

### 50 Antoine SW

# Grand Rapids MI 49507

Phone: 616-364-2000 Fax: 616-426-3583

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 <u>ALL</u> 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.



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			



## 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	y household? (Does more th	an 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		<del></del>
6.	Parent #2 Name		
7.	Parent #2 Phone ( )		
8.	Parent #2 Work Phone (	)	
9.	Parent #2 Email		<del></del>
10	. Are there any custody iss	sues that the school sh	rould be aware of?
	If Guardian is other tha	an legal parent, please	fill out below
1.	Guardian's Name		
2.	Guardian's Phone ()		
3.	Guardian's Work Phone (	)	
4.	Guardian's Email		



## **Emergency Information**

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

Emerge	ency Contact #1	
Name		
Phone_		
Relation	nship	
Emerge	ency Contact #2	
Name		
Phone_		
Relation	nship	
	Medical Alerts	
<b>ments, etc.</b> th	lent have any Allergies, Medications, Treatments, Previous Hospital (nat the school should be aware of?	-



Ple	ease 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, v	what is the officer's name?	
		Phone Number	
2.	Yes -	<b>No</b> Are you consulting with a case worker?	
۱f۱	<b>Yes,</b> what	is the caseworker's name?	
What	agency do	pes 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



### PLEASE READ EACH AUTHORIZATION CARFEULLY 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 re- questing organization deemed appropriate by administration; i.e., Military, Newspa- pers, Employment Agencies etc. I under- stand that I have the right to sign an objec- tion form provided by the school office.	I hereby give permission to Covenant House Academy Grand Rapids to use pictures and/or quotes of my stu- dent for publication purposes; i.e., district newsletter, website, flyers, etc.		
YES NO	YES NO		
Consent to SMS	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		
	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	

## KENT COUNTY HEALTH DEPARTMENT



700 FULLER N.E. GRAND RAPIDS, MICHIGAN 49503-1918 PH: 616-632-7100 1-888-515-1300 Adam London, RS, MPA Administrative Health Officer

1-888-515-1300 FAX: 616-632-7083

# Immunization Waiver Policy

The Kent County Health Department's mission statement is to serve, protect, and promote a healthy community for all. Our mission includes protecting the public from vaccine-preventable diseases. Many diseases that have been eliminated or rare are making a comeback. There have been large increases in pertussis (whooping cough), measles, and chickenpox diseases throughout the United States. While many people may only become moderately ill with these diseases, the most vulnerable in our community; infants, the elderly, and those with chronic medical conditions could suffer serious consequences such as hospitalization and death. Even healthy people have developed these same consequences.

It is our responsibility to ensure that parents/guardians have an opportunity to have their questions answered, discuss concerns, and be offered scientific-based education on the benefits of vaccination and the risks of disease before signing a waiver.

## What if you don't immunize your child?

- Your child is at greater risk of catching a vaccine-preventable disease
- Your child may infect others in our community if they come down with the disease
- Your child may be excluded from daycare, pre-school, or school for several days or weeks to prevent them catching or spreading a vaccine-preventable disease

## What to do to obtain a nonmedical waiver:

We strongly encourage you to immunize your child, but if you have chosen to waive your child's immunizations, you must make an appointment at a Kent County Health Department Immunization Clinic to speak with a nurse. Clinic locations can be found at <a href="https://www.accesskent.com/immunizations">www.accesskent.com/immunizations</a>.

To make an appointment at any of our four locations, please call 616 632-7200.

Please note that the schools will no longer have waivers. You must receive a certified waiver from the health department for it to be a valid waiver.

**Medical waivers** must be obtained from your doctor. The medical waiver forms can be found at <a href="https://www.michigan.gov/immunize">www.michigan.gov/immunize</a> under the Health Care Professionals/Providers link or at <a href="https://www.mcir.org">www.mcir.org</a> under the School/Childcare link.



### 31a Survey - Confidential Personal Information for

		School History	
1. What school did you attend <b>before</b> applying at Covenant House?			
2. H	low many l	nigh schools did you attend prior to Covenant House?	
•	Yes –	<b>No</b> Have you been attending high school for more than 4 years?	
1.	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?

