

**STUDENT INFORMATION**

**ACADEMY FOR BUSINESS & TECHNOLOGY - Student Registration**

Student Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: Street # and Name \_\_\_\_\_ Apartment # \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_ County \_\_\_\_\_

Grade \_\_\_\_\_ Sex M or F (circle one) Home Phone \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PREVIOUS SCHOOL INFORMATION**

Name of Last School Attended: \_\_\_\_\_ Dates attended \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Street number and name

School district in which parent or guardian lives: \_\_\_\_\_

**FAMILY INFORMATION**

	Last Name	First Name	Employer	English Proficient	Other Language Spoken and/or Read	Daytime Phone	Evening Phone
Father				Yes or No			
Mother				Yes or No			
Step-parent				Yes or No			
Guardian				Yes or No			
Guardian				Yes or No			

Ethnicity - (Optional) Please check the box that applies to this student.

Native American or Aleutian  Asian or Pacific Islander  African American  Hispanic/Latino  Caucasian, non-Hispanic Origin

Language spoken in home? \_\_\_\_\_ Is child proficient in English? Yes or No \_\_\_\_\_ Other language child speaks and/or reads \_\_\_\_\_

Student Lives With \_\_\_\_\_ (check one)

Parents	
Father & Stepmother	
Mother & Stepfather	
Mother Only	
Father Only	
Guardians	
Court-Appointed Guardians	
Foster Parents	

Information on Other Children in Home

Name of Other Children in Home	Birth Date	Social Security #	Grade

Signature of Parent/Guardian \_\_\_\_\_ Date Enrolled \_\_\_\_\_

**FOR SCHOOL USE ONLY**

Date enrolled \_\_\_\_\_ Date records requested \_\_\_\_\_ Student's Homeroom \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

U.S. Citizen? Yes or No \_\_\_\_\_ Copy of Birth Certificate? Yes or No \_\_\_\_\_ Passport? Yes or No \_\_\_\_\_

## EMERGENCY PROCEDURE CARD

Date of admission		Date of release		Grade	
Child's name <i>(including last, first, middle initial)</i>			Child's address <i>(including house number and street, building/apartment number)</i>		
Child's date of birth	Home phone number ( )	City		State	ZIP Code

<b>Residency information</b>					
Student lives with <i>(please circle one)</i> parents, mother, father, stepmother, stepfather, other <i>(explain)</i> :					
Father's/legal guardian's name			Mother's/legal guardian's name		
Home address <i>(if not child's address)</i>			Home address <i>(if not child's address)</i>		
City	State	ZIP Code	City	State	ZIP Code
Employer name			Employer name		
Employer address			Employer address		
City	State	ZIP Code	City	State	ZIP Code
Employer phone number ( )	Hours of employment a.m. to p.m.	Employer phone number ( )	Hours of employment a.m. to p.m.		

<b>Contact instructions</b>					
Please indicate whom we should contact in case of an emergency <i>(other than parent)</i> :					
1 <sup>st</sup> choice:	Daytime phone:		( )		
	Alternate phone:		( )		
2 <sup>nd</sup> choice:	Daytime phone:		( )		
	Alternate phone:		( )		
Doctor:	Office phone:		( )		
	Alternate phone:		( )		

Name(s) of person other than parent or legal guardian to whom child may be released:

Please indicate whom we should contact in case of an early dismissal <i>(other than parent)</i> :					
1 <sup>st</sup> choice:	Daytime phone:		( )		
	Alternate phone:		( )		
2 <sup>nd</sup> choice:	Daytime phone:		( )		
	Alternate phone:		( )		

Are there any restrictions on your child's activities at school? Yes or No If Yes, please explain.

Is there any medical information/concern you would like to share with the school which might help better serve your child? This information is confidential.

In case of separated or divorced parents, are there any legal restrictions on the release of child to either parent? If so, provide a copy of formal documentation to keep in your child's file.

