

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

- Birth Certificate
- Copies of all Transcripts from previous high schools
- Copies of Current IEP, REED, MET and Psychological Reports.
- Immunization (shot) records
- Proof of Address (leasing agreement or utility bill)
- State ID (for students 18 or older)
- Mental Health Screener
- Other (see attached)

Once **ALL** enrollment paperwork is received, the student will be scheduled to attend orientation. Parents, please plan on joining your student for this orientation.

With this, as with any communication, please feel free to contact the school with any questions or concerns.

Central Campus
2959 Martin Luther King Jr. Blvd.
Detroit, MI 48208
(313) 899-6900

East Campus
9100 Gratiot Ave.
Detroit, MI 48213
(313) 267-4315

Southwest Campus
1450 25th Street
Detroit, MI 48216
(313) 297-8720

CovenantHouseAcademy- Detroit New

Student Checklist

STAFF: Please initial as each requirement is met.

_____ Copy of ID (Check one)

- _____ o Birth certificate/Passport
- _____ o Driver's License/State ID card

_____ Immunization (Shot) Record

_____ Proof of Address

_____ Application

_____ 31A File Completed

_____ Emergency Medical Form (Completed and Retained)

_____ Request for Records/Transcripts

_____ Copies of Official Student Transcripts from all previous high schools

_____ Copies of current IEP, Reed, Met and Psychological Reports (If applicable)

_____ Parent-School Compact

_____ Additional Student Information Form

_____ Guidance Counselor Parent/Guardian Consent for Services

_____ Home Language Survey

_____ Media Release Form (Signed and Retained)

_____ McKinney-Vento Survey Form

_____ Income Verification Form (including Title I and Section 31A)

_____ Diagnostic Performance Series (Scored and Reviewed)

The following notifications were distributed as part of this information packet:

- Pesticide Notification
- Asbestos Notification
- Parents' Right to Know Notification
- Graduation Policy
- Family Education Rights and Privacy Act (FERPA)

CovenantHouseAcademy-Detroit--StudentApplicationForm
Please PRINT in blue or black ink.

Student Information

Today's Date: _____

Name of Student: _____
First Middle Last

Address: _____ Apt. #: _____ City: _____ Zip Code: _____

Student Email: _____

Home Phone: _____ Date of Birth: _____ Birth Place: _____

Age: _____ Gender: Male Female

Race/National Origin (Optional): African American Asian Caucasian Hispanic
 Middle Eastern Native American Other _____

Will you need a day care form from the Department of Human Services? No Yes

How will you get to school at Covenant House Academy-Detroit? Drive Bus Get a Ride Walk Do you
have a driver's license? No Yes

Do you presently work? No Yes If yes, where? _____ Hours per week? _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Guardian's Name: _____ Phone: _____

Parent's E-Mail: _____

Guardian's E-mail: _____

Are there any child custody issues? No Yes If yes, please provide Covenant House Academy-Detroit with the
most recent court order or other documentation setting forth the custody of the child and explain.

Are you presently reporting to a probation officer? No Yes

If yes, will you need an Enrollment Verification letter for your probation officer? No Yes

Probation Officer/Worker/Counselor Name: _____

Agency Name: _____ Phone: _____

Have you or your parents ever been notified by the Juvenile Court Truancy Task Force? No Yes

If yes, please sign below (or if the student is 17 years of age or younger, have the parent sign below) so that we may notify the
proper authorities of your enrollment at Covenant House Academy Detroit.

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

Please note: responding yes to any of the questions above will NOT exclude you from admission.

Academic Information

Last School Attended: _____ Private ___ Public ___ Last Year Attended: _____

Last Grade Point Average: _____ Last Grade Attended: _____

Are you officially withdrawn from your last school? No Yes Dropped out unofficially

If you are under the age of 18, and have officially withdrawn from school, please attach a copy of your Age and Schooling Certificate to this enrollment form.

Do you have a current or active IEP (special education designation)? No Yes

If yes, please provide a copy of the most current IEP, REED, MET and Psychological Reports.

Have you had any special training? _____

Where did you take this training? _____

How did you hear about Covenant House Academy-Detroit? Radio Newspaper Bus Friend Other

Covenant House Academy – Detroit opens at 7:30 a.m. and closes at 4:30 p.m., Monday through Friday. However, the school office hours are 8:00 a.m. until 4:00 p.m., Monday through Friday.

