

# **Public Charter School Academy**

## *Facts*

A charter school is an independent public school organized as a non-profit organization, funded on a per-pupil basis from the state school aid fund and public and private grants.

Charter Schools have to follow ALL the same rules and regulations as the traditional public schools for reporting and accountability. They file the same reports and must meet all the same requirements of the Michigan Department of Education as do the traditional schools.

In fact, charter schools have an additional layer of accountability in that they must also report to their chartering agent (usually a state university) and comply with their additional requirements as well.

Not only must a charter school report to both the State Department of Education and its chartering agent, charter schools also have a local Board of Directors who meet in regular public meetings with the responsibility to ensure the proper operation of the academy.

Charter Schools may not charge tuition and are supported by state aid. The amount of state aid received by charter schools is comparable to the amount received by the local public school. Charters are not allowed to pass millages. As a result, they are not able to "bond" for their school facilities. Facilities must be paid for out of the General Fund.

Charter Schools are bound by the same requirements and regulations as public schools for hiring teachers and paraprofessionals. Teachers and paraprofessionals must have the proper certification and must meet the Highly Qualified standards of the No Child Left Behind Act. Charter students take the MEAP tests and are subject to the Freedom of Information Act and the Open Meetings Act.

# REGISTRATION CHECKLIST – NEEDED FORMS AND DOCUMENTS

Student's Name: \_\_\_\_\_ Grade Applying: \_\_\_\_\_

Academy: \_\_\_\_\_ School Year \_\_\_\_\_

<u>Form</u>	<u>Color</u>	<u>Applications</u> – (Pick up Application Folder from Academy or download and print from website)
<input type="checkbox"/> APP-001	Yellow	Application for Enrollment (For New Students)
<input type="checkbox"/> APP-002	Gray	Re-Enrollment Application (If prior-year student)
<input type="checkbox"/> APP-004	Lt. Purple	Request for Student Records (We must have prior school's transcripts for high-school students)
<input type="checkbox"/> APP-005	Lt. Pink	Special Education Services Questionnaire
<input type="checkbox"/> HEA-001	Lt. Blue	Health Appraisal
<input type="checkbox"/> HEA-003	Blue	Medication Administration Permission Form
<input type="checkbox"/> MISC-001	<b>** IF ANY **</b>	Individualized Education Plan
<input type="checkbox"/> MISC-002	Green	Home Language Survey
<input type="checkbox"/> MISC-003	Orange	Uniform Order Form
<input type="checkbox"/> MISC-004	Red	Internet/Computer Acceptable Use Policy
<input type="checkbox"/> MISC-006	Magenta	Photo Consent/Denial Policy
 <u>Existing Records</u> – (Bring this info from home)		
<input type="checkbox"/> REC-001		Certified Copy of Birth Certificate (Or Passport/Visa)
<input type="checkbox"/> REC-002		Copy of Child's Social Security Card
<input type="checkbox"/> REC-003		Copy of Last Report Card
<input type="checkbox"/> REC-004		Immunization Record – (available from child's pediatrician)