Student's Name

**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 Na	me: Date of Birth:
Student Somple	may be eligible for additional educational services through Title IX, Part A of the Every ucceeds Act of 2015, The McKinney-Vento Assistance Act. Eligibility can be determined ting this questionnaire. The information you provide is confidential. If eligible, students mmediately enrolled in accordance with The McKinney-Vento Assistance Act.
Please A	Answer Each Question:
1. Pleas	e 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 Pleas	e 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.



# STATE BOARD OF EDUCATION APPROVED HOME LANGUAGE SURVEY\*

Covenant House Academy Grand Rapids is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1151 – 380.1158 of the School Code of 1976, Michigan's Bilingual Education Law. Would you please help by providing the following information?

Thank you very much for your cooperation.
Name of Student
1. Is your child's native tongue a language other than English?
Yes  No What is that language?  Is the primary language! used in your shild's home or environment a language.
2. Is the primary language <sup>1</sup> used in your child's home or environment a language other than English?
Yes No What is that language?

<sup>1&</sup>quot;Primary language" means "dominant language used by a person for communication."

<sup>\*</sup>Translation of this survey form in Spanish, Arabic, French, Italian, and Ojibwa is available at the Office of Field Service.



## 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 I	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	
<ul> <li>Health Records</li> </ul>	
<ul> <li>Permanent/Cumulative Records and Behavior</li> </ul>	Records
<ul> <li>Pupil Personnel Services/Special Education Re</li> </ul>	ecords
• All Assessment information, including all state	e-mandated tests
• IEP, MFE	
<ul> <li>Official Transcripts</li> </ul>	
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:		
reported to the advocate as soo  It is the student's responsibility  If the online instructor requests with their advocate. The advoc  A student's grade in a course we percentage will be reported to the	n as possible.  To complete all assignments, quizzes a proctor for specific tests or quizze cate will have access to student progravill be determined by the percentage the advocate, who will assign a final per met in order to participate in the	s, and tests or before thes, it is the student's resess report.  earned in the course, a grade for the course.	the due dates set by their online instructor. This is reported by the online instructor. This int of Education's Section 23a	
<ul> <li>One direct contact with</li> </ul>	th student's advocate each week			
❖ The creation of an Individualized Learning Plan (ILP)				
	e on-line coursework or a combination specified in the student's Individual			
Failure to meet the Section 23a student's disenrollment in the p	n Dropout Recovery compliance requorogram.	irements for two conse	ecutive months will result in the	
The student agrees to abide by directed to the advocate.	all policies, rules and guidelines as	sociated with the prog	gram. Any questions or concerns will be	

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

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

Advocate Signature: \_\_\_\_\_Date:

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

## **Course Enrollments**

(See attached transcript audit)

## Academic, Career, and Personal Goals

Postsecondary Plans: Workforce:	College:	Military:	Other:
Academic Goals and Required Supports:	Estima	ted Graduation Month and Y	ear:
Personal Goals and Required Supports:	Career	Goals and Required Supports	s:
MME (y/n)			
$\mathbf{MME} \ (y/n)$			

## Additional Learning Opportunities and Experiences

Work:	Volunteer:	
Job/College Readiness (resume, intervi	ew, application, etc.):	
_		



# **Covenant House Academy Remote Program Overview and Contract**

Covenant House Academy students have the option to work on their coursework from home. To be considered for full-time remote work and to prepare ahead for any mandated school closures, we are asking all students to fill out this paperwork. This document will summarize the requirements of the remote program and help you get started as a remote student.

#### **CLASS EXPECTATIONS:**

Covenant House Academy expects all remote learners will:

- Take responsibility for their own learning and course completion.
- Work a *minimum* of 10 hours per week on coursework.
- Monitor their own progress and set goals to ensure timely completion.
- Check-in with <u>each of their teachers or mentors</u> at least <u>once per week</u> to discuss their progress.
- Log into the online courses and complete activities on a regular basis.
- Complete activities and assignments in order and to the best of their ability which includes completing and submitting Guided Notes or any other offline assignments their teacher may assign.
- Only submit their own work, avoiding plagiarism, and violation of copyright laws.
- **Communicate with their teachers** about any problems and ask questions about anything that is unclear or that they do not understand.
- Participate in Exact Path practice as part of each class.
- Participate **in person** for required CHA assessments:
  - NWEA (2xs a year)
  - PSAT 09, PSAT 10, MME [SAT, WorkKeys, M-Step] (once a year).

