

COMMONWEALTH COMMUNITY DEVELOPMENT ACADEMY

13477 Eureka Rd., Detroit, MI 48212, (313)366.9470 office ~ (313)366.9471 fax

Mrs. Angela Moore, Interim Superintendent

Website – www.cwdacademy.com

~ HOME OF THE PANTHERS ~



CCDA STUDENT I.D. _____

STATE UIC# _____

NEW STUDENT ENROLLMENT APPLICATION 2017 - 2018

*Note – **Shot records are required for all new students, as well as STUDENTS currently enrolled/enrolling in 7th grade**

*To avoid delay in processing your application, all sections must be completed.

New Student Returning Student (* If student did not attend CCDA in the previous school year a new enrollment is required)

STUDENT INFORMATION] Must be completed by parent or legal guardian (with proof).

DATE: _____ GRADE (2017-2018 Year): _____

MALE: _____ FEMALE: _____ ETHNIC ORIGIN: AFRICIAN AMERICAN OTHER _____

LAST NAME: _____ FIRST NAME: _____ MI: _____ AGE: _____

DATE OF BIRTH: _____ PLACE OF BIRTH (CITY,ST): _____

ADDRESS: _____ COUNTY: _____

(Complete Address, City, State & Zip Code)

[CONTACT INFORMATION] – HOME NUMBER: _____ CELL NUMBER: _____

[NOTE-IT IS IMPORTANT THAT YOU KEEP CCDA AWARE OF CURRENT CONTACT INFORMATION]

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS? IF YES, PLEASE EXPLAIN _____

Did your child have an I.E.P.C. assessment completed (Special Education)? Yes No, if yes, please supply a copy of the report.

Has your child ever received a Support Team Intervention Plan? Yes No

Has your child ever had Chickenpox? Yes No

Are there any family members in the United States Military? Yes No

If yes, who is the person: _____ Relationship _____

The following items **MUST** be complete and attached to this enrollment application

1. Birth Certificate (Original)
2. Immunization Record (all shots must be up to date)
3. Health Appraisal (completed by physician). Any child age 6 and under must have a vision screening, hearing test, and blood lead level drawn, before school starts.

[STUDENT INFORMATION CONTINUED]

DOES STUDENT HAVE SIBLINGS ATTENDING COMMONWEALTH ACADEMY? IF YES, PLEASE LIST BELOW:

NAME	AGE	RELATIONSHIP	GRADE

[PARENTAL INFORMATION]

MOTHER/LEGAL GUARDIAN NAME: _____ Child lives with

MOTHER/LEGAL GUARDIAN ADDRESS: _____
(Complete Address, City, State & Zip Code)

HOME PHONE: _____ CELL: _____ WORK/ALTERNATE: _____

EMAIL ADDRESS: _____
(OPTIONAL)

FATHER/LEGAL GUARDIAN'S NAME: _____ Child lives with

FATHER/LEGAL GUARDIAN'S ADDRESS: _____
(Complete Address, City, State & Zip Code)

HOME PHONE: _____ CELL: _____ WORK/ALTERNATE: _____

EMAIL ADDRESS: _____
(OPTIONAL)

[EMERGENCY CONTACT & RELEASE INFORMATION]

Name	Telephone Number	Relationship

I agree that if the school cannot reach me in an emergency, I authorize the school's Principal or designee to contact and or release my child to the emergency contact person (s) I have listed above. *Note if name not listed phone verification & proper I.D. will be required, otherwise child will not be released.

*If by Court Order, this child may not be legally released into the custody of: _____
(We will need a copy of the Court Order for our file)

How did you hear about **Commonwealth Community Development Academy**?

[] Relative or Friend whose child attends CCDA [] Special Event [] Walk In [] Other

SUMMER ENRICHMENT

To ensure a seat at **Commonwealth Academy**, it is strongly recommended that your child attend our **Summer Enrichment** program prior to the school year. This five (5) week program provides an essential foundation in preparing your child for the next school year.

I hereby certify that the information on the application is accurate to the best of my knowledge.

