

Student Name _____

Grade (2019-2020 school year) _____

Date Received _____

Marshall Academy Enrollment Packet

2019-2020

www.marshallacademy.org

18203 Homer Rd. Marshall, MI 49068 P: 269-781-6330 F: 269-781-8749

"Education for a Lifetime of Excellence"



Forms Required with Enrollment Packet:

- Immunizations (**Must be up-to-date** on all shots—please check with your local Health Department or primary care physician)
- Health Appraisal (Kindergarten students)
- Individual Education Plan - IEP, if applicable (programming may be different)
- Transcripts (8th-12th grade students only)
- Birth certificate
- 1 proof of address (utility bill)

Student Information

Required Documents: A copy of an official birth certificate, immunization records, and proof of Michigan residency (driver's license or utility bill) must be submitted with this packet.

Kindergarten students are also required to submit a completed health appraisal and vision screening. Students entering grades 8-12 must provide a transcript of credits prior to enrollment.

Grade (2019-2020 school year) _____

_____ Last Name First Name Middle Name Suffix (Jr. III)

Male Female _____ Birthdate _____ Birthplace _____
Any Former Name(s) _____

Address _____ City & Zip Code _____
(Include: house number, street name, apt. or lot number)

RENT OWN OTHER (please explain) _____ Home Phone _____

ETHNICITY / RACE: (MUST ANSWER BOTH PART A & B, DISTRICT PERSONNEL REQUIRED BY U.S. DEPT. OF ED TO USE OBSERVER IDENTIFICATION TO SELECT ANSWERS FOR YOU IF PART A OR PART B LEFT BLANK)

PART A: Is this student Hispanic or Latino (*Choose only one*) No, not Hispanic or Latino Yes, Hispanic or Latino
Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish or culture or origin regardless of race.)

PART B: (Choose all that apply. If you choose more than one, all will be equally weighted)

American Indian/Alaska Native Asian African American White Native Hawaiian/Pacific Islander
US Citizen Yes No If no, identify Country of Origin _____

PART C: Are any of the following family members in active military duty Dad Mom Brother Sister

PART D: Primary language spoken English Other _____

Student Lives With: Mother/Father Mother Only Mother/Step-Father Grandparents Legal Guardian
 Father Only Father/Step-Mother Court Appointed Other (specify) _____

If a student lives with a step-parent, does the step-parent have permission from the natural parent to act on his/her behalf in matters regarding the above student? YES NO

Head of Household #1: _____ Work Phone _____

Cell Phone: _____ Email Address: _____

Head of Household #2: _____ Work Phone _____

Cell Phone: _____ Email Address: _____

I affirm, that as the parent/legal guardian, all information provided above is true and accurate, and that my child and I reside at the listed address. I understand any false information provided by me, may subject me to legal action and penalties.

Parent/Guardian Signature: _____ Date: _____

OTHER CHILDREN IN THE FAMILY:

Name _____ Birthdate _____ Grade _____

Name _____ Birthdate _____ Grade _____

Name _____ Birthdate _____ Grade _____

Parent Living Elsewhere Information:

Name _____ Relationship _____

Street Address _____ City/Zip _____

Telephone _____

Do we release information to this parent? YES NO **IF NO, A COURT ORDER MUST BE PROVIDED OR INFORMATION CANNOT BE WITHHELD.**

Has your child ever been retained? YES NO If yes, what grade(s) _____

Has your child ever been suspended? YES NO If yes, please explain _____

Has your child ever been expelled? YES NO If yes, please explain _____

Is the student currently on probation? YES NO If yes, name of probation officer _____

Is your child transferring? If so, what school did he/she previously attend:

Name of School _____ City/State _____

Marshall Academy's Board of Directors has a policy that students who are currently under suspension, or who have been expelled may not enroll without Board Approval. Misinformation on this form will result in immediate termination of enrollment.

Does your child have an IEP? YES NO

Special services your student received at previous school: Speech 504 Other: _____

Emergency Contacts (person to call if parent/guardian cannot be reached)

Name/Relationship _____ Phone _____ Home Cell

Name/Relationship _____ Phone _____ Home Cell

Name/Relationship _____ Phone _____ Home Cell

Parent/Guardian Signature _____ Date _____

MEDICAL INFORMATION

Any health concerns _____

Allergies _____

All medication (prescription and nonprescription) that is to be administered to a student at school must be brought to the office in the original container with the student's name on it. By law, a medical form must be filled out by the parent and signed by the student's physician that allows the school to administer medication to the student. Medication forms are available in the office. *We will NOT administer medication without this signed medical form on file in the office.*

Does your child have any of the conditions listed below?