**\*\*Form numbers can be found in the upper right-hand corner of the document\*\***

***WITHOUT THE ABOVE INFORMATION, WE CANNOT ENROLL YOUR CHILD!***

STUDENT INFORMATION			
Name (Last, First, MI):		Primary Language:	
Street Address:		English Ability: Excellent / Good / Poor	
City, State, Zip		Grade Sought:	
Date of Birth:                      Gender: Male   Female	Place of Birth:		
Social Sec. #:	Is student one of the following? (Check One)		
Previous School District:	<input type="checkbox"/> A citizen or national of the United States?		
Current Grade:	<input type="checkbox"/> A lawful Permanent Resident (Alien#) A?		
Current School: <small>(Students entering high school must bring their transcripts with them to enroll.)</small>	<input type="checkbox"/> An Alien authorized to attend public school in the US? Alien/Admission #: _____		
Race (circle one):                      Asian    White    Black    Hispanic    Native American    Other: _____			
<input type="checkbox"/> I Certify that the child I am enrolling at the Academy has not been previously expelled from school, nor is expulsion pending. <input type="checkbox"/> The above-named child that I am enrolling has been previously expelled from a school. I authorize access to all school records and further authorize communication with the school(s) listed below regarding this matter. I understand my child's admission to the Academy will be at the discretion of the Academy Administration and Board.			
PARENT INFORMATION			
Father's Name (Last, First):			
Address: <small>If different than child's</small>			
Employer/Occupation:	Email Address		
Home Phone:	Work/Cell Phone:		
Mother's Name (Last, First):			
Address: <small>If different than child's</small>			
Employer/Occupation:	Email Address		
Home Phone:	Work/Cell Phone:		
With whom does the child live?      Mother / Father / Other	Marital Status                      Single / Married / Divorced		
Is a custody decree in place?              Yes / No / Pending	If YES, copy given to school?                      Yes / No		
STUDENT SIBLING INFORMATION			
Sibling Name:	Enrolled here? Yes / No / Waiting List	Date of Birth:	School currently enrolled in:
Sibling Name:	Enrolled here? Yes / No / Waiting List	Date of Birth:	School currently enrolled in:
Sibling Name:	Enrolled here? Yes / No / Waiting List	Date of Birth:	School currently enrolled in:
Sibling Name:	Enrolled here? Yes / No / Waiting List	Date of Birth:	School currently enrolled in:
I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE, TO THE BEST OF MY KNOWLEDGE.			
PARENT/GUARDIAN SIGNATURE		DATE	
FOR OFFICE USE ONLY			
Application Date _____	Active _____	Date Records Sent: _____	Graduated: _____
Start Date: _____	Waiting List: _____	Moved/Transfer: _____	Withdrawn: _____

## REENROLLMENT APPLICATION

**STEP 1: WILL STUDENT RE-ENROLL AT THE ACADEMY?**

- Yes*, my child will be re-enrolling for the upcoming academic year at the Academy
- No*, my child will not be re-enrolling. Thus, my child's space is available to new applicants.

Student name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade for Fall: \_\_\_\_\_

**STEP 2: ARE STUDENT'S SIBLINGS CURRENTLY ENROLLED AT THE ACADEMY?**

- Yes* (Complete sibling information below)
- No* (Go to STEP 3)

CURRENT Sibling's Name	Grade Next Year	WILL Re-enroll	WILL NOT Re-enroll

**STEP 3: DOES STUDENT HAVE SIBLINGS WHO ARE INTERESTED IN ENROLLING AT THE ACADEMY?**

Please list names below and complete personal information on these siblings. This information is for school records only. You will need to come to the school office to fill out a new enrollment application for the siblings you are planning to bring to the Academy once you are notified they are accepted.

NEW Sibling's Name	Date of Birth	Current Grade	Current School

**STEP 4: VERIFY ADDRESS & SIGN FORM**

PRINT Parent's / Guardian's Name: \_\_\_\_\_

CURRENT Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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*It's the policy of charter Schools that students have to re-enroll every year.  
Any form received after the deadline will be considered a new applicant.  
\*\*\*\*\*Space is not guaranteed\*\*\*\*\**



**SECTION III -- PHYSICAL EXAMINATION, INSPECTION, TESTS, AND MEASUREMENTS**

HEA-001b

**EXAMINATIONS AND/OR INSPECTIONS**

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS


**TESTS AND MEASUREMENTS**

	Normal	Under Care	Referred		Normal	Under Care	Referred
Vision Tested? <input type="checkbox"/> Visual Activity <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ocular Muscle Date _____ <input type="checkbox"/> Other _____				Urinalysis Done? <input type="checkbox"/> Sugar <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Albumin Date _____ <input type="checkbox"/> Microscopic			
Hearing Tested? <input type="checkbox"/> Audiometer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____ Date _____				Blood Pressure Measured? <input type="checkbox"/> Yes <input type="checkbox"/> No Reading _____			
Hemoglobin/Hemotocrit Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No				Height _____ Weight _____ Other:			
Blood Lead Level Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Reading _____				Blood Lead level recommended for all children age six and under			

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

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Tuberculin Test (if given)      Date \_\_\_\_\_      Type \_\_\_\_\_       Negative       Positive \_\_\_\_\_ mm.

