
WELCOME TO GREAT LAKES ACADEMY!

Great Lakes Academy offers:

- Grades K-8
- Small Class Sizes
- Experienced Leadership and Instructional team
- Chromebook For Every Student
- Collaborative Learning Experience
- After School Tutoring
- Peaceful Learning Environment
- College and Career Preparation
- Free breakfast and lunch program for all students

Mission Statement

Our mission at Great Lakes Academy is to teach students the academic and character skills necessary to be lifelong learners in a competitive world.

Vision and Purpose

Great Lakes Academy is dedicated to educating children in a safe and nurturing environment.

Enrollment Process

The following information is needed for each student at the time of enrollment

- Completed Student Registration Application Packet**
- Original Birth Certificate**
- Parent/legal guardian driver license or state identification**
- Copy of most recent report card / copy of most recent IEP if applicable**
- Copy of disciplinary record**
- Current Immunization Record**
- Health Appraisal Form (to be completed by physician)**
- Vision screening for kindergarten applicants**

Michigan Law (Public Health Code, Act 368, and Michigan School Code, Act 291) requires a vision screening for kindergarten entrance. Vision screening done by a health department technician, a physician, or an eye doctor fulfills this requirement. Oakland County Health Division offers free vision screening for County residents. Call 248.424.7070 for an appointment.

School Uniform

- Navy Blue or Burgundy polo shirt / turtleneck
- Navy Blue, Burgundy, or Khaki pants / skirts / jumpers
- Flip-flop style shoes/sandals or hoodies not allowed.

GREAT LAKES ACADEMY STUDENT REGISTRATION 2021-2022

How Did You Hear About Us? circle one: Facebook/Internet/Mailer/Billboard. **If referral, please list name and phone number:**

STUDENT DEMOGRAPHICS

Legal Last Name:		Legal First Name:		Legal Middle Name:	
Entering Grade:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date (m/dd/yy):	Country of Citizenship (if not USA):	Social Security Number:	
Ethnicity (Select One): <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic				Primary Phone:	
Home Address (Street Address & Apt. Number):			City:	Zip Code:	
Has this student ever received any of the following services? IEP <input type="checkbox"/> Yes <input type="checkbox"/> No (Individual Education Plan) Speech <input type="checkbox"/> Yes <input type="checkbox"/> No ESL <input type="checkbox"/> Yes <input type="checkbox"/> No		Student's First Language:		Language Spoken at Home:	
Does this student have any legal issues that the schools needs to be aware of: <input type="checkbox"/> No <input type="checkbox"/> Yes: Please explain:					
Does this student have any medical issues that should be considered when scheduling classes?					

PREVIOUS SCHOOL EXPERIENCE

Has this student attended Great Lakes Academy before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last School:	Last Grade:	Date Withdrawn: ___/___/___	Reason:
Previous School Address (Street):		Previous School City/State/Zip Code:		
Is this student currently suspended, expelled, or pending disciplinary action from the previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has this student ever been expelled from ANY school? <input type="checkbox"/> Yes <input type="checkbox"/> No			

The effect of a sole custody award on authority of other parent (ORS 107.154). Unless otherwise ordered by the court, an order of sole custody to one parent shall not deprive the other parent of the following authority: To inspect and receive school records and to consult with school staff concerning the child's welfare and education, to the same extent as the custodial parent may inspect and receive such records and consult with such staff;

PRIMARY PARENT/GUARDIAN 1 – Does the child reside with you? Yes No

Email Address			
Relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Other:			
Last Name		First Name	Middle Initial
Address		City	Zip
Home Phone	Work Phone	Cell Phone	

PRIMARY PARENT/GUARDIAN 2 – Does the child reside with you? Yes No

Email Address			
Relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Other:			
Last Name		First Name	Middle Initial:
Address		City	Zip
Home Phone	Work Phone	Cell Phone	

How did you hear about Great Lakes Academy?

