

# ACADEMY OF LATHRUP VILLAGE

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 or 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/STUDENT CONTRACT

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

## C. REPORT CARDS

1.  Most recent report card

## D. IMMUNIZATION RECORDS

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

**INCOMPLETE  
APPLICATION  
WILL NOT BE  
ACCEPTED**

## E. 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. BIRTH CERTIFICATE

1.  Original Birth Certificate

## G. HEALTH APPRAISAL

1.  Completed physical
2.  Doctor signature
3.  Date of physical \_\_\_\_\_
4.  Date of next physical \_\_\_\_\_

## H. PHOTO/VIDEO/AUDIO RELEASE FORM

1.  Accept or Decline checked
2.  Student and Parent/Guardian signature

I have checked the attached application for completion and accuracy

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

# ACADEMY OF LATHRUP VILLAGE CHARTER SCHOOL

Dear Prospective Parent:

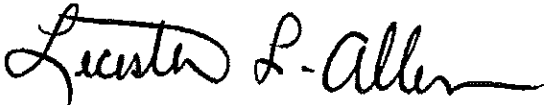
Thank you for applying to enroll your child (ren) at The Academy of Lathrup Village Charter School. You must complete an application for each child applying.

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. Your child's Original birth certificate must accompany each application. (A copy will not be accepted)
4. Students applying for 6<sup>th</sup> grade thru 8<sup>th</sup> grade 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.

# Academy of Lathrup Village

## Admissions Policy

Academy of Lathrup Village is open to the general public for the admission of students in Kindergarten through the 8<sup>th</sup> 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 6<sup>th</sup> through 8<sup>th</sup> grade will be asked to provide a short written statement as to why he or she would like to attend Academy of Lathrup Village. 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 reenroll 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 reenrollment 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 Lathrup Village 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.



Father's Name \_\_\_\_\_  
 Occupation \_\_\_\_\_ Email \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_  
 Education (check all that apply)      High School  Graduate?       College  Graduate?

Mother's Name \_\_\_\_\_  
 Occupation \_\_\_\_\_ Email \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_  
 Education (check all that apply)      High School  Graduate?       College  Graduate?

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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:

\_\_\_\_\_  
 \_\_\_\_\_

~ ~ ~ ~ ~

\_\_\_\_\_  
 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.**

<b>Parent's Check List</b> PLEASE RETURN WITH THE FOLLOWING:	
<input type="checkbox"/> 1. A Signed Parent/Student Contract <input type="checkbox"/> 2. A copy of the student's last report card <input type="checkbox"/> 3. A completed Health Appraisal form	<input type="checkbox"/> 4. A completed Child Information Record <input type="checkbox"/> 5. Original Certified Birth Certificate <input type="checkbox"/> 6. Student's immunization record

# Academy of Lathrup Village

## Parent/Student Contract

**PARENT INVOLVEMENT:** Academy of Lathrup Village 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 Lathrup Village 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.**

<p><b>Parent Goals and Pledges:</b></p> <ol style="list-style-type: none"> <li>1. To fully endorse and support the policies and educational goals as outlined in the student/parent handbook.</li> <li>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.</li> <li>3. To actively participate in school activities, parent-teacher associations and fund-raisers.</li> <li>4. To volunteer a minimum of two hours per week or as requested by school administration.</li> <li>5. To attend or send an adult representative to every parent/teacher conference.</li> <li>6. To seek other community, business and corporate support in the way of gifts, grants and volunteers in the classroom and extra curricular activities.</li> <li>7. To accept a goal of raising or contributing funds each semester per each student to enhance and expand the performing arts curriculum.</li> <li>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).</li> </ol>	<p><b>Student Goals and Pledges:</b></p> <ol style="list-style-type: none"> <li>1. To behave in a way that shows respect for myself, teachers, peers and others as well as school property.</li> <li>2. To do my best academically, physically and emotionally.</li> <li>3. To refrain from smoking, using drugs or alcohol.</li> <li>4. To attend school daily, and arrive on time.</li> <li>5. To complete and return homework on time.</li> <li>6. To adhere to the school dress code.</li> <li>7. To ask for help when needed.</li> <li>8. To follow all the policies listed in the student/parent handbook.</li> </ol>
<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</p>	<p>_____ Signature of Student</p>
<p>_____ Date</p>	<p>_____ Date</p>

**Students Who Speak a Language Other Than English**

Student's Nationality \_\_\_\_\_

If born abroad, immigration Date to USA \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Is the student a Foreign Exchange student?  No  YesIs the student a refugee?  No  Yes

If Yes, enter I-94 No. \_\_\_\_\_

What was this student's first language if not English? (i.e. native language) \_\_\_\_\_

