



Pontiac Academy for Excellence

196 Cesar E. Chavez Avenue
Pontiac, Michigan 48342
248-745-9420
www.pontiacacademy.org

Student Application Submission Checklist

Student's Name: _____

Grade: _____

- Completed Application
- Copy of Birth Certificate or Other Reliable Proof
 - Court Records
 - Immigration Records
 - Adoption Record
- If applicable, divorce decree or court documentation showing custody
- If applicable, current Individualized Education Program
- Kindergarten Waiver (if applicant will turn 5 after September 1 and before December 1)**
- Immunization Record
- Current Report Card (**1st – 9th grades, with proof of promotion**)
- Official Transcript (**Grades 9th – 12th**) <2nd semester 9th graders only>
- Records Request for Prior School (parent consent **NOT** required)
- Acceptable Use of Technology Policy
- Media Consent Form
- Medical Consent Form
- Medical History/Health Appraisal Form (**completed by doctor**)
 - Asthma Form (**if needed; completed by doctor**)
 - Diabetes Form (**if needed; completed by doctor**)
 - Emergency Health Care Plan Form (**if needed; completed by doctor**)
- Internet/Cell Phone Policy Acknowledgement Form
- FERPA Immunization Consent Form
- Military Opt Out Form (9th – 12th Grades Only)**
- Parent/Guardian Identification
 - Driver License
 - State ID
 - Utility bill or tax document

Checked by: _____ Date: _____

Must submit the following: Birth Certificate Shot Record Last Report Card (1-9) Transcript (9-12) Current IEP Parent ID



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Enrollment Application	For Office Use Only: Date Received: / /
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How did you hear about us (check one): TV/Radio Ad Mailer Family/Friend Other: _____

Has this student ever attended Pontiac Academy for Excellence? No Yes (What grades?) _____

Full Name: _____
Last First Middle Name (not initial)

Birthdate: ____/____/____ Gender: Female Male Other _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () Cell Phone: () Work Phone: ()

Name/Location of Last School Attended: _____ Grade Last Attended: _____
School Name/City

Resident School District (district where you live): _____

Has student ever been evaluated for any special services? No Yes If yes, date of last IEP: _____

If yes, services evaluated (check one): Special Ed Services Social Work Hearing Speech Other: _____

Ethnicity: African-American/Black Asian
Caucasian/White Hispanic/Latino
Native American/Alaskan Native Other: _____

Guardian Information: Legal Custody: Mother Father Both Other _____

Parent/Guardian Information	
Primary Guardian #1 Title: Mr. Mrs. Ms. Miss Dr. Name: _____ Last First Relationship to student: _____	Primary Guardian #2 Title: Mr. Mrs. Ms. Miss Dr. Name: _____ Last First Relationship to student: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____ E-Mail Address: _____	Home Phone: _____ Cell Phone: _____ Work Phone: _____ E-Mail Address: _____

Does your child speak a language other than English? No Yes If yes, list language _____

Does your child receive bilingual education services? No Yes

Is your family homeless? No Yes

Current Living Status if Homeless: Doubled Up Motel/Hotel Shelter Car Other _____

Does your child have a parent/legal guardian currently serving in any component of the Army, Navy, Air Force, Marines, Michigan National Guard, or in any Reserve Unit on active duty? No Yes

If yes, please list parent/legal guardian name and branch of service _____



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Siblings in the ORA district this year:

Do the parents/guardians of this student have any other children currently or expected to be enrolled this year?

Name of any siblings	School attending	Grade
1.	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High School	
2.	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High School	
3.	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High School	
4.	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High School	

VERIFICATION OF APPLICATION DATA

I certify that the information submitted on this application is true. I have listed all information and attest that the following is correct:

- Full Name
- Date of Birth
- Grade for September 2021-22
- Contact Information
- Special Services Information (IEP, Social Work, Speech Therapy, etc.)

I understand that Pontiac Academy for Excellence staff will verify all previous enrollments, behavior data and special services designations with the current/previous school where your child(ren) is/are enrolled. I further understand that if any of the information I have submitted is not true, enrollment at Pontiac Academy for Excellence could be delayed or denied.

I confirm that I am the legal guardian of this student and that the above information I have given is accurate to the best of my knowledge.

Parent/Guardian PRINTED Name: _____

Signature of Parent/Guardian _____ Date _____



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AFFIRMATION OF PRIOR DISCIPLINE RECORD

Directions: Parent/Student – Please check paragraph 1 or 2, provide all appropriate information, and sign.

A willful false statement on this affirmation may result in a report to the appropriate authorities and possible removal from Pontiac Academy for Excellence.

The undersigned affirms that _____ Birthdate: _____
(student name)

Paragraph 1:

___ **has not been** suspended or expelled from any public or private school in Michigan or any other state, for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against person and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

Paragraph 2:

___ **has been** suspended or expelled from a public or private school in Michigan or any other state, for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against person and/or property committed on school premises, at a school-sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored-activity.

