

TIPTON ACADEMY STUDENT FORMS CHECK LIST

STUDENT NAME: _____

GRADE _____

____ENROLLMENT APPLICATION

____FAMILY INFORMATION

____SPECIAL EDUCATION INFORMATION _____COPY OF IEP

____ALLERGY LIST

____MEDICAL CONDITION _____MEDICAL RELEASE

____IMMUNIZATIONS

____GREEN HEALTH APPRAISAL (MUST HAVE FOR PRESCHOOL & KINDERGARTEN)

____RECORDS REQUEST SENT _____RECORDS REQUEST RECEIVED

____FREE/REDUCED FORM

____COPY OF BIRTH CERTIFICATE

____COPY OF DRIVERS LICENSE

OFFICE USE ONLY

START DATE: _____

TEACHER: _____

STUDENT ID: _____

LUNCH ID: _____

UIC NUMBER: _____



1615 Belton Garden City, Michigan 48135

734-261-0500

734-956-6360 Fax

Principal Suzanne March

ENROLLMENT APPLICATION

Name (full) _____ Age _____ Sex _____

Address _____ City _____ Zip _____ Date of Birth _____

Home Phone _____ Cell Phone _____

Email Adress _____

Last School Attended and Address _____

School **District** Where You Live and County Your Home Resides In _____

How did you hear about Tipton Academy (newspaper, friend, etc): _____

Grade which student is enrolling at Tipton Academy: _____

Has your child ever been suspended or expelled from another school district? Yes _____ No _____

Is your child currently eligible for Special Education Services? Yes _____ No _____

Does your child have a current IEP? Yes _____ No _____

Is your child currently eligible for Section 504 services? Yes _____ No _____

Ethnic: Caucasian _____ Asian _____ African American _____ Hispanic _____
American Indian _____ Other _____

◆ Is the primary language in your home **OTHER** than English? Yes _____ No _____

◆ If YES, what language? _____

◆ **ENGLISH LANGUAGE LEARNER:** Has the student ever been enrolled in a Bilingual or English Language Learner (ELL) program? Yes _____ No _____

Signature of Parent/Guardian

Date



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MEDICAL CONDITION

Student Name: _____

- Yes, my child **has** Medical Condition
- No, my child **does not have** a Medical Condition

List Medical Condition in detail:

Please attach any relative information regarding the Medical Condition(s)

If Medication is needed during school hours, you may pick up a Medical Permission form at the office.

ALLERGIES

- Yes, my child **has** Allergies
- No, my child **does not have** Allergies

List Allergies in detail:

I **Do Not Hold** Tipton Academy responsible for forgetting to administer medication to my child.

Parent/Guardian's Signature: _____ Date: _____

If I want to ensure that my child receives the medication, I have the right to come into the school and administer this medication to my child.





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REQUEST FOR RECORDS

STUDENT INFORMATION

Student Name: _____

Address: _____ City: _____ St. _____ Zip _____

Phone Number: _____ Date of Birth: _____

Male Female

School Releasing Information

School Name: _____

Address: _____ City: _____ St. _____ Zip _____

School Phone Number: (____) _____ Fax: _____

Records Requested

CA-60 with all records/grades, etc. including but not limited to IEP's Immunization Records, etc.

SCHOOL TRANSFER WEAPONS FREE SCHOOL ZONE STATEMENT

The above student is currently enrolled at Tipton Academy. In order to comply with Public Act 328, please verify that he/she has not been suspended or expelled from school for a weapons violation subsequent to January 1, 1999. If the above has been suspended or expelled due to weapons violations, please attach an explanation as to the current status of the student.

Parent/Guardian Signature: _____ Date: _____

TIPTON ACADEMY Student Internet Permission 2016-2017

Student Name (please print): _____ Date: _____

I have discussed Internet Safety rules with my child.

Signature of Parent/Guardian: _____ Date: _____

IN ADDITION TO THE ABOVE SIGNATURES, PLEASE SIGN BELOW.

I give my child permission to use the Internet in the classroom for educational curricula reasons.

