

# 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

\_\_\_\_\_ Record request

\_\_\_\_\_ Immunizations

\_\_\_\_\_ Green health appraisal - must have for preschool and Kindergarten

\_\_\_\_\_ Copy of birth certificate

\_\_\_\_\_ Copy of driver's license

OFFICE USE ONLY:

START DATE: \_\_\_\_\_

TEACHER: \_\_\_\_\_

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 Address \_\_\_\_\_

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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### TIPTON ACADEMY

#### Mother/ Guardian Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Cell Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Work Number: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

#### Father/ Guardian Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Cell Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Work Number: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

#### LIST OTHER CHILDREN IN THE FAMILY

NAME	DATE OF BIRTH	GRADE	SCHOOL ATTENDING

WITH WHOM DOES THE CHILD RESIDE? Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_  
\_\_\_\_\_ Stepmother \_\_\_\_\_ Stepfather

PRESENT LIVING SITUATION: \_\_\_\_\_ Own Home \_\_\_\_\_ Renting Home \_\_\_\_\_ Living with another family due to financial reasons  
\_\_\_\_\_ Car \_\_\_\_\_ Motel/Hotel \_\_\_\_\_ Campsite/Trailer

Knowingly falsifying registration information is grounds for immediate removal of the child from Tipton Academy. I attest that the above information is accurate and complete to the best of my knowledge.

Signature of Parent or Guardian Enrolling Student:

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

Tipton Academy will not tolerate unlawful discrimination by or against students because of their race, color, creed, religion, height, weight, age, marital status, veteran status, citizenship, national origin, sex, handicap or disability, or any other factor prohibited by law. This policy applies without exception. After investigation, persons who violate this policy are subject to appropriate sanctions for their conduct.

**ALLERGIES**

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

List Allergies:

FOOD \_\_\_\_\_

OTHER \_\_\_\_\_

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.*

**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.***





1615 Belton Garden City, MI 48135 Tele. 734-261-0500 Fax 734-956-6360  
29205 Florence Garden City, MI 48135 Tele. 734-796-7676 Fax 734-338-2367

**AFFIRMATION OF PRIOR DISCIPLINE RECORD**

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

**DIRECTIONS:** Provide all appropriate information, and sign this document.

The undersigned affirms that \_\_\_\_\_,  has not  
 has been suspended or expelled from any public or non public school for an offense involving a weapon, alcohol, drugs, the willful infliction of injury to a person, or for any act of violence against a person and/or property committed on school premises, at any school-sponsored activity, or on a public or private conveyance providing transportation to or from a school or a school-sponsored activity.

Explain the circumstances in detail and provide the school name, dates of suspension or expulsion, and a description of the incident giving rise to the suspension or expulsion.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize the \_\_\_\_\_ school to provide the requested information to:

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

School Building Address: \_\_\_\_\_

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_ by \_\_\_\_\_

Date copy sent for verification

Name of Sending (former) School District \_\_\_\_\_

Sending School: Please check one:

- According to our records, we can 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.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Sending District Administrator



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Principal Suzanne March

## 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: \_\_\_\_\_

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