#### **PACING:**

Students enrolling in online classes are responsible for completing all requirements of the course. Students will be assigned five academic courses upon enrollment and are required to work on three at the same time. Students are expected to complete about one course a month for a total of 9 course (4.5 credits) a school year. Teachers will monitor student progress and alert the counselor and/or administrator if the student falls behind. In addition, students are required to work on their Exact Path personalized learning paths for Math and Reading; at least 10 minutes per day in each class.

#### **COMMUNICATION:**

It is essential that students communicate and check in with each of their instructors or mentors every week. Students may use email, Edmentum or Clever messaging, text, video conferencing, or phone to contact their teachers.

#### **POLICIES:**

Students working remotely must follow all Covenant House Academy policies, including the district's student handbook, technology agreement and remote learning policies. School issued student devices will continue to be monitored while working remote the same as they are monitored in school.

#### **WEEKLY CHECK-INS & ATTENDANCE:**

Daily attendance <u>is not</u> taken for remote students. Instead, student "attendance" is taken through regular two-way communications between students and their teachers. All remote students must check in with each of their teachers or mentors at least once every week. Students that fail to maintain two-way communication with their teachers for two weeks or more may be removed from the remote program and/or withdrawn from Covenant House Academy.

At check in each week, students will discuss their pacing and progress with their teachers. Weekly check-ins typically include:

- 1. Overall course progress
- 2. What courses, activity (unit/lesson/quiz/test) students are currently working on
- 3. Concepts learned, interesting fact, new vocabulary word, new equations, etc.
- 4. Areas of difficulty or help needed
- 5. What specific goal(s) the student plans on achieving for the week.

#### EDMENTUM CLASSROOM, CLEVER, AND EMAIL COMMUNICATION:

We will post announcements and reminders in announcement boards in Clever, Edmentum, and via student's school email addresses. Students should check all three of these for announcements daily. Students can message their teachers through Edmentum or via their teacher or advocate's email.

#### **COUNT DAY:**

The Michigan Pupil Accounting Count Day is the first Wednesday in October for first semester and the second Wednesday in February for second semester. All students MUST log in and access each course on count day. Each student must complete at least 1 assignment or activity for each class on Count Day. This is an extremely important requirement for pupil accounting and school funding.

#### **SUPPORT:**

If a student has questions about a course, he or she should contact one of their teachers. If a student needs assistance outside of coursework, their teachers will connect them with one of our social workers, interventionists or administrators to get them the help they need.

#### **COURSE COMPLETION & GRADES:**

When all coursework has been completed, except for the final exam or project, the student should contact the course instructor to a) submit final project or complete oral exam and/or b) request unlocking of the written final exam. The teacher will mark the class completed when the student passes the final exam, entering final grades in Edmentum and the official school record.

Students are expected to come in person to take the final exam unless an alternative is approved by the instructor and principal.

#### **TEACHER ADVOCATE:**

Upon enrollment, each student is assigned a Teacher Advocate. The advocate will stay the same throughout the year, even as students move from one course to the next. Parents and students should contact the advocate teacher or their assistants with any questions, concerns, or requests. They serve as the primary contact between students and the school and will help in any way possible.

#### **GRADUATION REQUIREMENTS:**

The graduation requirements for Remote Students are the same as students who physically attend Covenant House Academy. Beyond the required courses for graduation **you must also participate in school and state required testing. Failure to take the State mandated MME will prevent a student from graduating.** 

#### **EDMENTUM, CLEVER, AND ROSETTA STONE**

The Clever single sign on is where you will access all your CHA classes whether it be Edmentum, Exact Path, or Rosetta Stone. Clever is where you will login to school each day. During your student orientation you will be provided with the information necessary to login to Clever.

