

CRESCENT ACADEMY
ENROLLMENT CHECKLIST

Dear Parent/Guardian:

In order for your child’s application to be processed, we need to have the following documents included in your child’s enrollment packet. Your child’s enrollment packet will be considered incomplete until we have received all of the necessary documents.

Document	Comments
_____ Birth Certificate	
_____ Immunization Record	
_____ Photocopy of Parent I.D./License	
_____ Copy of Last Report Card Issued	
_____ Emergency & Medical Form	
_____ Internet/Computer Agreement	
_____ Parent Profile	
_____ Records Release Form	
_____ Student Photo Release	
_____ Pesticide Application Release	
_____ Medication Permission Form	
_____ Health Appraisal	
_____ Transportation Sign-Up Form	
_____ Latch key Sign-Up Form	
_____ Check here if Special Education Services are currently provided – Will allow for IEP information to be obtained immediately	

Student Name: _____

Birth date: _____

Grade: _____

This box for office use only:
Application date: _____
Start date: _____
Birth Certificate: _____
Immunization record: _____
Report Card: _____
UIC No. _____
Application taken by: _____

Student Information

The Academy requires a copy of the student's birth certificate, immunization record and report card at the time of registration. We also need a copy of the parent/guardian's Michigan Drivers License.

Grade entering in fall: _____ Student's Birthday: _____

Last Name: _____ First Name: _____ Middle: _____

Street Address: _____

City: _____, Michigan Zip Code: _____

Home Phone: _____ Gender: Male Female

Race or Ethnicity: White Black Hispanic Native American Other _____

Parent/Guardian Information

Name: _____ Relationship: _____

Address (if different from child's) _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email address: _____

With whom does child reside? _____

Name: _____ Relationship: _____

Address (if different from child's) _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email address: _____

	Grade entering in fall:	Grade entering in fall:
Name of Siblings: _____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child ever been suspended from another school? Yes No

Has your child ever been expelled from another school? Yes No

Is your child a citizen of the USA? Yes No

What language is spoken at home? English Spanish Other Specify _____

Does your child have any health conditions the school should be aware of? Yes No If yes, please attach additional sheet

Has your child ever received Special Education services? Yes No Does your child have a current IEP in place? Yes No

If yes to either question, please attach additional sheet explaining what services your child has received.

I, the undersigned, declare that I and the student for which this application is submitted, physically reside in the State of Michigan. Furthermore, I understand that only residents of the State of Michigan may attend this Academy, which is a Michigan Public School Academy. If statements made on this application are false, the enrollment of my child/children will be terminated immediately.

This Academy is a Michigan Public school Academy and does not discriminate on the basis of intellectual or athletic abilities, "measures of achievement or aptitude", handicapped status, religion, creed, race, sex, color or national origin.

Parent/Guardian: _____ Date: _____

Emergency & Medical Form

Student Name:	Grade:
Street Address:	
City, State, Zip:	
Phone Number with Area Code:	
Mother's/Guardian's Name:	
Daytime Phone #:	Cell Phone #:
Father's/Guardian's Name:	
Daytime Phone #:	Cell Phone #:
E-Mail Address:	

Student will only be released to people listed below. Include childcare provider. In case of illness, if parents/guardians cannot be reached the below persons will be contacted in case of emergency. There must be someone who can be reached during the day on your child's emergency form.

Name	Relationship to Student	Phone Numbers with area code		
		Daytime	Cellular	Work/Pager

Allergies: Asthma Bee Sting Food _____, Medication _____
 Other _____ Any known medical problem: _____

Any current medication student is taking: _____

Any other info school should know: _____

EMERGENCY: I give permission to the ACADEMY to secure emergency medical and/or emergency surgical treatment for the minor child named above while in its care. I will be financially responsible for the emergency care and/or transportation of said minor, the ACADEMY will not be so liable.

Name, address & phone number of Child's Physician or Health Clinic: _____

Hospital and phone number preferred for emergency treatment: _____

Health Insurance Policy Name & Number: _____

Date of last tetanus shot: _____

Parent Signature: _____ Date: _____

Internet Acceptable Use Agreement

Parents and students: This agreement outlines the rules for responsible use of the Internet at the Academy. Please read this with your child. In order for your child to access the Internet, we require that this agreement be signed and returned to school.

