



A Renaissance School Services Partnership School

Taylor International Academy

2017-2018 Enrollment Checklist

Please submit all portions of the Enrollment Packet together. In order to finalize enrollment at Taylor International Academy, all enrollment requirements and documents must be completed.

Student Name: _____

Grade: _____

Please complete and return the following forms:

- | | | |
|--|----------------------|------------------|
| <input type="checkbox"/> Enrollment Form | Staff Initials _____ | Date Rec'd _____ |
| <input type="checkbox"/> Media Release | Staff Initials _____ | Date Rec'd _____ |
| <input type="checkbox"/> Home Language Survey | Staff Initials _____ | Date Rec'd _____ |
| <input type="checkbox"/> Technology Use Form | Staff Initials _____ | Date Rec'd _____ |
| <input type="checkbox"/> Health Appraisal Form (New, K, 7 th grade) | Staff Initials _____ | Date Rec'd _____ |
| <input type="checkbox"/> Records Request Form (not for Pre-K or K) | Staff Initials _____ | Date Rec'd _____ |

Please provide a copy of the following documents:

- | | | |
|---|----------------------|------------------|
| <input type="checkbox"/> Guardian's ID (Driver's License or State ID) | Staff Initials _____ | Date Rec'd _____ |
| <input type="checkbox"/> Student's Birth Certificate | Staff Initials _____ | Date Rec'd _____ |
| <input type="checkbox"/> Student's Immunization Records | Staff Initials _____ | Date Rec'd _____ |
| <input type="checkbox"/> Student's Final Report Card | Staff Initials _____ | Date Rec'd _____ |
| <input type="checkbox"/> Discipline Records | Staff Initials _____ | Date Rec'd _____ |
| <input type="checkbox"/> IEP Record if applicable | Staff Initials _____ | Date Rec'd _____ |

Entered in Recruitment Tracker: Initials _____ Date _____

Entered in MISTAR: Initials _____ Date _____



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Taylor International Academy

2017-18 Enrollment Application

School Office Use Only

Date Application Received	Student UIC#	Start Date
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Application Information

Date		Grade Applying for <i>(Please check one)</i>	<input type="checkbox"/> K <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th
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Student Information

Last Name		First Name		Middle Name	
Date of Birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		Last Grade Completed
Ethnicity <i>(Please check one)</i>	<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Other:				

Previous School Attended		District	
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Is your student currently under suspension/expulsion from another academy or school district? <i>(Please check one)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Does your student have an IEP, 504 plan, and/or require school-based special services? <i>(Please check one)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide a copy of the IEP/504 Plan.</i>
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Contact Information

Home Address					
City	State	Zip	Primary Phone		

Parent/Guardian Information

Last Name		First Name		Relationship to student	
Home Phone	Cell Phone	Email Address			
Last Name		First Name		Relationship to student	
Home Phone	Cell Phone	Email Address			
Student Resides with <i>(Please check one)</i>	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____				

Taylor International Academy admits students of any race, color, religion, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race; color, religion, national and ethnic origin in administration of its educational policies, admissions policies, athletic and other school administered programs.



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Student's Sibling(s) <i>(Only if currently attending or enrolling at the Academy)</i>				
1.	Grade Entering		Date of Birth	
<i>Last Name, First Name</i>				
2.	Grade Entering		Date of Birth	
<i>Last Name, First Name</i>				
3.	Grade Entering		Date of Birth	
<i>Last Name, First Name</i>				
4.	Grade Entering		Date of Birth	
<i>Last Name, First Name</i>				
Emergency Contact Information				
<i>Should the student become ill during the school day and/or we cannot contact parents / guardians please list emergency contacts in order of preference. Identification will be required to release the student.</i>				
1.	Phone 1		Relationship to Student	
	Phone 2			
<i>Last Name, First Name</i>				
2.	Phone 1		Relationship to Student	
	Phone 2			
<i>Last Name, First Name</i>				
3.	Phone 1		Relationship to Student	
	Phone 2			
<i>Last Name, First Name</i>				
Medical Information				
<i>Physician / Insurance information is optional and will only be used in cases of emergency.</i>				
Physician First Name		Last Name		Phone
List medical conditions (allergies, health conditions etc.) or other information which you want teachers and office personnel to know. This information when entered, will be available for teachers to see in class on a secure desktop application.				
<i>By listing this information here, I agree to share this information with school officials. Parent/Guardian Initials _____</i>				
In case of emergency, the School District is authorized to take immediate action necessary for the preservation of the student's health.				
Parent/Guardian Signature _____ Date _____				

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McKinney-Vento Act Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive the McKinney-Vento Act 42 U.S.C. 11435.