YES NO Please explain any problems:

	YES	NO	
Allergies/reactions (food, medication, other)			
Hay fever, asthma, or wheezing			
Eczema or frequent skin rash			
Convulsions/seizures			
Heart trouble			
Diabetes			
Colds, sore throats, ear aches (4 or more per year)			
Shortness of breath			
Speech problems			
Menstrual problems			
Dental problems: Date of last examination: _____			
Other			

List any medications taken regularly or any health concerns the Academy should know about:

Parent/Guardian Signature: _____ Date: _____

Authorization for treatment of minor children in the absence of the Parent/Guardian

In the event that reasonable attempt to contact me at _____ or _____
(phone number) (other parent)

at _____ has been unsuccessful, I hereby give consent on behalf of my child,
(phone number)

_____ for:

(Student Name)

- 1) The administration of any treatment deemed necessary by Dr. _____ or in the event the designated preferred practitioner is not available, by another licensed physician or dentist and
- 2) The transfer of my child to the following hospital _____ or any hospital that is reasonably accessible.

I understand that any and all emergency transportation and medical costs will be paid by the parent/guardian.

Parent/Guardian Signature _____ Date _____

Marshall Academy

Request for Release of Information

1. I hereby authorize: _____
(PREVIOUS SCHOOL / DISTRICT / AGENCY)

CITY/STATE: _____

PHONE: _____ FAX: _____

to release the following information regarding:

STUDENT'S NAME	GRADE	BIRTHDAY
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2. Extent or nature of information to be disclosed:

- | | |
|---|--|
| <input type="checkbox"/> Cumulative File | <input type="checkbox"/> MET Reports, IEP (if applicable) |
| <input type="checkbox"/> Student Transcripts | <input type="checkbox"/> Discipline Reports, Suspensions, if any |
| <input type="checkbox"/> Expulsion Paperwork, if any | <input type="checkbox"/> Birth Certificate, Immunizations |
| <input type="checkbox"/> Clinical/Therapy Reports, if any | <input type="checkbox"/> On-going Verbal Communication |

3. Send information to:

- Marshall Academy
18203 Homer Rd. Marshall, MI 49068
Phone: 269-781-6330 Fax: 269-781-8749

FEDERAL LAW 99.31

No parent signature required for educational records sent to another educational agency.

Authorized Signature: _____ Date of Request: _____

I understand that this authorization may be withdrawn or revoked by me at any time. Revocation of this authorization will not affect any information already released. To revoke this authorization, a written request should be made to the Marshall Academy Director. Information disclosed before an authorization is revoked may not be retrieved. If action was taken in reliance on the authorization, the person who relied on the authorization may continue to use or disclose protected health information as needed to complete the work that began because the authorization was given.

This authorization will expire on the following event or condition, or six months from today's date.

EVENT OR CONDITION: DISENROLLMENT FROM THE ACADEMY

(RETAIN IN CLIENT'S FILE AT RELEASING AGENCY)

Marshall Academy

Full Internet Access Authorization Form

This form is required to gain FULL access to the internet. It is intended to make you as a student aware of the policies in force at the Academy regarding the use of the internet. Please read the information here and sign at the bottom then have your parent/guardian indicate his/her approval by signing the form. This policy is referenced in the Parent/Student Handbook.

INTERNET USAGE AGREEMENT

1. Measures will be used to ensure the safety and security of minors when using electronic mail, chat rooms, and other forms of direct electronic communications.
2. Unauthorized access including "hacking" and other unlawful activities on line are prohibited.
3. Unauthorized disclosure, use and dissemination of personal information regarding students is prohibited.
4. The Internet connection is intended primarily to facilitate access to Internet based resources for school-related activities. Internet use at the Academy is a privilege, not a right.
5. The Internet connection can handle a certain amount of traffic at one time. When someone uses the Internet, they use up a portion of the available traffic space.
6. Personal use of the Internet should not occur during normal school hours.
7. Students may not access sites or information that may be offensive to others at the Academy or would reflect poorly on the reputation of the Academy (most Internet sites track who is visiting them).
8. The system we use to access the Internet logs all activity by username. These logs may also be used to identify misuse.
9. The configuration for the Internet browser should not be changed. The home page selected by the Academy should not be changed.
10. Recreational downloading of music, video clips, and software is prohibited at all times.
11. Violation of the Academy policies may result in the suspension of Internet access and other disciplinary action, up to and including expulsion.

I understand the contents of this document and agree to abide by them:

Student Name: _____ Student Signature: _____

Parent Signature: _____

Marshall Academy

Authorization for Searches, Confiscation/Disposal of Contraband

As the possession, use, or distribution of alcohol, alcoholic beverages, non-prescribed and/or non-prescription drugs is totally inconsistent with the expressed purpose of my admission, I agree to abstain from the possession, use, or distribution of these or other mind-altering substances. Should such substances be found, I further agree to their confiscation and disposal by the Academy staff. I am aware that I may be subject to expulsion for breaking this agreement.