- ✓ The Academy will provide each student with training in the proper use of the Internet.
- ✓ Each student is responsible for proper behavior while on the Internet. The same general school rules for behavior and communication apply to Internet usage.
- ✓ The use of the Internet is a privilege, which may be withheld if the student is irresponsible, or acts inappropriately.
- ✓ The school has a right to monitor all activity, e-mail correspondence, and material transmitted or received by students on school computers.
- ✓ Students are not permitted to transmit or publish any defamatory, abusive, profane, threatening, or illegal material.
- ✓ Students must respect all copyright laws that protect software owners, artists, and writers.
- ✓ Security is a high priority at the Academy. Using someone else's logon id or password is prohibited. Trespassing in another's files without permission is prohibited.
- ✓ The Academy will take appropriate measures to protect students from accessing inappropriate information and from receiving or engaging in inappropriate communications. However, due to the unregulated and ever changing nature of the Internet, we assume no liability for any damages a user may incur as a result of Internet access.

Internet Acceptable Use Agreement

I have reviewed this agreement with my child, understand, and agree with the terms and conditions as stated. I understand that the school's computing resources are for educational purposes only.

As the parent or legal guardian of _____, I grant permission for my child to access the Internet. I understand that it is impossible for the Academy to restrict access to all controversial material and release the Academy from any and all claims that may result from my child's use of the Internet or internal computer network. I accept full responsibility for supervision of my child when accessing Internet resources provided by the Academy outside the school premises.

Signature of Parent/Guardian

Date

PARENT PROFILE

Date: _____

Student Name(s)/Grade(s):

Mother's/Guardian's Name:

Address:

Home Phone:

Work:

Cell:

Email Address:

Father's/Guardian's Name:

Address:

Home Phone:

Work:

Cell:

Email Address:

PTO – Parent Teacher Organization

Our Parent Teacher Organization coordinates many activities during the year. Here are the different committees that you can volunteer for:

- _____ Volunteer Action Team (recruits, trains, and recognizes volunteers)
- _____ Resource Action Team (fundraising)
- _____ Sunshine Committee (welcomes new families and plans activities)
- _____ Technology Night (works with staff on technology issues)
- _____ Hospitality (plans and provides nourishment for school activities)
- _____ Executive Board (oversees all activities)

Would you be willing/able to help during the school day in the classroom?

Father: Yes _____ No _____

Mother: Yes _____ No _____

Grandparent: Yes _____ No _____

Would you be willing/able to help after school hours either at home or school?

Father: Yes _____ No _____

Mother: Yes _____ No _____

Grandparent: Yes _____ No _____

Please list any hobbies or activities that might be helpful to the education of your child.

Crescent Academy
RECORDS RELEASE

Date: _____

Please release the cumulative files, including CA-60, Health Records, Social Work Records, Psychological Records and/or Special Education Records of:

Name of Student: _____

Date of Birth: _____ Grade: _____

Records being requested from:

School/Address: _____

Send Records To:

Crescent Academy
17570 West Twelve Mile Road
Southfield, MI 48076

*Student UIC Number: _____

The Federal Reg. Vol. 41 No. 188, Sec. 99.31, June 17, 1976 states: "prior consent for disclosure not required... If the disclosure is...to officials of another school system in which the student seeks or intends to enroll.

Parent Signature: _____ Date: _____

Registrar Signature: _____

PHOTO POLICY

In an effort to keep the Academy community up-to-date on school events, the Academy will, on occasion, invite local media representatives into our schools to photograph special programs and events. Media representatives register at the main office upon their arrival and are always escorted to a designated area from which they can take photos or video publication. We do not allow media representatives to interview students on school property unless Academy personnel accompany them.

Academy personnel will also take photos of classroom activities and/or individual students from time to time for either release to the local media or use in Academy media, official school website or brochures. Identification of students is always limited to name, school, and grade.

