: If you stop the enrollment process and log out, online registration saves the entered information. You can click "Resume Registration" or "Start Over" upon return.
- Please remember to supply the building with any additional documents needed for enrollment.
- **DOCUMENTS TAB INFORMATION:** If you have already supplied the building with the documents and nothing has changed, you will select "**Already On File**" from the dropdown menu and then you will also have to check the box "I will deliver a hard copy to the school instead of uploading it" in order to save your student's information. **You do not have to resubmit documents that are already on file, but clicking the box is necessary to proceed in the system.**
- If you are an **Approved Schools of Choice** parent, you will receive a denial email originally, due to being outside the district boundaries. You will then receive a second email with building placement.

Fall Birthday?

GRAND  BLANC



YOUNG FIVES

at Grand Blanc Community Schools



**Will your child turn five between
September 1st & December 1st of this year?**

In accordance with state law, you must sign a waiver requesting the student be allowed to attend a Kindergarten Program in the state of Michigan.

Please flip for more info on back...

Why should parents/guardians of children with fall birthdays consider a Young Fives Kindergarten program for their child?

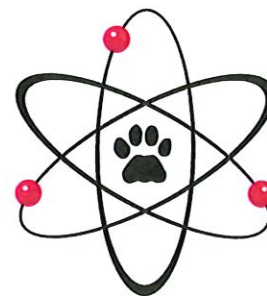
Most states, including Michigan, have a cut-off date stating children must be five by September 1st to begin Kindergarten. This policy is based on extensive research showing that most children are ready for Kindergarten across cognitive and social-emotional domains at five and a half years of age. Many children who turn five in summer or fall of their entry year may benefit from Young Fives programs.

Highlights of GBCS Young Fives:

- The goal of the Young Fives program at Grand Blanc Community Schools is to offer students the “gift of time” to prepare for a successful school experience. Young Fives serves as a bridge between preschool and Kindergarten.
- **Enrollment is limited!** Young Fives is designed for children who turn five between June 1st and December 1st. If there is a waiting list, priority is given to children with fall birthdays. Students are selected based on parent request and a district screening process.
- Young Fives is held at select elementary buildings depending on district and building enrollment demands.
- Young Fives places a greater emphasis on play and exploration, while developing core skills for reading, math, science and social-emotional development. Curriculum is focused on introduction and exploration, rather than mastery of Kindergarten skills and concepts.

Similarities between Kindergarten and Young Fives:

- Both are full-day programs
- They both provide opportunities for students to build social- emotional, academic and creative learning
- Both provide Music, Art, Physical Education, and Library
- Include lunch, recess, and all school assemblies
- Provide school-wide support services and resources
- Teachers in both Young Fives and Kindergarten are state-certified and specialize in early childhood educational teaching practices.



Young Fives is the first of a two-year kindergarten program.

It's a full-day program that follows the regular school calendar. Please indicate on the waiver if you would like your student to be considered for Young Fives placement. ***All students with fall birthdays will be considered as likely enrollees in the Young Fives program and will have priority on waiting lists.***



Grand Blanc Community Schools

11920 S. Saginaw
Grand Blanc, MI 48439

Kindergarten Waiver Request for 2023-24 School Year

According to Michigan Law, if a child residing in the Grand Blanc School District is not five years of age on September 1, 2023 but will be five years of age not later than December 1, 2023, the parent or legal guardian may enroll the child in kindergarten for the 2023-24 school year. Grand Blanc School District requires the parent or legal guardian to submit this written notification at the time of enrollment, indicating he or she intends to enroll the child in kindergarten.

The district may make a recommendation to the parent or legal guardian as to whether the child is ready to enroll in kindergarten due to the child's age or other factors. Regardless of the district's recommendation, the parent or legal guardian retains the sole discretion to determine whether or not to enroll the child in kindergarten if the student is five years of age not later than December 1, 2023.

