

ACADEMY OF DETROIT WEST – 6 MILE

Student Name: _____ Grade: _____ Date: _____

A. APPLICATION

1. Student's full name (check name by birth certificate)
2. Full Address (street, number, city, state, and zip code)
3. Phone number (area code)
4. Date of birth (check date by birth certificate)
5. Year to be enrolled at the Academy and the grade.
6. Previous school attended (check for name, public of private, address of school)
7. Siblings; presently enrolled in our Academy or applying to attend
8. Parents' name, occupation and work phone number
9. Application is signed and correctly dated

B. PARENT OR STUDENT CONTRACT

1. Parent's Signature
2. Student's full name (printed by Student or Parent)

C. MOST RECENT REPORT CARDS AND/OR TRANSCRIPT – COPIES MUST ACCOMPANY EACH APPLICANT

D. AN UP TO DATE IMMUNIZATION RECORD

1. Checked for accurate shot record
2. The next immunization due date
3. Checked for doctor's signature or office stamp

E. A COMPLETE CHILD INFORMATION CARD

1. Checked for the student's name, address and phone number
2. Parent's name, employment address and phone number
3. An emergency phone number
4. Emergency medical permission and physician information

F. COPY OF CHILD'S BIRTH CERTIFICATE AND SOCIAL SECURITY CARD

**G. COMPLETED HEALTH APPRAISAL (UPDATED EVERY TWO YEARS)
NEXT APPRAISAL DUE DATE: _____**

H. TITLE ONE FORM HAS THE FOLLOWING INFORMATION LISTED:

1. Student's correct name on application
2. The Academy the student is applying for
3. Grade of Student
4. Each household member's name and income
5. Parent's signature and date
6. Parent's Social Security Number
7. Parent's address, home and work phone

I. PHOTO/VIDEO/AUDIO RELEASE FORM & TRANSPORTATION POLICY

1. Accept or Decline check mark
2. Student and Parent / Guardian Signature

I have checked the attached application for completion and accuracy

_____ (Director's Signature) _____ (Date)

ACADEMY OF DETROIT WEST

CHARTER SCHOOL

Dear Prospective Parent:

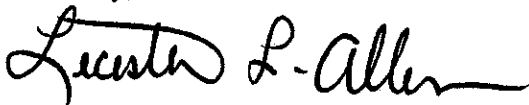
Thank you for applying to enroll your child(ren) at an Academy of Detroit West Charter School. You must complete an application for each child applying.

You may complete your application before leaving the building and return it to the school's Director. **Important: Before your application will receive final approval the following conditions must be met:**

1. All required documents and attachments in this application package must be completed.*
2. A recent report card must accompany each application.
3. A copy of your child's birth certificate and social security card must accompany each application.
4. Students applying for 6th grade and above must submit a one-paragraph statement explaining their desire to attend the Academy. This statement may be handwritten or typed on a separate sheet of paper.
5. Parent(s) and child must attend a group orientation and personal interview with a school administrator.
6. In some areas where there are more applicants than spaces available, seats will be filled on a random selection basis.

Make sure you list both your work and home telephone numbers. You will be notified by mail or phone regarding the status of your application. If you have further questions, please call the school location for which you applied.

Sincerely,



Leicester (Bill) Allen
School Administrator

*Note: Some of the questions on the application deal with information such as ethnic background and family income. This information is kept confidential, and **does not affect your acceptance in any way**. However, we are required by the state to provide statistical information on the student body, and therefore require this information.

Father's Name _____

Occupation _____

Place of Employment _____ Phone _____

Education (check all that apply) High School Graduate? College Graduate?

Mother's Name _____

Occupation _____

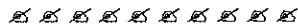
Place of Employment _____ Phone _____

Education (check all that apply) High School Graduate? College Graduate?

How long at present address? _____ Years _____ Months

Family's previous address? _____

PLEASE ATTACH A COPY OF THE APPLICANT'S SHOT RECORD TO THIS FORM. RECORDS CAN BE OBTAINED FROM THE PRESENT SCHOOL.



Why do you as a parent wish your child to be considered for enrollment in the Academy of Detroit West?

How did you learn about the school? Newspaper Television Radio Friend Flyer

If you chose 'Friend', who recommended the school to you? If none of the above, please explain:

If your child were not to attend the Academy of Detroit West, what type of school would he or she most likely attend? (Check One)

Public School in the neighborhood Public School in the suburbs Parochial Private



Signature of Parent(s)

Date

A SIGNATURE ABOVE ALSO INDICATES TO THE ACADEMY THAT THE APPLICANT HAS NOT BEEN EXPELLED FROM ANOTHER SCHOOL FOR VIOLENT ACTS, WEAPONS OR DRUG VIOLATIONS.