Permission to photograph a student either individually or as part of a group is assumed, unless you indicated otherwise below. ***If you prefer that your student NOT be shown in any photo or video for media use, school website or Academy publication, please complete the form below and send it to Mrs. Cupidore. This information will be kept on file through the end of the current school year only. If you should have any questions regarding the Academy Community Relations plan, please call us at (248) 423-4581.***

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PHOTO CONSENT/DENIAL FORM

- Yes, I give permission for my child's picture to be used in school publications or school website.
- No, I do not wish to have my child's picture used in school publications or on the school's website.

Please DO NOT include pictures of my child(ren) in any media release or Academy publication. Please print.

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

Pesticide Application Advisory

Dear Parent/Guardian:

As part of the Academy's pest management program, pesticides are occasionally applied. You have the right to be informed prior to any pesticide application made to the school grounds and/or building(s). In certain emergencies, pesticides may be applied without prior notice, but you will be provided notice following any such application. If you need prior notification, please complete the information below and submit it to:

Mrs. C. Cupidore
17570 West Twelve Mile Road
Southfield, MI 48076
248-423-4581 Phone Number

You may also contact the school office at 248-423-4581 if you have any questions regarding this letter.

Pesticide Prior Notification Request

Parent/Guardian Name: _____

Student's Name: _____

Street Address: _____

City: _____ Zip Code _____

Telephone Numbers: Daytime: _____ Evening: _____

Please Check One:

- I wish to be notified prior to a scheduled pesticide treatment inside the building.
- I wish to be notified prior to a scheduled pesticide treatment outside the building.
- Both of the above.

Parent/Guardian Signature: _____

Date: _____

IMPORTANT MEDICAL ALERT

STATE MANDATED CHANGE IN SCHOOL MEDICATION DISPENSING POLICY

The state of Michigan has mandated a change for the method by which medications are dispensed by public school personnel. As the revised regulation now reads, we must have on file a "Standing PRN Order" from your doctor stating which medications are prescribed for your child with complete dosage and indication information. This information should appear on your doctor's letterhead or prescription pad.

This new regulation also extends to over the counter medications, including all pain relievers and cough drops. Your doctor must issue an "as needed" order indicating specific dosage for your child's age and weight. This is especially important if your child requires a dosage different from package recommendations.

This new policy will be enforced beginning September 2007 and continue throughout the school year. We realize that this change will be an inconvenience for you, but please understand that it is a statewide requirement. To prepare in advance, make your requests at your child's next appointment.

Thank you for your cooperation.

Medication Administration Permission Form

Date fore received by the school: _____

Student Name: _____

Grade: _____ Teacher/Class: _____ Date of Birth: _____

To be completed by the parent/guardian and/or physician:

Name of Medication: _____

Reason for medication (optional): _____

Tablet/Capsule Liquid Inhaler Injection Nebulizer Other _____

Instructions (scheduled and dosages to be given at school):

Start Date: _____ Stop Date: _____ As Needed: _____ (per phone verification)

Restrictions and/or side effects:

No, none anticipated Yes, please describe _____

Special storage requirements:

None Refrigerator Other _____

This student is both capable and responsible for self-administering this medication.

No Yes, but will be supervised

Physician Information:

Physician Name: _____ Phone Number: _____

To be completed by parent/guardian:

I request that (name of child) _____ receive the above medication at school according to the standard policy.

I request that (name of child) _____ be allowed to self-administer the above medication at school according to standard school policy.

Signature: _____ Relationship: _____ Date: _____

CRESCENT ACADEMY BEFORE/AFTER SCHOOL PROGRAM
Pre-Registration Form

Please indicate amount of service needed: Flat Rate Accessed Check One

\$10.00 Registration Fee Required

No Drop-In Participation!!!

() Regular program (full day Monday through Friday) Fee: \$6.00

() Morning only program (Monday through Friday) Fee: \$3.00

() Afternoon only program (Monday through Friday) Fee: \$3.00

() Partial week (after school) – indicate day(s) M__ T__ W__ TH__ F__ Fee accessed

() Partial week (before school) – indicate day(s) M__ T__ W__ TH__ F__ Fee accessed

*preference will be given to regular program participants

1. Child _____ Grade _____ Age _____ Birthday _____

2. Child _____ Grade _____ Age _____ Birthday _____

3. Child _____ Grade _____ Age _____ Birthday _____

Parent/Guardian: _____

Home Phone: _____ Work Phone: _____ Cell/Pager: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian: _____

Home Phone: _____ Work Phone: _____ Cell/Pager: _____

Address: _____ City: _____ Zip: _____

In Case of Emergency Contact:

Name	Phone	Relationship
------	-------	--------------

Name	Phone	Relationship
------	-------	--------------

Name	Phone	Relationship
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Pick-up Time: _____ Health Condition: _____

Allergies: _____

The following persons are authorized to pick up my children in addition to myself.