1. Is this student's home address a temporary living arrangement? Yes No
2. Is this a temporary living arrangement due to loss of housing or economic hardship? Yes No
3. Is this student in temporary or emergency foster care placement? Yes No
4. As a student, are you living with someone other than your parent or legal guardian? Yes No

How did you hear about Taylor International Academy?

- Newspaper Radio Church Billboard Social Media Website Google Search Flyer
 Family /Friend: _____ Referred By: _____ Other: _____

What is the most important factor for why you have chosen to enroll your child (ren) at Taylor International Academy?

- Location School Hours School Community Before/After School Program Curriculum
 Full-Day Kindergarten Teaching Staff Overall Academic Profile School Leadership
 Renaissance School Services Partnership Other: _____

Consent & Signature

By signing, I am confirming that the information given is true to the best of my knowledge and that I have read, understand and agree to the terms which are listed on this application. Failure to report accurate information could result in your child being withdrawn from the Academy. I agree to support the Parent/Student Handbook and the philosophy and polices of Taylor International Academy.

***Signature of Parent/Guardian:** _____

Date: _____

Completed enrollment applications may be submitted in person, by mail, or fax.
Mail to: Taylor International Academy Attn: Registrar; 26555 Franklin Road, Southfield, MI 48033
Fax: 248-354-1501

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Media Release

Dear Parent/Guardian:

During the school year, your child's image/photograph or work may be used in one of the following ways:

- Used as a part of a demonstration, image, or video in educational workshops, classes, or conferences.
- Used in projects or videos created by the school staff or students for use inside the school.
- Posted on the school's website on the internet or the school's Facebook page.
- Used on school-created marketing material to advertise the school.
- Submitted as part of grant applications or contest entries to sponsors.
- Videotaped to appear in a school-related program or news broadcast to be used by a local television station or school/county project.
- Used in a printed publication such as a newspaper, magazine, or yearbook.

Your child's name or address WILL NOT be included with your child's picture when publishing on the internet. There is no monetary compensation for the use of any media containing your child's image or work. Please sign the release form below and return to the school. Your permission grants us approval to publicize without prior notification and will remain in effect until revoked.

Release Authorization

- I **DO** give permission for my child's image, photograph, or school work to be used as described above. We are willing to release this into the public domain and understand that no monetary compensation will be given for the use of the materials.
- I **DO NOT** give permission my child's image, photograph, or school work to be used as described above.

Student Name: _____

Grade: _____

Parent/Guardian Signature

Date



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Home Language Survey

Taylor International Academy is collecting information regarding the language background of each of its students. This information will be used by the Academy to determine the number of children 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 for your cooperation.

Name of Student: _____ Grade: _____ Age: _____

1. Is your child's native language something other than English?

Yes

No

If Yes, what language? _____

2. Is the primary language used in your child's home or environment a language other than English?

Yes

No

If Yes, what language? _____

Signature of Parent or Guardian

Date

ACCEPTABLE USE POLICY FOR INTERNET USE

Taylor International Academy

Taylor International Academy is pleased to offer students Internet access via our computer network. To gain access to the Internet, all students must prove parental permission by having their parent or guardian sign the attached form.

What is possible?

Access to the Internet will enable students to explore thousands of libraries, databases, museums, and other repositories of information and to exchange personal communication with other Internet users around the world. While the intent of the school is that students will use Internet resources for constructive educational goals, students may find ways to access other materials. We believe that the benefits to students from access to the Internet in the form of information resources and opportunities for collaboration far exceed the disadvantages.

