BARACK OBAMA
LEADERSHIP ACADEMY

# Enrollment Application Grades K-8

*Acceptance is based on a **completed** application and the availability of space for each grade.*

Date: _____ / _____ / _____ School year applying for: ____________ Grade applying for: ____________

Student: ______________________________ , ____________________________ __________
*(Last Name)* *(First Name)* *(M.I.)*

Address: ______________________________________________________________________
*(Street Address)* *(City)* *(Zip Code)* *(County)*

Phone: _________________________ Work Phone: ___________________________

Age: ____________ Date of Birth: ____ / ____ / ____ Gender: Male _____ Female _____

**Ethnicity/Race:** *(Check all that apply)*

African American ____ American Indian ____ Caucasian ____ Hispanic ____ Multi-racial ___ Other____

Language spoken in home: __________________ Child's primary language: _____________________

**Previous School Information:**

Current School Attending: ___________________________________ Current Grade Level: __________

Location: _______________________________ City, State & Zip Code: __________________________

Type of School: Public _____ Private _____ Parochial _____ Charter ______ Home school _______

Was your child suspended from school during the previous school year? Yes ______ No _______

If yes, how many times? ______ Please indicate reason(s) for the child's suspension.

______________________________________________________________________________

______________________________________________________________________________

_____________________________________________________________

______________________________________________________________________________

Has the child been expelled from school for any reason? Yes ___ No ____ Date of expulsion _________

What school year(s) ____________________ Please indicate reason(s) __________________________

Does your child require special education services? Yes ____ No _____

**If yes, please provide current IEP with this application. (No exceptions!)**

Do you have children who are currently students at BOLA? Yes ______ No _______

**If answered yes, please list the name and grade of the student(s) for the upcoming school year:**

Name: __________________________________________________ Grade: _________________

Name: __________________________________________________ Grade: _________________

Name: __________________________________________________ Grade: _________________

Name: __________________________________________________ Grade: _________________

Office use only
Birth Certificate _____ Immunizations_____
Report Card /Transcript _______
IEP (if applicable) _______

Student ID# __________________
Start Date: __________________
Sent for records: ____ / ____ / ____

BARACK OBAMA
LEADERSHIP ACADEMY

## FIELD TRIP INFORMATION

I hereby give permission to Barack Obama Leadership Academy for my child to be transported in a vehicle and/or participate in field trips.

Signature of Parent/Guardian: ______________________________________________

Date signed: ____________________

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## PERMISSION FOR USE OF MEDIA IMAGES

I hereby give my permission to use photographs, reproductions and/or sound reproductions of my child for promotional purposes. Such activities may include advertising, publicity and promotion of school events (plays, open house, etc.)

Signature of Parent/Guardian: ______________________________________________

Date signed: ____________________

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BARACK OBAMA
LEADERSHIP ACADEMY
1997

10800 E. Canfield
Detroit, MI 48214
(313) 823-6000 / FAX (313) 823-9748

# RELEASE OF STUDENT RECORDS FORM

Enrollment Date: ________________

Name of School ______________________________________

Address ______________________________________

City, State, Zip Code ______________________________________

Re: Release & forward student records for:

______________________________ ________________ ______
Student's Name Date of Birth Grade

***Include in the records the transcript, Individualized Education Plan - (IEP) if applicable, standardized test scores, health record, disciplinary history and any other pertinent information that will enhance the student's education.**

**Forward records to:**
**Barack Obama Leadership Academy**
**Attn: Records Clerk**
**10800 E. Canfield**
**Detroit, MI 48214**

# Student Residency Questionnaire

School Name: **Barack Obama Leadership Academy**

Student's Name:______________________________________________ Grade:___

Age:______ D.O.B.:____________________ Any Siblings enrolled YES___ NO____

Address:______________________________ City:_________________ Zip:______

Is this address **Temporary** or **Permanent**? (circle one)

