

WINANS ACADEMY DISTRICT

Re-Enrollment Application

2022/2023

All applications must be returned to the office by June 24, 2022

Student Information

Grade in 2022/2023 School Year _____

If Elementary, which campus? (Choose one) ___ WAPA Dominican OR ___ Rutherford Winans Academy

Last Name: _____ First Name: _____ M.I. ___ Age: ___ M or F: ___

African American, ___ Hispanic, ___ White (non-Hispanic), ___ Native American, ___ Asian, ___ Other, _____

Date of birth: _____ Place of birth (City, State): _____

Address, City, Zip Code: _____ County: _____

Name of Person(s) child is living with: _____ Relationship: _____

Home phone: () _____ Cell phone: () _____ Alternate phone () _____

Parent's Email Address: _____

Emergency Contact Person: _____ Emergency Contact Phone: () _____

Please list any allergies and/or medical conditions: _____

Full name of other children living at home	Age	Relationship to Student	"Applying or Reapplying" to Winans Academy District for 2022/2023	Grade in the Fall and Campus

Supplemental Student Services Survey Form (Must be completed see attached)

EMERGENCY INFORMATION

Mother/Guardian's Name

Father/Guardian's Name

Mother/Guardian's Work Number

Father/Guardian's Work Number

Mother/Guardian's Cell Number

Father/Guardian's Cell Number

Mother/Guardian's Address

Father/Guardian's Address

EMERGENCY CONTACTS AND STUDENT RELEASE INFORMATION

Name:	Relationship:
Address, City, State, Zip	Home/Cell Number:

Name:	Relationship:
Address, City, State, Zip	Home/Cell Number:

Name:	Relationship:
Address, City, State, Zip	Home/Cell Number:

PHOTO/VIDEO RELEASE

My signature acknowledges that I give consent for my child to be photographed or videotaped for school related activities while attending the Winans Academy District. I waive any compensation as a result of this activity.

Parent/Guardian Signature

Date

In order to maintain a safe and orderly school environment, please review the 2022/2023 Student/Parent Handbook before the beginning of the 2022/2023 school year.

I have completed the Winans Academy District application.

Parent/Guardian Signature

Date



WINANS ACADEMY DISTRICT

2022/2023 Application for Admission

Thank you for your interest in the Winans Academy District. We are pleased that you are considering our community for your child’s educational success. Note the following:

- ⇒ Application for Admission must be returned to the school office before **June 4, 2022** to be considered.
- ⇒ All Kindergarten applicants must be **5 years of age on or before September 1, 2022.**
(If applicant is not 5 years of age by September 1, 2022 but will be 5 years of age between the dates of September 2 through December 1, 2022, the parent/legal guardian must complete and return the Kindergarten Waiver Form.)
- ⇒ Please PRINT clearly.
- ⇒ **WE ASK THAT YOU COMPLETE THE ENTIRE APPLICATION AND RETURN WITH ALL REQUIRED DOCUMENTS. INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED UNDER ANY CURCUMSTANCE.**

How did you hear about the Winans Academy District?

_____ TV Commercial _____ Radio Commercial _____ Walk-In _____ Special Event

_____ Relative or Friend Attends Winans Academy District _____ Other (list): _____

SCHOOL CAMPUS REQUESTING

Choose One: Winans Academy of Performing Arts (K-8) OR Rutherford Winans Academy (K-8)

STUDENT INFORMATION:

Age: Present Grade Level: Grade in 2022/2023 School Year:

Last Name: _____ First Name: _____ M.I.: _____

Male: _____ Female _____ Date of birth: _____ Place of Birth (City/State): _____

Address: _____

City: _____ ZIP: _____ County: _____

Check any that apply: Regular Education ESL (English as Secondary Language)

504 (current 504 must be included) Special Education (current IEP must be included)

Student Race (Choose One): American Indian or Alaska Native Asian

Black or African American Native Hawaiian/Other Pacific Islander White

Student Ethnicity (Choose One): Hispanic Latino Not Hispanic or Latino

Student Information (Continued):

Is student's native language a language other than English? YES NO

If yes, what language? _____

Is the primary language use in student's home a language other than English? YES NO

If yes, what language? _____

Was student born in the USA? YES NO DATE ENTERED USA ___/___/___ Birth Country: _____
Month Day Year

Has student ever been enrolled in a Bilingual or English Language Learner Program? YES NO

Is student able to understand, speak, read, AND write a language other than English at the NOVICE LEVEL?