Parent's Check List	
PLEASE RETURN WITH THE FOLLOWING:	
<input type="checkbox"/> 1. A Signed Parent/Student Contract	<input type="checkbox"/> 5. A completed Child Information Record
<input type="checkbox"/> 2. A copy of the student's last report card	<input type="checkbox"/> 6. A copy of the child's birth certificate, & Social Security Card
<input type="checkbox"/> 3. A completed Health Appraisal form	<input type="checkbox"/> 7. Completed Title One Form
<input type="checkbox"/> 4. Student's immunization record	<input type="checkbox"/> 8. Transportation Policy and Latch Key Policy

Academy of Detroit West

Admissions Policy

Academy of Detroit West is open to the general public for the admission of students in Kindergarten through the 8th grade, who have an expressed interest in and commitment to the school's curriculum and methods of teaching, and who residents of the State of Michigan are.

The availability of applications for admission to specific grade levels will be made public for a minimum of two weeks per school year. Notification of application and enrollment dates will be published in a local daily or weekly newspaper.

If more applications are received than openings are available in the various grade levels being offered each semester, applications will be randomly selected for evaluation and admission (subject to limited exceptions discussed below). No student will be discriminated against on the basis of intellectual or athletic ability, measures of achievement or aptitude, status as a handicapped person, religion, creed, race, sex, color, national origin, and/or other basis that would be illegal if used by a school district. However, the school's admission committee may interview each selected applicant and the applicant's parents or guardians. To assess interest and commitment toward the school's curriculum and policies, both the student and the parent (or guardian) will be asked to sign a contract (pledge) to abide by school policies. . Students 6th through 8th grade will be asked to provide a short written statement as to why he or she would like to attend Academy of Detroit West. All State and Federal law applicable to public School concerning church-state and civil rights issues will be complied with.

There will be two limited deviations from a purely random student selection process.

First, once the initial student body is selected, priority **may** be given to siblings to keep the family unit intact as well as to minimize the logistical transportation problem associated with having multiple children attending different School.

Second, once a student has been enrolled at the academy, he/she will be permitted to enroll in succeeding school years; as long as the appropriate grade levels are offered at the Academy. If the student and parents express a continued interest in the curriculum offered, he/she must reapply during open registration period.

If openings remain after the official enrollment period, students will be admitted on a first-come, first-serve basis throughout the school year. If openings do not exist for the desired grade levels after the official enrollment period, applicants will be placed on a waiting list. When openings occur, students will be placed from the waiting list on a first-come, first-serve basis.

Academy of Detroit West will be happy to accept your child for enrollment on a 30 day probationary period of time pending the receipt of records from his/her previous school confirming the following:

1. The student has successfully completed work required to be admitted to the grade level for which application is being made.
2. The student was not expelled nor was expulsion pending.

The school does not have any current plans to participate in a foreign exchange program. If the school does elect to participate in the future, then it may enroll foreign exchange students who are not United States citizens.

The Academy does not charge tuition; however, latchkey, transportation, field trips and other fees permitted by law will be charged when and where applicable.

Academy of Detroit West

Parent/Student Contract

PARENT INVOLVEMENT: Academy of Detroit West is a new school based on the concept that **parent commitment, involvement and participation is critical** to the success of a child's educational process. During this process, each child will encounter different challenges and situations that will need the attention of the school administration, staff and their parents/guardians. With this in mind, we are requiring as a part of our admission that parents and students subscribe to the goals and pledges as outlined in the Parent/Student contract.

GOOD FAITH AGREEMENT: Acting in good faith, Academy of Detroit West will accept students from other Schools based on information given to us during parent and student interview with the School's administration. However, if this information turns out to be false or misleading, your child is subject to dis-enrollment. **Any student who has been expelled (or whose expulsion is pending) from another public or private school will not be accepted for enrollment.**

Parent Goals and Pledges:	Student Goals and Pledges:
<ol style="list-style-type: none">1. To fully endorse and support the policies and educational goals as outlined in the student/parent handbook.2. To accept as a part of my child's enrollment and continuous attendance at the Academy I have agreed to all stipulations as written in phases one and two of the Academy for Parents policy.3. To actively participate in school activities, parent-teacher associations and fund-raisers.4. To volunteer a minimum of two hours per week or as requested by school administration.5. To attend or send an adult representative to every parent/teacher conference.6. To seek other community, business and corporate support in the way of gifts, grants and volunteers in the classroom and extra curricular activities.7. To accept a goal of raising or contributing funds each semester per each student to enhance and expand the performing arts curriculum.8. To take an active position in assisting my child(ren) with the completion of homework and bring specific needs to the attention of his/her teacher(s).	<ol style="list-style-type: none">1. To behave in a way that shows respect for myself, teachers, peers and others as well as school property.2. To do my best academically, physically and emotionally.3. To refrain from smoking, using drugs or alcohol.4. To attend school daily, and arrive on time.5. To complete and return homework on time.6. To adhere to the school dress code.7. To ask for help when needed.8. To follow all the policies listed in the student/parent handbook.
<p>I have read and discussed the contents of the student/parent handbook and this contract with my child(ren) and I agree to abide by them.</p>	<p>I have discussed the contents of the student/parent handbook and this contract with my parent(s) and I agree to abide by them.</p>
<p>Signature of Parent _____ Date _____</p>	<p>Signature of Student _____ Date _____</p>