Student signature

Date

Parent signature

Date

Please return this application to the School Office.

Covenant House Academy-Detroit admits students of any race, creed, color, handicapping condition or sex. Furthermore, there will be no discrimination in the admission of students to the Academy on the basis of race, creed, color, handicapping condition or sex. Admission preference: (1) returning students in good standing, (2) siblings of students, and (3) open admission.

Emergency Medical Authorization

Any time my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to the School Leader or his/her designee the authority to act for me and to provide any required consents and authorizations for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed below and to do all the necessary things as I might or could do to provide for my child's health and safety, if I were present.

This authorization is valid for the current school year or until such time as I withdraw the authorization.

Student Name: _____

Home Address: _____

City, State, Zip: _____

Home Telephone #: _____ Cell #: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____

City, State, Zip: _____

Home Telephone #: _____ Cell #: _____

Work Telephone #: _____ Employer: _____

Important Medical Information

Allergies: _____

Current Medications or Treatments: _____

Previous Operations or Hospital Confinements: _____

Other: _____

Additional Emergency Contact Information (Must List at Least One):

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

Authorized by: _____

Signature of Parent/Guardian or Student (18 & Older)

Date

Official Request for Records

Releasing School: _____

A. You are authorized to release the following records for:

Student: _____

Age: _____ Date of Birth: _____

Date Requested: _____

B. Specific Data to be released:

- IEP, REED, MET & Psychological Reports
- Health Records
- Permanent/Cumulative Records and Behavior Records
- Pupil Personnel Services/Special Education Records
- All Assessment Information including MSTEP, SAT, WorkKeys
- Behavior Records
- Other _____

C. Reason for Request

- () Enrollment
- () To aid in present and future education decisions
- () Other: _____

 Student's Signature

 Date

 Parent/Guardian Signature (if student is under 18)

 Date

Please return requested records to Covenant House Academy-Detroit:

Central Campus
 2959 Martin Luther King Jr. Blvd.
 Detroit, MI 48208
 Phone: 313-899-6900
 Fax: 313-899-6910

East Campus
 9100 Gratiot Ave
 Detroit, MI 48213
 Phone: 313-267-4315
 Fax: 313-267-4320

Southwest Campus
 1450 25th Street
 Detroit, MI 48216
 Phone: 313-297-8720
 Fax: 313-297-8730



**GRAND VALLEY
STATE UNIVERSITY**
CHARTER SCHOOLS OFFICE

**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

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, 2020

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 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

Student’s School Name

Parent/Guardian’s Printed Name

Parent/Guardian’s Signature

SCHOOL-PARENT COMPACT

Covenant House Academy-Detroit and the parents 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 parents, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the State's high standards.

School Responsibilities

Covenant House Academy-Detroit will:

1. **Provide 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:**
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 parent-teacher conferences two times during the school year during which this compact will be discussed as it relates to the individual child's achievement.**
3. **Provide parents with frequent reports on their children's progress.**
Progress reports are mailed out every sixteen (16) weeks. Progress reports are also mailed out for parent-teacher conferences.
4. **Provide parents reasonable access to staff.**
Conferences are strongly encouraged throughout the year. Parents may call the office to schedule an appointment.
5. **Provide parents opportunities to volunteer and participate in their child's class and to observe classroom activities:**
There are many opportunities for parents to volunteer. Parents are invited to visit the office to fill out a volunteer form.

Parent Responsibilities

We, as parents, will support our student's learning in the following ways:

- Requiring regular school attendance.
- Encouraging positive attitudes about school.
- Monitoring amount of television students watch.
- Attending parent-teacher conferences.
- Participating, as appropriate, in decisions relating to my student'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, Part A parent representative on the school's School Improvement Team, the Title I Policy Advisory Committee, the District-wide Policy Advisory Council, the State's Committee of Practitioners, the School Support 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

Date

Student

Date

**Mental Health Support
Consent for Services**

Dear Parent or Guardian:

During this school year, our district will be offering students the opportunity to work with various mental health professionals. These staff members are in the school during normal hours of operation. Mental health professionals provide supports to students who are experiencing difficulties for a variety of reasons. Among other things, these professionals assist students with developing self-confidence, practicing coping strategies to manage stress, and identifying tools for balancing everyday struggles.