I recognize that the school insists its students abstain from chemical use, except those legally prescribed and properly administered.

In order to assure a supportive environment conducive to successful education, students' locker, bags, items, or location may be searched. The relation of the presence of any substance prohibited above may result in my expulsion from the school.

Student Signature

Date

Parent/Guardian Signature

Date



Name of Student: _____

SCHOOL-PARENT COMPACT

Marshall Academy and the parents of the students participating in activities, services, and programs agree that this compact outlines how the parents, the school staff, and the students will share in the responsibility of 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.

This school-parent compact is in effect during the 2019-2020 school year.

School Responsibilities

Marshall Academy 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:

The staff at Marshall Academy will implement Board approved curriculum in Mathematics and English Language Arts, and Michigan State Standards in all other major content areas using direct instruction to meet academic achievement standards. This includes ELL instruction, special education and other opportunities to support student success.

Staff will also implement and work with students in multi-tiered systems of support to promote an effective learning environment that enables students to meet state academic achievement standards.

2. Hold parent-teacher conferences during which this compact will be discussed as it relates to the individual child's achievement.

Parent teacher conferences will be held in the fall and spring.

3. Provide parents with frequent reports on their child's progress. Specifically, the school will provide reports as follows:

The Academy uses the recording system Skyward, which allows for "parent accounts" where teachers are able to publish grades, comments, and attendance online for parents to view. The Marshall Academy staff will also be in regular contact through various means of communication (i.e. phone, email, personal meetings, etc.) with parents. The school will also send out progress reports on student achievement every six weeks throughout the academic year.

4. Provide parents reasonable access to staff. Specifically, staff will be available for consultation with parents as follows:

Teaching staff will make themselves available before and after school for parents to communicate with them. Parents will also have the ability to set up parent meetings through the office and the school will provide coverage if necessary for the teaching staff to meet with the parents.

5. Provide parents opportunities to volunteer and participate in their child's class and to observe classroom activities, as follows:

Parents may come to observe the classroom anytime advanced notice is given to the classroom teacher and the front office. Parents must be accompanied by school staff while observing a classroom for student safety. Parents may volunteer or participate with their student's class only after completion of an application and background check. Through ICHAT.

School Responsibilities

Marshall Academy will:

(Please check all that apply)

- Provide high-quality curriculum and instruction.
- Endeavor to motivate students to learn.
- Communicate regularly with families about student progress.
- Provide a warm, safe, and caring learning environment.
- Participate in professional development opportunities that improve teaching and learning and support the formation of partnerships with families and the community.
- Actively participate in collaborative decision making.
- Consistently work with families and colleagues to make Marshall Academy accessible and welcoming.
- Respect the school, students, staff and families.

I, as a student, will share the responsibility to improve our academic achievement and achieve the state's high standards. Specifically, I will:

- Come to school ready to learn and work hard.
- Bring necessary materials, completed assignments and homework.
- Know and follow school and class rules.
- Follow the school's uniform dress code.
- Ask for help when I need it.
- Communicate regularly with my parents and teachers about school experiences so that they can help me to be successful in school.
- Limit my TV watching and instead study or read every day after school.
- Respect my school, classmates, school staff, and family.

I, as a parent, will support my child's learning in the following ways:

- Provide a quiet time and place for homework and monitor TV viewing.
- Read to my child or encourage my child to read every day.
- Communicate with the teacher or the school when I have a concern.
- Ensure that my child attends school every day, gets adequate sleep, regular medical attention and proper nutrition.
- Regularly monitor my child's progress in school.
- Participate at school in activities such as school decision making, volunteering and/or attending parent-teacher conferences.
- Communicate the importance of education and learning to my child.
- Respect the school, staff, students, and families.

Marshall Academy School Parent Compact

2019-2020 School Year

Student

Date

Parent/Guardian

Date

School Representative

Date

By signing this enrollment packet I'm agreeing to the terms of the Parent/Student handbook. I am aware that I can view the handbook online at www.marshallacademy.org or request a copy from the Marshall Academy school office.

Parent/Guardian Signature _____ Date _____



Dear Parents/Legal Guardians:

For the purpose of sharing with the community the exemplary work of Marshall Academy students, the Academy publishes student work, photographs, and information (i.e. student name, grade, school, classroom, activities/clubs and similar information) in various forms of media. This media includes newsletters, various publications, multi-media, and on the district web site. We are asking permission for your child's work, photographs, and information to be published in various forms of media. If you give your permission, please sign below and return to your child's teacher.

Thank you.

Noah Wilson, Director

_____ Yes, I give my permission for my child to have his/her work, photographs and information published in various forms of media, as described in the District's notice. I release Marshall Academy from any and all liability and legal or equitable claims of any kind related to the publication of such work, photographs or information, including publication on the school's web site. I understand that student work may be identified by my child's name.