Parent/Guardian:_______________________________Phone/Pager:____________

*This questionnaire is in compliance with the Mckinney-Vento Act, U.SC. 42 11431 et seq. It is given to ALL students to ensure our academy remains in compliance with federal law. Your answers will determine if the students meet the eligibility requirements for services under the McKinney-Vento Act.*

The student lives in the following situation( you can choose more than one):
___House or apartment with parent or guardian
___Emergency shelter of transitional housing* ___ Motel/Hotel*, Car or Campground*
___Public or private place not designed for or ordinarily used as regular sleeping accommodation for humans, including cars, parks, public spaces, abandoned buildings,
substandard housing with friends, family or others due to (check all that apply):
___Loss of personal housing* ( due to reasons such as eviction, inability to pay rent, destruction or damage to home, abuse or neglect, unhealthy conditions, parental abandonment or incarceration)
____Economic Hardship* ____Waiting on a house or apartment*
____Loss of employment* ____Parent/Guardian is deployed*
____Other, (please explain):__________________________________*

Are you under the age of 18 and living apart from your parents or guardians ? __YES__NO

### Residency and Educational Rights

Students without fixed, regular, and adequate living situations have the following rights:

1. Immediate enrollment in the school they last attended or the local school where they are currently staying being separated of treated differently due to their housing situations;
2. Transportation to the school of origin for the regular school days;
3. Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that is offered to other students.

Any questions about these rights can be directed to the school McKinney-Vento Liaison at (313)-332-5745 or the State Coordinator at (734)-494-2018.

By signing below, I acknowledge that I have received and understand the above rights.

_____________________________________________________________

*Signature of Parent/ Guardian/ Unattached Youth* *Date*

_____________________________________________________________

*Signature of McKinney-Vento Liaison* *Date*

# Barack Obama Leadership Academy

## TITLE 1
## SCHOOL-PARENT-STUDENT COMPACT

The school Parent Compact will be jointly developed with parents and family members and the compact outlines how parents, the entire school staff, and students will share in the responsibility for improved student academic achievement and the means by which the school and the parents will build and develop partnerships to help children achieve the State's high standards *(ESSA,Section 1116(d)).*

### School

The school understands the importance of the school experience to every student and their role as educators and models. Therefore, the school agrees to carry out the following responsibilities to the best of their ability:

- Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the children served under this part to meet the challenging State academic standards (required)
- Address the importance of communication between teachers and parents on an ongoing basis through, at a minimum-
  - Parent-teacher conferences in elementary schools, at least annually, during which the compact shall be discussed as the compact relates to the individual child's achievement
  - Frequent reports to parents on their children's progress
  - Reasonable access to staff, opportunities to volunteer and participate in their child's class, and observation of classroom activities
  - Ensuring regular two-way, meaningful communication between family members and school staff and, to the extent practicable, in a language that family members can understand.( required) (ESSA, Section 1116(d)(1-2))
- Treat each child with dignity and respect
- Strive to address the individual needs of the student
- Acknowledge that parents are vital to the success of child and school
- Provide a safe, positive and healthy learning environment
- Assure every student access to quality learning experiences
- Assure that the school staff communicates clear expectations for performance to both students and parents.

### Parent

The parent understands that participation in his/her student's education will help his/her achievement and attitude. Therefore, the parent will continue to carry out the following responsibilities to the best of his/her ability:

- Volunteering in their child's classroom (required)
- Supporting their child's learning (required)
- Participating, as appropriate, in decisions relating to the education of their child and positive use of extracurricular time (required)
- Create a home atmosphere that supports learning
- Send the students to school on time, well fed, and well rested on a regular basis
- Attend school functions and conferences.

