



50 Antione SW
Grand Rapids MI 49507
Phone: 616-364-2000 Fax: 616-726-6210

Thank you for your interest in Covenant House Academy Grand Rapids. Once the forms in this enrollment packet are complete, please turn it in at the school office with the following information:

- Birth Certificate and/or Passport (If immigrated within last three years)
- Copies of all Transcripts from Previous High Schools
- Immunization (Shot) Records
- Proof of Address (Utility Bill or Leasing Agreement)
- State Identification (For Students 18 or Over)
- IEP Paperwork (If Applicable)

Once the student has attended orientation and **ALL** enrollment paperwork is received, the student will be given a start date. Parents/Legal Guardians, please plan on joining your student for this orientation.

Please feel free to contact the school with any questions or concerns.

Grand Rapids Student Application

Today's Date _____

Student's Personal Information

Student's Last Name _____

Student's First Name _____

Student's Middle Name _____

Student's Home Phone (____) _____

Student's Personal Phone (____) _____

Street Address _____

Apt. # _____

City _____ State _____ Zip _____

Gender _____

Preferred Gender Pronouns: he/him/his she/her/hers they/them/theirs

Date of Birth _____

Student's Email _____

Grand Rapids Student Application

Student's Family Information

With whom does the student live? [Please check answer]

- | | | |
|-----------------------|--------------------------|------------------------------|
| Parents | Grandparent | Stepparent |
| Mother Only | Unrelated Legal Guardian | Other Extended Family Member |
| Father Only | Father and Stepparent | Foster Parent |
| Mother and Stepparent | Independent | Other _____ |

1. Is the student in a single-family household? (*Does more than one immediate family live in the student's home?*) [please circle] **Yes — No**

2. Parent #1 _____

3. Parent #1 Phone (____) _____

4. Parent #1 Work Phone (____) _____

5. Parent #1 Email _____

6. Parent #2 Name _____

7. Parent #2 Phone (____) _____

8. Parent #2 Work Phone (____) _____

9. Parent #2 Email _____

10. **Are there any custody issues that the school should be aware of?**

If Guardian is other than legal parent, please fill out below

1. Guardian's Name _____

2. Guardian's Phone (____) _____

3. Guardian's Work Phone (____) _____

4. Guardian's Email _____

Grand Rapids Student Application

Emergency Information

Emergency Contacts: Please list up to three people [other than the student's guardian] that can be contacted in the case of an emergency. ***These three individuals are also authorized to pick up the student with proper identification.***

Emergency Contact #1

Name _____

Phone _____

Relationship _____

Emergency Contact #2

Name _____

Phone _____

Relationship _____

Medical Alerts

Does the student have any ***Allergies, Medications, Treatments, Previous Hospital Confinements, Etc.*** that the school should be aware of?

Grand Rapids Student Application

Please Fill out if student has a Probation/Surveillance Officer or Case Worker

1. **Yes - No** Are you currently reporting to a probation or surveillance officer?

If **Yes**, what is the officer's name? _____

Phone Number _____

2. **Yes - No** Are you consulting with a case worker?

If **Yes**, what is the caseworker's name? _____

What agency does she/he represent? _____

Phone Number _____

Student's Ethnic Identity (Optional)

3. **Please circle the student's primary ethnicity.**

American Indian or Alaskan Native

Asian

Black

Native Hawaiian or Pacific Islander

White

Hispanic or Latino

4. **Please circle a second ethnicity if applicable.**

American Indian or Alaskan Native

Asian

Black

Native Hawaiian or Pacific Islander

White

Hispanic or Latino



Grand Rapids Student Application

PLEASE READ EACH AUTHORIZATION CAREFULLY AND CIRCLE EITHER YES OR NO

Consent to Student Services	Media Release
I hereby give permission to Covenant House Academy Grand Rapids to release student directory information to any requesting organization deemed appropriate by administration; i.e., Military, Newspapers, Employment Agencies etc. I understand that I have the right to sign an objection form provided by the school office.	I hereby give permission to Covenant House Academy Grand Rapids to use pictures and/or quotes of my student for publication purposes; i.e., district newsletter, website, flyers, etc.
YES NO	YES NO
Consent to SMS (text message) Communications	
I hereby give permission to Covenant House Academy Grand Rapids to contact me through my sms service. I understand that these messages will be short and few so as not to use a large amount of data.	
YES NO	

BY SIGNING BELOW, I AFFIRM THAT ALL INFORMATION IN THIS ENTIRE APPLICATION IS TRUE AND ACCURATE

Student Name [Printed]

Student Signature Date

_ Parent/Guardian Signature Date

**ACKNOWLEDGMENT OF RECEIPT
OF THE STUDENT HANDBOOK**

This will acknowledge your receipt and understanding of the information contained in the Covenant House Academy Student/Parent/Guardian Handbook. This information has been prepared to give you a better understanding of your responsibilities as a student at the Academy. Although the Student Handbook reflects our current policies and procedures, it may be necessary to make changes from time to time to best serve the needs of the Academy.

