



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)
- 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.

East Campus
7600 Goethe Street
Detroit, MI 48214
(313) 267-4315

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

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

CovenantHouseAcademy-Detroit New

StudentChecklist

STAFF: Please initial as each requirement is met.

_____ Copy of ID (Check one)

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

_____ Immunization (Shot) Record

_____ Proof of Address

_____ Application

_____ 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

_____ Vehicle Parking Form

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

_____ Diagnostic Performance Series (scored and reviewed)

_____ Uniform shirt provided

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)

Covenant House Academy-Detroit--Student Application Form

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 parents 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's Signature

Date

Parent's 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: _____

Adults authorized to pick up student (must show valid ID prior to release of student):

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

Authorized by: _____

Signature of Parent/Guardian

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.

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:

- Directory Information
- Health Records
- Permanent/Cumulative Records and Behavior Records
- Pupil Personnel Services/Special Education Records
- All Assessment Information including MEAP and MME scores
- IEP, MFE, and official transcripts

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
7600 Goethe Street
Detroit, MI 48214
Phone: 313-267-4315
Fax: 313-267-4320

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

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

**Guidance Counselor
Consent for Services**

Dear Parent or Guardian:

During this school year, your school will be offering students the opportunity to work with our Guidance Counselor. This school staff member will be in the school during normal hours of operation.

Guidance Counselors provide support to students who are experiencing difficulties. Counselors assist students with learning new behavioral skills, developing self-confidence, becoming more aware of how others see them, etc.

Counselors also discuss how to practice new behaviors, and better understand how to deal with the many problems life presents.

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 Guidance Counselor 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 Parent/Guardian Consent Form thoroughly and return it when your student enrolls. If you have questions, concerns or comments, please call us at the school. Thank you very much for considering this opportunity for your student.

Parent/Guardian Consent for Individual and Group Services

Your permission is requested for your student to participate in individual advising sessions and/or group activities. This time will be used to discuss ideas, behaviors, feelings, attitudes and opinions of the student.

Because advising is based on a trusting relationship between the Counselor and the student, the Guidance Counselor 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 advising sessions and group activities. I understand that:

1. This time will be utilized to strengthen interpersonal skills, discuss feelings, share ideas, practice new behaviors 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: _____

Media Release Form

I consent to interview(s), photography, videotaping and its/their release, publication, exhibition or reproduction to be used for public relations, news articles or telecasts, education, advertising, website inclusion, fundraising or any other purpose by Youth Vision Solutions and/or its affiliates. I release Youth Vision Solutions' agents, employees and each and all photographs, slides, computer images, videotapes or sound recordings.

I waive all rights I may have to any claims for payment or royalties in connection with any exhibition, televising or other publication or these materials, regardless of the purpose or sponsoring of such transmission exhibiting, broadcasting or use other publication irrespective of whether a fee or rental is charged. I also waive my right to inspect or approve any photo, video or film taken. I release and discharge Youth Vision Solutions from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form whether international or otherwise, that may occur or be produced in the taking of the pictures or in any processing toward the completion of the finished product. All negatives and positives, whether prints, video, film or sound recordings are property of Youth Vision Solutions or the person or entity designated by it, solely and completely.

I declare that I am eighteen and am legally competent to execute this release or that I have acquired the written consent of my parent or guardian. I understand that the terms herein are contractual and not a mere recital, that this instrument is legally binding, and that I have voluntarily signed this document. I have fully informed myself of this consent, waiver of liability and release before signing it.

Please check one:

I consent to all of the terms above.

I do NOT consent to the terms above.

Student's Name: _____ Date: _____

Student's Address: _____ Phone: _____

Signature of the Student: _____

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

Parent/Guardian's Name: _____ Date: _____

Signature: _____

Address: _____

Witness Signature: _____ Date: _____

Witness Name: _____



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

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 17, 2017

STUDENT/PARENTS: KEEP THIS FORM

Dear Parent,

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).

† No Child Left Behind Act (NCLB) §111 State Plans (6) Parents' Right-To-Know

July 17, 2017

STUDENT/PARENTS: KEEP THIS FORM

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. 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.

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
7600 Goethe Ave., Detroit, MI 48214
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: _____

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)