

# **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.

# RIVERSIDE ACADEMY WEST MIDDLE/HIGH SCHOOL REGISTRATION CHECKLIST – NEEDED FORMS AND DOCUMENTS

Student's Name: \_\_\_\_\_ Grade Applying for: \_\_\_\_\_ School Year \_\_\_\_\_

## Forms in this packet that must be returned before registration is complete.

| <input type="checkbox"/> Form Num. | Paper Color | Title of Document                         |
|------------------------------------|-------------|---|
| <input type="checkbox"/> APP-001   | Golden      | Application for Enrollment                |
| <input type="checkbox"/> APP-002   | Lt. Purple  | Request for Student Records               |
| <input type="checkbox"/> APP-003   | Lt. Pink    | Special Education Services Questionnaire  |
| <input type="checkbox"/> HEA-001   | Tan         | Medication Administration Permission Form |
| <input type="checkbox"/> MISC-001  | Light Green | Home Language Survey                      |
| <input type="checkbox"/> MISC-002  | blue        | Internet/Computer Acceptable Use Policy   |
| <input type="checkbox"/> MISC-003  | Gray        | Photo Consent/Denial Policy               |

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

(Students entering High School must bring their high school transcripts with them when they register to assist the school in placing them in the appropriate classes. Failure to do this may result in your child's being placed in the wrong grade and keep them from graduating on time.)

## Records you must provide the school before registration is complete.

- Certified Copy of Birth Certificate
- Copy of Child's Social Security Card and/or Passport/visa/immigration papers
- Copy of Last Report Card from previous school
- Immunization Record (available from child's pediatrician)
- Health Appraisal (front & back) completed by student's physician (Obtain form from school)
- Any and all discipline records from previous high school (Students expelled from another high school must appeal to the Academy Board of Directors to request admission to the school. See the Family/Student Handbook/Code of Conduct for details.)

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[www.riverside-academy.net](http://www.riverside-academy.net)

***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:<br><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?<br><input type="checkbox"/> Alien/Admission #: _____ |

Race (circle one):

(1) Hispanic/Latino of any race; and for individuals who are non-Hispanic/Latino Only  
 (2) American Indian or Alaska Native                      (3) Asian                      (4) African American  
 (5) Native Hawaiian/Other Pacific Islander (Having origins in people of Hawaii, Guam, Samoa or other Pacific Isl)  
 (6) White (Having origins in people of Europe, the Middle East or North Africa)  
 (7) Two or more races

I Certify that the child I am enrolling at the Academy has not been previously expelled from school, nor is expulsion pending.

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: (If different than child's)  |   |
| Employer/Occupation:  | Email Address:  |
| Home Phone:   | Work/Cell Phone:  |
| Mother's Name (Last, First):  |   |
| Address: (If different than child's)  |   |
| 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?<br>Yes / No / Waiting List | Date of Birth: | School currently enrolled in: |
| Sibling Name: | Enrolled here?<br>Yes / No / Waiting List | Date of Birth: | School currently enrolled in: |
| Sibling Name: | Enrolled here?<br>Yes / No / Waiting List | Date of Birth: | School currently enrolled in: |
| Sibling Name: | Enrolled here?<br>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: _____ |

## REQUEST FOR STUDENT RECORDS

We have just enrolled the following student. Please forward all records, including medical records, social and psychological evaluations, and special education records that would assist us in placing and evaluating this student. Thank you.

### STUDENT INFORMATION

Student's Full Name: \_\_\_\_\_

Student Birth Date: \_\_\_\_\_ Grade \_\_\_\_\_

### PREVIOUS DISTRICT INFORMATION

School Name: \_\_\_\_\_

School District: \_\_\_\_\_

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

School Phone Number: \_\_\_\_\_

School Fax Number : \_\_\_\_\_

Today's Date: \_\_\_\_\_

### PARENTAL INFORMATION AND APPROVAL

Signature of Parent/Guardian: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

### RECORDS RETURN INFORMATION

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**SPECIAL EDUCATION SERVICES QUESTIONNAIRE**

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

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

1. Have you ever attended an I.E.P.C. (Individualized Educational Planning Committee) meeting where your child's eligibility for Special Education was discussed? (Circle One) **YES** | **NO**

If Yes, where and when: \_\_\_\_\_  
\_\_\_\_\_

2. Is your child currently enrolled in Special Education or has s/he received special education services in the past? (Circle One) **YES** | **NO**

3. Did your child receive any other special services, such as social work referrals to other sources, counseling, tutoring, etc.? (Circle One) **YES** | **NO**

If Yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. If your child has been a part of a Special Education program, do you have a copy of your child's current I.E.P. (Individualized Education Plan)? (Circle One) **YES** | **NO**

If No, please obtain and provide the IEP to the school before a scheduled IEPC.

