



KEYS GRACE ACADEMY ENROLLMENT APPLICATION 2017/2018

Thank you for your interest in KEYS GRACE ACADEMY. In order for your child's application to be processed, we require the following documents returned to the office of KEYS GRACE ACADEMY. Your child's enrollment packet will be considered incomplete until we have received all of the necessary documents.

STUDENT NAME: _____ BIRTH DATE: _____

GRADE APPLYING FOR: _____ IS YOUR CHILD A RETURNING STUDENT? Please circle YES NO

DOES YOUR CHILD HAVE A SIBLING WHO ATTENDS KEYS? Please circle YES NO

REGISTRATION CHECKLIST

	Application for Enrollment
	Request for Student Records
	Internet/Computer Acceptable Use
	Photo Consent/Denial Policy
	Household Information Survey

Records you must provide to the school before registration is complete:

- Certified copy of birth certificate
- Copy of child's Social Security card and/or passport/visa/immigration papers
- Copy of last report card from previous school
- Immunization record (available from child's pediatrician)
- Copy Custody and/or Adoption Paperwork (if applicable)
- Parent Driver's License
- Current signed Lease or Mortgage Statement
- Current Utility Bill (gas or electric)
- Current DHS Paperwork

**Educational Service Provider: Kalasho Empowerment of Young
Scholars, LLC Academy School Board**

President: Chris Kattola
Vice President: Dr. Ramy Alosachie
Treasurer: Mae Kouza
Secretary: Zainab Hazimi
Trustee: Farah Anoni

When Completed—return this packet To:
KEYS GRACE ACADEMY
27321 Hampden St. Madison
Heights, MI 48071 **OR**
info@keysacademies.com

KEYS GRACE ACADEMY
2017-2018

Age on Sept. 1st of current school year? _____

School Status: (Circle One)
NEW / RETURNING

Resident School District:

Birthdate

Last K-8 School Attended

Sex: (Circle One)

MALE or FEMALE

Last Name:

First Name:

Middle Name: (FULL)

Grade:

Address:

Prefix

Street:

Apt/Building #

City:

State

Zip Code:

Telephone No: (starting with area code)

Circle One:

Emergency Contact: (starting with area code)

Contact Person Name:

CELL PHONE
LANDLINE

Mother's Name: _____

Father's Name: _____

Language spoken by student? _____

Language spoken in home? _____

Has student received any Special Ed services? YES ___ NO ___

Does the student have any allergies? YES ___ NO ___ Drug or Food

If "YES" list: _____

Is the student on any medication? YES ___ NO ___ Inhaler Epipen

Hispanic Origin Yes No

Ethnic Origin

American Indian/Alaskan Native

Asian/Pacific Islander

Black

White

Other (please specify): _____

HAS THE STUDENT BEEN WIDA TESTED:

YES or NO IF "YES" WHAT GRADE: _____

HAS THE STUDENT BEEN M-STEP TESTED:

YES or NO IF "YES" WHAT GRADE: _____

OFFICE USE ONLY (To be completed by School)

BIRTHPLACE

DPT

Were Records Requested? (circle one)

CITY

STATE

COUNTRY

Month

Day

Year

YES....Date? _____

NO.....Why? _____

US Citizen? YES or NO

Students current address verified?

If Foreign Born, DATE arrived in USA? _____

Which U.S. State did student first arrive to? _____

MISTAR INFORMATION

UIC

District ID

LAST GRADE ATTENDED: _____

READING LEVEL: _____

GRADE LEVEL: _____

AUTHORIZATION:

KEYS GRACE ACADEMY SIGNATURE

DATE

CUSTODIAL PARENT/ LEGAL GUARDIAN SIGNATURE

Request for Student Records – KEYS GRACE Academy

We have just enrolled the following student. Please forward all records, including medical records, social and psychological evaluations, and special education records that would assist us in placing and evaluating this student. Thank you.

Student Information

Student's Full Name: _____
Student's Birth Date: ____/____/____ Grade: _____

Previous District Information

School Name: _____
School District: _____
School Address: _____
School Phone Number: _____
School Fax Number: _____
Today's Date: ____/____/____

Parent Information and Approval

Signature of Parent/Guardian: _____

Address: _____

City: _____ State: _____ ZIP: _____

Cell: _____

KEYS GRACE ACADEMY
27321 HAMPDEN ST. MADISON
HEIGHTS, MI 48071

(P) 248.629.7700
(F) 248.542.1756

WWW.KEYSGRACEACADEMY.COM



Student Internet/Computer Acceptable Use Policy – KEYS GRACE Academy

Internet services are available to all students for the purposes of instruction, curriculum support, and communication. E-mail, network, and Internet access is to be used ONLY for these purposes.