I acknowledge that I have received, read, and understand the information contained in the Student Handbook.

Student's Signature

Date

Parent or Guardian's Signature

Date

Grand Rapids Student Application

Confidential Personal Information for

Student's Name _____

Answers to the following questions help better provide our students with the available support they deserve. Please circle or write in your answers below. Answers are confidential.

School History

1. What school did you attend **before** applying at Covenant House? _____
2. How many high schools did you attend prior to Covenant House? _____
3. **Yes** – **No** Have you been attending high school for more than 4 years?
4. **Yes** – **No** Are you transferring directly from another school?
4b. If **No**, how many years have you been out of school? _____

Additional Family Information

5. **Yes** – **No** Do you currently have any children or are you expecting a child?

[Please request information for on-site daycare through the YMCA]

Has anyone in your immediate family (parents or siblings)...

6. **Yes** – **No** dropped out of school?
7. **Yes** – **No** been incarcerated?
8. **Yes** – **No** have a history of substance abuse?

Have any of the following situations applied to you?

9. **Yes** – **No** A victim of child abuse or neglect.
10. **Yes** – **No** Have been in foster care.
11. **Yes** – **No** Have ever had an IEP.
12. **Yes** – **No** Do you have an active 504?
13. **Yes** – **No** Is your parent/guardian an active member of the military?

McKinney-Vento Questionnaire Form

Student Name: _____

Date of Birth: _____

Your child may be eligible for additional educational services through Title IX, Part A of the Every Student Succeeds Act of 2015, The McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire. The information you provide is confidential. If eligible, students are to be *immediately enrolled* in accordance with The McKinney-Vento Assistance Act.

Please Answer Each Question:

1. Please check the box that best describes who you are living with:

Living with your legal parent or guardian

Living alone

Living with an adult that is not a legal parent or guardian

Other (please specify): _____

2. Please check the box that best describes your current living situation:

In a home or apartment that family owns or rents

In a motel, hotel, or weekly rate housing

Sharing the housing of other persons due to: (select one)

Loss of housing, economic hardship or a similar reason (i.e. evicted)

Long term, cooperative living arrangement

Other (please specify): _____

In emergency or transitional shelter or program

In a location not designed for sleeping such as a vehicle of any kind, park, public space, abandoned building, substandard housing, or similar setting

In Foster Care

In a Group Home

Under McKinney-Vento, students have the right to:

- Attend school and continue in the school they attended before becoming homeless and receive transportation to that school.
- Enroll in school without giving a permanent address and attend classes while the school arranges for a school transfer, immunization records or other documents required for enrollment.
- Receive the same special programs and services, if needed, as all other children served in these programs.
- Have enrollment disputes quickly addressed.
- Be provided with a listing of community resources to help support your needs.



Grand Rapids Student Application

Please fill out this **Home Language Survey** for enrollment.

Student's Name _____ Today's Date _____

1. **Yes-No (circle one)** Is your native tongue a language other than English?

1a. If so, what is the language? _____

2. What is the primary language used in your home? _____

4. **Yes - No (circle one)** Were you born in the United States?

If **No**.....

5. In what country did you last live? _____

6. In what country were you born? _____

7. What year did you move to the United States? _____

8. What date did you start school in the United States? _____

4. **Yes - No (circle one)** Do you have refugee status?



50 Antione SW
 Grand Rapids MI 49507
 616-364-2000 (office)
 616/726-6210 (fax)

Official Request for Records

Please fill out the following form so student records can be transferred from the student's last school to
 Covenant House Academy Grand Rapids

Name of Previous School from Where Records Are to Be Released:

Covenant House Grand Rapids is authorized to release the following records for:

Student's Name _____

Date of Birth _____

Date Requested _____

Specific Data to be Released

- Health Records
- Permanent/Cumulative Records and Behavior Records
- Pupil Personnel Services/Special Education Records
- All Assessment information, including all state-mandated tests
- IEP, MFE
- Official Transcripts

