



WINANS ACADEMY DISTRICT

2023/2024 Application for Admission

Thank you for your interest in the Winans Academy District. We are pleased that you are considering our community for your child’s educational success. Note the following:

- ⇒ Application for Admission must be returned to the school office before **June 2, 2023** to be considered.
- ⇒ All Kindergarten applicants must be **5 years of age on or before September 1, 2023.**
(If applicant is not 5 years of age by September 1, 2023 but will be 5 years of age between the dates of September 2 through December 1, 2023, the parent/legal guardian must complete and return the Kindergarten Waiver Form.)
- ⇒ Please PRINT clearly.
- ⇒ **WE ASK THAT YOU COMPLETE THE ENTIRE APPLICATION AND RETURN WITH ALL REQUIRED DOCUMENTS. INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED UNDER ANY CURCUMSTANCE.**

How did you hear about the Winans Academy District?

_____ TV Commercial _____ Radio Commercial _____ Walk-In _____ Special Event

_____ Relative or Friend Attends Winans Academy District _____ Other (list): _____

SCHOOL CAMPUS REQUESTING

Choose One: Winans Academy of Performing Arts (K-8) **OR** Rutherford Winans Academy (K-8)

STUDENT INFORMATION:

Age: Present Grade Level: Grade in 2023/2024 School Year:

Last Name: _____ First Name: _____ M.I.: _____

Male: _____ Female _____ Date of birth: _____ Place of Birth (City/State): _____

Address: _____

City: _____ ZIP: _____ County: _____

Check any that apply: Regular Education ESL (English as Secondary Language)

504 (current 504 must be included) Special Education (current IEP must be included)

Student Race (Choose One): American Indian or Alaska Native Asian

Black or African American Native Hawaiian/Other Pacific Islander White

Student Ethnicity (Choose One): Hispanic Latino Not Hispanic or Latino

Parent/Guardian Name (Printed)

Parent/Guardian Signature Date

Student Information (Continued):

Is student's native language a language other than English? YES NO

If yes, what language? _____

Is the primary language use in student's home a language other than English? YES NO

If yes, what language? _____

Was student born in the USA? YES NO DATE ENTERED USA ____/____/____ Birth Country: _____

Month Day Year

Has student ever been enrolled in a Bilingual or English Language Learner Program? YES NO

Is student able to understand, speak, read, AND write a language other than English at the NOVICE LEVEL?

YES NO If yes, what language? _____

Has student successfully completed schooling in another country for at least a semester (4-6 months)? YES NO

If yes, do you have the official transcripts (school report) from successful and continuous school? YES NO

Special interest and/or abilities: _____

Is student taking medication at school? YES NO If yes, list medication(s): _____

Reason(s): _____

Physical condition: Excellent Good Fair

Check any that apply: Eye glasses Hearing Aid Other, please list: _____

Family Doctor: _____ Telephone: _____

Address: _____ City: _____ ZIP: _____

In case of an emergency and student is taken to the hospital; does student have insurance? Yes No

If yes, please list type of insurance: _____

Are immunizations current? Yes No Are immunizations complete? Yes No

<i>Full names of other children living at home</i>	<i>Age</i>	<i>Relationship to student</i>	<i>"Applying" or "Reapplying" to Winans Academy District for 2023/2024?</i>	<i>Grade in the Fall</i>

PARENT(S)/GUARDIAN(S) INFORMATION:

Parent(s)/Guardian Name(s): _____ / _____

Parent #1

Parent #2

Relationship(s) to Student: _____

Parent Information (Continued):

Parent #1

Home Phone: () _____ Cell Phone: () _____

Parent #2

Home Phone: () _____ Cell Phone: () _____

Parent(s)Guardian Email Address: _____

Parent/Guardian Language:

Does parent/guardian require oral or written communication from the school in a language other than English?

YES NO If yes, what language?_____. Written Oral

What language do you speak most of the time?_____

Parent/Guardian Education (Choose One):

Elementary High School Some College Associates Bachelor's or Higher Other

PLEASE LIST ANY ADDITIONAL INFORMATION REGARDING STUDENT YOU WOULD LIKE TO SHARE: _____

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date

This Application for Admission must be completed in its entirety and returned with ALL forms and required attachments. Incomplete applications cannot be accepted.

WINANS ACADEMY DISTRICT STUDENT EMERGENCY INFORMATION FORM

Student (Last Name/First Name) _____ Date of Birth _____ Grade 2023/2024 _____

Address, City, State, _____ ZIP Code _____ Home Phone Number _____

Please list any allergies and/or medical conditions on line below (use back of sheet if necessary): _____

Mother/Guardian's Name _____

Father/Guardian's Name _____

Mother/Guardian's Work Number _____

Father/Guardian's Work Number _____

Mother/Guardian's cell phone _____

Father/Guardian's /cell phone _____

Mother/Guardian's address _____

Father/Guardian's address _____

EMERGENCY CONTACTS:

Name:	Relationship:
Address, City, State, ZIP	Home Number/Cell phone

Name:	Relationship:
Address, City, State, ZIP	Home Number/Cell phone

Latchkey information	
Name of Latchkey Provider:	Address:
Contact Person:	Phone Number/Cell Phone

This Student Emergency Information Form is a part of the Student Application for Admission to the Winans Academy District. This form must be completed, or the application will be incomplete. Incomplete applications cannot be accepted.