Enclosed is a form that asks you to give permission for your child to participate in one or more of the following activities;

- Individual Discussion
- Group Activities

Please note: Should you, the parent/guardian, elect to seek family assistance (i.e. counseling, family counseling, case management, etc.) before or during the school year, our mental health professionals can assist with the following:

- Provide a list of community agencies you can contact for service.
- Act as a school liaison between outside agencies and families.
- Provide a starting point for discussing services in the school or community setting.

*Please read the consent form on the following page and return it when your student enrolls. Should you have questions, please call the school and ask to speak with the school social worker.

Parent/Guardian Consent for Individual and Group Services

Your permission is requested for your student to participate in individual sessions and/or group activities. This time will be used to support the student with coping skills, self-awareness, and tools for success.

Because these sessions are based on a trusting relationship between the mental health professional and the student, the professional will keep the information shared in the sessions confidential except in certain situations, where there is an ethical and/or legal responsibility to limit confidentiality. In the following circumstances you will be notified:

1. If the student reveals information about hurting himself/herself or another person.
2. If the student reveals information about child abuse.
3. Other situations that ethically and/or legally compel disclosure.

By signing this form, I give my informed consent for my student to participate in individual sessions and group activities. I understand that:

1. This time will be utilized to strengthen interpersonal skills, discuss feelings, share ideas, discuss coping skills, and build self-esteem.
2. Anything that is shared during this time will be kept confidential by the advisor except in the above-mentioned cases.

Parent/Guardian: _____ Date: _____
(signature)

Student: _____ Date: _____
(signature)

Student: _____ Date: _____
(print name)

Home Language Survey

Covenant House Academy-Detroit is collecting information regarding the language background of each of its students. This information will be used to determine the number of students who should be provided bilingual instruction according to Sections 380.1152-380.1157 of the School Code of 1995, Michigan's Bilingual Education Law. Would you please help by providing the following information?

Thank you very much for your cooperation.

Name of Student: _____

Grade: _____ Age: _____

1. What is the first language the student learned to speak?

2. What language does the student speak most often?

3. What language is most often spoken in the home?

4. Please list the country where the student was born:

5. How many years has the student attended school in the United States?

Signature of Student: _____

Signature of Parent/Guardian: _____

Address: _____ Date: _____

**Michigan School Immunization Rule for
Claiming a Nonmedical Waiver for Immunizations**

In 2014, Michigan modified the administrative rules that changed how nonmedical waivers for immunizations will be processed for school and childcare programs. This rule took effect on January 1, 2015.

A nonmedical waiver is a parent's/guardian's written statement indicating the religious or philosophical (other) objections to a particular vaccination(s).

A certified, nonmedical waiver is the State of Michigan Immunization Waiver Form with a revision date of January 1, 2015, which has the county health department stamp and signature of the authorizing agent completing parent/guardian immunization education.

Based on this new rule, parents/guardians will no longer be able to submit an uncertified immunization waiver form to the school. Parents/guardians will need to do the following:

1. Contact their county health department to receive immunization waiver education and to obtain a certified State of Michigan Immunization Waiver Form.
2. Take the certified State of Michigan Immunization Waiver Form to their child's school or childcare.
3. Waiver forms that are altered cannot be accepted by schools or child care centers.

Wayne County Health Department

To obtain an immunization waiver for your child's school, please contact the Wayne County Department of Public Health at (734) 727-7078 to schedule an appointment.



District Office
1450 25th
Detroit MI 4816
313-558-9022 (office)
313-558-9023 (fax)

HOUSEHOLD INFORMATION REPORT – LETTER TO HOUSEHOLDS

Dear Parent or Guardian:

We are pleased to inform you that Covenant House academy will be participating in the Community Eligibility Provision (CEP) as part of the National School Lunch and School Breakfast Programs for the School Year 2020-2021.

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 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 us at Covenant House Academy District office.