In order to learn, complete courses, and graduate you'll need to login and participate on a regular basis. We expect that you will spend at least 10 well-focused hours per week on your courses. You can complete courses faster by doing more, but at least 10 hours per week are required for continued program participation. This will be easier for you if you set up a regular time and quiet space for your studies.

#### REMOTE STUDENT CONTRACT ACKNOWLEDGEMENT:

I have read and understand the academic and communication requirements and remote student at Covenant House Academy. I understand that failure to follow requirements can result in my dis-enrollment from the remote program and/or Academy.	v these policies and
Student Name	
Student Signature	Date
Parent Signature	Date
School Official Signature	Date

# 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.			
	Covenant House Academy Grand Rapids		
Student's Printed Name	Student's School Name		
Parent/Guardian's Printed Name	Parent/Guardian's Signature		
Date:/			

#### **To All Parents:**

Thank you.

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.

Instruction to Withhold Directory Information			
Please do not release any of my student	's directory information.		
	Covenant House Academy Grand Rapids		
Student's Printed Name	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
- 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

Ι,	, understand that access to the network and
Please print your n	ame
the use of the computer and	is a privilege, not a right. Furthermore, I understand
that these policies and proce	edures must be adhered to and any violations can result i
the loss of privileges and dis	ciplinary 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:		
<ul> <li>Requiring regular school attendance.</li> <li>Encouraging positive attitudes about school.</li> <li>Monitoring amount of television students watch.</li> <li>Attending student conferences.</li> <li>Participating, as appropriate, in decisions relating to my students's education.</li> <li>Promoting positive use of my student's extracurricular time.</li> <li>Serving, to the extent possible, on policy advisory groups, such as being the</li> <li>Title I parent/guardian representative on the school's School Improvement Team or other school advisory or policy groups.</li> </ul>			
Student Responsibilities  We, as students, will share the responsibility to improve our a achieve the state's high standards. Specifically, we will:	academic achievement and		
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 Official	Date		
Parent/Guardian			
Ctudont	Data		



50 Antoine SW, Grand Rapids, MI 49507 (616) 364-2000 — (616) 426-3583 (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.

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 <u>DOES NOT</u> 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.

#### **Covenant House Academy Grand Rapids**

### **Household Information Report**

SCHOOL USE	ONLY	
Approved for:		
<sub>1</sub> $\square$	│ 2	

50 Antoine SW Grand Rapids, MI 49507 (616) 426-3603 Main Office (616) 426-3583 Fax

(Home Phone)

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.

		e completed by the head of hous		<u> </u>		
		iduals living in your household, inclu	ding all adults and child	dren →	_	
f any member of your house		le e Program (FAP), Family Independen Card Numbers and Medicaid Numbe	=			
Name:		Case Number: _			_	
PART C. STUDENT INFORMA	TION – Complete for each stu	udent Pre-K through 12th Grade				
Last Name	First Name	Birth Date XX-XX-XXXX	School	H if H M if R if F	ldentify H if Homeless M if Migrant R if Runaway F if Foster	
1.				1 "	1 03161	
2.						
3.						
4.						
5.						
6.	attach a second sheet to this	 s report or attach a copy of this repo	ort clearly marked as a	Page 2		
PART D. TOTAL MONTHLY H		t income for all members of househo	·		ave reported a	
	Type of Income	, , , , , , , , , , , , , , , , , , ,	Incom	1e	Circle if None	
1. Gross Monthly Earnings:	Wages, Salary, Commissions	;	\$	\$		
2. Monthly Welfare Paymer	nts, Child Support, Alimony		\$	\$		
3. Monthly Payments from	Pensions, Retirement, Social	Security	\$	\$		
4. Monthly Dividends or Int	erest on Savings		\$	\$		
5. Monthly Worker's Comp	ensation, Unemployment, Sti	rike Benefits	\$	\$		
6. Other Monthly Income (S	SSI, VA, Disability, Farm, othe	r)	\$	\$		
	Total Mont	thly Household Income (Add lines 1-	5) \$			
		on on this report is true and that all i understand that school officials may			the school will	
(Signature)		(Printed Name)		(Date)		
(Address)		(City)		(Zip)		

(Work Phone)

(Email Address)