YES NO If yes, what language? _____

Has student successfully completed schooling in another country for at least a semester (4-6 months)? YES NO

If yes, do you have the official transcripts (school report) from successful and continuous school? YES NO

Special interest and/or abilities: _____

Is student taking medication at school? YES NO If yes, list medication(s): _____

Reason(s): _____

Physical condition: Excellent Good Fair

Check any that apply: Eye glasses Hearing Aid Other, please list: _____

Family Doctor: _____ Telephone: _____

Address: _____ City: _____ ZIP: _____

In case of an emergency and student is taken to the hospital; does student have insurance? Yes No

If yes, please list type of insurance: _____

Are immunizations current? Yes No

Are immunizations complete? Yes No

<i>Full names of other children living at home</i>	<i>Age</i>	<i>Relationship to student</i>	<i>"Applying" or "Reapplying" to Winans Academy District for 2022/2023?</i>	<i>Grade in the Fall</i>

PARENT(S)/GUARDIAN(S) INFORMATION:

Parent(s)/Guardian Name(s): _____ / _____
Parent #1 Parent #2

Relationship(s) to Student: _____

Parent Information (Continued):

Parent #1

Home Phone: () _____ Cell Phone: () _____

Parent #2

Home Phone: () _____ Cell Phone: () _____

Parent(s) Guardian Email Address: _____

Parent/Guardian Language:

Does parent/guardian require oral or written communication from the school in a language other than English?

YES NO If yes, what language? _____ Written Oral

What language do you speak most of the time? _____

Parent/Guardian Education (Choose One):

Elementary High School Some College Associates Bachelor's or Higher Other

PLEASE LIST ANY ADDITIONAL INFORMATION REGARDING STUDENT YOU WOULD LIKE TO SHARE: _____

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date

This Application for Admission must be completed in its entirety and returned with ALL forms and required attachments. Incomplete applications cannot be accepted.

WINANS ACADEMY DISTRICT STUDENT RECORDS RELEASE FORM

Date: _____

Student's Name: _____
Last First

Address: _____

City: _____ State: _____ ZIP: _____

Birthdate: _____ Grade (for 2022/2023): _____

The undersigned gives express authority to release to WINANS ACADEMY DISTRICT (Choose One):

- | | |
|---|--|
| <input type="checkbox"/> Rutherford Winans Academy (K-8)
16411 Curtis St.
Detroit, MI 48235
(313) 852-0709 - Telephone
(313) 852-0702 - Fax | <input type="checkbox"/> Marvin L. Winans Academy of Performing Arts (K-8)
9740 McKinney St.
Detroit, MI 48224
(313) 640-4610 - Telephone
(313) 640-4611 - Fax |
|---|--|

Submit any medical, psychological, social or academic records/information concerning the above-named individual. Information received will be used in educational planning. It is understood that a photo static copy of this form will be sufficient for release of information as the original is kept in the above office.

Records available from:

Current School Name: _____

School District: _____

School Address: _____

City: _____ State: _____ ZIP: _____

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date

This Student Records Release Form is a part of the Student Application for Admission to the Winans Academy District. This form must be completed, or the application will be incomplete. Incomplete applications cannot be accepted.

WINANS ACADEMY DISTRICT STUDENT PHOTO/VIDEO RELEASE FORM

Student's Name: _____
Last First

Date of Birth: _____

This form acknowledges that I give consent for my child to be photographed or videotaped for school related activities while attending the Winans Academy District. I waive any compensation as a result of this activity.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date

This Student Photo/Video Release Form is a part of the Student Application for Admission to the Winans Academy District. This form must be completed, or the application will be incomplete. Incomplete applications cannot be accepted.

WINANS ACADEMY DISTRICT - APPLICATION CHECKLIST

Please complete **Winans Academy District Application for Admission** in its entirety and return with the following forms and required additional attachments. Remember, incomplete applications cannot be accepted. Thank you for your interest in the Winans Academy District. Acting in good faith, **Winans Academy District** will accept students from other schools based on information given during parent and student meeting with the Academy's administration. However, if this information turns out to be false or misleading, the student will forfeit their seat.