Sincerely,

Tanya Duffy, Assistant Superintendent
313-558-9277
tduffy@chayvs.org

HOUSEHOLD INFORMATION REPORT SY 2020 - 2021

District: _____ School: _____

Part A. Student Information - Complete for each student Pre-K through 12th Grade

Student's Last Name	Student's First Name	Grade Level	School	Identify H if Homeless M if Migrant R if Runaway F if Foster

Part B. Benefits Received (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. Household Size

Part D. Household Income - Select the appropriate range of combined annual income for all people in the household *(Include all income sources before taxes.)*

Part C	Part D		
<input type="checkbox"/> 1 →	<input type="checkbox"/> At or below - \$16,588	<input type="checkbox"/> Above \$16,588 & at or below \$23,606	<input type="checkbox"/> Above \$23,606
<input type="checkbox"/> 2 →	<input type="checkbox"/> At or below - \$22,412	<input type="checkbox"/> Above \$22,412 & at or below \$31,894	<input type="checkbox"/> Above \$31,894
<input type="checkbox"/> 3 →	<input type="checkbox"/> At or below - \$28,236	<input type="checkbox"/> Above \$28,236 & at or below \$40,182	<input type="checkbox"/> Above \$40,182
<input type="checkbox"/> 4 →	<input type="checkbox"/> At or below - \$34,060	<input type="checkbox"/> Above \$34,060 & at or below \$48,470	<input type="checkbox"/> Above \$48,470
<input type="checkbox"/> 5 →	<input type="checkbox"/> At or below - \$39,884	<input type="checkbox"/> Above \$39,884 & at or below \$56,758	<input type="checkbox"/> Above \$56,758
<input type="checkbox"/> 6 →	<input type="checkbox"/> At or below - \$45,708	<input type="checkbox"/> Above \$45,708 & at or below \$65,046	<input type="checkbox"/> Above \$65,046
<input type="checkbox"/> 7 →	<input type="checkbox"/> At or below - \$51,532	<input type="checkbox"/> Above \$51,532 & at or below \$73,334	<input type="checkbox"/> Above \$73,334
<input type="checkbox"/> 8 →	<input type="checkbox"/> At or below - \$57,356	<input type="checkbox"/> Above \$57,356 & at or below \$81,622	<input type="checkbox"/> Above \$81,622

*** Special Instructions for households with more than 8 people: DO NOT check the boxes above. Instead, fill in items below:**

Household size (# people): _____ Total annual income: _____

Part E: Certification - The head of household or adult designee who completed this form must complete this certification section

I certify (promise) that all information on this form is true and that all income is reported to the best of my knowledge. I understand that this form may impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

(Signature) (Printed Name) (Date)

(Address) (City) (Zip)

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

Do NOT fill out this section. This is for school use only.

Status: F _____ R _____ N _____ Determining Official's Signature: _____ Date: _____

INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD INFORMATION REPORT

This survey is used to determine eligibility for state benefits for which your child(ren)'s school may qualify. Please complete, sign, and return this form to your child's school.

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: Student Information – For each student in the household Pre-K through 12th grade, list the last name, first name, birthdate, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received – If any household member, including adults, receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR), provide the name and case number. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Part C: Household Size - Check the box for the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Household Income – Skip this part

Part E – Certification - 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: Student Information - For each student in the household Pre-K through 12th grade, list the last name, first name, birthdate, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received – Skip this part

Part C: Household Size – Check the box for the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Household Income - Check the box for that shows the range of annual income for all people in your household. Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

Part E: Certification - Sign the form. Print your name and date.

McKinney Vento Survey Form
Affidavit of Residency

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

Where is the student currently living? (Please check appropriate box.)

- In a home or apartment that student's family owns or rents
- Moving from place to place
- With more than one family in a house or apartment
- In transition housing (through community agency)
- In a location not designed for sleeping accommodations (park, car, campsite)
- In a shelter
- In a Group Home
- In Foster Care
- In a motel

Parent/Guardian: _____ Date: _____
(signature)

Student: _____ Date: _____
(signature)

CONSENT FORM FROM VOCATIONAL DEPARTMENT

I, _____, give consent to the Vocational Department of the Covenant House Academy-Detroit/Youth Vision Solutions to exchange personal information for public relations and possible opportunities of employment, apprenticeship programs, internships, interviews, and job placements. The personal information consists of:

Student Name, Address, Phone Number/Cell Number, and E-Mail Address

The information obtained may be used for employment, teaching, training, internship and/or apprenticeship programs for the above-named student. Therefore, I release and discharge the agents and employees of Covenant House Academy-Detroit/Youth Vision Solutions from any liability. I understand that the terms are herein contractual and not a mere recital, that this instrument is legally binding, and that I have voluntarily signed this document. The undersigned party has (parties have) been fully informed of this consent, waiver liability, and release before signing it.