<b>Emergency instructions</b>					
<input type="checkbox"/> I give permission to ABT to secure emergency medical and/or surgical treatment for the above named minor child while in its care.					
<input type="checkbox"/> I do not give permission to ABT to secure emergency medical and/or surgical treatment for the above named minor child while in its care.					
Hospital preferred in case of emergency:				Phone: ( )	
Health insurance policy name and number:					
Allergies:					

Signature of Parent or Guardian					Date
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Academy for Business and Technology  
19625 Wood St.  
Melvindale, MI 48122  
313-382-3422

## ABT PLEDGE

I, \_\_\_\_\_, parent of \_\_\_\_\_, support the mission and educational goals of ABT.

I resolve to show that I am an interested and responsible parent:

1. I will send my child to school every day in uniform.
2. I will send my child to school every day ready to learn.
3. I will send my child to school every day healthy, clean and well-cared for.
4. I will teach my child to be well-behaved and show good manners.
5. I will notify the school when my child is ill or is going to be absent.
6. I will teach my child to respect all property and to take care of all school supplies, books, and equipment.
7. I will attend conferences about my child.
8. I will support the school and my child's teacher in helping my child follow the code of conduct.
9. I will volunteer to work with my child's teacher in school or at home.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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## AFFIRMATION OF PRIOR DISCIPLINE RECORD

Check the appropriate box, provide all appropriate information and sign this document.

I affirm that the information provided here is true and that any false statement may result in forfeiting my child's enrollment privileges at ABT.

The undersigned affirms that \_\_\_\_\_  
has not been suspended or expelled from any school.

The undersigned affirms that \_\_\_\_\_  
has been suspended or expelled from a school.

If the student has been suspended or expelled, please provide the school name, date of suspension and/or expulsion, along with a detailed description of the incident(s).

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\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of ABT Staff Member

\_\_\_\_\_  
Date copy sent for verification

### Former school district

Name and address of responding school district:

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\_\_\_\_\_  
City State ZIP Code

( ) \_\_\_\_\_  
Phone number

Please check one:

According to our records, we verify that the information provided above by the parent/student is correct.

According to our records, the information provided above by the parent/student is not correct. Appropriate documentation of suspensions and/or expulsions is attached.

\_\_\_\_\_  
Signature and title of sending district administrator

\_\_\_\_\_  
Date



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## FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Academy for Business and Technology, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, ABT may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures.

The primary purpose of directory information is to allow the ABT to include this type of information from your child's education records in certain school publications.

Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks.

If you do not want ABT to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing.

Academy for Business and Technology has designated the following information as directory information:

Student's name	Date and place of birth
Participation in officially recognized activities and sports	Major field of study
Weight and height of members of athletic teams	Dates of attendance
Photograph	Grade level
Degrees, honors, and awards received	The most recent educational agency or institution attended

**Military Recruiter Notification** (*applicable only to students enrolling in grades 11 and 12*)

ABT shall provide military recruiters the same access to high school students as is provided generally to higher education institutions, community colleges and prospective employers.

If you do not want your student's name, address and telephone listing released to armed forces recruiters, please complete the following portion of this form. Your statement of objections will be placed in your child's records and we will not release this information to military recruiters without your written consent.

Do not release the name, address and telephone listing for my student, \_\_\_\_\_, to military recruiters without my prior written consent.

\_\_\_\_\_  
Name of Student (please print)

\_\_\_\_\_  
Signature of Parent or Guardian (or student if 18 years or older)

\_\_\_\_\_  
Date

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## FAMILY FEEDBACK

Date \_\_\_\_\_  
(month) (day) (year)

Thank you for choosing ABT. We are committed to serving our families in a pleasant and courteous manner. Please take a few minutes to complete this brief questionnaire. Your feedback is very important and your responses will be kept confidential.

How did you *first* hear about ABT?

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Newspaper ad      | <input type="checkbox"/> Radio commercial         | <input type="checkbox"/> Flier              | <input type="checkbox"/> Saw building or sign |
| <input type="checkbox"/> Newspaper article | <input type="checkbox"/> TV commercial            | <input type="checkbox"/> Postcard in mail   | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Web site          | <input type="checkbox"/> Billboard                | <input type="checkbox"/> Friend or relative |   |
| <input type="checkbox"/> Reenrolling       | <input type="checkbox"/> Movie theater commercial |   |   |

### Customer service

If you called for information, was the call answered promptly in a friendly and courteous manner?

