



APPLICATION FOR ENROLLMENT

DOCUMENTS REQUIRED WITH APPLICATION

– Please do not write on or remove this page. For ATA staff use only. –

- _____ Copy of Child's Birth Certificate
- _____ Copy of Current Up-to-date Immunization Record
- _____ **Copy of IEP and MET Results, If Applicable** Yes No
- _____ **Copy of ELPA/WIDA Results, If Applicable** Yes No
- _____ Copy of parent(s) or legal guardian(s) driver license or a State of Michigan I.D. card. If you and/or your child are not United States citizens, please provide a copy of a passport or visa, and proof of U.S. legal alien status for both parent/guardian and child.
- _____ A Copy of the Most Recent and Final Report Card
- _____ An Official Copy of Transcripts
- _____ ACT Plan or ACT Explorer Test Score

Last Name: _____ First Name: _____ Applying Grade: _____



Advanced Technology Academy

A Michigan Public Charter School District

4801 Oakman Blvd., Dearborn, MI 48126
Phone: (313) 625-4701
Fax: (313) 582-3499
enrollment@atafordpas.org

APPLICATION FOR ENROLLMENT

Has this student ever attended Advanced Technology Academy? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, last year attended: _____	SHIRT SIZE YOUTH <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Medium ADULT <input type="checkbox"/> Small <input type="checkbox"/> XL <input type="checkbox"/> Medium <input type="checkbox"/> 2XL <input type="checkbox"/> Large <input type="checkbox"/> 3XL SPECIAL ORDER <input type="checkbox"/> 4XL <input type="checkbox"/> 5XL
Has this child ever been expelled from another school district? <input type="checkbox"/> No <input type="checkbox"/> Yes Has this child voluntarily withdrawn from a school district? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, Date: _____ (Attach any agreements) Describe Why: _____ _____ _____	

Student's First Name _____ Middle Name _____ Last Name _____ Address _____ Bldg/Apt# _____ City _____ Zip Code _____ Birthdate: _____ Month/Day/Year Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female (_____) _____ Enroll In Grade: _____ Telephone Number _____ <i>Actual Grade is determined by Assessment</i> Does the student live with foster parent(s) or legal guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, attach Power of Attorney or other documentation, i.e. Court Order, etc.	CURRENT LIVING ARRANGEMENTS <i>Completing this section in no way impacts child's enrollment.</i> <input type="checkbox"/> Single Family Home / Apartment <input type="checkbox"/> Living w/ Family or Friends <input type="checkbox"/> Shelter / Motel <input type="checkbox"/> Currently No Permanent Housing
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PARENT(S) OR LEGAL GUARDIAN WITH WHOM THE STUDENT RESIDES:

Name: _____ Relationship: _____ Employer: _____ Work Phone: (_____) _____ E-mail: _____ Cell Phone: (_____) _____	<input type="checkbox"/> Served in the Military Branch _____ <input type="checkbox"/> Active <input type="checkbox"/> Retired
Name: _____ Relationship: _____ Employer: _____ Work Phone: (_____) _____ E-mail: _____ Cell Phone: (_____) _____	<input type="checkbox"/> Served in the Military Branch _____ <input type="checkbox"/> Active <input type="checkbox"/> Retired

NON-CUSTODIAL PARENT/DUAL RESIDENCY INFORMATION (IF APPLICABLE)

Name: _____ Relationship: _____ Address: _____ Home Phone: (_____) _____ City: _____ Cell Phone: (_____) _____ State / Zip: _____ Work Phone: (_____) _____ E-mail: _____ Dual Mail: <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Served in the Military Branch _____ <input type="checkbox"/> Active <input type="checkbox"/> Retired
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Last Name: _____ First Name: _____ Applying Grade: _____

School Last Attended: _____

School Address: _____

City _____ State _____ Date Left: _____ Month _____ Day _____ Year _____

Reason for Leaving: _____

Is this student currently eligible for Special Education Services? No Yes

Has this child ever received Special Education Services? No Yes

If YES, When? _____ *Please attach copy of latest IEP and MET*

Please list medical and/or health problems: _____

Will your child require medication at school? No Yes

RACIAL ETHNIC CODES

American Indian or Alaska Native Asian American Black or African American Caucasian or White

Hispanic or Latino Native Hawaiian or Other Pacific Islander Other: _____

Birthplace: USA City: _____ State: _____

Birthplace: Other Country: _____

If other, year of entry to USA: _____ Year of entry in Michigan Schools: _____

Is the student's primary language English? No Yes

If NO, what language does your child speak? _____

Is the primary language at home English? No Yes

NAME OF SIBLINGS:

SCHOOL:

BIRTHDATES:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the district of residence: _____

Falsification or misrepresentation in response to any question on this application or any document submitted with this application may result in the student not being admitted to the Advanced Technology Academy or if the falsification or misrepresentation is discovered after admission, the student may face being removed from the school.