**SECTION IV -- RECOMMENDATIONS**

Is there any defect of vision, hearing, or other condition for which the school could help by seating or other action?  Yes  No  
 If yes, please explain:

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Should the student's activity be restricted because of any physical defect or illness?  Yes  No    If yes, check below and explain degree of restriction:

Classroom     Playground     Gymnasium     Swimming Pool     Competitive Sports     Camp     Other

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Examiner's Signature \_\_\_\_\_ Date \_\_\_\_\_ Examiner's Name (print or type) \_\_\_\_\_ Degree or License \_\_\_\_\_

Number & Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

**SECTION V -- DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)**

I have examined \_\_\_\_\_ teeth and make the following recommendations as for treatment:

Child's Name

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\_\_\_\_\_  
Dentist's Signature      Date

**COMMENTS**


**MEDICATION ADMINISTRATION PERMISSION FORM**

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

Date form received by the Academy: \_\_\_\_\_

Grade: \_\_\_\_\_ Class #: \_\_\_\_\_ Birthday: \_\_\_\_\_

**TO BE COMPLETED BY THE PARENT/GUARDIAN AND/OR PHYSICIAN:**

Name of Medication: \_\_\_\_\_

Reason for medication (optional): \_\_\_\_\_

Medicine Type (Circle One): Tablet / Liquid / Inhaler / Injection / Nebulizer / Other: \_\_\_\_\_

Instructions (schedule & dosage to be given at school): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Start Date: \_\_\_\_\_ Stop Date: \_\_\_\_\_ As Needed (per phone verification): \_\_\_\_\_

Restrictions / Side Effects: \_\_\_\_\_

Storage Requirements: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**TO BE COMPLETED BY PARENT/GUARDIAN**

I request that my child, \_\_\_\_\_ receive the above medication at school according to the standard school policy.

I certify that my child, \_\_\_\_\_ is both capable and responsible, and I am requesting that he/she be allowed to self-administer the above medication at school according to the standard school policy.

Signature: \_\_\_\_\_

Relationship (*MUST* be parent/guardian or Doctor): \_\_\_\_\_

Date: \_\_\_\_\_

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**HOME LANGUAGE SURVEY**

NAME OF STUDENT: \_\_\_\_\_ AGE: \_\_\_\_\_

In order to determine the number of students who speak a language other than English we are requesting the following information.

1. Country of Birth: \_\_\_\_\_
2. Is English the first language that the student learned to speak? (Circle One) YES / NO
3. If not, what is the first language that the student learned to speak? \_\_\_\_\_
4. Is English regularly (most of the time) spoken at home? (Circle One) YES / NO
5. If NO, what is the language spoken at home? \_\_\_\_\_

IF THE RESPONSE TO THE ABOVE QUESTIONS IS "NO" PLEASE ANSWER THE FOLLOWING:

How many years has the student gone to school in the US? \_\_\_\_\_

Is the student a U.S. citizen? YES / NO

Assess the student's language proficiency in your opinion. (Check all that apply)

_____ Speaks no English	_____ Reads no English	_____ Writes no English
_____ Speaks limited English	_____ Reads limited English	_____ Writes limited English
_____ Speaks English well	_____ Reads English well	_____ Writes English well

Parent/ Guardian's Name (Print): \_\_\_\_\_

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

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

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

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## UNIFORM ORDER FORM

Type	Size	Style	Price ea.	Quantity	TOTAL price
Youth	Small	Short Sleeved Polo			
Youth	Small	Sweat Shirt			
Youth	Medium	Short Sleeved Polo			
Youth	Medium	Sweat Shirt			
Youth	Large	Short Sleeved Polo			
Youth	Large	Sweat Shirt			
Adult	Small	Short Sleeved Polo			
Adult	Small	Long Sleeved Polo			
Adult	Medium	Short Sleeved Polo			
Adult	Medium	Long Sleeved Polo			
Adult	Large	Short Sleeved Polo			
Adult	Large	Long Sleeved Polo			
Adult	Ex-Large	Short Sleeved Polo			
Adult	Ex-Large	Long Sleeved Polo			
OTHER					
OTHER					

