

Grattan Academy

Administrative Checklist

Educational Goals & Writing Sample: The following questions should be answered in writing by every secondary (grades 7-12) student. What are the student's educational goals? Why did they pick Grattan Academy? What are their plans after high school? What steps need to be taken to achieve their goals? Ask the student and parent to summarize the student's past academic success or lack there of (this should not be part of the writing sample).

Course Description Guide: Go over the first few pages. Remember, this is our primary marketing tool.

Parent Involvement: Ask the parent to summarize their involvement with their student's prior educational experience. Stress to the parent that it is imperative that they take an active role in their child's education while attending Grattan Academy.

Student Registration Form: All student contact information must be current and updated. Student's that do not have current contact and address information will be suspended until the information is made current. **Need secondary contact number.**

Student Expectations Agreement, Field Trip Permission, & News Release Form: This form must be signed and agreed to by both student and parent before the student will be enrolled. The student's conduct expectations exceed this agreement. The student must abide by the entire "Code of Student Conduct" as written in the Student Handbook. Highlights to point out are the new attendance policy and electronic devices policy. Must sign and have back today.

Acceptable Use: Use the technology appropriately. Must sign and have back today.

Student Handbook: Upon enrollment, every student will receive a copy of the current year Student Handbook (Not available until August). _____

Field Trip/Transportation Permission Slip: This form will cover all trips using school transportation within 25 miles of the school. Any extended field trips or overnight trips will have other forms sent home. Again, all contact information on this form must remain current and up to date. _____

Affirmation of Prior Discipline Record: If a student has been involved in offenses involving weapons, alcohol, or drugs, or willful infliction of injury to persons or act of violence against persons and/or property committed during normal school operation, on school property, or school sponsored event, the information must be divulged to the enrolling school district/building administration. _____

Student Driving Permission: Students must complete a driver information form that will allow the student a driving permit to park on campus. *This form is not yet available.*

Grattan Academy

Student Information

Welcome to Grattan Academy. Thank you for giving us the opportunity to educate your child. Please complete the following registration for your child. 1. Complete all forms in this packet. Provide school with copies of Birth Certificate, all immunization records, and last grade report.

STUDENT INFORMATION

Name: _____
Last First Middle

Address: _____
Street City Zip

Home phone: _____

Date of birth: _____ Grade: _____ Gender: _____

Email address: _____

Legal Guardian #1 (Primary Contact)

Name: _____
Last First Middle

Address: _____
Street City Zip

Relationship: _____ Phone: _____

Employer Name: _____ Work Hours: _____ Work Phone: _____

Alternate Phone: _____ Alternate Phone Type: _____

Email address: _____

Legal Guardian #2 (Secondary Contact)

Name: _____
Last First Middle

Address: _____
Street City Zip

Relationship: _____ Phone: _____

Employer Name: _____ Work Hours: _____ Work Phone: _____

Alternate Phone: _____ Alternate Phone Type: _____

Email address: _____

Emergency Contact

Name: _____
Last First Middle

Address: _____
Street City Zip

Relationship: _____ Phone: _____

Employer Name: _____ Work Hours: _____ Work Phone: _____

Alternate Phone: _____ Alternate Phone Type: _____

Email address: _____

Child Care Provider/Other Contact

Name: _____
Last First Middle

Address: _____
Street City Zip

Relationship: _____ Phone: _____

Employer Name: _____ Work Hours: _____ Work Phone: _____

Alternate Phone #1: _____ Alternate Phone #2: _____

Email address: _____

SCHOOL LAST ATTENDED

Name: _____

Address: _____

Did your child have special education services provided at a previous school? Yes No

If yes, what services? _____

MEDICAL INFORMATION

Family doctor: _____ Phone: _____

Place of birth: _____

Special medical needs: _____

Dates of immunizations:

Immunization	1st dose	2nd dose	3rd dose	4th dose	5th dose	6th dose
DPT/Td/DT/DtaP						
OPV/IPV						
MMR						
HEP-B						
Varicella						

Has your child had the following? (Please circle)

Chicken Pox: Yes No Measles: Yes No Rubella: Yes No Mumps: Yes No

Vision: Passed Failed Hearing: Passed Failed

Waiver reasons: Medical Religious Other Comments: _____

OTHER INFORMATION

Ethnic code - include all that apply (rank 1-6)

____ American Indian ____ Asian ____ African American ____ Hispanic
____ White ____ Pacific Islander

Language spoken at home: _____

Multiple birth: _____ 1 = single 2 = twin 3 = triplet, etc.