If you checked paragraph 2, explain the circumstances in detail below:

Date _____ Parent Signature _____

Name of Sending (former) School District/School _____

Sending School – Please Check One

___ According to our records, we verify the information provided above by the parent/student is correct.

___ According to our records, the information provided above by the parent/student is not correct.

If the student has been involved in offenses involving weapons, alcohol, drugs, or willful infliction of injury to individuals or an act of threats or violence against individuals and/or property committed on school premises, at a school-sponsored activity, or on a public or private conveyance providing transportation to or from school or a school-sponsored activity, please forward the appropriate disciplinary documentation.

Date

Staff Signature/Title



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Medical Consent Form

STUDENT NAME _____

GRADE: _____

ASTHMA:

Does your child currently have Asthma? No Yes (If yes, please complete a School-Based Asthma Management Plan Form and medical release information)

DIABETES:

Does your child currently have Diabetes? No Yes (If yes, please complete a School-Based Care Plan for the Student with Diabetes Form and medical release information)

ALLERGIES:

Does your child currently have any allergies? No Yes (If yes, please complete an Emergency Health Care Plan and medical release information)



In consideration of the agreement by Pontiac Academy for Excellence to admit the above-named child as a student, I, the undersigned parent(s), hereby authorize Pontiac Academy for Excellence and its agent and employees to secure for the above-named student **any** emergency medical, mental health, or dental treatment which they, in their sole judgment, may deem necessary and proper for said student. We further specifically authorize Pontiac Academy for Excellence and its agents and employees to execute administration of any medical, mental health, or dental treatment or procedures whatsoever to the said student.

We hereby release and waive any claims for damages, which we or the said student may have against Pontiac Academy for Excellence, or its agents or employees in any manner arising from or in the course of medical, mental health, or dental treatment or procedures administered to said student.

We, individually and on behalf of the student, do hereby release, acquit, and forever waive and discharge Pontiac Academy for Excellence or any successor company and their agents and employees from **any** and all action claims for compensation on account of personal injuries from instances occurring while said student is enrolled at Pontiac Academy for Excellence.

This form also authorizes the release of information pertinent to the treatment of this child.

Printed name of Parent/Guardian

Phone

Signature of Parent/Guardian

Date



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Network and Internet Acceptable Use & Safety Policy Agreement

To access e-mail and/or the Internet at Pontiac Academy for Excellence, students under the age of eighteen (18) must obtain parent permission and must sign and return this form. Students eighteen (18) and over may sign their own forms.

Use of the Internet is a privilege, not a right. The Academy’s Internet connection is provided for educational purposes only. Unauthorized and inappropriate use will result in a cancellation of this privilege. Pontiac Academy for Excellence has implemented technology protection measures which block/filter Internet access to visual displays that are obscene or harmful to minors. The Academy also monitors online activity of students in an effort to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors.

Parents/guardians are advised that determined users may be able to gain access to information, communication and/or services on the Internet which the Board of Directors has not authorized for educational purposes and/or which they and/or their parents/guardians may find inappropriate, offensive, objectionable or controversial. Parents/Guardians assume this risk by consenting to allow their students to participate in the use of the Internet. Student’s accessing the Internet through the Academy’s computers assumes personal responsibility and liability, both civil and criminal, for unauthorized or inappropriate use of the Internet. Pontiac Academy for Excellence has the right to monitor, review and inspect any directories, files and/or messages residing on or sent using Pontiac Academy for Excellence’s computers/networks. Messages relating to or in support of illegal activities will be reported to the appropriate authorities.

Parent/Guardian

As the Parent/Guardian of this student, I have read the Network and Internet Acceptable Use & Safety Policy and Guidelines and have discussed them with my child. I understand that student access to the Internet is designed for educational purposes and that the Academy has taken available precautions to restrict and/or control student access to material on the Internet that is obscene, objectionable, inappropriate and/or harmful to minors. However, I recognize that it is impossible for the Academy to restrict access to all objectionable and/or controversial materials that may be found on the Internet. I will not hold Pontiac Academy for Excellence (or any of its employees, administrators or officers) responsible for materials my child may acquire or come in contact with while on the Internet. Additionally, I accept responsibility for communicating to my child guidance concerning his/her acceptable use of the Internet – i.e., setting and conveying standards for my daughter/son to follow when selecting, sharing and exploring information and resources on the Internet. I further understand that individuals and families may be liable for violations. To the extent that proprietary rights in the design of a web site hosted on Pontiac Academy for Excellence’s servers would vest in my child upon creation, I agree to assign those rights to the Academy.

Personal Electronic Devices

Students using their own technology in school, such as having a mobile phone turned on or using it in class (without staff consent), sending nuisance text messages, or the unauthorized photographing of images with a mobile phone or tablet camera, still or moving, is in direct breach of the school’s acceptable use policy.

Student/Parent Acknowledgement

I have read and agree to abide by the **Network and Internet Acceptable Use & Safety** Policy and Guidelines. I understand that any violation of the terms and conditions set forth in the Policy and Guidelines is inappropriate and may constitute a criminal offense. As a user of Pontiac Academy for Excellence’s computers/network and the Internet, I agree to communicate over the Internet and the network in an appropriate manner, honoring all relevant laws, restrictions and guidelines.

