



You'll Find Success at Wavecrest

ENROLLMENT PACKET

2011-12

633 Apple Avenue
Holland, MI 49423
Phone: (616) 393-7662
Fax: (616) 393-7633

Wavecrest Career Academy 2011-12 Registration Form

To enroll: Complete the following forms: 1) Registration; 2) Records Request; 3) Affirmation of Discipline ; 4) Student Contract; 5) Intake Forms ; 6) Photo Release; 7) Handbook Acknowledgement; 8) Acceptable Use Policy; 9) Language Survey; 10) Email Form.

Provide school with copies of: (a) Birth Certificate, (b) All Immunization Records, (c) Latest Transcript, (d) Behavior Report

STUDENT INFORMATION			
LEGAL FIRST NAME, <u>NOT</u> NICKNAME	MID INITIAL	LAST NAME + GENERATION SUFFIX (JR., II, III), IF APPLICABLE	
RESIDENTIAL ADDRESS		PREFERRED NICKNAME, IF APPLICABLE	DATE OF BIRTH (MM-DD-YYYY)
CITY/STATE/ZIP		PREVIOUS SCHOOL ATTENDED	BIRTH PLACE (CITY)
GRADE FOR FALL 2011 (CIRCLE ONE) 9 10 11 12		SCHOOL DISTRICT OF RESIDENCE	GENDER (CIRCLE ONE) Male / Female
HOME PHONE ()		Twin/Triplet/etc? Y / N	COUNTY OF RESIDENCE
<input type="checkbox"/> CHECK IF NON-RESIDENT OR FOREIGN EXCHANGE STUDENT. IF SO, INDICATE VISA TYPE: F-1 / OTHER _____			
<input type="checkbox"/> CHECK IF <u>STUDENT</u> IS A PARENT. IF SO, HOW MANY CHILDREN? _____			
IS STUDENT HISPANIC/LATINO? YES/HISPANIC/LATINO NO/NOT HISPANIC/LATINO			
RACIAL/ETHNIC INFORMATION FOR MICHIGAN DEPT OF EDUCATION STATISTICS PRIMARY AND/OR SECONDARY: NUMBER 1,2,3 FOR THOSE THAT APPLY.			
___ American Indian or Alaska Native		___ Black or African American	
___ Asian American (Far East, SE Asia, India)		___ White	
___ Native Hawaiian or Other Pacific Islander			
PARENT / GUARDIAN INFORMATION			
PARENT/GUARDIAN NAME		EMERGENCY CONTACT NAME	
ADDRESS (IF DIFFERENT)	CITY/STATE/ZIP	ADDRESS	CITY/STATE/ZIP
EMAIL ADDRESS		EMAIL ADDRESS	
OCCUPATION / EMPLOYER		RELATIONSHIP TO STUDENT	
PHONE - HOME ()	WORK ()	MOBILE ()	PHONE - HOME ()
		WORK ()	
		MOBILE ()	
FAMILY DOCTOR / MEDICAL			
FAMILY DOCTOR NAME/PHONE NUMBER		SPECIAL MEDICAL NEEDS (e.g., Diabetes, Food Allergies):	
ADDRESS	CITY/STATE/ZIP	IS YOUR CHILD CURRENTLY TAKING ANY MEDICATION? PLEASE INDICATE TYPE AND DOSAGE:	
IMMUNIZATIONS CHECKLIST (Attach a copy of Record)			
IMMUNIZATIONS		REQUIRED DOSES	
Diphtheria, Tetanus & Pertussis (DTaP / DTP / DT / Td):		4 doses required. If a dose was not given in the last 10 years, a booster dose of Td is required.	
Polio (OPV or IPV):		3 doses are required.	
Measles / Mumps / Rubella (MMR):		2 doses are required.	
Hepatitis B (HEP B):		3 doses are required.	
Varicella (Chickenpox - <u>required</u> unless child has had Chickenpox) (If your child has had chickenpox disease, the varicella vaccine is not required.)			Has this student had Chickenpox? Y / N
SPECIAL SERVICES YOUR STUDENT HAS RECEIVED AT PREVIOUS SCHOOL			
Check all that apply.			
<input type="checkbox"/> Speech Therapy	Special Education Service:		<input type="checkbox"/> English as Second Language
<input type="checkbox"/> Social Work	<input type="checkbox"/> Resource Room _____ hrs/week		What is primary language at home? _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Self-contained classroom		
<input type="checkbox"/> Date of last I.E.P.C.: _____			
I attest that the information provided is complete and accurate to the best of my knowledge.			
X _____ Parent/Guardian Signature			Office Use Only - Date/Time Received
_____ Today's Date			
Please tell us how you heard about Wavecrest Career Academy - check one:			
Friend ___ Student ___ Faculty ___ Facebook ___ Website ___ Other (please explain) _____			

Note: Each application is valid for one school year only. Enrolled students need not apply for future years.