- Yes  
 No, please explain: \_\_\_\_\_

If you requested information via the school Web site, was your request answered promptly in a friendly and courteous manner?

- Yes  
 No, please explain: \_\_\_\_\_

If you visited the school for information, were you greeted promptly in a friendly and courteous manner?

- Yes  
 No, please explain: \_\_\_\_\_

Were all of your questions regarding ABT answered to your satisfaction?

- Yes  
 No, please explain: \_\_\_\_\_

### In your words

What words would you use to describe the school building and grounds?

- |                                   |   |   |  |
|-----------------------------------|---|---|--|
| <input type="checkbox"/> Clean    | <input type="checkbox"/> Accessible             | <input type="checkbox"/> Safe and secure  | <input type="checkbox"/> Outdated, old |
| <input type="checkbox"/> Inviting | <input type="checkbox"/> School pride displayed | <input type="checkbox"/> Unclean  | <input type="checkbox"/> Unorganized   |
| <input type="checkbox"/> Modern   | <input type="checkbox"/> Colorful               | <input type="checkbox"/> Building, classrooms and office well-marked with signs |  |

What words would you use to describe the school Web site?

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Easy to use        | <input type="checkbox"/> Quality                | <input type="checkbox"/> Appealing               | <input type="checkbox"/> Not attractive       |
| <input type="checkbox"/> Informative        | <input type="checkbox"/> Up-to-date information | <input type="checkbox"/> Out-of-date information | <input type="checkbox"/> Difficult to use     |
| <input type="checkbox"/> School pride shown | <input type="checkbox"/> Relevant information   | <input type="checkbox"/> Confusing               | <input type="checkbox"/> Too much information |

What words would you use to describe school advertising you saw?

- |                                       |                                       |  |   |
|---------------------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> Quality      | <input type="checkbox"/> Interesting  | <input type="checkbox"/> Not relevant  | <input type="checkbox"/> Misleading       |
| <input type="checkbox"/> Original     | <input type="checkbox"/> Relevant     | <input type="checkbox"/> Confusing   | <input type="checkbox"/> Didn't stand out |
| <input type="checkbox"/> Professional | <input type="checkbox"/> To the point | <input type="checkbox"/> Not representative of school, students or community |   |

What words would you use to describe why you and your child chose ABT?

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Quality education       | <input type="checkbox"/> Safe, secure building | <input type="checkbox"/> Family-oriented                             | <input type="checkbox"/> Curriculum focus     |
| <input type="checkbox"/> Caring staff            | <input type="checkbox"/> Transportation        | <input type="checkbox"/> Good reputation                             | <input type="checkbox"/> Diverse student body |
| <input type="checkbox"/> Small school atmosphere | <input type="checkbox"/> Uniforms              | <input type="checkbox"/> Best option available                       | <input type="checkbox"/> No other choice      |
| <input type="checkbox"/> Close to my home        | <input type="checkbox"/> School leader         | <input type="checkbox"/> Attention given to student and family needs |   |

### Other comments

Please use this area to share any other comments you have.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



School District Name  
 Address 1  
 Address 2  
 City, State Zip  
 Phone:  
 Email:

# Household Information Survey

**SCHOOL USE ONLY**  
 Approved for:  
 1  2

To determine eligibility for various additional state and federal program benefits that your child(ren) may qualify for, please complete, sign and return this application to \_\_\_\_\_ (school name).

**These sections must be completed by the head of household or designee.**

**PART A. SIZE OF FAMILY** - Enter the total number of individuals living in your household, including all adults and children →

**PART B. CURRENT BENEFITS** - Complete below if applicable

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDIPIR, 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. STUDENT INFORMATION** – Complete for each student Pre-K through 12th Grade

	Last Name	First Name	Birth Date XX-XX-XXXX	School	Identify H if Homeless M if Migrant R if Runaway F if Foster
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

If you need additional lines, attach a second sheet to this survey or attach a copy of this survey clearly marked as a **Page 2**.

**PART D. TOTAL MONTHLY HOUSEHOLD INCOME** – Report income for all members of household excluding Foster Children. If you have reported a case number above, you do not need to fill in this section. Simply sign and date form.