Parent/Legal Guardian Signature

Date

COMMONWEALTH COMMUNITY DEVELOPMENT ACADEMY

CORPORATE OFFICE
13504 JUSTINE
DETROIT, MI 48212
313.366.9470 FAX
313.366.9471 FAX

ELEMENTARY SCHOOL
13477 EUREKA
DETROIT, MI 48212
313.366.9470
313.366.9471 FAX

ACADEMY SUPPORT CENTER
10731 W. MC NICHOLS
DETROIT, MI 48221
313.864.6627
313.933.2043 FAX



MRS. ANGELA MOORE, INTERIM SUPERINTENDENT
www.cwdacademy.com

"Home of the Panthers"

REQUEST FOR RELEASE OF STUDENT RECORD

Commonwealth Academy is requesting information about courses taken, grades earned to the date of withdrawal, results of standardized tests, parent-teacher conferences, health records, psychologist reports, and other important data for the student listed below. The parent or guardian who has signed below has granted permission for the information to be sent. If this student is a Special Education student, please forward such records as well.

STUDENT NAME: _____

D.O.B.: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

School last attended: _____

Address: _____

Previous School Year Grade: _____

Signature of Parent or Guardian

Date

Please forward records to address indicated below:

Commonwealth Community Development Academy
13477 Eureka
Detroit, MI 48212
Attention: Student Records

1st Request _____
Date

2nd Request _____
Date

3rd Request _____
Date

Parental permission is no longer required when records are requested by authorized school personnel in compliance with "Federal Education Rights & Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, volume 41m Bi, 118m page 24675,"

Commonwealth Community Development Academy
STUDENT RESIDENCY QUESTIONNAIRE

By completing this questionnaire, you help the district comply with the McKinney Vento Act, Title X, Part C of the **No Child Left Behind Act**. Truthful and accurate answers help the district identify services that the student may be eligible to receive.

STUDENT'S NAME: _____

FEMALE MALE DATE OF BIRTH: ____/____/____ AGE: _____

PARENT/LEGAL GUARDIAN NAME: _____

PERMANENT HOME ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE NUMBER/CELL NUMBER: _____

1. Where is the student living now? (Check one box)
 in a Shelter in a Motel with friends or family members neither
2. Does the living arrangement checked in Question 1 result from a loss of housing or economic hardship
 Yes No Unsure
3. The Student lives with:
 1 Parent 2 Parents 1 Parent & another adult a relative, friend(s) or other adults
 alone with not adult's an adult who is not the parent or legal guardian

I, _____ declare as follows:
(Name)

I am the parent/legal guardian of _____ who is of school age and is seeking enrollment in **Commonwealth Community Development Academy**. Our family has not had a permanent residence since _____.

Parent/Legal Guardian's Signature: _____

Date: _____

For use if completing enrollment application on-line

Mail Completed Form to:

**Commonwealth Community Development Academy
13477 Eureka Rd.
Detroit, MI 48212
Or fax
(313).366.9471**

For School Use Only

- Student not covered by McKinney-Vento Act
 - Student covered by McKinney-Vento-Act
 - Follow-up Required
-

Contact:
Homeless Liaison
(313) 366.9470

COMMONWEALTH COMMUNITY DEVELOPMENT ACADEMY

Mrs. Angela Moore, Interim Superintendent
 =====

STUDENT HEALTH QUESTIONNAIRE

		___/___/___	<input type="checkbox"/> Male <input type="checkbox"/> Female
LAST NAME	FIRST NAME	BIRTHDATE	

HEALTH HISTORY

Is your child having any of the following problems?	Yes	No
Allergies or reactions to food, medication, bee stings, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Hay Fever, Asthma, wheezing, shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Eczema or frequent skin rashes	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Hearing problems	<input type="checkbox"/>	<input type="checkbox"/>
Vision problems	<input type="checkbox"/>	<input type="checkbox"/>
Other Health Issues/Physical Limitations/Restrictions (Please Explain)	<input type="checkbox"/>	<input type="checkbox"/>

Please explain problems identified above. If your child has health issues (i.e., allergy), what type of reaction will he /she experience, and what type of treatment is necessary?