EQUAL EDUCATIONAL OPPORTUNITY: Wavecrest does not charge tuition and does not discriminate in its pupil admissions policies or practices on the basis of intellectual or athletic ability, measures of achievement or aptitude, status as a handicapped person, or any other basis not permitted by Michigan's public schools.



STUDENT RECORDS REQUEST

Last Name: _____ First Name: _____

Birth date: _____

Last School Attended: _____

Last Grade Completed: _____ Last Year Attended: _____

School Address: _____

School Phone: _____ School Fax: _____

Parent signature: _____ Date: _____

STUDENT RECORD REQUEST FOR: (*OFFICE USE ONLY*)

CA-60 Immunization Record Transcript
 IEP Special Testing Last Grade Report
 Other _____

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

SEND RECORDS TO:

Wavecrest Career Academy
Attn: Registrar
633 Apple Avenue
Holland, Michigan 49423

Phone: (616) 393-7662
Fax: (616) 393-7633



633 Apple Avenue, Holland, MI 49423

AFFIRMATION OF PRIOR DISCIPLINE RECORD

Directions: Check the applicable paragraph, provide all requested 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, 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 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, 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.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

For Office Use Only

Name of Former School District: _____

Check One: _____ According to our records, we can verify that the information provided above by the student/parent is correct.

_____ According to our records, we can verify that the information provided above by the student/parent 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 activity please forward documentation of disciplinary action.

School Official _____ Date: _____



Student Contract

Wavecrest Career Academy is committed to providing a rigorous and relevant educational program that enables the student to achieve a high school diploma that includes career preparation and education. The Board, faculty, staff parents and students believe that success is the only option. This contract is designed to assist in achieving that goal.

I, _____, agree to the following conditions in order to attend Wavecrest Career Academy.

I accept that I am responsible for my own behavior and that I will make the choice to act appropriately and in an acceptable manner while at school and at school events.

Academic Expectations:

- I have read and understand the mission of Wavecrest Career Academy.
- I expect faculty to challenge me academically.
- I will meet or exceed all the requirements described in my individualized plan.
- I will complete all homework that is assigned on time and with high quality.

Behavior Expectations:

- I agree to conduct myself in an appropriate manner, and will follow the Wavecrest Code of Conduct.
- I will conduct myself respectfully toward all staff, students, and visitors.
- I will not interfere with other students' learning.
- I will demonstrate appropriate behavior while I am in school or at any school functions.
- I will use only appropriate language while I am in school or at any school functions.
- I will attend school daily.
- I will be on time for the start of each class.
- My parent/guardian will call the school office prior to 9:00 a.m. if I am going to be absent or tardy that day.
- I will not smoke on school property or within a block of the school building or at school events.
- I will not bring/use illegal substances on school property or at school events.
- I will abide by Wavecrest's policies regarding electronic devices.
- My cell phone will be turned off (not on vibrate) and not visible during school hours.
- I will adhere to the Wavecrest dress code.
- Differences of opinion will be addressed using the Problem Solving model provided in the Code of Conduct.

Failure to comply with the terms of this contract may result in disciplinary action, up to and including suspension or expulsion from Wavecrest Career Academy.