Type of Income	Income	Circle If No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefits	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
<b>Total Monthly Household Income (Add lines 1-6)</b>	<b>\$</b>	

**PART E. SIGNATURE** - If Income Section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a Social Security Number" box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will get federal/state funds based on the information I give. I understand that sponsor officials may verify (check) the information.

Sign Here: X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last Four (4) Digits of Adult Social Security Number: XXX-XX-\_\_\_\_\_  I do not have a Social Security Number

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone _____	Work Phone _____	Email Address _____
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By providing your email address you may be contacted via email by the district

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## HOME LANGUAGE SURVEY

Student's name \_\_\_\_\_ Grade \_\_\_\_\_ Date of birth \_\_\_\_\_

Parent(s) name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP Code \_\_\_\_\_

What was the first language your child learned? \_\_\_\_\_

What language is spoken most often by your child? \_\_\_\_\_

What languages, other than English, are spoken in the home? \_\_\_\_\_

Was your child receiving help with English in their previous school? \_\_\_\_\_

Comments

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\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date





## IMMUNIZATION

State law prohibits a principal or teacher from admitting new entrants to school without a record of having received at least one dose of each of the following: measles, mumps, rubella, polio, diphtheria, tetanus, pertussis and hepatitis B. Children who have not received the required immunizations will be excluded from school until parents provide proof that all required immunizations have been received or until the school has a waiver on file. To remain in school, parents must provide the school with a record showing that the student has received all of the following immunizations:

### Immunization schedule

Immunization	Ages 4-6	Ages 7-18
Diphtheria, Tetanus and Pertussis*	4 doses are required. If a dose was not given on or after the 4 <sup>th</sup> birthday, a booster dose of DTP is required. Most children will have 5 doses.	4 doses are required. If a dose was not given in the last 10 years, a booster dose of Td is required.
Polio	3 doses are required. If the last dose was not given on or after 4 <sup>th</sup> birthday, a booster dose is required. Most children will have 4 doses.	3 doses are required.
Measles, Mumps and Rubella	2 doses are required. The 1 <sup>st</sup> dose must be given on or after the 1 <sup>st</sup> birthday. The 2 <sup>nd</sup> dose must be given at least 28 days from the 1 <sup>st</sup> dose.	2 doses are required. The 1 <sup>st</sup> dose must be given on or after the 1 <sup>st</sup> birthday. The 2 <sup>nd</sup> dose must be given at least 28 days from the 1 <sup>st</sup> dose.
Hepatitis B	3 doses are required. Minimum of 28 days between 1 <sup>st</sup> and 2 <sup>nd</sup> doses; minimum of 56 days between 2 <sup>nd</sup> and 3 <sup>rd</sup> doses; minimum of 4 months between 1 <sup>st</sup> and 3 <sup>rd</sup> doses; and 3 <sup>rd</sup> dose must be administered on or after 24 weeks or 168 days of age.	
Varicella (Chickenpox)**	1 dose required on or after 1 <sup>st</sup> birthday.	1 dose required if received on or after the 1 <sup>st</sup> birthday but prior to the 13 <sup>th</sup> birthday OR 2 doses required, administered at least 28 days apart, if the child received the 1 <sup>st</sup> dose on or after the 13th birthday.

\* Children ages 4-6 must have 4 doses of pertussis. DT is only accepted if a signed waiver is on file for that particular dose of pertussis vaccine.

\*\* Reliable history of chickenpox vaccine is acceptable in lieu of the vaccine

### Student's immunization records

Please complete this table if it is not possible to make copy of Student's Immunization Record. Make two copies, send original to School Name and keep one for your records.

Immunization	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year
Diphtheria					
Tetanus					
Pertussis					
Polio					
Measles					
Mumps					
Rubella					
Hepatitis B					
Varicella (Chickenpox)					

### Immunization waiver

A parent or guardian wishing to exempt his/her child from a particular vaccination must provide a written statement indicating the religious or philosophical objections to the vaccination(s). A child who has been exempted from a vaccination is considered susceptible to the disease or diseases for which the vaccination offers protection. That child will be subject to exclusion from the school or program if an outbreak of a vaccine-preventable disease to which s/he is susceptible occurs.