Reason for Request

- Enrollment
- To aid in present and future education decisions

 Student's Signature

 Date

 Parent/Guardian's Signature (if student is under 18)

 Date



Section 23a Dropout Recovery Program Student Participant Agreement & Individualized Learning Plan

Student Name:		Advocate Name:	
Student School E-mail:		Advocate E-mail:	
Student Age:		AM/PM:	
Phone:			
Parent/Guardian Name		Parent/Guardian E-mail:	

Students who meet the eligibility requirements in the Section 23a Project Dropout Recovery Program are allowed to take 100% of their coursework through a blended online setting. An advocate will be assigned to each student to facilitate their academic, socio-emotional, and personal growth and development. Any problems or concerns with the coursework or equipment are required to be reported to the advocate as soon as possible.

It is the student’s responsibility to complete all assignments, quizzes, and tests or before the due dates set by their online instructor. If the online instructor requests a proctor for specific tests or quizzes, it is the student’s responsibility to make such arrangements with their advocate. The advocate will have access to student progress report.

A student’s grade in a course will be determined by the percentage earned in the course, as reported by the online instructor. This percentage will be reported to the advocate, who will assign a final grade for the course.

The following criteria must be met in order to participate in the Michigan Department of Education’s Section 23a Dropout Recovery Program (MCL388.1623A):

- ❖ One direct contact with student’s advocate each week
- ❖ The creation of an Individualized Learning Plan (ILP)
- ❖ Ten hours of verifiable on-line coursework or a combination of logged on hours and/or physical attendance as specified in the student’s Individualized Learning Plan (ILP)

Failure to meet the Section 23a Dropout Recovery compliance requirements for two consecutive months will result in the student’s disenrollment in the program.

The student agrees to abide by all policies, rules and guidelines associated with the program. Any questions or concerns will be directed to the advocate.

Please sign below to acknowledge that you have read and understand the above requirements.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Advocate Signature: _____ Date: _____

Course Enrollments

(See attached transcript audit)

Academic, Career, and Personal Goals

Postsecondary Plans: Workforce:		College:	Military:	Other:
Academic Goals and Required Supports:		Estimated Graduation Month and Year:		
Personal Goals and Required Supports:		Career Goals and Required Supports:		
WorkKeys		Level of Certificate Earned:		
1. Reading for Information score:				
2. Applied Math score:				
3. Locating Information:				
MME (y/n)				

Additional Learning Opportunities and Experiences

Work:	Volunteer:
Job/College Readiness (resume, interview, application, etc.):	



Family Educational Rights and Privacy Act (FERPA) Request to Withhold Directory Information

FERPA allows the release of certain pieces of “directory information” without the prior written consent of a student’s parent/guardian. The parent/guardian (or student if over 18 years of age) has the legal right to “opt out” of the directory so that no information is released to anyone at any time unless written consent is granted.

Directory information includes, but is not limited to, the student’s name; address; telephone listing; date and place of birth; major field of study; grade level; enrollment status; dates of attendance; participation in officially recognized activities and sports; weights and height of members of athletic teams; dates of attendance; degrees and awards received; and the most recent educational agency or institution attended.

From time to time, the GVSU Charter Schools Office (CSO) may publish charter school student directory information in the following ways:

- **Photo or video of student in a newsletter, publication, or social media post (a separate media release will be obtained if student is photographed)**
- **Name, school, and grade in a GVSU CSO newsletter, publication, or social media post (both GVSU CSO original pieces and re-printed stories sent to us by GVSU authorized charter schools)**

Instruction to Withhold Directory Information

Please do not release any of my student’s directory information.

Student’s Printed Name

Covenant House Academy Grand Rapids
Student’s School Name

Parent/Guardian’s Printed Name

Parent/Guardian’s Signature

Date: ____/____/____

If you choose to opt-out, please return this completed form to: GVSU CSO, Attn: Alyson Murphy, 201 Front Avenue SW, Suite 310, Grand Rapids, MI 40504 OR via email at murphaly@gvsu.edu

July 1, 2017

To All Parents:

Certain federal and state laws govern privacy and release of information in schools. The U.S. Family Educational Right to Privacy Act (FERPA) defines parent/guardian and student rights to access student records, and protects the privacy of student records. FERPA says that “directory information” relating to a student includes the following: student’s name, address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous educational agency or institution attended by the student. FERPA allows the release of certain pieces of “directory information” without the prior written consent of a student’s parent/guardian. The parent/guardian (or student if over 18 years of age) has the legal right to “opt out” of the directory so that no information is released to anyone at any time unless written consent is granted.