Students are expected to conduct themselves ethically and be mindful of all applicable laws and regulations. They should be familiar with procedures for accessing email and/or the Internet and have participated in training provided by the school. Students should have specific information objectives and/or search strategies formulated before they access the Internet. School policy states that ALL students must have a signed Acceptable Use Policy form on file before they are allowed to use the Internet independently.

The following are unacceptable uses of e-mail/Internet by students who access the network through school accounts using school-owned equipment and may result in the revocation of Internet privileges or, depending on the nature of the offense, detention or suspension.

Unacceptable use includes but is not limited to:

- Sending or displaying offensive messages or pictures
- Using obscene, harassing, or insulting language
- Violating copyright laws or fair-use practices
- Trespassing in others' folders, documents, or files
- Using the network for commercial or political purposes
- Using the network to access inappropriate materials
- Intentionally damaging computers, computer systems, or computer networks
- Using another person's password
- Indiscriminate personal use – purchases, personal emailing, or "instant messaging"
- Downloading software without permission of school administration or network technician
- Other behaviors in violation of Academy policy, state statutes, or federal laws

Communication over networks is not considered private. Network supervision and security maintenance may require monitoring of directories, messages, or Internet activity. The Academy reserves the right to access stored records in cases where there is reasonable cause to expect wrong-doing or misuse of the system.

Student Internet/Computer Acceptable Use Policy – SIGNATURE MANDATORY

Student Name: _____ Grade: _____

I have read the Student Internet Acceptable Use Policy. I agree to follow the rules contained in this policy with an understanding that consequences could entail revocation of internet privileges, or depending on the nature of the offense, detention or suspension. I will receive a copy of this signed Policy and a copy will be kept in my file.

Student Signature: _____ Date: __/__/____

Parent Signature: _____ Date: __/__/____

Photo Policy - Consent/Denial – KEYS GRACE Academy

In an effort to keep the community up-to-date on events, the Academy will photograph and publish special programs and events, sometimes through local media. Media representatives register at the main office upon their arrival and are always escorted to the designated area from which they can take photos or video publications. We do not allow media representatives to interview students on school property unless academy personnel accompany them.

Academy personnel will also take pictures of classroom activities and/or individual students from time to time for either release to the local media, use in the Academy website, or for Academy media or brochures. Identification of students is always limited to name, school, and grade.

Please note: Permission to photograph a student either individually or in a group, and to use any photograph for any school purpose, is assumed until you specifically request your child's photo not be used. This information will be kept on file in the student's records.

I, _____, am the legal guardian of _____

who will be in _____ grade in 2017-18, and:

I give permission for my child's picture to be used in school-related or outside media publications.

OR

I do not give my permission for my child's picture to be used in school-related or outside media publications.

Parent/Guardian Signature: _____

KEYS GRACE ACADEMY



Parent Involvement

Parents Involvement in your child's school is of paramount importance to improved learning and achievement. As a parent and/or guardian, we ask that you pledge your support to be actively involved in your child's learning, including:

- Attending conferences with teachers
- Supporting school programs and
- Maintaining open, honest communication with the school
- Communicating positive values and model honesty, trustworthiness, integrity, compassion and fairness
- Supporting a home environment in order to ensure success at school

Parents are encouraged to volunteer at KEYS Grace Academy, either at the school or during school-related activities.

Additionally, we strongly encourage all parents to remain active with the latest information from teachers and administration by downloading the "Class Dojo" application, available on all smart devices (iPhone, iPad, Android, etc). This application is also bilingual and features an English-to-Arabic Translator.

For emergencies and/or school-wide announcements, we request a cell-phone number to be added to our database, which allows us to send text messages to you, directly from us.

Household Cell Phone: _____

Parent Involvement Pledge (please sign): _____



Transportation Request

This is a request by _____ for transportation services to and from KEYS Grace Academy.

Student or Parent/Guardian

Twin Rivers Trading, a for-profit Michigan management company subcontracted by KEYS GRACE Academy, will provide transportation services for _____ during the duration of school year 2017-2018.

(Student Name)

Twin Rivers Trading is responsible for the recruitment of professional, qualified drivers who must pass a fingerprint screening/background check to be eligible for work.

Twin Rivers Trading is responsible to make certain all vehicles used to transport students to and from home and school are properly insured.

Students will be required to follow a strict list of rules and stipulations during transportation times. Twin Rivers Trading will work in accordance with KEYS Grace Academy to ensure student attendance on shuttles and student behavior, as well as all other, necessary correspondence. Should student act un-accordingly during transportation hours, Twin Rivers Trading reserves the right to cancel services. Should student amass a high number of miss scheduled pickup times, without notification, Twin Rivers Trading reserves right to cancel services.

