



CLINTONDALE ALTERNATIVE EDUCATION STUDENT ENROLLMENT FORM

Has this student previously attended Clintondale Community Schools? Yes No

FOR OFFICE USE ONLY	
Verification of Birth Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verification of Immunizations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verification of Residency	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mentor:	
Date Application Received:	
Date/Time 1 st Day of Attendance:	
RF Code	

SECTION ONE – STUDENT INFORMATION/DEMOGRAPHICS

Student Name: _____ / _____ / _____ Nickname: _____
 (From Birth Certificate) (LAST) (FIRST) (MIDDLE) (OPTIONAL)

Gender: Male Female Birthdate: ____/____/____ Age: _____ Grade Applying for: _____ Last Grade Completed: _____
 Month/Day/Year

Student Phone Number :(____) _____ Phone Number for Attendance Calls: (____) _____

Student Email Address: _____

Current Physical Address: _____
 (STREET ADDRESS) (CITY) (STATE) (ZIP) (COUNTY)

If same, click here

Current Mailing Address: _____
 (if different) (STREET ADDRESS or PO BOX) (CITY) (STATE) (ZIP)

Resident District: _____

Military connected student

The student has at least one parent that is a member of the armed forces on active duty.

SECTION TWO – PARENT/GUARDIAN INFORMATION

Parent Phone Number :(____) _____ Phone Number for Attendance Calls: (____) _____

Parent Email Address: _____

If same as student, click here

Current Physical Address: _____
 (STREET ADDRESS) (CITY) (STATE) (ZIP) (COUNTY)

If same, click here

Current Mailing Address: _____
 (if different) (STREET ADDRESS or PO BOX) (CITY) (STATE) (ZIP)

PRIMARY HEADS OF HOUSEHOLD (With whom does the child reside?)

<input type="checkbox"/> Adoptive Parents	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Shelter
<input type="checkbox"/> Birth Parents	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Doubled-Up
<input type="checkbox"/> Father/Stepmother	<input type="checkbox"/> Emancipated Minor	<input type="checkbox"/> Hotel/Motel
<input type="checkbox"/> Mother/Stepfather	<input type="checkbox"/> Foster Home	<input type="checkbox"/> Other (_____)
<input type="checkbox"/> Father Only	<input type="checkbox"/> Relative (_____)	

Primary Household Data:	Primary Head of Household 1	Primary Head of Household 2
Head of Household Name/Title (Last, First)		
Relationship Type		
Occupation/Employer		
Employer Phone		
Additional Notes for above Phone Number		
Cell Phone		
Additional Notes for above Phone Number		
Email Address		

SECONDARY HEAD(S) OF HOUSEHOLD

Does the child have a second parent/second residence? Yes No If yes, with whom?

Mother Only Stepmother/Father Other: _____

Father Only Stepfather/Mother Joint Custody? Yes No

Current Physical Address: _____
 (STREET ADDRESS) (CITY) (STATE) (ZIP) (COUNTY)

If same, click here

Current Mailing Address: _____
 (if different) (STREET ADDRESS or PO BOX) (CITY) (STATE) (ZIP)

Should this household be included in all mailings? Yes No OK to release student to second household parent Yes No

If you answered "No" to either of these questions, please attach legal documentation specific to this child

Secondary Household Data:	Secondary Head of Household 1	Secondary Head of Household 2
Head of Household Name/Title (Last, First)		
Relationship Type		
Occupation/Employer		
Employer Phone		
Additional Notes for above Phone Number		
Cell Phone		
Additional Notes for above Phone Number		
Email Address		

SECTION THREE – SPECIAL NEEDS/ETHNICITY/HEALTH INFO

Is your child's native tongue a language other than English? Yes No

If yes, what is the language? _____

Is the primary language used in your child's home or environment a language other than English? Yes No

If yes, what is that language? _____

WIDA-A Access assessment for ELL (English Language Learners) students must be taken as mandated by the Michigan Department of Education as part of the state testing and assessments. *Students that are English Language Learners must agree to participate in this yearly assessment.

Click here to agree

HEALTH INFORMATION

Medical information is confidential and will be shared with personnel on a need to know basis.

Special Health Conditions Diabetes Heart Asthma Seizures Other (Explain) _____

Allergies Insects/Bee stings Medication Food Environmental (Explain all) _____

Is student currently taking any prescription medications? Please list: _____

SPECIAL NEEDS INFORMATION

Special Program Received at Prior School: IEP Speech & Language 504 Plan Title 1 Services None
Other (Please Explain) _____

My child is currently following curriculum leading to a:
 High School Diploma
 Certificate of Completion (Certificate of Completion Certificates are generally given to students who have met minimum high school graduation requirements but have been taught an alternative curriculum through an "individual education plan.")