**Students With Special Needs**Has this child ever had a multi-factored evaluation?  No  YesIf Yes, is there an evaluation form available?  No  YesDid this child receive Special Education and related services in most recent school?  No  YesDoes this child have a current IEP?  No  YesDoes this child have a 504 Accommodation Plan?  No  YesIs the student a refugee?  No  YesDid this child receive gifted services in the most recent school?  No  YesIf Yes, is there a WEP available?  No  Yes*Note to Staff: If Yes to any question, obtain copies of all available documentation and forward to appropriate school staff***Living Arrangements***The following questions address the McKinney-Vento Act 42 U.S.C. 11435. The answers to these questions will help determine the services the student may be eligible to receive.*Is the student's current address a temporary living arrangement?  No  YesIs this temporary living arrangement due to loss of housing or economic hardship?  No  Yes

If the answer to either of these questions was Yes, please indicate where the student is presently living.

 In a motel/hotel Abandoned, moving from place to place In a homeless shelter Doubled up with more than one family in a house or apartment Unknown Other; a place not designed for ordinary sleeping accommodations**Request to Restrict Privacy Information**

Public release of student information is limited by Michigan and Federal law to Directory Information. This includes name, address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of athletic team members, dates of attendance, date of graduation, and awards received.

Parents, legal guardians, or students 18 years of age or older have the ability to control the release of Directory Information. Please indicate if you wish to restrict Academy of Lathrup Village from releasing Directory Information on the student named below. If you check both of these boxes, your child's directory information will not be released to anyone.

**General Public Release (including Media, Potential Employers, Colleges and Universities, etc.)**Academy of Lathrup Village  IS NOT allowed to release Directory Information to media, potential employers, colleges and universities, and other eligible entities.

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

First Name \_\_\_\_\_

Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Month Day Year

Please check one:

 I am the parent, guardian, or custodian of the student, and the student is under 18 years of age.

Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Parents and/or eligible students who believe their rights under the Federal Education Rights and Privacy Act (FERPA) have been violated may file a complaint with:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW 20202-4605  
Washington, D.C.  
[www.ed.gov/offices/OM/fpco](http://www.ed.gov/offices/OM/fpco)Informal inquiries may be sent to the Family Policy Compliance Office via the following email address: [FERPA@ED.GOV](mailto:FERPA@ED.GOV)

# 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 emergency when parents are not available. (Relationship)			Name of local person to be notified in case 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?  Yes  No If yes, please lists 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 Lathrup Village has my permission to secure emergency medical and/or emergency surgical treatment for the above named child while in school.		
<input type="checkbox"/> The Academy of Lathrup Village does not have my permission to secure emergency medical and/or emergency surgical treatment for the above named child while in school.		
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

# Academy of Lathrup Village

## Textbook Policy

Dear Parent/Guardians:

Your child will be given textbooks for use during the school year. They will be used in class on a daily basis. These books may be taken home for study or homework assignment with the understanding that your child is responsible for bringing the books back everyday so that they are available for use in the classroom.

At the end of the school year, you and your child are responsible for turning in the books he/she has been using. If the books are not turned in, you will be responsible for the total replacement cost. If the books are turned in damaged and not useable, you will be charged 50% of the replacement cost. Textbooks are very expensive, and range in price.

Please sign and return the bottom portion of this letter along with your completed application. As soon as we have this on file your child will be able to bring books home.

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I appreciate the fact that my son/daughter is receiving textbooks for his/her use this school year. I understand that I must pay 100% of my child's books that are lost; 50% of the replacement cost for the books that are damaged and unusable, and 25% of the replacement cost for the books that are turned in damaged but usable. This must be taken care of before a final report card will be issued.

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

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

# ACADEMY OF LATHRUP VILLAGE

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27700 Southfield Road Lathrup Village, Michigan 4807 ~ Office: (248) 569-0089 Fax: (248) 569-4944

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Dear Academy of Lathrup Village Parents,

We need a current Physical and Immunization form on file for your child. Attached you will find *Health Appraisal* form to be filled out by your pediatrician. Please make sure that **all** sections are filled out especially **Section III –Physical Examination, Inspection, Test, and Measurements.**

**Please Complete and return the form to the school upon completion of this application.** This information is very important for us to have on file for the children in order for us to comply with State and City health rules and regulations.

Thank you for all your diligence and assistance concerning this matter.

Educationally Yours,

Academy of Lathrup Village

Attachment



**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 _____ (Specify)				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 _____ (Specify)				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

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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 \_\_\_\_\_

	_____ Dentist's Signature      Date

**COMMENTS**