APPLICATION FOR ADMISSION FORMS

- | | |
|--|---|
| <input type="checkbox"/> Student Emergency Information Form | <input type="checkbox"/> Student Records Release Form |
| <input type="checkbox"/> Student Affirmation of Discipline Record Form
⇒ Must include a System Generated Disciplinary Report (final Affirmation of Discipline Record Form & System Generated Disciplinary Report must be provided at the end of the current school year). | <input type="checkbox"/> Student Photo/Video Release Form |

ADDITIONAL REQUIRED ATTACHMENTS

- | | |
|--|--|
| <input type="checkbox"/> Supplemental Student Services Survey Form | <input type="checkbox"/> Copy of Student Birth Certificate |
| <input type="checkbox"/> Copy of NWEA Test Scores
⇒ 1 st through 8 th grade (most recent) | <input type="checkbox"/> Copy of M-STEP Test Scores
⇒ 3 rd through 8 th grade (most recent) |
| <input type="checkbox"/> Copy of Most Recent Report Card
⇒ Final report card <u>must</u> be provided at the end of the current school year. | |
| <input type="checkbox"/> Health Appraisal/Copy of Current Immunization Record
⇒ Kindergarten/New Entrants must complete the blood level portion of the Health Appraisal
⇒ Personal & Section I must be completed | |
| <input type="checkbox"/> Kindergarten Waiver (if applicable) | |
| <input type="checkbox"/> Current IEP (if applicable, ALL PAGES) | <input type="checkbox"/> Current 504 (if applicable, ALL PAGES) |
| <input type="checkbox"/> Copy of Parent/Guardian Photo I.D. | <input type="checkbox"/> Proof of Guardianship (if applicable) |

PARENT/GUARDIAN ACKNOWLEDGMENT:

I have read and completed the Winans Academy District Application for Admission. I understand that an incomplete application and/or incorrect information will cause this application not to be considered for enrollment and that the offering of a seat for the 2022/2023 school year is contingent upon receiving ALL requested documentation.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date

Name of District Representative Receiving Application (Printed): _____

Date Application Received: _____ Verification Date: _____ Principal: _____

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code)	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ()
ADDRESS (Number & Street)	(City)	(ZIP Code)	WORK TELEPHONE NUMBER ()

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)	Birth History: Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: If yes, list medications: Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?	
			Reason for Medication	
			_____ / /	
			Parent/Guardian Signature _____ Date _____	

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: / /	Visual Acuity Muscle Imbalance Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Other: _____	Height Weight Other: _____			
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: / /	Audiometer Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE	Reading: _____			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: / /	Sugar Albumin Microscopic				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN Date: / /	Type: _____ Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm			
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: / /	Level _____ ug/dl				NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.						

Examinations and/or Inspections

Essential Findings Deviating from Normal:
Exam Date: / /

SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)	1	2
	2			2	3
DTaP/DTP/DT/Td	1	4	Influenza (IIV/LAIV)	1	4
	2	5		2	4
	3	6			
Tdap	1		Meningococcal (MCV4 / MPSV4)	1	2
Haemophilus Influenzae type b (HIB)	1	3	Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
	2	4		2	
Polio (IPV/OPV)	1	3	OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	2	4		1	
				2	
Pneumococcal Conjugate (PCV7/PCV13)	1	3	3		
Rotavirus (RV1/RV5)	1	3	<i>Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable</i>		
	2		*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.		
Measles, Mumps, Rubella (MMR)	1	2	Parent/Guardian refused immunizations: <input type="checkbox"/>		
Varicella (Chickenpox)	1	2			
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____					
I certify that the immunization dates are true to the best of my knowledge					
_____			_____		_____ / _____ / _____
<i>Health Professional's Signature</i>			Title		Date

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other
Other Recommendations		

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____'s teeth. As a result of this examination, my recommendation for treatment is: _____

child's name

_____ / _____ / _____

Dentist's Signature Date

PHYSICIAN'S SIGNATURE

_____ / _____ / _____

Examiner's Signature Date *Examiner's Name (Print or Type)* Degree or License

_____ MI _____ (_____) _____

Number & Street City ZIP Code Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.