5. Do you feel your child is a candidate for Special Services? (Circle One) **YES** | **NO**

If Yes, please explain: \_\_\_\_\_

6. Have you ever had discussions with any school personnel regarding your child being tested for academic, behavior or emotional concerns? (Circle one) **YES** | **NO**

If so, what was their position: \_\_\_\_\_

7. When is the best time to contact you by phone? \_\_\_\_\_

at what phone number can you be reached? \_\_\_\_\_

Parent Name (Print): \_\_\_\_\_

Parent Name (Signature): \_\_\_\_\_

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**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 &amp; 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: \_\_\_\_\_ Telephone \_\_\_\_\_

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: \_\_\_\_\_ Grade \_\_\_\_\_
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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## 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.

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

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**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, and to use any photograph for any school purpose, is assumed until you specifically request your child's photo not be used. This information will be kept on file in the student's records.



PARENTS, PLEASE FILL OUT AND RETURN THIS FORM **ONLY** IF YOU DO NOT WANT YOUR CHILD'S PICTURE PRINTED IN ANY PUBLIC MEDIA. IF YOU DO NOT RETURN THIS FORM, WE WILL ASSUME THAT YOUR PERMISSION IS GRANTED FOR PUBLISHING YOUR CHILD'S PHOTO.

I, \_\_\_\_\_ (Parent/Guardian Full Name), am the legal guardian of \_\_\_\_\_ (student's name) who will be in \_\_\_\_\_ grade in 2009-2010. I do not want my child's picture to be used in school-related or outside media publications.

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

Home Telephone No.: \_\_\_\_\_ Mobile Phone No. \_\_\_\_\_

Work Phone No.: \_\_\_\_\_

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

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**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  | DATE ADMINISTERED<br>MM/DD/YYYY |   | VACCINES   | DATE ADMINISTERED<br>MM/DD/YYYY |                    |
|---|---------------------------------|---|--|---------------------------------|--------------------|
| Hepatitis B<br>(Hep B)  | 1                               | 3 | Hepatitis A (Hep A)  | 1                               | 2                  |
|   | 2                               |   | Influenza TIV/LAIV   | 1                               | 3                  |
| DTa / DTP / DT<br>Td / Tdap<br>(circle type)  | 1                               | 5 | 2  | 4                               |                    |
|   | 2                               | 6 | Meningococcal MCV4 / MPSV4   | 1                               | 2                  |
|   | 3                               | 7 | Human Papillomavirus<br>(HPV)  | 1                               | 3                  |
|   | 4                               | 8 | 2  | 4                               |                    |
| Haemophilus Influenza<br>type b (HIB)   | 1                               | 3 | OTHER Vaccines:<br>Specify Date & Type   | Type of Vaccine(s)              | Date of Vaccine(s) |
|   | 2                               | 4 |  | 1                               |                    |
| Polio – IPV / OPV<br>(circle type)  | 1                               | 3 |  | 2                               |                    |
|   | 2                               | 4 | 3  |                                 |                    |
| Pneumococcal Conjugate (PCV7)   | 1                               | 3 | <i>Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable.</i>   |                                 |                    |
|   | 2                               | 4 | *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 child's school or local health department. |                                 |                    |
| Rotavirus (Rota)  | 1                               | 3 | Parent/Guardian refused immunizations: <input type="checkbox"/>  |                                 |                    |
|   | 2                               |   |  |                                 |                    |
| Measles, Mumps, Reubella (MMR)  | 1                               | 2 |  |                                 |                    |
| 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:                                 |                                 |   |  |                                 |                    |
| _____   |                                 |   | _____  |                                 |                    |
| <i>Health Professional's Signature</i>  |                                 |   | Title _____ / Date _____   |                                 |                    |

**SECTION IV – RECOMMENDATIONS**

| No                                       | Yes                      | (Required for Child Care and Head Start/Early Head Start)   |
|--|--------------------------|---|
| <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:<br>_____   |
| <input type="checkbox"/>                 | <input type="checkbox"/> | Should the child's activity be restricted because of any physical defect or illness?<br>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:<br>_____ |
| Other Recommendations:<br>_____<br>_____ |                          |   |

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

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

\_\_\_\_\_ / \_\_\_\_\_  
*Dentist's Signature* Date

**PHYSICIAN'S SIGNATURE**

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

\_\_\_\_\_ MI \_\_\_\_\_  
 Number & Street City 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 schedule of well-child care 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 Departments of Human Services, Education, Community Health; 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