Student Name: _____ Date of Birth: _____

Verification of Age: ☐ Birth Certificate
(Check one) ☐ Court Record

☐ Government Record
☐ Citizenship Paper

Evidence of School Readiness (provided by parent):

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date

Grand Blanc Schools Recommendation

- ☐ The building principal agrees with the recommendation of the parents to enroll in Kindergarten.
- ☐ The building principal recommends the child begin Kindergarten in **August** 2024 for the following reasons:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

School Administrator's Signature

Date

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)		DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code) MI / /
PARENT/GUARDIAN (Last, First, Middle)		HOME TELEPHONE NUMBER ()
ADDRESS (Number & Street)	(City)	(ZIP Code) MI ()

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?	Birth History:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?	
Reason for Medication				
/ /				
Parent/Guardian Signature Date				Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION	Visual Acuity				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT	Height			
		Date: / /	Muscle Imbalance						Weight				
		Other: _____					<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	Other			
<input type="checkbox"/>	<input type="checkbox"/>	HEARING	Audiometer				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT				
		Date: / /	Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	BLOOD PRESSURE	Reading: _____			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS	Sugar				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN	Type: _____			
		Date: / /	Albumin						Date: / /	Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm			
			Microscopic										
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL	Level _____ ug/dl				NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.						

Examinations and/or Inspections

Essential Findings Deviating from Normal:
Exam Date: / /

SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)	1	2
	2		Influenza (IV/LAIV)	1	3
				2	4
DTaP/DTP/DT/Td	1	4	Meningococcal (MCV4 / MPSV4)	1	2
	2	5	Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
	3	6		2	
Tdap	1		OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
Haemophilus Influenzae type b (HIB)	1	3		1	
	2	4		2	
Polio (IPV/OPV)	1	3		3	
	2	4	Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable		
Pneumococcal Conjugate (PCV7/PCV13)	1	3	*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.		
	2	4			
Rotavirus (RV1/RV5)	1	3			
	2				
Measles,Mumps, Rubella (MMR)	1	2	Parent/Guardian refused immunizations: <input type="checkbox"/>		
Varicella (Chickenpox)	1	2			
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____					
I certify that the immunization dates are true to the best of my knowledge					
_____			_____ / ____ / ____		
Health Professional's Signature			Title Date		

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:

<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness?
		If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other

Other Recommendations		

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____'s teeth. As a result of this examination, my recommendation for treatment is: _____	

_____	_____ / ____ / ____
Dentist's Signature	Date

PHYSICIAN'S SIGNATURE

_____	_____ / ____ / ____	_____	_____
Examiner's Signature	Date	Examiner's Name (Print or Type)	Degree or License
_____	_____	_____	_____
Number & Street	City	MI	ZIP Code (_____) Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.



11920 South Saginaw
Grand Blanc, MI 48439
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Dear Parents/Guardian:

If your child has an allergy or special medical condition that could impact their learning environment, please check the appropriate box below and fill out the attached paperwork. Once completed, please return this page as well as the attached form to the office of the school which your child attends.

If you do not feel that your child's condition or allergy warrants a MMIA, please check the appropriate box below, sign and date this form and return it to the office of the school which your child attends.

- ☐ I would like my child, _____, to have a Medical Management Inventory Assessment completed. I have completed the attached forms.
- ☐ I do not feel my child, _____, needs to have a Medical Management Inventory Assessment completed above and beyond normal emergency procedures.

Date

Parent/Guardian Signature



Grand Blanc Community School District

Place
Student
Photo
Here

MEDICAL MANAGEMENT INVENTORY ASSESSMENT

Name	Birthdate (Month, Day, Year)	
Parent or Guardian	Home Phone	Work Phone
Physician	Phone	
Physician Signature	Date	
Teacher's Name	Student's Bus Number	

Diagnosis: _____

If your child has these conditions, please check:

- | | | |
|---|---|--|
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Severe Allergies | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Anaphylactic Shock | <input type="checkbox"/> Severe Asthma | <input type="checkbox"/> EpiPen Required |
| <input type="checkbox"/> Blood Disorders | <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Other _____ |

***A Specific **Medical Action Plan** related to above noted medical condition will be created by designated staff in collaboration with parents, child and physician if applicable. Information in the plan should be shared with appropriate school personnel.

Parent's Comments: _____

If a reaction does occur at school, please check off those actions that apply. Also, please indicate the order in which they should be done.

Check	Order		
<input type="checkbox"/>	[]	Call 9-1-1	
<input type="checkbox"/>	[]	Call parents/guardian	Home: _____ Work: _____
			Cell: _____ Pager: _____
<input type="checkbox"/>	[]	Call this emergency contact	Name: _____
			Phone: _____
<input type="checkbox"/>	[]	Administer Medication	

To request medication be administered at school (regularly or on an emergency basis) please complete the necessary form available in the school office.