# 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? |
|---|---|---|---|
| ☐ | ☐ | ☐ | 1 Allergies or Reactions (for example, food, medication or other) |
| ☐ | ☐ | ☐ | 2 Hay Fever, Asthma, or Wheezing |
| ☐ | ☐ | ☐ | 3 Eczema or Frequent Skin Rashes |
| ☐ | ☐ | ☐ | 4 Convulsions/Seizures |
| ☐ | ☐ | ☐ | 5 Heart Trouble |
| ☐ | ☐ | ☐ | 6 Diabetes |
| ☐ | ☐ | ☐ | 7 Frequent Colds, Sore Throats, Earaches (4 or more per year) |
| ☐ | ☐ | ☐ | 8 Trouble with Passing Urine or Bowel Movements |
| ☐ | ☐ | ☐ | 9 Shortness of Breath |
| ☐ | ☐ | ☐ | 10 Speech Problems |
| ☐ | ☐ | ☐ | 11 Menstrual Problems |
| ☐ | ☐ | ☐ | 12 Dental Problems: Date of Last Exam / / |
| ☐ | ☐ | ☐ | Other (please describe): |

**Birth History:**

Are there any current or past diagnosis(es) ☐ Yes ☐ No

If yes, please describe:

☐ ☐ Does your child take any medication(s) regularly?

Reason for Medication

If yes, list medications:

Parent/Guardian Signature ___ Date / /

Was the health history reviewed by a health professional? ☐ Yes ☐ No ***Examiner's Initials:*** ___

## 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 |
|---|---|---|---|---|---|---|
| ☐ | ☐ | VISION Date: / / | Visual Acuity | | | |
| | | | Muscle Imbalance | | | |
| | | | Other: | | | |
| ☐ | ☐ | HEARING Date: / / | Audiometer | | | |
| | | | Other: | | | |
| ☐ | ☐ | URINALYSIS Date: / / | Sugar | | | |
| | | | Albumin | | | |
| | | | Microscopic | | | |
| ☐ | ☐ | BLOOD LEAD LEVEL Date: / / | Level ___ ug/dl ⇨ | | | |

| No | Yes | Was child tested for: | Test results: | Normal | Referred | Under Care |
|---|---|---|---|---|---|---|
| ☐ | ☐ | HEIGHT & WEIGHT | Height | | | |
| | | | Weight | | | |
| ☐ | ☐ | Other: ___ | Other | | | |
| ☐ | ☐ | HEMOGLOBIN / HEMATOCRIT | ⇨ | | | |
| ☐ | ☐ | BLOOD PRESSURE | Reading: ___ | | | |
| ☐ | ☐ | TUBERCULIN Date: / / | Type: ___ Neg.: ☐ Pos.: ☐ ___ mm | | | |

**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: / /

# CHILD INFORMATION RECORD

## State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

| For Provider Use Only: Date of Admission | Date of Discharge |
|---|---|
| | |

| Name of Child (Last, First, Middle Initial) | | | Child's Date of Birth |
|---|---|---|---|
| Address (Number and Street, Building/Apartment Number) | City | State | Zip Code |

| Parent/Legal Guardian's Name | | Home Phone ( ) | Parent/Legal Guardian's Name (Optional) | | Home Phone ( ) |
|---|---|---|---|---|---|
| Home Address (if not child's address) | | Cell Phone ( ) | Home Address (if not child's address) | | Cell Phone ( ) |
| City | State | Zip Code | City | State | Zip Code |
| Email Address (optional) | | | Email Address | | |
| Employer Name | | Work Phone ( ) | Employer Name | | Work Phone ( ) |

| Name of Child's Physician or Health Clinic | Physician's or Health Clinic's Phone Number ( ) |
|---|---|
| Hospital Preferred for Emergency Treatment (optional) | |
| Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.) | |



**Emergency Contact & Release of Child:** List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

| | | |
|---|---|---|
| 1. | ( ) | ( ) |
| 2. | ( ) | ( ) |
| 3. | ( ) | ( ) |

**Release of Child Only:** List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

| | | | |
|---|---|---|---|
| 1. | ( ) | 2. | ( ) |
| 3. | ( ) | 4. | ( ) |

**Parent/Legal Guardian Initials:**

________I give permission to ____________________________, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

**I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.**

Signature of Parent or Guardian                Date Signed

| Date Card Reviewed | Parent or Legal Guardian Initials | Date Card Reviewed | Parent or Legal Guardian Initials | Date Card Reviewed | Parent or Legal Guardian Initials | Date Card Reviewed | Parent or Legal Guardian Initials |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

LARA is an equal opportunity employer/program.