If you have any questions or concerns regarding the information in this document, please contact the school office.

Thank you.

Instruction to Withhold Directory Information

Please do not release any of my student’s directory information.

Student’s Printed Name

Covenant House Academy Grand Rapids

Student’s School Name

Parent/Guardian’s Printed Name

Parent/Guardian’s Signature

Date: ____/____/____



CHAGR Student Computer Contract

The following policies have been put in place to regulate the use of technology at Covenant House Academy Grand Rapids (CHAGR). These policies have been designed to keep our computers and network running as efficient and problem free as possible. To access CHAGR's computers, network, and software, please read and sign your agreement to the policies below:

1. Computers, software, network, and internet access should only be used for educational use, as directed by CHAGR staff
2. Social network sites (Facebook, Instagram, Twitter, etc.), Internet game sites, YouTube, online music sites, chat, instant messengers, blogs, non-school email, fantasy sports, gambling sites, etc. are NOT permitted
3. Attempting to or bypassing LanSchool or the school's firewall by installing software, apps, browser extensions, incognito windows, supervised users, or any other intentional means to get around blocks or to access non-school sites can result in the loss of privileges and disciplinary action
4. Students may be subjected to the loss of computer privileges or disciplinary action for:
 - a. Installing or uninstalling software on the computers
 - b. Moving equipment or cables including keyboards and mice
 - c. Changing their desktop image
 - d. Adjusting windows settings (screensaver, fonts, icon sizes, etc.)
 - e. Engaging in hacking activities or using the network in any way other than its intended educational use
 - f. Altering computer system files, folders, and/or settings
 - g. Sharing their logins or passwords with others
 - h. Behavior which threatens the physical safety of the equipment
5. Accessing the files or class work of other students at CHAGR will be treated as academic dishonesty and can result in the loss of class progress, privileges, and disciplinary action for both parties
6. Students are responsible for their workstations and as such should check their workstations each day when they arrive and inform their teachers of any issues. Students are expected to clean and leave their workstations at the end of the day neat and free of papers or trash.



CHAGR Student Computer Contract

I, _____, understand that access to the network and
Please print your name
the use of the computer and is a privilege, not a right. Furthermore, I understand
that these policies and procedures must be adhered to and any violations can result in
the loss of privileges and disciplinary action.

Sign and return

Student: _____

Date: _____

Parent/Guardian: _____

Date: _____



Covenant House Academy Grand Rapids

SCHOOL - PARENT AND FAMILY COMPACT

Covenant House Academy Grand Rapids and the parent/guardians of the students participating in activities, services, and programs funded by Title I, Part A of the Elementary and Secondary Education Act (ESEA) (participating children), agree that this compact outlines how the parent/guardians, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parent/guardians will build and develop a partnership that will help children achieve the State's high standards.

School Responsibilities

Covenant House Academy Grand Rapids will provide a high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the State's student academic achievement standards as follows:

1. We will provide a safe, secure, and well-maintained facility that promotes a positive learning atmosphere that enables the students served to meet the State's student performance standards.
2. Hold student conferences whenever needed during the school year during which this compact will be discussed as it relates to the individual child's achievement.
3. Provide parent/guardians with frequent reports on their children's progress.
4. Progress reports are available anytime as provided by our online curriculum provider. Progress reports can also be provided for student conferences.
5. Provide parent/guardians reasonable access to staff.
6. Conferences are strongly encouraged throughout the year. Parent/guardians may call the office to schedule an appointment.
7. Provide parent/guardians opportunities to volunteer and participate in their child's class and to observe classroom activities:
8. There are many opportunities for parent/guardians to volunteer. Parent/guardians are invited to visit the office to fill out a volunteer form.

Parent/Guardian Responsibilities

We, as parent/guardians, will support our children's learning in the following ways:

- _____ Requiring regular school attendance.
- _____ Encouraging positive attitudes about school.
- _____ Monitoring amount of television students watch.
- _____ Attending student conferences.
- _____ Participating, as appropriate, in decisions relating to my students's education.
- _____ Promoting positive use of my student's extracurricular time.
- _____ Serving, to the extent possible, on policy advisory groups, such as being the Title I parent/guardian representative on the school's School Improvement Team or other school advisory or policy groups.

Student Responsibilities

We, as students, will share the responsibility to improve our academic achievement and achieve the state's high standards. Specifically, we will:

- _____ Attend school regularly.
- _____ Be on time for classes.
- _____ Complete my assignments in a timely fashion.
- _____ Cooperate with parents and teachers.
- _____ Respect the personal rights and property of others.