By signing this waiver, you acknowledge that you are placing your child and others at risk of serious illness should s/he contract a disease that could have been prevented through proper vaccination.

I object to having my child immunized against the diseases I have checked below:

- |                                     |                                    |                                  |                                      |   |
|-------------------------------------|------------------------------------|----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Pertussis | <input type="checkbox"/> Measles | <input type="checkbox"/> Rubella     | <input type="checkbox"/> Varicella (Chickenpox) |
| <input type="checkbox"/> Tetanus    | <input type="checkbox"/> Polio     | <input type="checkbox"/> Mumps   | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Other _____            |

Reason:

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\_\_\_\_\_  
 Student's Name (please print)

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Date

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**INCLUSIVE EDUCATION**

IDEIA 2004 states that, to the maximum extent appropriate, children with disabilities should be educated with children who are not disabled. Special classes, separate schools or other removal of children with disabilities from the regular educational environment should occur only when the nature or severity of the disability of a child is such that education within regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. ABT embraces this philosophy, believing that special education students can best be educated in the regular classroom. Our teachers accept responsibility for all students in their classroom and modify, accommodate and adjust teaching techniques and classroom activities to meet the learning abilities of all children.

Please indicate on the Special Education Records Request form in this registration packet if your child has an Individual Education Plan in place. You will receive an invitation from the intervention specialist or resource teacher to attend an IEP meeting, if necessary, within the first month of your child's enrollment at our academy.

The following signature indicates that I understand the instructional philosophy of the school.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

The academy is participating in an effort to identify, locate and evaluate all children who may have disabilities. For more information regarding assistance for students with disabilities or if you suspect a child may have a disability, please contact the school leader.



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## INTERNET ACCEPTABLE USE POLICY

Prior to receiving authorization to use the Internet, students and their parents/guardians must sign the following permission and contract document.

### Parents

I give permission for my child to participate in the use of the Internet, a worldwide telecommunications network. I realize that (s)he will be able to access major networks throughout the world using the Internet. I understand that this access is designed and intended for educational purposes only. I also understand that the student will receive instruction in the appropriate use of this resource.

I realize the Internet contains material that is inappropriate for school purposes. I support the school's position that students are responsible for not accessing such material. Such unacceptable use of the network will result in the suspension of all privileges. I will not hold ABT accountable for unsuitable materials acquired by the student through Internet usage for school.

I acknowledge that I have read the Internet Acceptable Use Policy.

\_\_\_\_\_  
Student's Name *(please print)*

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### Students

I will abide by the Internet Acceptable Use Policy. I understand that the Internet contains material inappropriate for school use and, therefore, will take personal responsibility not to access this material. I recognize that it is impossible for ABT to prevent access to all controversial materials, and I will not hold them responsible for materials found or acquired on the network. I further understand that any violation of the regulations in this policy is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and appropriate school discipline and/or legal action may be taken.

\_\_\_\_\_  
Student's Name *(please print)*

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date



# Library Responsibility Form

Dear Parents,

Because many books will be circulated through the library this year, please encourage your child to assume responsibility in caring for the books he or she checks out. If a book is lost or damaged, it will be the responsibility of the child and his or her family to pay for replacing it.

Please read the fine information below and discuss it with your child. Then sign and return it. **THE COMPLETED FORM MUST BE RETURNED BEFORE BOOKS CAN BE CHECKED OUT BY YOUR CHILD.**

- The student will then be responsible for the replacement cost of the book.
- Fines will be issued if a book is returned damaged. Damage fines will be based on a percentage of the total replacement cost of the book and depend on the extent of the damage.
- All library fines need to be paid in full before report cards/transcripts will be released.

I have read this form regarding the responsibility of library books checked out by my child. I understand that if a library book is lost or damaged, I will be responsible for paying for its replacement.

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Grade: \_\_\_\_\_

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**MEDIA RELEASE**

Please check the boxes of the items you would like to allow your child to participate in and sign below.

News information release

There may be times during the school year when the academy, The Leona Group, news media or others wish to photograph or videotape your child at ABT for use in print, video, Internet or other communications methods.