If the student or parent/guardian has any questions, they may contact the school office where the student is enrolled:

Covenant House Academy-Detroit Central Campus
2959 Martin Luther King Jr. Blvd., Detroit, MI 48208
Phone: (313) 899-6900

Covenant House Academy-Detroit East Campus
9100 Gratiot Ave., Detroit, MI 48213
Phone: (313) 267-4315

Covenant House Academy-Detroit Southwest Campus
1450 25th Street, Detroit, MI 48216
Phone: (313) 297-8720

Student's Signature: _____ Date: _____

Student's Address: _____

Student's Home Phone: _____ Cell Phone: _____

Student's E-Mail Address: _____

If the student is under the age of 18, the legal parent/guardian MUST sign.

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Phone: _____ Cell Phone: _____

Parent/Guardian's E-Mail Address: _____

PESTICIDE NOTIFICATION

STUDENT/PARENTS: KEEP THIS FORM

From: Covenant House Academy-Detroit Administrator
Youth Vision Solutions Compliance Coordinator

Subject: Pesticide Notification

Under Public Act 24 of 2004, amending 451, Part 83, Pesticide Control, all schools must have a notification procedure in place to inform interested parties of the application of pesticides in and on school premises.

To meet the notification requirements of this law, Covenant House Academy-Detroit is informing you that pesticide products may be used periodically throughout the school year.

Additionally, we are required to inform parents, guardians and staff of actual pesticide application 72 hours in advance of application. Two methods of advanced notice will be used: (1) posting at all entrances to the school, and (2) letters sent home with each student.

The notification will include all (if applicable) information about the pesticide, including the target pest or purpose of the application, approximate date of the application, contact information at the school and a toll free number of the national pesticide information center recognized by the Michigan Department of Agriculture.

The school has instituted an Integrated Pest Management plan to help alleviate the need for the use of pesticides. The plan may be reviewed with a request submitted in writing to the School Administrator.

Please contact the School Administrator with any questions or concerns.

ASBESTOS NOTIFICATION

STUDENT/PARENTS: KEEP THIS FORM

From: Covenant House Academy-Detroit Administrator
Youth Vision Solutions Compliance Coordinator

Subject: Asbestos Hazard Emergency Response Act

This Act is a federal mandate, enforced by the U.S.-E.P.A., which applies to all non-profit schools serving grades kindergarten through 12, public and private, in the continental United States, foreign territories and U.S. bases on foreign soil.

The Act requires schools to identify all asbestos containing building materials used in the construction of their facilities and develop a plan to repair and maintain the identified asbestos inventory in good condition.

Covenant House Academy-Detroit has fulfilled its obligation under the Act by developing and maintaining a building specific Asbestos Management Plan.

This plan, on file in the main office, may be reviewed with a request submitted in writing to the School Administrator.

Please contact the School Administrator with any questions or concerns.

July 24, 2018

STUDENT/PARENTS: KEEP THIS FORM

Dear Parent/Guardian,

As a parent of a student at Covenant House Academy-Detroit, you have the right to know the professional qualifications of the classroom teachers who instruct your student. Federal law requires all districts to notify parents of all children in all Title I schools that they have the right to request and receive timely information on the professional qualifications of their children's classroom teachers.

Specifically, you may request and we will provide on request (and in a timely manner), information regarding the professional qualifications of the student's classroom teachers, including at a minimum the following:

1. Whether the teacher has met State of Michigan Department of Education (MDE) qualifications and licensing criteria for the grade levels and subject areas in which the teacher provides instructions.
2. Whether the teacher is teaching under emergency or other provisional status through which MDE qualification or licensing criteria have been waived.
3. The baccalaureate degree major of the teacher and any other graduate certification or degree held by the teacher, and the field of discipline of the certification or degree.
4. Whether your child is provided services by paraprofessionals and, if so, their qualifications.

In addition to this information, you may also request:

1. Information on the level of achievement of your child's in each of the required MDE academic assessments; and
2. Timely notice that your child has been assigned, or has been taught for four or more consecutive weeks by a teacher who is not highly qualified.

If you would like to receive any of this information, please contact the School Administrator at (313) 899-6900 (Central Campus), (313) 267-4315 (East Campus), or (313) 297-8720 (Southwest Campus).

July 24, 2018

STUDENT/PARENTS: KEEP THIS FORM

Dear Parent/Guardian,

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 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. Schools must give parents notice before publishing such information and allow a reasonable amount of time for parents to request that the information NOT be disclosed. They may not release any other information about the student without parental consent.

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

Thank you.