Do you have a home computer: Yes No Do you have internet access? Yes No

Born in USA? _____ Moved to US date: _____ Moved for work? _____

Description of work: _____

Country of origin: _____ Primary language _____

Years attending outside US: _____ Years in US: _____ Interpreter for parents? Yes or No

FAMILY INFORMATION - Please list other children living at this address.

Name _____ Birth date _____

Name _____ Birth date _____

Name _____ Birth date _____

Name _____ Birth date _____

The signature on this form also signifies that school personnel is given consent to treat this student, provided a parent/guardian cannot be reached in a timely manner.

PARENT SIGNATURE: _____ Date: _____

Mission Statement

The mission of Grattan Academy is to empower all children with the academic knowledge and skills required for success as students, workers, and citizens through an educational program focused on high academic standards, achievement-based promotion, exemplary citizenship, and tough accountability standards..

Therefore, we ask that before you enroll at Grattan Academy, you read and sign this behavior and academic contract.

I, _____, agree to the following conditions in order that I may attend Grattan Academy. I acknowledge that as a Grattan Academy student I am responsible for my own behavior and that I make the choice to act in an appropriate and acceptable manner while I am at school or at a school event.

ACADEMIC STANDARDS:

- _____ I have read and I agree with our mission statement. Grattan Academy will offer me a college preparatory curriculum.
- _____ I recognize that the faculty at Grattan Academy will challenge me academically.
- _____ I understand that the homework load I will be given will be of high quality and that I am expected to return high quality work.
- _____ I agree to fulfill all academic requirements at Grattan Academy.
- _____ Every class offered at Grattan Academy is considered to be a one year, one unit course. Exceptions to this can only be made by a school administrator.

BEHAVIOR EXPECTATIONS:

- _____ I agree to conduct myself in an appropriate manner and follow the Grattan Academy Public School code of conduct.
- _____ I will attend school daily (Monday-Friday). I understand that I may lose credit in any class for which I have accumulated ten (10) or more absences during a semester. A parent, student meeting with the administration will occur after four (4) absences in any one class over the course of a semester.
- _____ I will be on time for each of my classes. Every three (3) tardies will be considered an absence. If I am more than ten (10) minutes late to a class, it will be considered an absence unless excused by the administration.
- _____ I will remain in each class for the full duration of scheduled time, and I will not be absent from any of my classes without permission.
- _____ My parent/guardian will call the school office prior to 9:00 a.m. if I am going to be tardy or absent that day.
- _____ I will treat staff and students in a respectful manner and I will follow staff directives in a cooperative manner at all times.
- _____ I will not interfere with other students' right to learn.
- _____ I will demonstrate appropriate behavior and use only appropriate language while I am in the school building or at a school function.
- _____ I will not smoke on school property, at school events or during school hours.
- _____ I will not have a beeper, tape/CD player, cellular phone, or electronic device turned on at any time during normal school hours. If these devices are found to be powered on or in view, they will be confiscated until the end of the day. Second offense will necessitate a parent meeting to retrieve the device.
- _____ I will not have in my possession or be under the influence of illegal substances while at school, school events, or on school property.
- _____ I will not have prescription or over-the-counter drugs in my possession at school, school events, or on school property without proper authorization.
- _____ I will adhere to the dress code.
- _____ I am aware of Michigan Public Act 102 & 104*.

Failure to comply with the terms on this contract may result in a discipline hearing and possible dismissal from Grattan Academy.