<input type="checkbox"/> Parent Referral	<input type="checkbox"/> Preschool Visit	<input type="checkbox"/> Community Event	<input type="checkbox"/> Website
<input type="checkbox"/> Internet Advertisement	<input type="checkbox"/> Billboard / Bench Ad	<input type="checkbox"/> Home Mailer	<input type="checkbox"/> Oakland Press
<input type="checkbox"/> Detroit News	<input type="checkbox"/> Pontiac News	<input type="checkbox"/> Magazine Advertisement	<input type="checkbox"/> Radio
<input type="checkbox"/> Television Commercial	<input type="checkbox"/> Other: _____		

Physical Conditions for which your child has been treated or is currently under treatment for:

<input type="checkbox"/> Allergy _____	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Heart Condition/Murmur	<input type="checkbox"/> Mononucleosis
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Chickenpox	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Mumps
<input type="checkbox"/> Anemia (Include Sickle Cell)	<input type="checkbox"/> Convulsions/Seizures	<input type="checkbox"/> Hernia	<input type="checkbox"/> Bone Disorder
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Hives	<input type="checkbox"/> Psychological/Psychiatric
<input type="checkbox"/> Asthma (Requiring treatment)	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Scoliosis
<input type="checkbox"/> Back/Neck Injury	<input type="checkbox"/> Food Allergies	<input type="checkbox"/> Lead Exposure	<input type="checkbox"/> Skin Disorders
<input type="checkbox"/> Bladder/Kidney Disease	<input type="checkbox"/> Head Injury/Concussion	<input type="checkbox"/> Lung Disease/Tuberculosis	<input type="checkbox"/> Speech Disorder
<input type="checkbox"/> Bleeding/Clotting Disorder	<input type="checkbox"/> Headaches	<input type="checkbox"/> Measles	<input type="checkbox"/> Spina Bifida
<input type="checkbox"/> Cancer/Leukemia	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Medication Allergies	<input type="checkbox"/> Vision Loss/Correction
<input type="checkbox"/> Other: _____	Management Plan given to parent: _____		

Over-The-Counter Medication

It is the policy of Great Lakes Academy to have a physician's written authorization for school personnel when they are involved with a student taking medication during school hours. A physician must prescribe the medication, which will be dispensed. All medications must be in the original container and be accompanied by an Authorization For Medication form completed by the physician. You may obtain this form in the main office.

Over the counter medication cannot be given to students by Great Lakes Academy staff or carried by student during the school day.

Other Health Needs and Notes:

Permissions and Authorizations

In the event that reasonable attempts to contact have been unsuccessful, I HEARBY GIVE MY CONSENT for 1) the transfer of my child to any hospital reasonably accessible. I accept full financial responsibility for the payment of all charges made for medical services rendered. I absolve school officials of any liability who in good faith complies with this request. I DO acknowledge that it is necessary for the parent to notify school administrators of any medical condition relating to: allergies, asthma, seizures, and diabetes.

Please indicate by signature below:

I DO give my consent Parent Signature _____

I DO NOT give my consent Parent Signature _____

EXPULSION STATEMENT

I affirm that, _____, **HAS NOT BEEN EXPELLED** from school attendance at a private or public school in Michigan or any other state for an offense in violation of school board policies relating to weapons, alcohol, drugs, or willful infliction of injury to another person.

Parent Signature: _____ **Date:** _____

PHOTO RELEASE

Photo Release: Your child may be photographed or videotaped for inclusion in school publications and website, or in newspapers, magazines, articles, or letters relating to school activities.

Please check one: YES, I give permission NO, I do not give my permission

STUDENT TRANSPORTATION WAIVER AGREEMENT

- I understand that Great Lakes Academy, in which I wish to enroll my child, DOES NOT PROVIDE transportation.
- I understand that it is my responsibility to transport my child to and from school on time.
- I agree to be responsible for transporting my child to and from school on time.
- I understand that my child is expected to maintain good attendance during the school year.

Signature of Parent/Guardian completing form: _____ **Date:** _____



RESIDENCY QUESTIONNAIRE

Student Name: _____

School: Great Lakes Academy 46312 Woodward Avenue, Pontiac, MI 48342

This questionnaire is given to ALL students to ensure our school remains in compliance with federal law. Your answers will help school staff determine if the student is eligible for certain rights under the federal law and support services.