Date: _____

Student Signature

Parent/Guardian Signature

Today's Date: _____



INTAKE FORM

To be completed by the adult enrolling a student

Name of Student: _____	Sex: _____	Birth Date _____	Age _____
Most recent school attended: _____		Grade Level _____	
Other schools attended: _____			
Grades Repeated (if applicable) _____			

Student's Address: _____
Street City Zip Code

Name of residential area, subdivision, mobile Home Park or apartment complex: _____

General directions to address: _____

Who is the legal guardian? _____ Phone Number _____
Name

Address: _____
Street City Zip Code

Legal guardian's relationship to the student? _____

Adults the student lives with (circle all that apply): father mother step-parent foster-parent other relative

Last grade father completed in school: _____ Last grade mother completed in school _____

Names and ages of brothers and sisters: _____

Any medications the student takes: _____ Dosage _____

Does student smoke? _____ Does student have a history of drug or alcohol usage? _____

If yes, explain _____

Other health considerations: _____

Is the child on court probation? _____ Probation Officer's name _____

What other information would be helpful for us to know about your child? _____

Form Completed by/Signature

Today's Date: _____



INTAKE FORM
To be completed by the student

Name of Student: _____

<p>What is your favorite subject? _____ Why?</p> <p>What is your least favorite subject? _____ Why?</p>
<p>Write a short description of your interests and hobbies.</p>
<p>How do you like to spend your free time?</p>
<p>In your opinion, why is school and the education it provides important?</p>
<p>What do you want to get from Wavecrest Career Academy?</p>
<p>What short-tem goals (during this year) would you like to achieve at Wavecrest?</p>

Today's Date: _____

What long-term goals (three years from now) would you like to accomplish?

What is your career or work goal?

Do you currently have a job?

If yes, where do you work, what days and hours do you work?

Describe the kind of work you do.

Do you have any past work experience?

If yes, please describe.

Do you currently do volunteer or community service?

If yes, please describe.

Have you received any vocational or skill training at school or elsewhere?

If yes, describe the training and where it took place.



Wavecrest Career Academy - 633 Apple Ave. Holland, MI, 49423

Photo Release Form

Wavecrest Career Academy is excited to celebrate our students' achievements and would appreciate the opportunity to feature them in our publications. We would like to use pictures of our students for promotional brochures, newsletters, videos, news reports, and for our website. Please read and sign the following photo release agreement for your child. You may withdraw this release at any time by notifying the school office.

I authorize Wavecrest Career Academy to publish my child's picture in all promotional material including the Wavecrest Career Academy website. I hereby waive any possible claim for payment for such use.

I authorize Wavecrest Career Academy to publish my child's picture in all promotional material with the exception of the Wavecrest Career Academy website. I hereby waive any possible claim for payment for such use.

I do not want my child's picture used in any promotional material.

I have read and understand the above:

Student signature: _____

Student name (*printed*): _____

Address: _____

Phone Number: _____

Date: _____

Parent/Guardian signature: _____

(*if student is under age 18*)



Wavecrest Career Academy - 633 Apple Ave. Holland, MI, 49423

Permission to Send Reports Electronically

Wavecrest Career Academy would like to send your students grade reports, announcements and other notices electronically whenever possible. To help Wavecrest to be more "green", please check the box below allowing Wavecrest to submit these to you electronically via email. Also please include the email address that you would like them sent to.

I authorize Wavecrest Career Academy to send my child's reports, announcements, notices, etc. by electronic mail. I am including the email address that I would like them sent to.

I would not like my child's reports and documents sent via electronic mail, but would like to receive them by mail.

I have read and understand the above:

Student Name (*printed*): _____

Parent/Guardian Name: _____

Email: _____

Phone Number: _____

Date: _____

Parent/Guardian Signature: _____

ENCUESTA SOBRE EL IDIOMA DEL HOGAR

El _____ necesita información acerca de los idiomas que sus estudiantes hablan o entienden; y acerca de los lenguajes en que han nacido aunque aparentemente no los hablen o entiendan. Esta información sobre su hijo(a) será usada por el distrito escolar para determinar el número de estudiantes que pueden calificar para recibir educación bilingüe de acuerdo a las Secciones 380.1151 – 380.1158 del Código Escolar de 1976, Ley Sobre Educación Bilingüe de Michigan. Por favor responda a las preguntas que abajo se hacen.

Muchas gracias por su cooperación.

Nombre del estudiante _____ Grado _____

Nombre de su escuela _____

1. ¿Es el idioma nativo¹ de su hijo(a) otro aparte del inglés?

Si

No

¿Cuál es ese idioma? _____

2. ¿Es el idioma principal² usado en la casa or "barrio" de su hijo(a) un idioma diferente al inglés?

Si

No

¿Cuál es ese idioma? _____

Firma del Padre o Guardián

Domicilio

¹ "Idioma nativo" significa "el idioma primero en que el/la niño(a) comenzó a entenderse con sus padres.

² "Idioma principal" significa "el idioma dominante usado por una person para comunicarse."