I give my permission to ABT to provide information concerning school activities with my child to the general news media. I also give my permission for my child's name, portrait, picture or voice to be used for display or in promotional material in a variety of mediums for the academy or its management company, The Leona Group, L.L.C., and/or in local media coverage of academy events.

Communication release

There may be times during the school year when the academy, The Leona Group or others wish to identify your student by name and grade in newsletters, publications or yearbooks.

I give my permission to ABT and its management company, The Leona Group, L.L.C., to identify my child by name and grade in newsletters, publications or yearbooks.

Artwork release

There may be times during the school year when the academy, The Leona Group, news media or others wish to use artwork created by your child at the academy for use in print, video, Internet or other communications methods.

*I give my permission to ABT to provide information concerning school activities with my child to the general news media. I also give my permission for my child's name, portrait, picture or voice to be used (both now and in the future) for display or in promotional material in a variety of mediums for the academy or its management company, The Leona Group, L.L.C., and/or in local media coverage of academy events.*

*I acknowledge that subsequent to the date my child ceases to be enrolled at ABT, I may revoke the forgoing grant of permission by providing ABT, with specific written notice of such revocation.*

\_\_\_\_\_  
Student's Name *(please print)*

\_\_\_\_\_  
Signature of Parent or Guardian *(or student if 18 years or older)*

\_\_\_\_\_  
Date



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## MEDICATION

Physicians may find it necessary to prescribe medication to be given during school hours. If your child is taking any medication it must be dropped off at the school office by the parent, who must make arrangements with the school to take this medication. Such medication must be in its original container and accompanied by the physician's written instructions, containing the following information:

1. Student's name
2. Name of prescribing doctor
3. Name of medication
4. Instructions such as dosage and time to be given

Student's name \_\_\_\_\_ Birth date \_\_\_\_\_

Name of medication \_\_\_\_\_ Diagnosis/purpose of medication \_\_\_\_\_

Form of medication  Tablet/capsule  Liquid  Inhaler  Injection  Nebulizer  Other \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency \_\_\_\_\_ Time \_\_\_\_\_

How is medication to be administered? \_\_\_\_\_

Should the school be aware of any adverse reactions or precautions? \_\_\_\_\_

Home phone \_\_\_\_\_ Emergency phone \_\_\_\_\_

Doctor's name \_\_\_\_\_ Doctor's phone \_\_\_\_\_

The undersigned parent/guardian authorizes ABT through its administrators and/or staff to administer medication or to supervise the taking of medication by my child.

It is understood that the undersigned parent/guardian shall immediately notify school personnel in writing in the event the prescription shall be discontinued or modified. Refills of the prescription shall be the responsibility of the parent/guardian.

Further, the undersigned shall release and indemnify ABT and its employees from any liability or damage which may result from the administration of said medication as prescribed by the physician.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Academy for Business and Technology  
1925 Wood St  
Melvindale, MI 48122  
Phone: 313-382-3422  
Fax: 313-382-3422

## REQUEST FOR RELEASE OF STUDENT RECORDS

Please forward the transcript(s) of \_\_\_\_\_, born \_\_\_\_\_,  
(print student's full name) (birth date)  
who enrolled in grade \_\_\_\_\_ at Academy for Business and Technology on \_\_\_\_\_.  
(date)

It is requested that information about courses taken, grades earned to the date of withdrawal, standardized test results, parent-teacher conferences, health records, psychologist reports and other important data be included.

In addition, if the student had a 504 plan or was receiving special education services, please forward these records, including all evaluation reports, Multidisciplinary Team Reports and Individual Education Plans.

The parent or guardian who has signed below has been informed of this transfer request and grants permission for the information to be sent.

Thank You,  
Academy for Business and Technology

Send records to:  
Academy for Business and Technology  
19625 Wood St  
Melvindale, MI 48122

### Parents

Please sign and complete the information below as a request for release of your child's student records.

Name and address of school last attended:

\_\_\_\_\_

\_\_\_\_\_

City State ZIP Code

( )

Phone number

Signature of Parent or Guardian

Date



Academy for Business and Technology  
19625 Wood St  
Melvindale, MI 48122  
313-382-3422

## SPECIAL EDUCATION RECORDS REQUEST

Please complete this form for all new students who were enrolled in special education at their previous school. This request will then be forwarded to the special education department of your child's previous school district.