AUTHORITY: 1973 PA 116
COMPLETION: Required
PENALTY: Rule Violation Citation.

# INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD INFORMATION REPORT

This report is used to determine eligibility for state benefits for which your child(ren)'s school may qualify. Please complete, sign, and return this form to your child's school.

If any member of your household receives benefits from the Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, please follow these instructions:

Part A: Student Information – For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received – If any household member, including adults, receives Food Assistance Program (FAP), Family Independence Program (FIP), or (FDPIR), provide the name and case number. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Part C: Household Size - Check the box for the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Annual Household Income – Skip this part

Part E: Certification - Sign the form. Print your name and date.

If your household does not receive benefits from the Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, please follow these instructions:

Part A: Student Information - For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received – Skip this part

Part C: Household Size – Check the box for the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Annual Household Income – Moving across the same row as the household size check box, check the box that shows the range of annual income for all people in your household. Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

Part E: Certification - Sign the form. Print your name, date, and contact information.

# HOUSEHOLD INFORMATION REPORT SY 2022 - 2023

District: ______________________ School: ______________________

## Part A: Student Information - Complete for each student Pre-K through 12th Grade

| Student's Last Name | Student's First Name | Grade Level | School | Identify H if Homeless M if Migrant R if Runaway F if Foster |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## Part B: Benefits Received (if applicable)

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name: ______________________ Case Number: __ __ __ __ __ __ __ __ __

| Part C: Household Size | Part D: Annual Household Income - Select the appropriate range of combined annual income for all people in the household (Include all income before taxes) | | |
|---|---|---|---|
| ❑ 1 ⟶ | ❑ At or below $17,667 | ❑ Between $17,668 and $25,142 | ❑ At or above $25,143 |
| ❑ 2 ⟶ | ❑ At or below $23,803 | ❑ Between $23,804 and $33,874 | ❑ At or above $33,875 |
| ❑ 3 ⟶ | ❑ At or below $29,939 | ❑ Between $29,940 and $42,606 | ❑ At or above $42,607 |
| ❑ 4 ⟶ | ❑ At or below $36,075 | ❑ Between $36,076 and $51,338 | ❑ At or above $51,339 |
| ❑ 5 ⟶ | ❑ At or below $42,211 | ❑ Between $42,212 and $60,070 | ❑ At or above $60,071 |
| ❑ 6 ⟶ | ❑ At or below $48,347 | ❑ Between $48,348 and $68,802 | ❑ At or above $68,803 |
| ❑ 7 ⟶ | ❑ At or below $54,483 | ❑ Between $54,484 and $77,534 | ❑ At or above $77,535 |
| ❑ 8 ⟶ | ❑ At or below $60,619 | ❑ Between $60,620 and $86,266 | ❑ At or above $86,267 |

*** Special Instructions for households with more than 8 people: DO NOT check the boxes above. Instead, fill in items below:**

Household size (# people): ________ Total annual income: ____________

## Part E: Certification - The head of household or adult designee who completed this form must complete this certification section

I certify (promise) that all information on this form is true and that all income is reported to the best of my knowledge. I understand that this form may impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

(Signature) (Printed Name) (Date)

(Address) (City) (Zip)

(Email Address) (Home Phone) (Work Phone)

**Do NOT fill out this section. This is for school use only.**

Status: F______ R______ N______ Determining Official's Signature: ______________________ Date: __________

# Barack Obama Leadership Academy

10800 E. Canfield, Detroit, MI 48214
313-823-6000 Ph 313-823-9748 Fax

## Marketing Survey

**How did you hear about Barack Obama Leadership Academy?**

Student(s) Currently Attending

Billboard

Yard Sign

Event Flyer/Poster

Banner/Sign

Newspaper Advertisement

Email Advertisement

Web Page

Word of Mouth

Former Employee

Walk In

Previous Student/Returned Due to Dissatisfaction at other School

Current Employee

Other (unspecified)

**Total Survey Responses**