School _____ Date _____

Parent/Guardian _____ Date _____

Student _____ Date _____



50 Antoine SW, Grand Rapids, MI 49507
(616) 364-2000 — (616) 726-6210 (fax)
Markeith Large — Principal

Dear Parent or Guardian:

We are pleased to inform you that *Covenant House Academy Grand Rapids* will be participating in the Community Eligibility Provision (CEP) as part of the National School Lunch and School Breakfast Programs for the School Year 2019-2020.

The GREAT NEWS is that ALL students enrolled at our school can receive a healthy breakfast and lunch at NO CHARGE to your household each day.

In place of the Free and Reduced-Price Meal Application we still need your household to **fill out and sign the Household Information Report**. This report is *critical* in determining the amount of money that our school receives from a variety of State and Federal supplemental programs like Title I A, At-risk (31a), Title II A, E- Rate, etc.

These supplemental programs have the potential to offer supports and services for our students including, but not limited to:

- Instructional supports (staff, supplies & materials, etc.)
- Non-instructional services (counseling, social work, health services, etc.)
- Professional Learning for staff
- Parent/Guardian and Community engagement supplies and activities
- Technology

We are asking that you please complete and submit it as soon as possible to ensure that additional funding for our school is available to meet the needs of our students. All information on the report submitted is confidential. Without your assistance in completing and returning the attached report, our school cannot maximize the use of available State and Federal funds.

If we can be of any further assistance, please contact Chris Gray at cgray@chayvs.org.

Sincerely,

Chris Gray
Director of State and Federal Programs, Compliance, and Operations
Covenant House Academy Grand Rapids
50 Antoine SW
Grand Rapids, MI 49507
(616) 364-2000

INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD INFORMATION REPORT

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (FAP), FAMILY INDEPENDENCE PROGRAM (FIP), OR FDPIR PLEASE FOLLOW THESE INSTRUCTIONS:

Part A: Enter the total number of individuals living in your household, including all children in the box provided.

Part B: List the case number for any household member (including adults) receiving FAP, FIP, or FDPIR benefits

Part C: List the First and Last name, Birth Date, School that the child is attending, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part D: Skip this part

Part E: Sign the form. Print your name and Date.

IF YOUR HOUSEHOLD DOES NOT RECEIVE BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (FAP), FAMILY INDEPENDENCE PROGRAM (FIP), OR FDPIR PLEASE FOLLOW THESE INSTRUCTIONS:

Part A: List the total number of individuals living in your household, including all children.

Part B: Skip this part.

Part C: List the First and Last name, Birth Date, School that the child is attending, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part D: Enter all gross income for each type of income that applies. If you have no income for any 1 or more of the categories, Circle NONE if no income. Add lines 1-6 and enter the Total Monthly Household Income.

Part E: Sign the form. Print your name and Date.

50 Antoine SW
 Grand Rapids, MI 49507
 (616) 426-3603 Main Office
 (616) 726-6210 Fax

Approved for:
 1 2

To determine eligibility for various additional state and federal program benefits that your school may qualify for, please complete, sign and return this report to Covenant House Academy Grand Rapids.

These sections must be completed by the head of household or designee.

PART A. SIZE OF FAMILY - Enter the total number of individuals living in your household, including all adults and children → _____

PART B. CURRENT BENEFITS - Complete below if applicable

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name: _____ Case Number: _____

PART C. STUDENT INFORMATION – Complete for each student Pre-K through 12th Grade

Last Name	First Name	Birth Date XX-XX-XXXX	School	Identify H if Homeless M if Migrant R if Runaway F if Foster
1.				
2.				
3.				
4.				
5.				
6.				

If you need additional lines, attach a second sheet to this report or attach a copy of this report clearly marked as a **Page 2**.

PART D. TOTAL MONTHLY HOUSEHOLD INCOME – Report income for all members of household excluding Foster Children. If you have reported a case number above, you do not need to fill in this section. Simply sign and date form.

Type of Income	Income	Circle if None
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker’s Compensation, Unemployment, Strike Benefits	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
Total Monthly Household Income (Add lines 1-6)	\$	

PART E. SIGNATURE - I certify (promise) that all information on this report is true and that all income is reported. I understand that the school will get federal/state funds based on the information I give. I understand that school officials may verify (check) the information.

 (Signature) (Printed Name) (Date)

 (Address) (City) (Zip)

 (Home Phone) (Work Phone) (Email Address)