Student name \_\_\_\_\_ Grade \_\_\_\_\_ Date of birth \_\_\_\_\_

Parent(s) name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP Code \_\_\_\_\_

Previous district attended \_\_\_\_\_ Building \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP Code \_\_\_\_\_

Disability \_\_\_\_\_

District contact person \_\_\_\_\_ Phone \_\_\_\_\_

Date of last Individual Education Plan \_\_\_\_\_ *(please attach a copy)*

Please sign below so that we may request your child's special education records, including all evaluation reports, Multidisciplinary Team Reports and Individual Education Plans.

I grant permission for ABT to receive the special education records of my  
child \_\_\_\_\_ from \_\_\_\_\_ school district.  
*(please print name)* *(please print name)*

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### FOR SCHOOL USE ONLY

Date form forwarded to special education teacher \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date records requested from previous school \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date records received from previous school \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



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Academy for Business and Technology  
19625 Wood St.  
Melvindale, MI 48122  
313-382-3422

## STUDENT RESIDENCY

By completing this questionnaire, you help the school comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your truthful and accurate answers help the school identify services that the student may be eligible to receive.

Student's name \_\_\_\_\_  
Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Sex  Male  Female  
Parent(s) name \_\_\_\_\_ Phone number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ZIP Code \_\_\_\_\_

1. Where is the student living now? *(check one box)*
- In a shelter
  - In a car
  - In a motel or hotel
  - In a trailer park or campsite
  - With more than one family in a house or apartment
  - With friends or family members other than parent or guardian
  - None of the above

*If you checked the box marked "None of the above" you do not have to complete the remainder of this form. Please sign below and return a copy of this form to the school office.*

2. Does the living arrangement marked in Question 1 result from a loss of housing or economic hardship?  
 Yes  No  Unsure
3. The student lives with:
- 1 parent
  - 2 parents
  - 1 parent and another adult
  - A relative, friend(s) or other adult(s)
  - Alone with no adults
  - An adult who is not the parent or legal guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**FOR SCHOOL USE ONLY**

- Student not covered by McKinney-Vento Act
- Student covered by McKinney-Vento Act
- Follow-up required

Contact person at the student's school who may know of the family situation:

Name \_\_\_\_\_ Phone number \_\_\_\_\_



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# Academy for Business and Technology Middle/High School

## All Students MUST BE IN UNIFORM EVERYDAY



**Polo Style Shirts:** White, Navy Blue and Gray (with or without ABT LOGO)

**Shirts without ABT LOGO must be plain polo shirts**

\*All Shirts should cover midribs and cleavage areas

### Shirts available for purchase at school

#### **ABT Logo Polo Shirts**

\$10.00 colors blue and gray

#### **ABT Logo T-Shirts**

\$8.00 colors blue and gray

(T-Shirts **ONLY** can be worn on **Fridays** with uniform pants)

#### **Uniform Pants (No Jeans):**

Khaki, Navy Blue, and Black

\*Pants should be at waistline with belt

\*All Shorts, Skirts and Jumpers must pass fingertips in length

#### **Shoes:** Gym Shoes or Dress Shoes

**No** open toe shoes, sandals, flip flops, Nike style sandals allowed in the building

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### **Not Allowed**

**Students may not wear** any shirts or trousers with stripes, writing or printing, with Logos other than ABT Logo. **No inappropriate** writing, pictures signs or symbols on shirts to be worn on dress down days.

**Students may not wear** sweatpants, gym pants; gym shorts, Jeggings, leggings, yoga pants, skinny, or denim jean pants (no ripped jeans showing skin are not allowed on dress down days)

**Students may not wear** any open toe shoes, sandals; flip flop, Nike style sandals allowed in building

**Dress Down Days:** Student must adhere to dress code policy



19625 Wood Street Melvindale, MI 48122  
313-382-3422 Fax:313-382-3906

WHAT'S  
**NEW?**

### **Additions to Dress Code**

**Polo Shirts:** without ABT Logo can be purchase at retail stores – White, Navy Blue and Gray

**Black Uniform Pants are allowed (No Jeans)**