PARENT NAME (Print): \_\_\_\_\_

STUDENT NAME (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Method of Payment (circle one):      CASH      CHECK      MONEY ORDER

Amount Due: \_\_\_\_\_ Check/Money Order Number: \_\_\_\_\_

The Polo shirts and sweatshirts are birch grey and are embroidered with the school name in Navy Blue thread. Samples and shirt prices are available at the School front office.

*Other required item, which are not sold at the school include Navy Blue cotton dress pants, (for girls, Navy cotton skirts below the knee are also allowed) dark socks, and dark shoes. Students can wear turtlenecks or long sleeved shirts under the Polos as long as the shirts are black, navy, white, or grey.*

**Affix RETURN TO label here**

**STUDENT INTERNET/COMPUTER ACCEPTABLE USE POLICY**

Internet services are available to all students for the purposes of instruction, curriculum support, and communication. E-mail, network, and Internet access is to be used ONLY for these purposes.

Students are expected to conduct themselves ethically and be mindful of all applicable laws and regulations. They should be familiar with procedures for accessing email and/or the Internet and have participated in training provided by the school. Students should have specific information objectives and/or search strategies formulated before they access the Internet. School policy states that ***ALL students must have a signed Acceptable Use Policy form on file before they are allowed to use the Internet independently.***

The following are unacceptable uses of e-mail/Internet by students who access the network through school accounts using school-owned equipment and may result in the revocation of Internet privileges or, depending on the nature of the offense, detention or suspension.

**Unacceptable use includes but is not limited to:**

- Sending or displaying offensive messages or pictures
- Using obscene, harassing, or insulting language
- Violating copyright laws or fair-use practices
- Trespassing in others' folders, documents, or files
- Using the network for commercial or political purposes
- Using the network to access inappropriate materials
- Intentionally damaging computers, computer systems, or computer networks
- Using other's passwords
- Indiscriminate personal use – purchases, personal emailing, or "instant messaging"
- Downloading software without permission of school administration or network technician.
- Other behaviors in violation of Academy policy, state statutes, or federal laws

Communication over networks is not considered private. Network supervision and security maintenance may require monitoring of directories, messages, or Internet activity. The Academy reserves the right to access stored records in cases where there is reasonable cause to expect wrong-doing or misuse of the system.

**Student Internet/Computer Acceptable Use Policy – SIGNATURE MANDATORY**

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

I have read the Student Internet Acceptable Use Policy. I agree to follow the rules contained in this policy with an understanding that consequences could entail revocation of Internet privileges, or depending on the nature of the offense, detention or suspension. I will receive a copy of this signed Policy and a copy will be kept in my file.

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

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

**Affix RETURN TO label here**

## PHOTO CONSENT/DENIAL POLICY

In an effort to keep the community up-to-date on events, the Academy will, on occasion, invite local media representatives into our school to photograph special programs and events. Media representatives register at the main office upon their arrival and are always escorted to the designated area from which they can take photos or video publications. We do not allow media representatives to interview students on school property unless academy personnel accompany them.

Academy personnel will also take pictures of classroom activities and/or individual students from time to time for either release to the local media, use in the Academy web site, or for Academy media or brochures. Identification of students is always limited to name, school, and grade.

Permission to photograph a student either individually or in a group is assumed, until specific documentation (THIS FORM) is returned with a signature. This information will be kept on file in the student's records.

### PLEASE INDICATE YOUR PREFERENCES BELOW:

- YES**, I give permission for my child's picture to be used in school or school-related media publications
  
- NO**, I do not wish my child's picture to be used in school or school-related media publications

Student's Name \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

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

Affix RETURN TO label here