Date: _____

Student Signature

Parent /Guardian Signature

*What is PA 102 & PA 104? These are public acts of Michigan State law governing expulsions and suspensions from . Types of expulsions to be reported: Required mandatory expulsions from all include: Arson, weapons, criminal sexual assault and physical Assaults on staff (PA104). Required mandatory suspension or expulsion up to 180 days where other districts may, but are not required to accept students. Verbal assaults against staff (PA104) and physical assaults on other students (PA102)

Grattan Academy

Field Trip/Transportation Permission Slip

I, _____, give my child _____ permission to ride in a Grattan Academy bus, staff vehicle or other mode of transportation, if necessary, to field trips. I understand that by signing this document I am giving permission for my child to ride with Grattan Academy faculty and/or staff to field trips within a 25 mile radius of the school. Furthermore, I give permission to the adults on these trips to provide my child with emergency medical care as necessary. I understand that every effort will be made to contact me prior to providing care.

Your child will not be allowed to participate on field trips unless this permission slip is signed.

You will be notified of all off-campus field trips.

Date: _____ Parent/Guardian Signature: _____

Emergency Number: _____

Allergies/Medical Information: _____

IMPORTANT NOTE:

In an effort to minimize the paperwork being sent home for field trips, please sign the above permission slip for all field trips that will be taken while your student is at Grattan Academy. You will be notified through a handout prepared by the teacher and sent home with your child with the details of all field trips and whether or not a cost is involved.

Permission to Release News Information

There may be times during the school year when your son or daughter will receive awards and honors, or may participate in an event at Grattan Academy. There may be a possibility that photographs are taken and articles are written by our newsletter staff, the yearbook, or by local media sources. Therefore, each student is required to have a signed Permission to Release News Information on file at school.

Student's Name: _____

Signature of Parent/Guardian: _____

Date: _____

I give permission to Grattan Academy to release items concerning school activities of my son or daughter to the press or other media source. Additionally, I give permission for photographs of my child participating in school activities to be used in promotional materials for the school and/or in local media coverage of school events.

Please check the following:

Permission to have your child's photo used: _____ Yes _____ No

Permission to have your child's name used: _____ Yes _____ No

Grattan Academy

AFFIRMATION OF PRIOR DISCIPLINE RECORD

A willful false statement on this affirmation will result in a report to the appropriate authorities.

DIRECTIONS: Check the applicable paragraph, provide all appropriate information, and sign this document.

Paragraph 1: The undersigned affirms that _____ **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 persons and/or property committed on school premises, at any school sponsored event, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

Paragraph 2: The undersigned affirms that _____ **has been** suspended or expelled from a public or private school in Michigan or another state for one of more offenses involving weapons, alcohol or drugs, or for 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 event, 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. Include the school name, dates of suspension or expulsion, and a description of the incident-giving rise to the suspension or expulsion.

Date _____ Student Signature _____

Date _____ Parent/Guardian Signature _____

FOR OFFICE USE ONLY

Name of former school district: _____

Please check one:

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

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

Date _____ School Official: _____

Grattan Academy
REQUEST FOR STUDENT RECORDS

STUDENT INFORMATION:

Last Name: _____ First Name: _____

Birth date: _____

Last School Attended: _____

Last Grade Completed: _____ Last Year Attended: _____

School Address: _____

School Phone: _____ School Fax: _____

Parent/Guardian Signature: _____ Date Requested: _____

RECORDS REQUEST FOR: *(Office Use Only)*

CA-60 Immunization Record Transcript/Last Grade Report

IEP Special Testing Other _____

Within 14 days after enrolling a transfer student, the school shall request in writing directly from the student's previous school a copy of his or her record. Any school that compiles records for a student and is requested (with parent permission) to forward a copy of a transferring student's record shall comply within 30 days after receipt of the request.

The Federal Register Volume 41, No. 118, Section 99.31, June 17, 1976

SEND RECORDS TO:

Grattan Academy **ELEMENTARY, 5-6**
12047 Old Belding Rd
Belding MI 48809

Phone: 616-691-8999
Fax: 616-691-9857

Grattan Academy **HIGH/MIDDLE SCHOOLS, 6-12**
9481 Jordan Rd
Greenville, MI 48838

Phone 616-754-9360
Fax: 616-754-9363