The student lives in the following situation:

- Owner-occupied home
- Rental unit
- Emergency shelter or transitional living
- Motel/hotel
- Public or private place not designated for ordinary use as regular sleeping accommodations
- Foster care placement for 6 months or less
- In a car, park, bus, train, or campsite
- Temporary shared housing
- Other temporary living situation (Please describe): _____

Parent Name (printed): _____

Parent Signature: _____

Date: ____/____/____



STUDENT PICK UP/RELEASE FORM

STUDENT NAME: _____ GRADE: _____

STUDENT RELEASE

Adults who are not listed as an emergency contact or authorized pickup will not be allowed to pick-up a student.

PICKUP LIST

Only adults listed by the parent or legal guardian on the "pickup list" will be permitted to take a child from school. **If a person is being added to the pickup list, the information must be provided in writing, with parent/guardian signature, to the main office. The school will not accept additions to the pickup list by phone.**

STUDENT DISMISSAL ARRANGEMENTS

Any changes made to your child's dismissal procedure (walker or pick-up) must be given to the school in writing. GLA will not accept phone calls to change student dismissal arrangements. *EX: If student is designated as a "pick-up", we cannot accept a phone request that the student should walk home today. This change must be submitted in writing with a parent signature.*

Changes to dismissal procedures may be sent to school with the child or sent via fax to 248-334-6457 (if using fax, please be sure to include a copy of your identification.)

It is the sole responsibility of the parent/legal guardian to ensure the school office has the correct emergency contact and pickup information.

Please indicate one: My child will be picked up My child will be a walker

Name	Phone Number	Relationship to child

Parent/Guardian Signature: _____ Date: _____



Affirmation of Prior Discipline Record

Directions: Parent - Please check paragraph 1 or 2, Provide all appropriate information and sign.

A willful false statement of this affirmation may result in the student's non-enrollment or expulsion from Great Lakes Academy.

Paragraph 1:

The undersigned affirms that _____, no matter his/her age or grade level, **has NOT** received any short-term or long-term suspensions, nor been expelled from any public or private school in Michigan or any other place for **any disciplinary incident**. This **includes, but is not limited to**, incidents involving weapons, alcohol or drugs, or the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school-sponsored activity, or on a public or private conveyance providing transportation to and/or from a school or school-sponsored activity.

Paragraph 2:

The undersigned affirms that _____ **HAS** received short-term or long-term suspension(s) or has been expelled from a public or private school in Michigan or any another place for **any disciplinary incident(s)**. This **includes, but is not limited to**, incidents involving weapons, alcohol or drugs, or the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school-sponsored activity, or on a public or private conveyance providing transportation to and/or from a school or school-sponsored activity.

If you checked **paragraph 2**, explain the circumstances in detail. Include the school name, dates of suspension(s) or expulsion, and a description of the incident(s) giving rise to the suspension(s) or expulsion.

Name of sending (former school): _____

Date student attended above listed school: _____

Signature of parent: _____ Date: _____

Sending School: Please check one

- According to our records, we can verify that the information provided above by the parent is **accurate**.
- According to our records, the information provided above by the parent is **not correct**.

*If the student **has** received short-term or long term suspension(s), or has been expelled from a public or private school in Michigan or any other place for **any disciplinary incident(s)**, **please fax appropriate disciplinary documentation**. This **includes, but is not limited to**; incidents involving weapons, alcohol or drugs, or the willful infliction of injury to another person or for any act of violence against persons and/or school property committed on school premises, at any school-sponsored activity, or on a public or private conveyance providing transportation to and/or from a school sponsored activity.*

Name of sending school Administrator & Title: _____ Date: _____

School Name: _____ Phone: _____



GREAT LAKES ACADEMY ACCEPTABLE USE OF TECHNOLOGY AGREEMENT

Great Lakes Academy provides a technology enriched educational environment.

We believe that technology should be an integral part of each student's education experience. For the school year, each student will be issued a computer user account enabling students to access the school's computers and network. This account will also connect students to resources on the Internet. The following Policies and Regulations describe the school's official position regarding technology and the Internet. Students and parents/guardians of students are required to read and sign the **Great Lakes Academy Acceptable Use Agreement**. The "signature sheet" will be kept on file for the school year. The monitoring procedures and AUP are reviewed with parent/guardian and are required to read and sign.