The Advanced Technology Academy prohibits unlawful discrimination on the basis of race, color, religion, sex, national origin, age, height, weight, marital status handicap, or disability in any of its educational programs or activities.

Signature

Date

Relationship to Student

Last Name: _____ First Name: _____ Applying Grade: _____

STUDENT EMERGENCY INFORMATION

APPLICANT INFORMATION

First _____ Middle _____ Last _____

Date of Birth _____ Male Female

Address _____ Apt # _____

City _____ State _____ Zip Code _____

PARENT /LEGAL GUARDIANS:

PARENT/LEGAL GUARDIAN

Name _____

Relationship _____

Home Phone _____

E-mail _____

Employer _____

Work Phone _____

Name _____

Relationship _____

Home Phone _____

E-mail _____

Employer _____

Work Phone _____

EMERGENCY CONTACTS

EMERGENCY CONTACTS

Name _____

Relationship _____

Home Phone _____

E-mail _____

Name _____

Relationship _____

Home Phone _____

E-mail _____

EMERGENCY CONTACTS

EMERGENCY CONTACTS

Name _____

Relationship _____

Home Phone _____

E-mail _____

Name _____

Relationship _____

Home Phone _____

E-mail _____

In the event that injury or illness needs immediate attention and none of the above persons can be contacted, I hereby authorize the school to arrange transportation to the **NEAREST HOSPITAL**, which may render emergency treatment. I will be responsible for charges incurred for my child.

Parent's/Guardian's Signature

Date



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PARENT/GUARDIAN PLEDGE

The Advanced Technology Academy is committed to high standards for high achievement. The Academy has instituted the Ford Partnership for Advanced Studies (Ford PAS), the Amistad Model and the Michigan Model Code of Student Conduct. In order to develop the habits of success in each student, the home as well as the school must be committed to the mission of developing those habits. In furtherance, thereof, I/we the parents/guardians of _____ a student at the Advanced Technology Academy pledge the following:

1. Make every effort to insure that my/our student(s) arrives at school on time each morning to begin class when the bell rings. (The student should be in the building 10 minutes prior to the start of class.)
2. Insure that the student is in compliance with the dress code before leaving for school.
3. Instill in the student the obligation to comply with all school rules and regulations.
4. Monitor and assist the student in insuring that all homework and other assignments are completed on time and in a quality fashion.
5. Commit myself to attending all parent teacher conferences.
6. Cooperate with the school in implementation of all remedial education efforts required of the student by the Academy.
7. Support Academy actions relating to student conduct.
8. Lead by example in displaying the highest level of conduct including language and demeanor in all relations with Academy faculty, administration and employees.
9. Contact the student's teachers, deans, principals or counselors with any concerns regarding the student's academic or social progress.
10. Report to Academy administration any knowledge of criminal activity or Level III violations of the Model Code of Conduct occurring at the Academy.
11. Reinforce the REACH values.
12. Commit all my efforts to the goal of college for my son or daughter.

Parents Printed Name

Date

Parent/Guardian Signature

Students Printed Name

Grade



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STUDENT INVESTMENT AGREEMENT

The Advanced Technology Academy is committed to developing students who are able to compete in the global economy. This means students attain high levels of academic achievement and exhibit habits of success. The acronym **R.E.A.C.H.** stands for **Respect, Enthusiasm, Achievement, Citizenship and Hard Work**. These values exemplify the necessary ingredients for a student to be successful at the Advanced Technology Academy.

RESPECT

1. The student treats teachers like platinum with the understanding that the teacher cares about the student and his or her future and is here to help the student be his or her best. At all times the student will treat the teacher with respect.
2. The student treats classmates as her or she wishes to be treated and never laughs at, teases or puts down others.
3. The student is patient and raises his or her hand to speak in class.
4. The student keeps desks, classrooms, bathrooms and the rest of the school spotless picking up trash any time it is seen.

ENTHUSIASM

1. The student follows direction the **first** time.
2. The student commits his or her eyes, ears and brain to learning by participating actively in class.
3. The student brings a positive attitude to class and is excited about climbing the mountain to college.
4. The student never whines, pouts or acts out when things don't go his or her way.