Should student violate any other rules, Twin Rivers Trading has right to cancel transportation services.

Student or Parent/Guardian Signature

Date

Twin Rivers Trading, Inc.

Date

TWIN RIVERS TRADING INC.
27321 Hampden Street.
Madison Heights, MI 48071
P: 248.629.7700 X4007 F: 248.542.1756



Keys Grace Academy
 27321 Hampden Street
 Madison Heights, MI 48071
 248.629.7700
 248.629.7708 - Fax

Household Information Survey

SCHOOL USE ONLY
 Approved for: _____
 1 2

To determine eligibility for various additional state and federal program benefits that your child(ren) may qualify for, please complete, sign and return this application to _____ (school name).

These sections must be completed by the head of household or designee.

PART A. SIZE OF FAMILY - Enter the total number of individuals living in your household, including all adults and children →

PART B. CURRENT BENEFITS - Complete below 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. STUDENT INFORMATION - Complete for each student Pre-K through 12th Grade

Last Name	First Name	Birth Date XX-XX-XXXX	School	Identify H if Homeless M if Migrant R if Runaway F if Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

If you need additional lines, attach a second sheet to this survey or attach a copy of this survey clearly marked as a Page 2.

PART D. TOTAL MONTHLY HOUSEHOLD INCOME - Report income for all members of household excluding Foster Children. If you have reported a case number above, you do not need to fill in this section. Simply sign and date form.

Type of Income	Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefits	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
Total Monthly Household Income (Add lines 1-6)		\$

PART E. SIGNATURE - If Income Section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a Social Security Number" box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will get federal/state funds based on the information I give. I understand that sponsor officials may verify (check) the information.

Sign Here: X _____ Print Name: _____ Date: _____

Last Four (4) Digits of Adult Social Security Number: XXX-XX-_____ I do not have a Social Security Number

Address _____ City _____ Zip Code _____

Home Phone _____	Work Phone _____	Email Address _____
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By providing your email address you may be contacted via email by the district.

Oakland Primary Health Services Teen Health Centers

Parent/ Legal Guardian & Patient Consent Form for Medical & Dental Services

PATIENT INFORMATION

Patient's Last Name		First	MI	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security #:
				<input type="checkbox"/> Other: _____		
Street Address			City	Zip	Home Phone #	
Birthdate	Age	Grade	School		Cell Phone #	
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or other Pacific Islander <input type="checkbox"/> Black or African American						
<input type="checkbox"/> White or Caucasian <input type="checkbox"/> More than one race <input type="checkbox"/> Other _____						
Ethnicity: <input type="checkbox"/> Arabic <input type="checkbox"/> Hispanic		Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____				
Household Size (# living in house) _____			Household Income: _____ per month or year (circle one)			
Student's Doctor:				Phone #		
Student's Dentist:				Phone #		

PARENT/LEGAL GUARDIAN INFORMATION

Last Name of Parent/Legal Guardian (Guarantor)		First Name		Birth Date:	
				Relationship to Student:	
Street Address			City	Zip	Primary Language:
Home Phone #	Cell Phone #	Work Phone #	Social Security #:		
Last Name of 2nd Parent/Guardian/Emergency Contact		First Name			
Home Phone #	Cell Phone #	Work Phone #			

PRIMARY INSURANCE INFORMATION

Medicaid Private Insurance Emergency Medicaid Only No Insurance Apply for Sliding Fee

Medicaid - Name of Plan _____ Medicaid # _____

Insurance Company Name: _____ Policy # _____ Group # _____

Policy Holder's Name _____ Relationship to Patient Parent Legal Guardian Other

SECONDARY INSURANCE INFORMATION

Medicaid - Name of Plan _____ Medicaid # _____

Other Commercial Insurance Insurance Company Name: _____ Policy # _____

Policy Holder's Name _____ Relationship to Patient Parent Legal Guardian Other

I give my consent for the above named patient to receive services listed on the back of this form at the OPHS Teen Health Centers including immunizations. By signing this consent form, I confirm that I am the custodial parent and/or legal guardian of the above named student and the insurance information is current and correct. I understand that I may withdraw my consent or refuse services upon anytime at the Health Center. I authorize the Health Center to release information regarding treatment to third party payers or others for the purpose of receiving payment for services. I further authorize OPHS Teen Health Centers and my child's primary care physician or established health care providers to exchange health care information for the purpose of continuity and coordination of care. I give permission to refer to community agencies as appropriate.