Parent Signature: _____

Administrator Signature: _____

Date Received: _____

OFFICE USE ONLY

Based on information provide above, the following is recommended (*please check all that apply*):

- | | |
|--|---|
| <input type="radio"/> No additional action and/or plan necessary | <input type="radio"/> Food Allergy Plan |
| <input type="radio"/> Medical Plan of Action | <input type="radio"/> Referral to Special Services for additional support |
| <input type="radio"/> 504 Plan | <input type="radio"/> Other: _____ |



Teacher's Name: _____

**GRAND BLANC COMMUNITY SCHOOLS
VOLUNTEER REGISTRATION FORM**

THIS INFORMATION WILL BE USED FOR A CRIMINAL BACKGROUND CHECK

A copy of your driver's license will need to be provided to the Personnel Office in order to complete the criminal background check.

LAST NAME FIRST NAME MIDDLE NAME

Student(s) Name(s): _____

Volunteer Assignment Building(s)

Volunteering in Building(s) Please check all that apply

- | | | | | |
|---|---|---|---|--|
| <input type="checkbox"/> High School East | <input type="checkbox"/> High School West | <input type="checkbox"/> East Middle School | <input type="checkbox"/> West Middle School | <input type="checkbox"/> Anderson Elementary |
| <input type="checkbox"/> Brendel Elementary | <input type="checkbox"/> Cook Elementary | <input type="checkbox"/> Indian Hill Elementary | <input type="checkbox"/> Mason Elementary | <input type="checkbox"/> McGrath Elementary |
| <input type="checkbox"/> Myers Elementary | <input type="checkbox"/> Reid Elementary | <input type="checkbox"/> Perry Center | <input type="checkbox"/> Other _____ | |

I have read the Grand Blanc Community Schools' Volunteer Policy and agree to comply with its requirements including a criminal background check and/or fingerprinting if deemed necessary.

Volunteer Signature Date

Principal (or Designee) Signature Date

OFFICE USE ONLY

Background Check Verified By _____ Date of iCHAT Report _____ Results _____

**GRAND BLANC COMMUNITY SCHOOLS
VOLUNTEER CRIMINAL RECORD CHECK & HISTORY AFFIDAVIT**

Last Name First Name Middle Name

Other/Former Names

Address City State Zip

Phone Number Birthdate Gender Race

Driver's License Number Emergency Contact Phone Number

Effective January 1, 2006, the School Safety legislation (PA 129-131 & PA 138) requires all individuals who apply for employment in Michigan have a criminal history check. For the protection of our students, all volunteers must complete the following questionnaire.

I HAVE NOT been convicted of or plead guilty or no contest to any crimes (misdemeanors or felonies.)

I HAVE been convicted of or plead guilty or no contest to the following crime(s). If necessary, use separate sheet to explain nature of conviction, date and court.

☐ HAVE NOT ☐ HAVE (Explanation) _____

The following charges are pending against me. If necessary, use separate sheet to explain nature of charges, date and court.

Have you ever been convicted of any of the following crimes:

- Criminal sexual conduct in any degree
- Assault with intent to commit criminal sexual conduct in any degree
- Felonious assault on a child
- Child abuse in any degree
- Attempt to commit child abuse in any degree
- Cruelty, torture or indecent exposure involving a child

☐ NO ☐ YES (Explanation) _____

Have you ever been convicted of delivering or distributing controlled substances to a minor or of possessing a controlled substance on school property in violation of section 7410 of the public health code?

☐ NO ☐ YES (Explanation) _____

AUTHORIZATION & RELEASE

I understand and agree that:

I will abide by all Board policies and administrative guidelines while on duty for the Grand Blanc Community Schools, including the Tobacco-Free School Act prohibiting the use of tobacco products at all times in buildings and grounds.

I realize that as a volunteer I am not in any manner considered an employee of the District or entitled to any benefits provided to employees. I understand that, although I am covered under the District's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for worker's compensation. Should I become ill or suffer an accident while performing volunteer work for the District, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand that transportation field trips and extra-curricular activities are sometimes provided by volunteers in private cars. The District provides liability coverage for employees but no insurance or liability coverage for the ownership, maintenance, operational expenses or any injury or damages to people or property that may occur in any manner from the use of non-school vehicles. Drivers under the age of 18 cannot serve as volunteer drivers for school-related functions.