NOTE: *All internet activities are teacher directed.*

Signature of Parent/Guardian: _____ Date: _____

Print Parent/Guardian Name _____

PUBLISHING STUDENT WORK

Tipton Academy is encouraged to have updated web pages for information and curriculum reasons. At certain times, a teacher might want to share student name, photo, or work on the web page or other publication. If you give permission for your child's name, photo, or work to be shared, please initial below.

Please place your initials in the space provided to the left of each statement to indicate your choice(s):

____ I give permission for my child's name to appear on their student web page should one be developed.

____ I give permission for my child's photo to appear on their student web page should one be developed.

____ I give permission for my child's work to be displayed on or off school premises in relation to Tipton Academy activities or initiatives.

____ I give permission for my child's photo/video/work to be shown in other publications of the Academy.

Please return only this page – Keep all other pages for your future reference.

POSSESSION OF CELL PHONE

I have read, understand, and agree to fully comply with Tipton Academy's Cell Phone policy. Listed Below are the identification details for the phone that my student will be carrying with my permission.

Cell Phone Identification: _____

Signature of Parent/Guardian: _____ Date: _____

TIPTON ACADEMY SCHOOL SUPPLY LIST:

KINDERGARTEN:

(2PK) CRAYOLA CRAYONS (1) MARKERS (1PK) COLORED PENCILS 12 COUNT
(2) GLUE STICKS (1) 70 PAGE WIDE RULE NOTE BOOK
(1) FOLDER (1) 2 POCKET PLASTIC FOLDER (1PK) PENCILS #2
(1 BOX) KLEENEX

1ST - 3RD GRADE:

(2PK) CRAYOLA CRAYONS 24 COUNT (1PK) MARKERS (1PK) DRY ERASE MARKERS (LARGE)
(1PK) COLORED PENCILS 12 COUNT (2) GLUE STICKS (1) PENCIL CASE
(1PK) PENCILS #2 (1) SCISSORS (2) NOTEBOOKS 70 PAGES WIDE RULED
(3) COLORED FOLDERS (1) COMPOSITION BOOK (1 BOX) KLEENEX
(2) HAND HELD ERASERS

1ST - 3RD GRADE ENRICHMENT:

(2) FOLDER

4TH - 5TH GRADE:

(1PK) CRAYOLA CRAYONS 24 COUNT (1PK) REGULAR MARKERS (1PK) DRY ERASE MARKERS
(1PK) COLORED PENCILS 12 COUNT (2) GLUE STICKS (1PK) SCISSORS
(1PK of each) #2 PENCILS/PENS (4) 70 PAGE WIDE RULED NOTEBOOKS
(4) COLORED FOLDERS (1) COMPOSITION BOOK (1) PENCIL CASE (1) CALCULATOR
(1) POCKET DICTIONARY (1) PROTRACTOR (1) COMPASS (1 BOX) KLEENEX

4TH - 5TH GRADE ENRICHMENT:

(3) NOTEBOOKS (3) FOLDERS

6TH-8TH GRADE:

(1PK) CRAYOLA CRAYONS 24 COUNT (1PK) REGULAR MARKERS (1PK) DRY ERASE MARKERS
(1PK) COLORED PENCILS 12 COUNT (2) GLUE STICKS (1PR) SCISSORS
(1PK of each) #2 PENCILS/PENS (6) 70 PAGE WIDE RULED NOTEBOOKS
(6) COLORED FOLDERS (1) COMPSITION BOOK (1) PENCIL CASE (1) CALCULATOR
(1) POCKET DICTIONARY (1) PROTRACTOR (1) COMPASS (1 BOX) KLEENEX

6TH-8TH GRADE ENRICHMENT:

(3) NOTEBOOKS (3) FOLDERS

CLASSROOM WISH LIST:

PAPER TOWEL HAND SANITIZER BABY WIPE DISINFECTANT WIPES

*** PLEASE PUT YOUR STUDENT NAME ON THEIR SCHOOL SUPPLIES***