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1 - If the child you are applying for is homeless, migrant or a runaway, check the appropriate category and verify with the district/school Homeless Liaison or Migrant coordinator at _____
 Homeless _____ Migrant _____ Runaway _____ List the Child's Name, Grade, and Building in Part 3.

Part 2 - If any member of your household received Food Assistance Program (FAP), Family Independence Program (FIP), or FDIPIR, provide the name and case number for the person who receives benefits.
 Name: _____ Case Number: _____
 Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers
 If a case number is provided only students need to be listed in Part 3.

Part 3 - Household Names - List below all people living in your household, students and non-students, foster children, related or unrelated. For example, grandparents, other relatives, and/or friends, including yourself and children who live with you, must be listed.
Part 4 - Total Household Gross Incomes - Include the amount of money and circle how often it is received. If the person does not receive any income "sp" must be circled in the column Circle if NO income. If you listed a FAP/FIP/FDIPIR number in Part 2, skip to Part 5.

Names	Circle Yes if Foster Child	Grade (if applicable)	Building Name (if applicable)	Circle if NO Income		Earnings from Work (before any deductions and taxes)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income	
				\$0	\$600	every 2 weeks	twice a month	every 2 weeks	twice a month	every 2 weeks	twice a month	every 2 weeks	twice a month
Example: Jane Doe	Yes			\$0	\$600	twice a month	twice a month			\$250	twice a month		twice a month
1	Yes			\$0		twice a month	twice a month				twice a month		twice a month
2	Yes			\$0		twice a month	twice a month				twice a month		twice a month
3	Yes			\$0		twice a month	twice a month				twice a month		twice a month
4	Yes			\$0		twice a month	twice a month				twice a month		twice a month
5	Yes			\$0		twice a month	twice a month				twice a month		twice a month
6	Yes			\$0		twice a month	twice a month				twice a month		twice a month
7	Yes			\$0		twice a month	twice a month				twice a month		twice a month
8	Yes			\$0		twice a month	twice a month				twice a month		twice a month

Part 5 - Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date.)
 If Part 4 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". See Privacy Act Statement on the back of this page.

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 funds based on the information I give. I understand that sponsor officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

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 _____ State _____ Zip Code _____ County _____
 Home/Cell Phone _____ Work Phone _____ Email Address _____
 By providing your email address you may be notified via email of your eligibility for free and reduced price school meals.

Part 6 - Child's Racial/Ethnic Identity (optional)

Check One or More Racial Identities:

- American Indian or Alaskan Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Asian
- White
- Other

Check One Ethnic Identity:

- Hispanic or Latino
- Neither Hispanic or Latino

Privacy Act Information: Social Security Number

The Richard B. Russell School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four (4) digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child, list a FAP or FIP case number or other FDPIR identifier for your child, or indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

VERIFICATION - FOR SCHOOL USE ONLY

Date Selected for Verification: _____ Confirming Official's Signature: _____ Response Due from Household: _____	Date Follow-up/Second Notice: _____ Follow-up Official's Signature: _____ Verification Official's Signature: _____	Date of Adverse Notice Sent: _____	
FAP/FIP/FDPIR/Foster Eligibility: Not confirmed _____ Department of Human Services Notice of Eligibility _____	Income \$ _____ Weekly _____ Every 2 weeks _____ Twice a month _____ Monthly _____ Annual _____	Wage Stubs Written Documents _____ Collateral Contact _____ Agency Records _____ Other _____	Verification Result Free to Reduced _____ Free to Paid _____ Reduced to Free _____ Reduced to Paid _____ No Change _____
		Reason for Eligibility Change: Income _____ Household Size _____ Refused to Cooperate _____ Other _____	

APPROVAL/DISAPPROVAL - FOR SCHOOL USE ONLY

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12	
Household Size: _____ Total Gross Income: \$ _____ Weekly _____ Every 2 Weeks _____ Twice a Month _____ Monthly _____ Annual _____	Reason for Denial: Income Too High _____ Incomplete Application _____ Other (specify) _____
Number of Children Free _____ Number of Children Reduced _____ Number of Children Paid _____ Temporary Free - Time Period: _____ (expires after _____ days)	
Determining Official's Signature: _____ Date: _____ Date Dropped/Withdrawn: _____	



Be on time and be prepared.

Be productive and participate.