ACHIEVEMENT

1. The student strives for top quality, always doing their absolute best on all assignments. Homework and class work is neat and complete and never appears to be rushed through.
2. Achievement comes first. The student is constantly mastering new standards. Grades and test scores show dramatic gains.

CITIZENSHIP

1. No excuses. The student takes responsibility for actions, admits when he or she is wrong, and apologizes to the people that are let down by the student's actions.
2. The student is honest and tells the truth at all times.
3. The student is helpful to others, celebrating the achievements of others, and looking for ways to support fellow students.

HARD WORK

1. The student brings academic tools to school including all necessary materials. The student is in school everyday and not late to class. The student is always in uniform.
2. Act like a college student **today**. Climbing the mountain to college is not easy. To get to college the student must do all of his or her work and treat each class as a priceless gift.

As a student at the Advanced Technology Academy, I commit myself to the above R.E.A.C.H. values and pledge to follow the Student Code of Conduct in furtherance of those values.

Student Signature

Print Name

Grade

Date

Last Name: _____ First Name: _____ Applying Grade: _____



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STUDENT WEB SITE/MEDIA AUTHORIZATION

We/I _____, as the parent(s) or legal guardian(s) of
(Print parent/guardian name)

_____ hereby authorize and permit the public
(Print student name)

and private use, broadcast, publication, reproduction, release, exhibition and distribution of student work, likeness of, photograph(s), image(s), video, or audio recording(s). When publication is on the internet, identification will be by first name only. We/I authorize such disclosure for purposes of providing information regarding the Advanced Technology Academy programs or activities.

Signature Parent/Guardian

Signature Student

Print Parent/Guardian Name Date

Print Student Name Date

Last Name: _____ First Name: _____ Applying Grade: _____



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REQUEST FOR RELEASE OF ALL STUDENT RECORDS

I hereby authorize you to send the following documents for the student below to the above named school, where he/she has recently enrolled.

- Cumulative Records (CA-60)
- Psychological Tests
- Assessment Results
- Medical Records
- Attendance / Behavior Records
- Transcript / Report Card
- IEP
- Other: _____

NAME

GRADE

BIRTHDATE

Parent/Guardian Signature: _____

SCHOOL PREVIOUSLY ATTENDED

PHONE: _____

FAX: _____

AFFIRMATION OF PRIOR SUSPENSION / EXPULSION RECORD

STUDENT NAME: _____

To comply with Public Act 328 (Section 750.82), I certify that the above named student has not been suspended or expelled for one of the named violation infractions listed below.

Parent/Guardian Signature: _____

Name of School: _____

School Official Name: _____

Signature: _____ Title: _____ Date: _____

- VIOLATION INFRACTION:**
- Willful infliction of injury to another person
 - Weapons
 - Sexual Assault
 - An act of violence against person and/or property
 - Arson
 - Alcohol/Drugs

The above named student was suspended / expelled for the violation infraction circled above. Please attach an explanation as to the current status of the student.

Date of Violation: _____ Date of Expulsion: _____

Parent/Guardian Signature: _____

Name of School: _____

School Official Name: _____

Signature: _____ Title: _____ Date: _____

The release of student records is ruled by the Family Education Rights and Privacy act (FERPA). The Advanced Technology Academy will forward any and all education records to other education agencies or institutions that have requested the records and in which your son or daughter seeks or intends to enroll.

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 Education Records, (FERPA) (20U.S.C. G 1337g; 34 CFR Part 99). FERPA allows schools to disclose those records without consent, to the following parties or under certain conditions (34 CFR g 99.31).

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**HOW DID YOU BECOME AWARE OF THE
ADVANCED TECHNOLOGY ACADEMY?**

(Check all that apply)

- | | | | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Sign/Walk-In | <input type="checkbox"/> Mailing | <input type="checkbox"/> Family Member | <input type="checkbox"/> Friend Referral |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Radio | <input type="checkbox"/> Community Event | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Television | <input type="checkbox"/> Day Care Provider | <input type="checkbox"/> Billboard | <input type="checkbox"/> Flyer |
| <input type="checkbox"/> Other _____ | | | |

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| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Radio | <input type="checkbox"/> Community Event | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Television | <input type="checkbox"/> Day Care Provider | <input type="checkbox"/> Billboard | <input type="checkbox"/> Flyer |
| <input type="checkbox"/> Other _____ | | | |