What is expected?

Students are responsible for appropriate behavior on the school's computer network just as they are in a classroom or on a school playground. We expect that student users will comply with the School standards and the specific rules set forth below. The use of the network is a privilege, not a right, and may be revoked if abused. The user is personally responsible for his/her actions in accessing and utilizing the school's computer resources. Students are advised never to access, keep, or send anything that they would not want their parents or teachers to see.

What are the rules of appropriate use?

Privacy — Network storage areas may be treated like school lockers. Network administrators may review communications to maintain system integrity to ensure that students are using the system responsibly.

Storage capacity — Users are expected to remain within allocated disk space and delete material that may take up excessive storage space.

Illegal copying — Students should never download or install any commercial software, shareware, or freeware onto network drives or disks, unless they have written permission from the Network Administrator. Nor should students copy other people's work or intrude into other people's files.

Inappropriate materials or Language — No profane, abusive, or impolite language should not be used to communicate nor should materials be accessed that are not in line with the rules of school behavior. A good rule to follow is that users should never view, send, or access materials that they would not want their teachers and parents to see. Should students encounter such material by accident, they should report it to their teacher immediately.

Vandalism

If damage occurs due to willful student misconduct, the student may be permanently denied access to technology resources. The cost of repair or replacement for such willful damage will be billed to the parent/guardian of the student who caused the damage.

Consequences for Violation

Violations of these rules may result in disciplinary action, including the loss of a student's privileges to use the school's information technology resources.

Supervision and Monitoring

School and network administrators and their authorized employees monitor the use of information technology resources to help ensure that uses are secure and in conformity with this policy. Administrators reserve the right to examine, use, and disclose any data found on the school's information networks in order to further the health, safety, discipline, or security of any student or other person, or to protect property. They may also use this information in disciplinary actions, and will furnish evidence of crime to law enforcement.



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Authorization to Release Student Records

The following student has enrolled at Taylor International Academy and requests that your district sends all student records including academic, disciplinary, IEP, and/or State assessment records to Taylor International Academy at the address/fax number listed below.

Taylor International Academy
Attn: Student Registration
26555 Franklin Road
Southfield, MI 48033

Fax: (248) 354-1501

Student Name: _____

Current Grade: _____ **Date of Birth:** _____

Previous School Attended: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

By signing below, I authorize the release of my child's records to Taylor International Academy.

Parent/Guardian Signature

Date

Office Use Only

Request Mailed/faxed:		2nd Attempt		3rd Attempt		4th Attempt	
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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) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)	HOME TELEPHONE NUMBER ()
ADDRESS (Number & Street) (City) (ZIP Code) MI	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		Influenza (IIV/LAIV)	1	3
				2	4
DTaP/DTP/DT/Td	1	4	Meningococcal (MCV4 / MPSV4)	1	2
	2	5			
	3	6	Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
Tdap	1			2	
<i>Haemophilus Influenzae</i> type b (HIB)	1	3	OTHER Vaccines	Type of Vaccine(s)	Date of Vaccine(s)
	2	4	Specify Date & Type	1	
Polio (IPV/OPV)	1	3		2	
	2	4		3	
Pneumococcal Conjugate (PCV7/PCV13)	1	3	<i>Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable</i>		
	2	4	*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.		
Rotavirus (RV1/RV5)	1	3	Parent/Guardian refused immunizations: <input type="checkbox"/>		
	2				
Measles, Mumps, Rubella (MMR)	1	2			
Varicella (Chickenpox)	1	2			

History of Chickenpox Disease? Yes No If yes, date:

I certify that the immunization dates are true to the best of my knowledge

_____ / _____ / _____
Health Professional's Signature Title Date

SECTION IV - RECOMMENDATIONS

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

No Yes

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:

Should the child's activity be restricted because of any physical defect or illness?

If yes, check and explain degree of restriction(s): Classroom Playground Gymnasium Swimming Pool Competitive Sports 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

_____ Degree or License
Examiner's Name (Print or Type)

_____ MI _____ Telephone _____
Number & Street City ZIP Code

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.