Student [Print Name]: _____ Date: _____

Parent/Guardian Printed Name _____ Signature: _____

Teachers and Building Administrators are responsible for determining what constitutes unauthorized or inappropriate use, based on Board policies and the Student Code of Conduct.



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Request for Release of Student Records

The following named student has enrolled in Pontiac Academy for Excellence for the current school year.

PLEASE PRINT ALL INFORMATION

Last Name	First Name	Date of Birth	Current Grade
In the spaces provided below, please list the previous (2) schools attended:			
Most recent school attended	School Name _____		
School Address	City, State	Zip	
Second previous school attended	School Name: _____		
School Address	City, State	Zip	

Does Student have an Individualized Education Plan (IEP)? Yes No

Does student have a 504 Plan? Yes No

Information received will be used solely for educational planning. Parental permission is no longer required when records are requested by authorized school personnel in compliance with "Federal Education Rights and Privacy Act", Final Rule on Education Records, Federal Register, June 17, 1976, Volume 41, No 118, Page 24675.

Parent(s), Legal Guardians or Legal Age students may request to review and/or a copy of the records transferred. If this is desired, the school office should be notified. If you request a copy of records being transferred, this school is relieved of responsibility for confidentiality of those records. EC-S-75-78-09.

**Send the requested information to the address above and Attn:
Student Records**

For Office Use Only

1st request date: _____

2nd request date: _____

3rd request date: _____



Pontiac Academy for Excellence Media Release Form

Pontiac Academy for Excellence is sending you this parental consent form to both inform you and to request permission for your child's photo/image and personally identifiable information to be published on Pontiac Academy for Excellence's public website and/or social media sites.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as an academy do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child.

I do hereby release Pontiac Academy for Excellence, its agents, and employees, all rights to exhibit this work in print and electronic form publicly or privately and to use any photographs and videos for publicity and marketing purposes. I waive any rights, claims, or interest I may have to control the use of my child's identity or likeness in whatever media used.

I represent that I am the parent/guardian of the student named below and have read and understand the foregoing statement. **This form is in effect for the duration of my child's enrollment, unless a change is provided, in writing, to the academy.**

If you do not want your child to be featured as listed above, please complete this form and return to the school office.

- I/We DO NOT GRANT permission for photos/images that include this student to be published on the academy's public Internet, advertisements, and/or social media sites.

Date: _____

Student's Name: (please print) _____ Student's Grade: _____

Print name of Parent/Guardian: (print) _____

Signature of Parent/Guardian: (sign) _____

Parent E-Mail: _____



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Military Opt-Out Form

Federal law requires Pontiac Academy for Excellence to provide names, addresses, and telephone numbers of high school students to military recruiters and institutions of higher education that request this information. While we are committed to protecting the confidentiality of our students, we must comply with the law.

Unless you notify us in writing that you do not consent to the release of your child's information, we must disclose your child's name, address, and telephone number to military recruiters and institutions of higher education that request this information about our students.

If you do not want your child's name and contact information disclosed to military recruiters and/or institutions of higher education, you must fill out this form and return it. Please note you may withhold your child's information from military recruiters, institutions of higher education, or both. If you do not return the form, we are required to release your child's contact information to military recruiters and/or institutions of higher education.

Please be aware that you can change your options at any time. If you do not submit the form now, you may still opt out at any time during your child's school career and decide not to release his/her information. Please advise the principal in writing if you change your decision at a later date.

Please complete and return only if you DO NOT consent to the release of your child's information, name, address, and telephone number, to military recruiters and/or institutions of higher education that request this information.

I am requesting that my child's name, address and telephone number NOT be shared with (please check appropriate box):

- Military Recruiters
- Institutions of Higher Education
- Both Military Recruiters and Institutions of Higher Education

Student's Name (print): _____

Parent/Guardian Name (print): _____

Signature of Parent/Guardian _____ **Date** _____



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McKinney-Vento Homeless Assistance Act Student Identification Form

Grade: K-5 6-12 Grade: _____

Date student identified and/or enrolled: _____

Student Name: _____ DOB: _____
Last First Middle

Gender: Male Female Race/Ethnicity: _____

Contact Information:

Parent or Guardian Name: _____

Temporary Address (if applicable): _____
Address City ZIP Code

Phone: _____ Alternate Phone: _____

Is Parent a Veteran? _____

Current Living Situation:

- Doubled Up - Temporarily sharing a house with another person
- In a motel, hotel, or campground
- In an emergency or transitional shelter or hospital
- Living in a vehicle
- Living on the street
- Unaccompanied Youth and/or Runaway
- Other

Brief description of circumstances leading to this living situation:

How long has child lived in this situation: _____

Expected length of stay in this situation: _____

OFFICE USE ONLY

Instructions: Fill out this form for each student identified as homeless. Send to Oakland ISD – [248.209.2414](tel:248.209.2414)