SURVEY

CSAS Latchkey and Transportation Survey

The CSAS offers inter-school transportation and latchkey services to working parents. Please refer to the transportation and latchkey policies that you received either by mail or at orientation, or call Charter School Administration Services for complete information and pricing.

NOTE: This form must be filled out and returned to an Academy location before your child attends, even if you do not plan to utilize these services.

K-12th : Fill out this portion of the survey if your child will be attending *any* of our academies as a
Kindergarten – 12th grade student

Please check one box in each of the following sections:

LATCHKEY (limited space)

- My K-12th grade child requires **only A.M.** latchkey (6:30 a.m. – 8:30 a.m.)
- My K-12th grade child requires **only P.M.** latchkey (3:15 p.m. – 6:00 p.m.)
- My K-12th grade child requires **both A.M. & P.M.** latchkey (6:30 a.m. – 8:30 a.m. & 3:15 p.m. – 6:00 p.m.)
- My child **does not** require latchkey services.

Bus Transportation (limited space)

- My K-12th grade child requires **only A.M.** bus transportation to school.
- My K-12th grade child requires **only P.M.** bus transportation to school.
- My K-12th grade child requires **both A.M. & P.M.** bus transportation to school.
- My child **does not** require bus transportation to school.

If you selected any of the first 3 boxes, please indicate which Charter School location will be used as your child's drop-off and/or pick up point:

- | | |
|---|--|
| <input type="checkbox"/> Gratiot / Alcoy (near 6 mile) | <input type="checkbox"/> Grandriver / Greenfield |
| <input type="checkbox"/> Downtown – Adams @ Woodward | <input type="checkbox"/> Schoolcraft / Six Mile / Ferguson |
| <input type="checkbox"/> Elmira / Fitzpatrick / 6 th Precinct | <input type="checkbox"/> Academy of Oak Park Mendota |

For Cherryhill / Inkster and Westland Students only (limited space)

- Downtown – Adams @ Woodward Inkster Area Stops (near schools) Grand river/Greenfield (Behind Firestone)*

School Requested _____ Student Grade _____ No of Students _____

Student Name _____ Home Address _____ City, State and Zip _____

Parent Signature _____ Daytime Phone Contact Number _____ Date _____

*Locations subject to change

Corner Stop Suggestion: _____



NOTE TO SCHOOLS: PLEASE FAX TO 248-228-8037 UPON PARENT COMPLETION



CHILD INFORMATION RECORD

Name of Child (Last, First, Middle Initial)			Address (Number, Street, Building/Apartment Number)		
Child's Date of Birth	Gender (M or F)	Home Phone # ()	City	State	Zip Code
Father/Legal Guardian's Name: Contact Number: (Cell, Pager, Home or Work)			Mother/Legal Guardian's Name: Contact Number: (Cell, Pager, Home or Work)		
Home address: (If not same as child's address)			Home address: (If not same as child's address)		
City	State	Zip Code	City	State	Zip Code
Employer			Employer		
Work Address			Work Address		
City	State	Zip Code	City	State	Zip Code
Work Phone # ()	Work Hours		Work Phone # ()	Work Hours	
Name of local person to be notified in case of emergency when parents are not available. (Relationship)			Name of local person to be notified in case of emergency when parents are not available. (Relationship)		
Home Phone # ()	Work Phone # ()		Home Phone # ()	Work Phone # ()	
Name(s) of person other than parent or legal guardian to whom child may be released.					
1. _____ (Relationship)		2. _____ (Relationship)			
3. _____ (Relationship)		4. _____ (Relationship)			

Please note any medical conditions (allergies, asthma, etc.)

Does your child currently take any prescribed medication?

If yes, please list the name of each medication.