_____ No, I would prefer not to have my child's work, photograph, or information shared.

I understand that this election will remain in effect until either revoked, in writing by me, or superceded by a new election form.

Student's Name

Marshall Academy
Name of School

Parent/Guardian Signature

Date

Transportation

Marshall Academy provides bus transportation to Albion and Battle Creek. Please check the boxes below that apply to your student(s) transportation needs. Transportation is limited and not guaranteed.

- I will NOT need bus transportation for my student(s).
- I will need Albion bus transportation.
- I will need Battle Creek bus transportation for my student(s).

The bus stop I prefer in Albion is:

(bus stops are subject to change at any time)

- 110 Park Street
- 411 E. Erie Street
- Corner of W. Cass Street & W. Pearl Street
- 511 Mechanic Street
- 704 Irwin Ave.
- 615 Dalrymple Street (Little Lambs)
- Family Fare
- 1022 N. Albion Street (across from the church)
- Corner of Pine Street & Eaton Street
- 704 Eaton Street
- Oak Meadows

The bus stop I prefer in Battle Creek is:

(bus stops are subject to change at any time)

- 87 Yale St. (Verona/Emmett)
- VanBuren Lot (Corner of VanBuren St. and McCamly St. across from BC Central HS)
- Target Plaza

We require an adult to be at the bus stop to allow the bus driver to let students off the bus.

I understand that if my student(s) are NOT met at the bus stop by an adult, they will be returned to the school.

I will allow the bus driver to let my student(s) off the bus, if an adult is NOT present at the bus stop.
This only applies to students age 12 and over.

Your child will be taken to their scheduled stop unless parents notify the office (269)781-6330 of any transportation changes, no later than 2:00pm that day.

Bus Transportation Policy

Please remember that bus transportation is a privilege and a serious matter for all students. The safety of Marshall Academy students is our number one responsibility. All rules stipulated in the Student Handbook apply to the transportation expectations. It is the school's right to deem additional consequences for behaviors that intentionally or unintentionally put students at risk. Remember the bus is a privilege that the school chooses to provide.

There is an automatic suspension from riding the bus for fighting, tobacco use, and the throwing of any item from inside or on the bus. The suspension will be up to five days. Expulsion from the bus will occur for repetitive or gross violations.

Any vandalism to the bus such as cutting seats, etc. could result in criminal charges. Malicious destruction of seats will lead to an automatic suspension from the bus until restitution is paid and the damage is corrected.

Student Responsibilities

1. Students will sit in their assigned seat every day. The bus driver has the authority to rotate seating as needed.
 2. Students need to move quickly and in an orderly manner upon entering and exiting the bus.
 3. Students are expected to sit three to a seat when required.
 4. Students are to remain seated, face forward, and keep their feet out of the aisle.
 5. Students must wait for the bus to make a complete stop before trying to board or exit the bus.
 6. All school rules apply while on the bus and at the bus stop.
 7. Students will keep all hands, arms, heads, etc. inside the bus, at all times.
 8. Students wanting to bring any item on the bus other than backpacks or books, such as large class projects or other large items must get permission by contacting the front office one day before pick up.
 9. Students will not use foul, loud, or inappropriate language and conduct.
 10. Eating or drinking on the bus is not permitted. Gum and glass items are prohibited.
 11. Students are not permitted to take videos or pictures of any kind.
 12. Students cannot switch buses without parental/guardian consent by 2:00 pm the school day or by providing a note from the parent/guardian at the beginning of the school day. The office can then issue a bus pass to be given to the driver.
 13. Students will comply promptly with directions of bus drivers.
-

Parent Responsibilities:

1. Parents of bus riders will review all student expectations for bus transportation with their child.
2. Assure your child arrives at the correct bus stop 10 minutes before the bus arrival and drop off times. Please allow more time for inclement weather.
3. Assure your child reaches the bus stop safely.
4. Parent will contact the school by 2:00 P.M. if their child is switching buses.
5. If a child needs to bring a larger item on the bus, the parent will contact the school for permission one day in advance.

Consequences for poor bus behavior choices:

1. The bus is considered school property. As a result, any behaviors that violate the Student Handbook will receive the proper disciplinary action.
2. Students violating the bus expectations will be asked to sign the driver's Behavior Log.
3. Upon the third signature, the bus driver will assign that student a White Slip for their behavior. The White Slip will be given to the administrator. The administrator will call the guardian and a verbal/physical meeting between the student, parent, driver, and administrator will occur. The student will not be able to ride the bus, until a meeting has taken place. If the behavior is identified as a safety concern, there will be bus suspensions.
4. If a student receives 3-4 safety concern white slips per semester, bus privileges will be revoked.

Parent Signature _____

Student Signature _____

Date _____