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

I understand that my child(ren) will not be released to any person other than those listed above. I assume responsibility for these people as they have been instructed to the Crescent Academy Rules.

Parent Signature: _____ Date: _____

Crescent Academy
Transportation Sign-Up Form

Please submit the following information to Crescent Academy, as soon as possible. We must have this information on file to ensure your child receives bus transportation.

Student Information:

Student Name: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Date of Birth: _____ Grade Level: _____

Parent/Guardian Information:

Name: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell: _____

Name: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell: _____

Emergency Contact (if other than parent/guardian above)

Name: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell: _____

Bus #: _____
Designated Pick-Up: _____
Designated Drop-Off: _____

CRESCENT ACADEMY

BUS TRANSPORTATION

WALK-RELEASE FORM

Dear Parents of our bus transportation students:

You have designated a drop-off and pick-up stop for your children. We have provided you with a bus schedule for those stops, which states the arrival and departure times. Please arrive at the designated spots, 10 minutes before the bus arrives. If you or your representative can not meet your children at the destination on time, please inform the bus driver and meet your children at one of the other stops. If you would like for your children to walk home daily from your designated stop, please sign this letter and return it to the driver. Your children will not be released otherwise.

In order for us to safely execute our bus program, we must have your cooperation in this matter. Signing this letter will place the children under the parents care from the time they exit the bus.

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Yes, I give permission for my children to walk home from their designated stop.

Bus Number: _____

Student Name (please print): _____

Parent Signature: _____ Date: _____

Signature of School Representatives: _____

Crescent Academy
Bus Drop-Off & Pick-Up Schedule

AM Route											
Bus # 1	Arrival	Departure	Bus # 2	Arrival	Departure	Bus # 3	Arrival	Departure	Bus # 4	Arrival	Departure
Livernois/Lyndon (Murrays)	6:30	6:35	Joy Rd./Southfield (BP & McD's)	6:20	6:25	Livernois/Lyndon (Murrays)	6:20	6:25	Livernois/Lyndon (Murrays)	6:20	6:25
Fenkell/Wyoming (McDonalds)	6:38	6:43	Plymouth/Greenfield (Family Dollar)	6:32	6:37	Plymouth/Greenfield (Family Dollar)	6:35	6:40	Plymouth/Greenfield (Family Dollar)	6:35	6:40
6 Mile/Wyoming (CVS)	6:47	6:52	Fenkell/Greenfield (X-Press Muffler)	6:44	6:49	7 Mile/Evergreen (7 MI. by Laundry)	6:50	6:55	7 Mile/Evergreen (7 MI. by Laundry)	6:50	6:55
Livernois/Clarita (CVS)	6:57	7:02	6 Mile/Evergreen (Beauty Supply)	6:56	7:01	8 Mile/Lahser (CVS & McD's)	7:05	7:10	8 Mile/Lahser (CVS & McD's)	7:05	7:10
8 Mile/Schafer (Church's)	7:15	7:20	7 Mile/Evergreen (7 MI. by Laundry)	7:08	7:13	8 Mile/Schafer (Church's)	7:20	7:25	8 Mile/Schafer (Church's)	7:20	7:25
Pembroke/Murray Hill (Park)	7:26	7:36	6 Mile/Lahser (Today Food Store)	7:21	7:26	Pembroke/Murray Hill (Park)	7:35	7:40	Pembroke/Murray Hill (Park)	7:35	7:40
			8 Mile/Lahser (CVS & McD's)	7:33	7:38						
PM Route											
Pembroke/Murray Hill (Park)	3:56	4:01	8 Mile/Lahser (CVS & McD's)	3:57	4:02	Pembroke/Murray Hill (Park)	3:40	3:45	Pembroke/Murray Hill (Park)	3:40	3:45
8 Mile/Schafer (Church's)	4:07	4:12	6 Mile/Lahser (Today Food Store)	4:09	4:16	8 Mile/Schafer (Church's)	3:55	4:00	8 Mile/Schafer (Church's)	3:55	4:00
Livernois/Clarita (CVS)	4:22	4:27	6 Mile/Evergreen (Beauty Supply)	4:22	4:27	8 Mile/Lahser (CVS & McD's)	4:10	4:15	8 Mile/Lahser (CVS & McD's)	4:10	4:15
6 Mile/Wyoming (CVS)	4:32	4:37	Fenkell/Greenfield (X-Press Muffler)	4:34	4:39	7 Mile/Evergreen (7 MI. by Laundry)	4:25	4:30	7 Mile/Evergreen (7 MI. by Laundry)	4:25	4:30
Fenkell/Wyoming (McDonalds)	4:41	4:46	Joy Rd./Southfield (BP & McD's)	5:05	5:10	Plymouth/Greenfield (Family Dollar)	4:40	4:45	Plymouth/Greenfield (Family Dollar)	4:40	4:45
Livernois/Lyndon (Murrays)	4:49	4:54				Livernois/Lyndon (Murrays)	4:55	5:00	Livernois/Lyndon (Murrays)	4:55	5:00