Has your child had chicken pox disease?	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

If yes, Date of Disease _____

If no, Date of Immunization _____

Is your child regularly taking any medication?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

If yes, what medication? _____

Reason for medication? _____

Where is medication administered? Home School Both

If medication is administered at school, an **“AUTHORIZATION TO ADMINISTER MEDICATION”** form **must** be completed by parent and doctor. *Medication will not be dispensed without completed form.*

Does this child have any problems that might influence his or her school adjustment? Yes No

If yes, please state: _____

Has your child been tested for lead paint poisoning? Yes No

If you or your spouse cannot be reached in the case of an emergency, would you want the teacher and/or principal to seek medical aid for your child on your behalf? Yes No

Parent Signature: _____ Date: _____

Student Internet/Computer Acceptable Use Policy

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, suspension or computer use revoked.

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 other's passwords
- Indiscriminate personal use – purchases, personal emailing, or "instant messaging"
- Downloading software without permission of school administration or network technician
- Other behaviors in violation of CCDA 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. CCDA reserves the right to access stored records in cases where there is reasonable cause to expect wrong-doing or misuse of the system.

2017 - 2018

Student Internet/Computer Acceptable Use Policy –SIGNATURE MANDATORY

Student Name: _____ Date: _____

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 suspension. I will receive a copy of this signed Policy and a copy will be kept in my CA-60.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Special Education Services Questionnaire

Student Name: _____

Grade: _____ Date: ____/____/____

1. Have you ever attended an I.E.P.C. (Individualized Educational Planning Committee) meeting where your child's eligibility for Special Education was discussed? (Check one) [] YES [] NO

If YES, where and when: _____

2. Is your child currently enrolled in Special Education or has s/he received special education services in the best? (Circle one) YES/NO
3. Did your child receive any other special services, such as social work referrals to other sources, counseling, tutoring, etc.? Circle one) YES/NO

If Yes, please explain:

4. If your child has been a part of a Special Education program, do you have a copy of your child's current I.E.P. (Individualized Education Plan)? (Circle one) YES/NO

If NO, please obtain and provide the I.E.P. to the school before a scheduled I.E. P.C.

5. Do you feel your child is a candidate for Special Services? (Circle one) YES/NO

If Yes, please explain: _____

6. Have you ever had discussions with any school personnel regarding your child being tested for academic, behavior, or emotional concerns? (Circle one) YES/NO

If Yes, what was their position: _____

7. When is the best time to contact you by phone? _____

At what phone number can you be reached? _____

Parent Name (Print): _____

Parent Signature: _____

**COMMONWEALTH COMMUNITY DEVELOPMENT ACADEMY
ELEMENTARY/MIDDLE SCHOOL
ENROLLMENT APPLICATION
CHECK LIST**

***ALL DOCUMENTS REQUESTED MUST BE COMPLETE WHEN SUBMITTING APPLICATION**
Please complete the checklist to ensure you turn in a complete application. Remember, incomplete application will not be accepted.

Kindergarten and Middle School	Complete	Incomplete
Application for Admission	_____	_____
- Front & back, Signature		
Request for Release of Student Records	_____	_____
- Print Clearly all required information, Signature Required		
Student Health Questionnaire	_____	_____
- Complete form, Signature Required		
Student Residency Questionnaire	_____	_____
- Complete form, Signature Required		
Student Internet/Computer Acceptable Use Policy	_____	_____
- Both Parent & Student read and sign & date		
Special Education Services Questionnaire	_____	_____
- Complete Signature Required Student & Parent		
Birth Certificate — (Must be original copy will not be accepted)	_____	_____
Shot Record	_____	_____
*Note Shot records are required for all new students, as well as, STUDENTS currently enrolled in 6th grade		
Current Report Card	_____	_____
- May include Progress Reports (optional)		
*Health Appraisal	_____	_____
- For Kindergarten ONLY, *Note application will not be accepted without completed health appraisal		

For CCDA Office Use

Parent Receipt

Date Received - _____

*** If Bus Transportation required, please complete Transportation Request form and include with your enrollment application**

Student - _____

Received by: _____

Thank you for entrusting your child/children and their education to **Commonwealth Community Development Academy**. *You will receive an official letter offering your child/children a seat at **Commonwealth Academy**, along with important information regarding our mandatory parent orientation meeting.