I further understand that Michigan law prohibits a school district from employing or allowing to serve as a volunteer, in any capacity, a person convicted of a listed offense. "Listed offenses" as well as other information on this legislation may be found at the following web site: www.michigan.gov. In addition, the law further requires school districts to dismiss any employee or volunteer who is listed on the sex offenders' registry. If I have been convicted of a felony other than a listed offense or an offense which requires my name to be listed on the sex offenders' registry, I will be dismissed immediately.

I further release Grand Blanc Community Schools, its Board of Education, individual Board of Education members, employees and agents, and the entities to which the criminal history record information is released, to the maximum extent permitted by law, and from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

Volunteer Signature

Date

District Witness Signature

Date

THE GRAND BLANC GRADUATE

HANDS



Unremitting pursuit of the highest human ideals

Strives for continual betterment of self, community, world and has the ability to recognize the dignity of others

#connection #purpose #citizenship #optimism
#socialintelligence #zest #bravery #fairness

HEAD



Dedication to the discovery of profound learning

Demonstrates creative thinking, critical thinking, curiosity and imagination

#curiosity #openmindedness #creativity
#perspective #loveoflearning

HEART



Exemplary model of character and judgment

Leads or participates in community projects; contributes to society; cares about others

#integrity #enthusiasm #love #kindness
#gratitude #hope #purpose #forgiveness

LEGS



Individual autonomy and self-direction

Takes initiative in learning and life; adapts to the new and different; self-advocates; realizes own learning style and gifts

#leadership #bravery #perseverance
#selfcontrol #prudence #fairness #teamwork

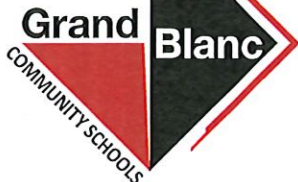
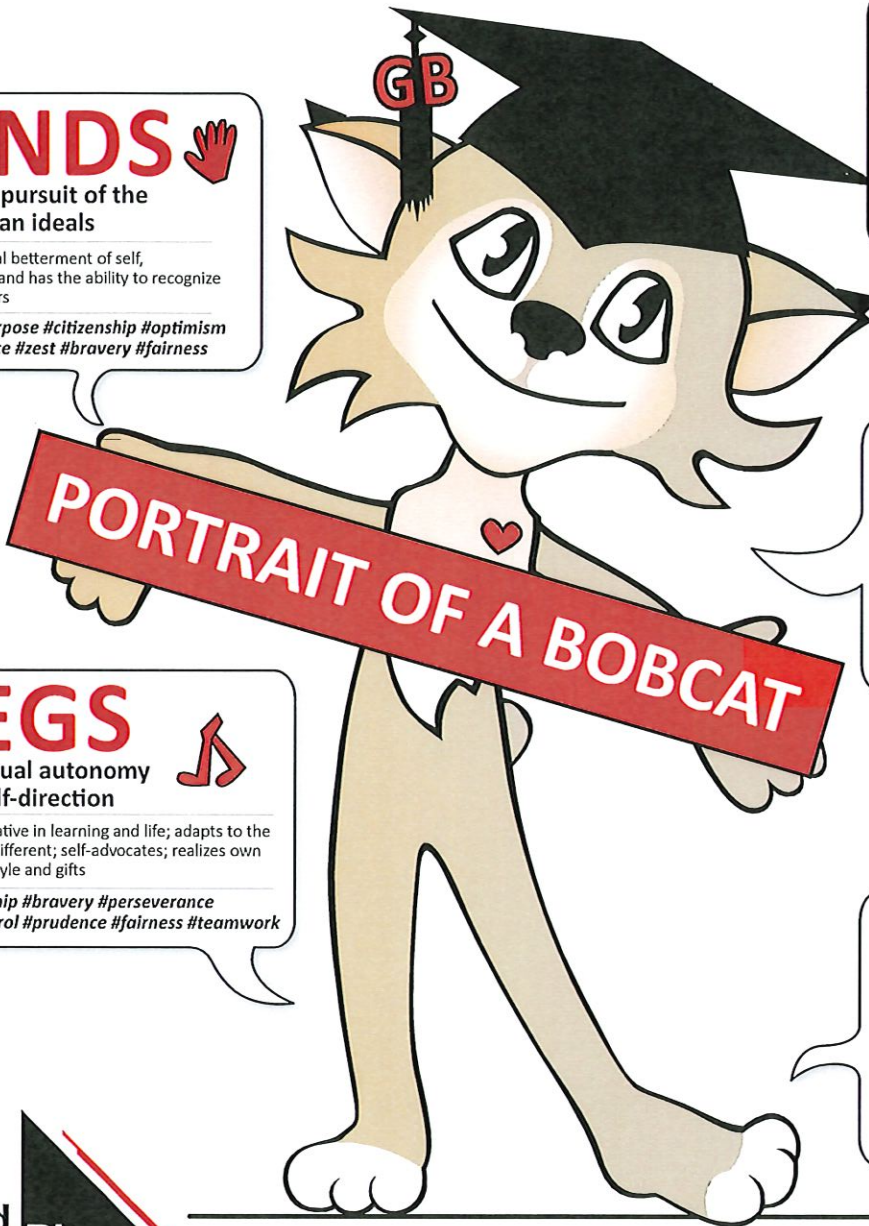
FEET