Use appropriate language.

Respect people, their property and our school.

**ACKNOWLEDGEMENT OF RECEIPT AND AGREEMENT TO ABIDE
BY THE 2010-11 WAVECREST CAREER ACADEMY STUDENT/PARENT
HANDBOOK**

Students are encouraged to share this handbook with their parents and/or guardian. Each student will be required to sign this form to acknowledge that s/he has received this revised handbook and turn this form into the office by September 14, 2011. It is the student's responsibility to be familiar with the contents of this handbook.

By signing this form, I acknowledge the following:

1. I have read the handbook and understand the contents.
2. I also understand and will abide by the Internet Use Agreement.

Student Name (print): _____

Student Signature

Date

Parent/Guardian Signature

Date

Wavecrest Career Academy

Technology Acceptable Use Policy: Student

Students who use computers and other forms of technology provided by Wavecrest Career Academy agree to adhere to this Acceptable Use Policy, which applies to the school's local area network, Internet, e-mail, and other online access in addition to traditional computer resources. Students are responsible for adhering to the appropriate guidelines on school computer networks just as they are in a classroom or a school hallway. Communications on the network are often public in nature. General school rules for behavior and communications apply.

Network storage areas may be treated like school lockers. Network administrators may review files and communications to maintain system integrity and ensure that users are using the system responsibly. Users should not expect that files stored on district servers will always be private.

Access is a privilege, not a right. Access entails responsibility. *This policy also applies to use of Wavecrest Technology off site.*

Acceptable Uses

- Students will have access to computers and the resources assigned to their student ID under the supervision of a staff member or authorized representative.
- Students are responsible for using technology for educational purposes only.
- Students are responsible for properly using and caring for the hardware and software. Users are to seek assistance if necessary and are to report any misuse they witness.
- Students may have independent access to the Internet at designated times. Wavecrest staff reserves the right to limit access to specific sites.
- Students are responsible for recognizing and honoring the intellectual and creative work of others. Copyright laws must be observed; all sources should be cited accurately.

Unacceptable Uses

- Using an ID other than your own or attempting to gain access to unauthorized files or sharing private information with unauthorized people.
- Buying, selling, or advertising anything.
- Installing or downloading software on school technology.
- Tampering with software, files, or hardware. This includes changing passwords, settings, or the work of others.
- Installing or copying a virus, or infecting a computer or the network with a virus.
- Searching for or distributing inappropriate material. This includes material that is pornographic, contains profanity, or promotes violence, discrimination, harassment, or illegal behavior.
- Risking personal safety by posting personal contact information about yourself or other people.
- Wasting district resources with excessive or non-school related printing.

Consequences

Students are responsible for following the Acceptable Use Policy of Wavecrest Career Academy and for reporting any misuse to a staff member. Failure to do so may result in any or all of the following:

- Communication with parents/guardians
- Suspension and/or cancellation of privileges
- Contact with authorities if a violation of laws has occurred
- Full financial restitution for any damage or unauthorized expenses
- Expulsion from school

I _____, have read and understand the acceptable use policy and understand that the usage of technology is a privilege. I agree to follow this policy and understand any violation will result in consequences as outlined.

Student Signature

Date

Parent Signature

Date



Student Residency Questionnaire

The answers to this confidential residency information help determine the services your student may be eligible to receive such as (but not limited to) school supplies, clothing, tutoring and/or transportation.

Name of Student _____

Birth date _____ Gender _____ Grade _____

Name of Parent(s)Legal Guardian(s)_____

Address _____

City _____ Zip _____ Phone _____

1. Is your current address a temporary living arrangement? Yes No

2. Is this temporary living arrangement due to loss of housing, economic hardship, or other similar circumstances? Yes No

3. Are you a Refugee/Migrant? Yes No

If you answered NO to all the above questions, simply sign and date the bottom of the form.

If you answered YES to any, please complete the remainder of this form.

Where is student presently living?

- In a motel/hotel.
- In a shelter or other transitional housing.
- In a car, park, campground, public space, abandoned building, or substandard housing.
- Moving from place to place.
- With more than one family in a house or apartment. Who residing with? _____
- With an adult that is not a parent or legal guardian. Who residing with? _____
- Alone, without an adult. Who residing with? _____
- In Foster Care.
- Other (please explain)_____

Signature of Parent/Legal Guardian/Person Enrolling Student

Date