Acceptable Use and Etiquette: The use of Technology at Great Lakes Academy is a privilege extended to students, faculty and staff to enhance learning and exchange information. School computers must be for educational and research purposes or for use (such as e-mail) approved by school staff. Network users are expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to, the following:

1. Do not use obscene or defamatory language.
2. Do not use the network to harass, insult, or attack others.
3. The network may not be used to access or transmit offensive messages or pictures.
4. Do not give out your name, address, phone number or those of other students or colleagues.
5. Do not use another's password or share passwords.
6. Users may not trespass in someone else's folders, work or files or disrupt the use of the network by others.
7. Do not intentionally waste limited disc space, save music, make any changes to workstation settings, and do not install any software. Vandalism of the network will result in cancellation of privileges. Vandalism is defined as any malicious attempt to harm, modify or destroy computer hardware or systems, data of another user, Internet, or any other networks. This includes, but is not limited to, the uploading or creation of computer viruses.

Security: Security on any computer system is a high priority and the responsibility of all users.

If you feel you can identify a security problem on the network, you must notify Network Administration. Do not demonstrate the problem to other users. Users shall not intentionally seek information on, obtain copies of, or modify files, data or passwords belonging to other users, or misrepresent other users on the network. Attempts to gain unauthorized access to system programs or computer equipment will result in cancellation of user privileges. Downloading of information onto the hard drives is prohibited. Data should be stored on the File server not local machines or usb drives. Sonicwall firewall protects network, open dns allows filtering of dangerous or offensive sites.

Network Administration: E-mail and any other accounts on the network are not private.

Accounts will be monitored randomly on a regular basis. Computer files are the sole property of the owner and may not be viewed without the owner's permission; however, the Network Administration may audit any network activities. All communication and information accessible via the network should not be assumed to be private property. Electronic mail (e-mail) is not private. Network administration does have access to all mail.

Encounter of Controversial Material: With access to the Internet also comes the availability of material that may not be considered to be of educational value in the context of the school setting. Great Lakes Academy has taken precautions to restrict access to controversial materials. Internet activity is monitored. However, on a global network it is impossible to control all materials and an industrious user may discover controversial information. It is the user's responsibility not to initiate access to such material. If inappropriate material is encountered, it is the students' responsibility to turn off the monitor and report the information to the teacher immediately. Not adhering to these mandates may result in loss of computer use and/or suspension from school. Any decision by Great Lakes Academy to restrict access to Internet material shall not be deemed to impose any duty on Great Lakes Academy to regulate the content of material on the Internet.

Photo Release: Pictures of students and staff participating in various activities, such as, classroom celebrations, sports and learning activities will be posted on the Great Lakes Academy website.

Respect the Computer Equipment: The System is a valuable educational tool that can easily be damaged if Users are not careful. Users must act responsibly around the equipment. Users must not tamper with any of the equipment, even if they believe they are fixing a hardware problem. To reduce the possibility of introducing or spreading computer viruses, Users MAY NOT download, or install files from any other sources. Disks from home can only be used if approved by a Technology staff member.

Respect the Software Licenses: Software purchasers may not realize it, but they do not really "own" the software they purchase. They simply obtain the right to use the software in accordance with the terms of a software license. The software license restricts the use of that software in many important respects, especially the number of computers on which the software may be installed. As a result, Users may not "borrow" software from Great Lakes Academy, even on a temporary or trial basis.

Copyright Law: Follow copyright law, patent law and licensing agreements for software programs and other data.

Respect Ownership and Authorship: It is easy to copy digital images and other information from the Internet and the electronic Encyclopedia. Users must be aware that other people may actually own this information and laws may restrict reproduction of that work even though it is widely available. For these reasons, Users should seek guidance from the Technology Staff when copying material. On a similar issue, Users may not plagiarize* other people's work. This issue is not unique to computer use; but computers make it easy for unintentional plagiarism. *(To plagiarize means to steal the language, ideas, or thoughts from another and represent them as your own original work.)

Respect Resources: Technology at Great Lakes Academy includes computers, printers and other hardware designed to meet the computing needs of students and staff. The school also provides the consumable supplies used with this equipment, such as toner cartridges and printer paper. These resources are limited and need to be used wisely. Students must get approval from the Technology staff before printing documents longer than 10 pages black and white or any color printing. The teacher must approve printing in the classroom. Only staff members (and those designated by staff) can use the scanner. Great Lakes Academy, through a designated representative(s), reserves the right to access, read and delete any information stored on the network including documents, e-mail or other files. Individuals who do not adhere to the Acceptable Use Policy are subject to disciplinary action including but not limited to loss of computer/network access. Disciplinary action will be based upon Great Lakes Academy's policy and the applicable *Student Code of Conduct*.