Global experiences in life and living

Remains aware and active in global issues; connecting, collaborating and communicating with the world in healthy ways

#citizenship #perspective #openmindedness
#bravery #zest #appreciationofbeauty



www.gbcs.org
@gbcsbobcats

THE MISSION OF GRAND BLANC SCHOOLS, the hallmark of academic and personal excellence, is to ensure students actualize their own unique genius, freely and without fear, through a system distinguished by:

- Dedication to the discovery of profound learning
- Exemplary models of character and judgment
- Global experiences in life and living
- Emphasis on individual autonomy and self-direction
- Unremitting pursuit of the highest human ideals

**A TRADITION
OF EXCELLENCE**



Help Your Child Succeed in School: Build the Habit of Good Attendance Early

DID YOU KNOW?

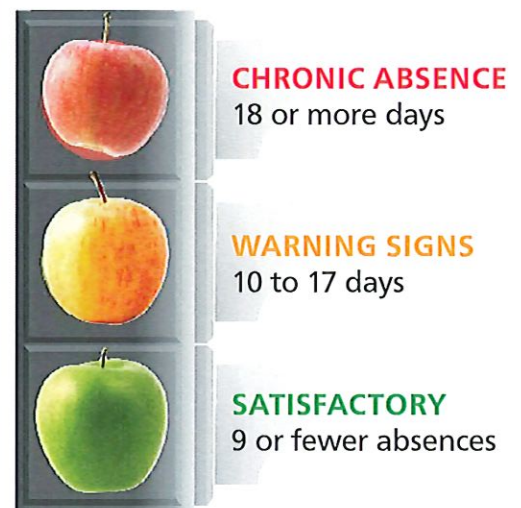
- Starting in preschool and kindergarten, too many absences can cause children to fall behind in school.
- Missing 10%, or about 2 days each month over the course of a school year, can make it harder to learn to read.
- Students can still fall behind if they miss just 1 or 2 days every few weeks.
- Being late to school may lead to poor attendance.
- Absences and tardiness can affect the whole classroom if the teacher has to slow down learning to help children catch up.

Attending school regularly helps children feel better about school—and themselves. Start building this habit in preschool so they learn right away that going to school on time, every day is important. Eventually good attendance will be a skill that will help them succeed in high school and college.

WHAT YOU CAN DO

- Set a regular bedtime and morning routine.
- Lay out clothes and pack backpacks the night before.
- Keep your child healthy and make sure your child has the required shots.
- Introduce your children to their teachers and classmates before school starts.
- Develop backup plans for getting to school if something comes up. Call on a family member, a neighbor or another parent.
- Try to schedule non-Covid-19 related medical appointments and extended trips when school isn't in session.
- If your child seems anxious about going to school, talk to teachers, school counselors and other parents for advice on how to make your child feel comfortable and excited about learning.
- If you are concerned that your child may have Covid-19, call your school for advice.
- If your child must stay home due to illness or quarantine, ask the teacher for resources and ideas to continue learning at home.

When Do Absences Become a Problem?



Note: These numbers assume a 180-day school year.

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Visit Attendance Works at www.attendanceworks.org for free downloadable resources and tools!