School Supply Check List

All Students

- 6 - # 2 Pencils
- 1 Box Kleenex Tissues
- 1 Hand Pencil Sharpener
- 2 Large Erasers
- 2 Red Checking Pencils
- 1 Pair Safety Scissors
- 1 Bottle of White School Glue
- 3 Glue Sticks
- 2 Pkgs. Wide Ruled Paper (Gr. 6-8)
- Washable Markers – Basic Colors 8-10 (Gr. 6-8)
- 2 Composition Notebooks (Gr. 6-8)
- 1 Roll Paper Towel
- 1 Box of 8 Crayons (Gr. 6-8)
- 2 Manila Folders w/pockets
- 1 Plastic Pencil Box
- 1 Bottle Hand Sanitizer

Additional Supplies for Grades 6 – 8

- 24 Ct. Colored Pencils
- 6 Black/Blue Erasable Pens
- 4 – 3 Pronged Manila Folders
- 1 Pkg. of Dividers
- 4 Single Subject Spiral Notebooks
- 1 Webster’s Dictionary
- 1 Thesaurus
- 1 – 16 Ct. Box Crayons
- 1 – 12 Inch Ruler
- 2 Yellow Highlighters

Note: Individual teachers may request additional supplies.

Students should report on the first day of school with their supplies

CRESCENT ACADEMY SCHOOL UNIFORM

Girl's Uniform for grades K, 1, 2, 3

Light Blue Short/Long Sleeve Peter Pan Collared Blouse (cotton)
Blue/Red Plaid Jumper
Navy Cardigan Sweater
Blue/Red Cross Tie
Navy Knee High Socks
Black Shoes
Navy, White, Yellow, Red Hair Accessories
Navy Bike Shorts for Physical Education Activities

Girl's Uniform for Grades 4, 5, 6, 7, 8

Light Blue Short/Long Sleeve Pointy Collared Blouse (cotton)
Blue/Red Plaid Skirt
Navy Cardigan Sweater
Blue/Red Cross Tie
Navy Knee High Socks
Black Shoes
Navy, White, Yellow, Red Hair Accessories

Gym Uniform for Grades 6, 7, 8

Navy Bike Shorts
Navy Tee Shirt
Gym Shoes

Boy's Uniform for All Grades

Light Blue Short/Long Sleeve Oxford Shirt (cotton)
Navy Pleated Pants
Navy V Necked Cardigan Sweater (front button)
Blue/Red Plaid Adjustable tie (special ordered)
Black Belt
Black Shoes
Black Socks

- Uniform items can be ordered online at:
www.Frenchtoast.com

FKO (For Kids Only) located at 23001 Coolidge at the corner of 9 Mile Road in Oak Park
(248) 546-6260

Metro Uniforms & More located at 18449 W. Grand River in Detroit (313) 272-2950