High school graduation requirements but have been taught an alternative curriculum through an "individual education plan.")num
 If Yes, please explain _____

ETHNICITY (Part A) and RACE (Part B)

Race and Ethnicity Both Part A and Part B of the question must be answered. If either part is not answered, the US Department of Education requires the district to supply an answer on your behalf.

Part A: Ethnicity (choose only one)	Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.) <input type="checkbox"/> Yes <input type="checkbox"/> No
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Part A refers to ethnicity, not race. No matter which box you selected above, please continue to answer Part B (below) by marking one or more boxes to indicate what you consider your student's race to be.

Part B: Race (choose one or more) When choosing more than one, enter % for each ethnicity	% <input type="checkbox"/> American Indian or Alaska Native (Origins from any of the original peoples of N, S, or Central America) % <input type="checkbox"/> Asian (Origins from any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent) % <input type="checkbox"/> Black or African American (Origins from any of the black racial groups of Africa) % <input type="checkbox"/> Native Hawaiian / Other Pacific Islander (origins from any of the original peoples of any Pacific Island) % <input type="checkbox"/> White (Origins from any of the original peoples of Europe, the Middle East or N Africa) % <input type="checkbox"/> Other
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SECTION FOUR – PREVIOUS SCHOOL INFORMATION

Last School Building(s) Attended _____ School Phone Number: _____
 Enter any previous schools attended below

2. School Building: _____ 2. School Phone Number _____

3. School Building: _____ 3. School Phone Number _____

4. School Building: _____ 4. School Phone Number: _____

SECTION FIVE - ADDITIONAL EMERGENCY CONTACT INFORMATION (NOT PARENTS)

Name	Relationship Type	Work Phone	Cell Phone	Home Phone
	Doctor		If a medical emergency exists, the school will take appropriate action on behalf of the child. The family will assume all medical costs.	

OTHER SIBLINGS LIVING AT HOME

Name	Gender	Birthdate	School	Grade
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		

SECTION SIX

Disclaimer:

Michigan State Required Testing

It is mandatory that students enrolled in our program participate in state and federal testing during required dates. Please note that families are also responsible for travel costs associated with commuting to our physical building location(s) for orientation(s), state and federal testing purposes, and any other required activity. Families should consider travel limitations before enrolling at our school

I have read and agree to this disclaimer.

How did you hear about **Clintondale Alternative Education**? _____

Where did you hear about us? _____

T-Shirt size: _____ Height: _____

Please explain why you are choosing online schooling? _____

Is there a court order prohibiting anyone from having contact with the student? Yes or No _____

If yes, who is not allowed to have contact with the student?

Name: _____ Relationship to the student: _____

*****NOTE*** The school must have a copy of the order to deny release/contact to a parent.**

I understand and agree that I/my student will make two-way communication with the designated district mentor each week. Failure to meet this requirement can result in the student being withdrawn from the school.

I hereby grant permission for all educational records, files and data of the above-named students to be released to Clintondale Community Schools.

I understand that this serves as my school of choice form which is valid only for the district's online program and my enrollment is contingent upon district approval.

Please review: Understanding Concussions <http://rcs.misd.net/assets/concussion-awareness.pdf>

Yes No As the Parent/Guardian of this student, I have received the UNDERSTANDING CONCUSSION information. By my name and signature on this form, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by Clintondale Community Schools.

Press/Video Release

Clintondale Community Schools has my permission to use photographs and/or videos of my child to show school activities to the public. I understand that the personally identifiable information may be used at the discretion of the media, involving no financial compensation to Clintondale Community Schools, the student, or the family of the student. The final edited pictures and sounds may be shown without restriction, including radio and television broadcast, cablecast, printed publication, website and any other social media. I understand that I have the right to deny consent to the release of the photographs and/or information specified above, by refusing to sign this. If you consent, please sign here:

Parent/Guardian Signature (of student if 18 or over)

Date

If permission is denied, please write "DENIED" on the signature line

Please Read: Presenting false information, false records or falsifying records is an offense punishable by federal and state law. By signing below, you attest that all information provided on this form is true and accurate.

I hereby grant permission for the above-named student to be enrolled in online classes.

Date:

Parent/Legal Guardian Signature (or Student if 18 or over)

SUBMIT

Note: Required documents can be uploaded on the next page after submitting the application.

FOR OFFICE USE ONLY

105 105C Resident Non-Resident Sibling Enrolled Approved Denied

Date of Enrollment: _____

First Date of Attendance/Mentor Contact _____

6/26/2017