(If yes, see school office for medical release form)

Please check one of the boxes.	
<input type="checkbox"/> The Academy of _____ has my permission to secure emergency medical and/or emergency surgical treatment for the above named child while in school. <small>(Name of School)</small>	
<input type="checkbox"/> The Academy of _____ does not have my permission to secure emergency medical and/or emergency surgical treatment for the above named child while in school. <small>(Name of School)</small>	
Signature of Parent or Guardian	Date Signed

Name and Address of Child's Physician or Health Clinic		Phone Number ()
Hospital Preferred for Emergency Treatment	Health Insurance Policy Name and Number	Date of Last Tetanus Shot

APPLICATION FOR RISK/TITLE I

FOR HELP CALL:	NAME OF STUDENT	
	SCHOOL	GRADE

➔ **FOSTER CHILD:** YES (If "YES" Sign at Part 2 and go to Part 3)

PART 1 – ALL HOUSEHOLDS

- (A) List all household members. Attach Extra pages(s) if needed
- (B) List income for each on same line as name.

GO TO PART 2

- (C) *Sign name and return to school.*
- (D) List social security number of the person signing the application on the line under the signature.

NAME OF HOUSEHOLD MEMBERS <small>(Include Name of Student from above)</small>	(B) MONTHLY PAY BEFORE DEDUCTIONS	MONTHLY INCOME FROM		
		WELFARE CHILD SUPPORT ALIMONY	PENSION RETIREMENT SOC. SEC.	OTHER SOURCES
<small>(Last Name)</small> <small>(First Name)</small>				
<i>Smith EXAMPLE Sally</i>	<i>\$200.00</i>			

PART 2 – ALL HOUSEHOLDS: PENALTIES FOR MISREPRESENTATION

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of State and Federal funds; that school officials may verify the information the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. (Social security number of signer must be listed on the application before it can be approved)

(C)* SIGN HERE X: _____ DATE: _____
(SIGNATURE OF ADULT HOUSEHOLD MEMBER)

(D)* ADULT SOCIAL SECURITY NUMBER: _____ (If no Social Security Number write "None")

ADDRESS		HOME PHONE ()	
CITY	COUNTY	ZIP CODE	WORK PHONE ()

**Please read "Privacy Act Information/Social Security Numbers" on back of form.*

PART 3 --- FOSTER CHILDREN

In all cases foster children are considered to be a household of one.

FOSTER HOME LICENCE NUMBER:

- A. The welfare agency or court is legally responsible for the child and the foster home is, in fact, an extension of the welfare agency or court.
- B. The child is a resident of a licensed "Grout Foster" home or a residential institution.
- C. Other (describe): _____

Only the foster child's spending money is counted as income on this application. Do not include money from occasional or part-time jobs like paper routes and babysitting. If you have any questions. Please contact the school.

SPENDING MONEY PER MONTH: \$ _____

OPTIONAL: RACIAL/ETHNIC DATA

Please check your child's racial or ethnic group. You are not required to answer this question. We need this information to be certain everyone receives benefits on a fair basis.

- American Indian or Alaskan Native
- Black, not of Hispanic origin
- Asian Pacific Islander
- Hispanic
- White not of Hispanic origin

• No child will be discriminated against because of race, color, handicap, national origin, sex or age.

PRIVACY ACT INFORMATION: SOCIAL SECURITY NUMBER

Section 9 of the National School Lunch Act requires that, unless your child's food stamp of FIP case number is provided, you must include a social security number on the application. This may be the social security number of the parent or guardian who is the primary wage earner, the social security number of the adult household member signing the application, or an indication that neither household member possesses a social security number. You do not have to give a social security number, but if you don't give one or indicate that neither the primary wage earner nor the adult household member signing the application has one, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of the information stated on the application. These facts must be told to the household member whose social security number is given.

FOR SCHOOL USE ONLY --- DO NOT WRITE BELOW THIS LINE

ELIGIBILITY

Total Household Size: _____ TOTAL INCOME: \$ _____ Monthly Annual

Eligibility Determination: Approved Denied

Reason for Denial: Income Too High Incomplete Application Other (specify reason): _____

Date Approved: _____ Signature of Determining Official: _____

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

EXAMINATIONS AND/OR INSPECTIONS

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

TESTS AND MEASUREMENTS

	Within Normal Limits	Under Care	Referred		Within Normal Limits	Under Care	Referred
Vision Tested? <input type="checkbox"/> Visual Activity <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Muscle Imbalance Date _____ <input type="checkbox"/> Other _____ <small>(Specify)</small>				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 _____ <small>(Specify)</small> Date _____				Blood Pressure Measured? <input type="checkbox"/> Yes <input type="checkbox"/> No Reading _____			
Hemoglobin/Hematocrit 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 _____ Result _____				Blood Lead level recommended 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 noted above.			

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

--

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:

--

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

--

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 _____

--

_____ Dentist's Signature Date _____

COMMENTS