Consent for Immunizations

I understand my/my child's immunization (shot) records from the Michigan Childhood Immunization Registry (MCIR) will be reviewed. If it is determined that I/my child needs a shot, I give my permission for it to be given at the OPHS Teen Health Center, and I give permission that the administration of the vaccine be recorded in the MCIR. I understand that I will be able to review a written description of the vaccine and/or talk with a vaccine administrator prior to the vaccine being given. If I do not want the shot given to me/my child, I need to call or write to the Teen Health Center before the scheduled vaccination day.

Parent/Guardian Signature _____ Date _____

I acknowledge receiving a copy of the OPHS Teen Health Center Notice of Privacy Practices (HIPAA) brochure and the Patient Rights and Responsibilities.

Parent/Guardian Signature: _____ Date: _____

Student Name _____			DOB _____		
Medication Allergy If yes, please list	Yes	No	Food Allergy If yes, please list:	Yes	No
Artificial Joints, Prosthetic Pins Where?	Yes	No	Heart Surgery in last 6 months?	Yes	No
			Vascular Surgery in last 6 months?	Yes	No
Dental Problems? Describe _____	Yes	No	Artificial Heart Valve, Mitral Valve Prolapse, Pulmonary Shunt, Congenital Heart Defect, Acquired Valvular Dysfunction, Pacemaker, History of Rheumatic Fever, History of Bacterial Endocarditis. (If YES, circle condition)		
Bee Sting Allergy	Yes	No		Yes	No
Allergies (i.e. hay fever, dust, pollen)	Yes	No	Seizures (epilepsy)	Yes	No
Anemia (low iron/blood count)	Yes	No	Sickle Cell Trait	Yes	No
Anxiety/Depression or other Mental Illness	Yes	No	Sickle Cell Disease	Yes	No
Asthma	Yes	No	Skin Problems (Eczema)	Yes	No
Attention Deficit Disorder (ADD/ADHD)	Yes	No	Stomach Problems	Yes	No
AIDS	Yes	No	Head injury	Yes	No
Heart Murmur	Yes	No	Respiratory problems	Yes	No
Blood disease	Yes	No	Jaundice	Yes	No
Rheumatic Fever	Yes	No	Liver disease	Yes	No
Radiation treatment	Yes	No	Cancer type: _____	Yes	No
Sinus problems	Yes	No	Emotional impairment	Yes	No
Venereal disease	Yes	No	Mental/Nervous disorder	Yes	No
Epilepsy	Yes	No	Pregnancy? Due date	Yes	No
Diabetes (high blood sugar)	Yes	No	Other health problems:		
Fainting	Yes	No			
Headaches/Migraines	Yes	No	Overnight hospital stay	Yes	No
Heart Problems	Yes	No	Surgeries:	Yes	No
Hypertension (high blood pressure)	Yes	No	Type:		
Kidney or Bladder/Urine problems	Yes	No	Name of medications and reason for taking it:		
Menstrual Problems (heavy, missed, or irregular) Explain	Yes	No	My child had his/her last physical _____ (Month/ Year) I can't remember		

FAMILY MEDICAL HISTORY

Please check below if any of your child's relatives (i.e. mother, father, sister, brother, aunt, uncle, grandparents) have had any of the following illnesses and note which relative had them

<input type="checkbox"/> Heart Problems	Who? _____	<input type="checkbox"/> Cancer	Who? _____
<input type="checkbox"/> High Cholesterol	Who? _____	<input type="checkbox"/> Diabetes	Who? _____
<input type="checkbox"/> High Blood Pressure	Who? _____	<input type="checkbox"/> Stroke	Who? _____
<input type="checkbox"/> Asthma	Who? _____	<input type="checkbox"/> Sickle Cell Anemia	Who? _____
<input type="checkbox"/> Seizures	Who? _____	<input type="checkbox"/> Kidney Problems	Who? _____
<input type="checkbox"/> Death under age 50	Who? _____	<input type="checkbox"/> Anxiety/Depression/or other mental illness	

SERVICES PROVIDED at OPHS Teen Health Centers:

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> ✓ Crisis Intervention* ✓ Physical Exams for school, sports, and camp ✓ Treatment for acute and chronic illness ✓ Vision/hearing screenings and follow-up ✓ Immunizations ✓ Basic laboratory services and tests ✓ Prescribe medicine for some illnesses ✓ Health Education ✓ Referrals for specialty services | <ul style="list-style-type: none"> ✓ Gynecological services* ✓ Pregnancy testing, education and referrals* ✓ Sexually transmitted disease screening, treatment, counseling, & referral* ✓ HIV screening and referral* ✓ Substance abuse education, counseling and referrals* ✓ Assistance with application for health insurance ✓ Psycho-social assessment, therapy and referrals* |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

* Michigan law allows confidential services to minors

SERVICES NOT PROVIDED: No birth control pills or devices are dispensed or prescribed on the premise of the school.
~~No abortion counseling, referrals or services provided.~~