This form must be signed and returned to Great Lakes Academy before an account will be initiated.

Great Lakes Academy Acceptable Use Policy

I understand that it is a privilege to use Great Lakes Academy equipment and materials including: Computers, video microscopes, cameras, and the Internet, email, software and media materials. I promise to do the following:

1. I will use equipment and materials only as they are meant to be used.
2. I will practice common sense and responsibility when using them.
3. If misused, I will replace lost or damaged items.
4. I will not allow food or drink near any of the equipment or materials.
5. I will use the Internet and email according to my teacher's instructions and for academic purposes only.
6. I will not install any software.
7. I will not move workstations or exchange hardware.
8. I will not change any settings on the workstation.

Great Lakes Academy Equipment and Material Use Contract

I agree to honor this contract. If I do not follow this policy, I understand that the consequences will range from not being able to use equipment or materials for a brief time, to losing the privilege for the duration of the school year.

Student Name (please print):

Parent/Guardian Signature: Date



Request for Educational Records

TO: _____

Fax #: _____ Date: _____

RE: Please fax the following items and any other pertinent information that will assist us in enrolling the student listed below in Great Lakes Academy

PLEASE DO NOT SEND CA 60 AT THIS TIME

MOST RECENT REPORT CARD IEP, CHECK IF NOT APPLICABLE _____

DISCIPLINARY RECORD, CHECK IF NOT APPLICABLE _____

Student Name	Present Grade	Date of Birth
_____	_____	_____

Student Name	Present Grade	Date of Birth
_____	_____	_____

Student Name	Present Grade	Date of Birth
_____	_____	_____

COMMENTS:

Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 14673). Therefore, please furnish us with



Request for Educational Records

TO: _____

Fax #: _____ Date: _____

FROM: **Great Lakes Academy 46312 Woodward Avenue, Pontiac, MI 48342**

RE: Please send the **complete** school records, including **test scores**, **IEP** and any other pertinent information that will assist us in enrolling the following student at Great Lakes Academy Public Charter School.

Student Name Present Grade Date of Birth

Student Name Present Grade Date of Birth

Student Name Present Grade Date of Birth

COMMENTS:

Send records to address listed above

Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 14673). Therefore, please furnish us with the following information in order to provide the proper placement of this student.

SECTION III -- PHYSICAL EXAMINATION, INSPECTION, TESTS, AND MEASUREMENTS

EXAMINATIONS AND/OR INSPECTIONS

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

TESTS AND MEASUREMENTS

	Within Normal Limits	Under Care	Referred		Within Normal Limits	Under Care	Referred
Vision Tested? <input type="checkbox"/> Visual Activity <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Muscle Imbalance Date _____ <input type="checkbox"/> Other _____ (Specify)				Urinalysis Done? <input type="checkbox"/> Sugar <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Albumin Date _____ <input type="checkbox"/> Microscopic			
Hearing Tested? <input type="checkbox"/> Audiometer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____ Date _____ (Specify)				Blood Pressure Measured? <input type="checkbox"/> Yes <input type="checkbox"/> No Reading _____			
Hemoglobin/Hematocrit Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No				Height _____ Weight _____ Other:			
Blood Lead Level Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Result _____				Blood Lead level recommended 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 noted above.			

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

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Tuberculin Test (if given) Date _____ Type _____ Negative Positive _____ mm.

SECTION IV -- RECOMMENDATIONS

Is there any defect of vision, hearing, or other condition for which the school could help by seating or other action? Yes No
 If yes, please explain:

--

Should the student's activity be restricted because of any physical defect or illness? Yes No If yes, check below and explain degree of restriction:

Classroom Playground Gymnasium Swimming Pool Competitive Sports Camp Other

--

Examiner's Signature _____ Date _____ Examiner's Name (print or type) _____ Degree or License _____

Number & Street _____ City _____ Zip _____ Telephone _____

SECTION V -- DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____ teeth and make the following recommendations as for treatment:

Child's Name _____

--

--

Dentist's Signature _____ Date _____

COMMENTS