WINANS ACADEMY DISTRICT STUDENT RECORDS RELEASE FORM

Date: _____

Student's Name: _____
Last First

Address: _____

City: _____ State: _____ ZIP: _____

Birthdate: _____ Grade (for 2023/2024): _____

The undersigned gives express authority to release to WINANS ACADEMY DISTRICT (Choose One):

- | | |
|---|--|
| <input type="checkbox"/> Rutherford Winans Academy (K-8)
16411 Curtis St.
Detroit, MI 48235
(313) 852-0709 - Telephone
(313) 852-0702 - Fax | <input type="checkbox"/> Marvin L. Winans Academy of Performing Arts (K-8)
9740 McKinney St.
Detroit, MI 48224
(313) 640-4610 - Telephone
(313) 640-4611 - Fax |
|---|--|

Submit any medical, psychological, social or academic records/information concerning the above-named individual. Information received will be used in educational planning. It is understood that a photo static copy of this form will be sufficient for release of information as the original is kept in the above office.

Records available from:

Current School Name: _____

School District: _____

School Address: _____

City: _____ State: _____ ZIP: _____

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date

This Student Records Release Form is a part of the Student Application for Admission to the Winans Academy District. This form must be completed, or the application will be incomplete. Incomplete applications cannot be accepted.

WINANS ACADEMY DISTRICT

STUDENT AFFIRMATION OF PRIOR DISCIPLINE RECORD FORM

Student's Name: _____
Last First

Date of Birth: _____

PARENT INSTRUCTIONS:

Please check paragraph 1 or 2, provide all appropriate information then sign. Please obtain a System Generated Disciplinary Report from the previous School District.

A willful false statement on this affirmation will result in a report to the appropriate authorities and possible removal from Winans Academy District.

Paragraph 1:

The undersigned affirms that (Child's Name) _____ 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, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

Paragraph 2:

The undersigned affirms that (Child's Name) _____ 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, at any school sponsored activity, 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 on a separate sheet of paper.

Date: _____ Signature of Student: _____

Date: _____ Signature of Parent/Guardian: _____

.....
PREVIOUS SCHOOL/ SCHOOL DISTRICT NAME: _____

INSTRUCTIONS: Please Check One of the Statements Below:

- According to our records, we verify that the information provided above by the parent is correct.
- According to our records, we verify that the information provided above by the parent is NOT correct.

Printed Name of Sending School District Administrator/Title

Signature of Sending School District Administrator/Title

Date

This Student Affirmation Form is a part of the Student Application for Admission to the Winans Academy District. This form must be completed, or the application will be incomplete. Incomplete applications cannot be accepted.

WINANS ACADEMY DISTRICT STUDENT PHOTO/VIDEO RELEASE FORM

Student's Name: _____
Last First

Date of Birth: _____

This form acknowledges that I give consent for my child to be photographed or videotaped for school related activities while attending the Winans Academy District. I waive any compensation as a result of this activity.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date

This Student Photo/Video Release Form is a part of the Student Application for Admission to the Winans Academy District. This form must be completed, or the application will be incomplete. Incomplete applications cannot be accepted.

WINANS ACADEMY DISTRICT - APPLICATION CHECKLIST

Please complete **Winans Academy District Application for Admission** in its entirety and return with the following forms and required additional attachments. Remember, incomplete applications cannot be accepted. Thank you for your interest in the Winans Academy District. Acting in good faith, **Winans Academy District** will accept students from other schools based on information given during parent and student meeting with the Academy's administration. However, if this information turns out to be false or misleading, the student will forfeit their seat.

APPLICATION FOR ADMISSION FORMS

- Student Emergency Information Form
 - Student Records Release Form
 - Student Affirmation of Discipline Record Form
 - Student Photo/Video Release Form
- ⇒ Must include a System Generated Disciplinary Report (final Affirmation of Discipline Record Form & System Generated Disciplinary Report must be provided at the end of the current school year).

ADDITIONAL REQUIRED ATTACHMENTS

- Supplemental Student Services Survey Form
- Copy of Student Birth Certificate
- Copy of NWEA Test Scores
- Copy of M-STEP Test Scores
- ⇒ 1st through 8th grade (most recent)
- ⇒ 3rd through 8th grade (most recent)
- Copy of Most Recent Report Card
- ⇒ Final report card must be provided at the end of the current school year.
- Health Appraisal/Copy of Current Immunization Record
- ⇒ Kindergarten/New Entrants must complete the blood level portion of the Health Appraisal
- ⇒ Personal & Section I must be completed
- Kindergarten Waiver (if applicable)
- Current IEP (if applicable, **ALL PAGES**)
- Current 504 (if applicable, **ALL PAGES**)
- Copy of Parent/Guardian Photo I.D.
- Proof of Guardianship (if applicable)

PARENT/GUARDIAN ACKNOWLEDGMENT:

I have read and completed the Winans Academy District Application for Admission. I understand that an incomplete application and/or incorrect information will cause this application not to be considered for enrollment and that the offering of a seat for the 2023/2024 school year is contingent upon receiving ALL requested documentation.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date

*****WINANS ACADEMY DISTRICT USE ONLY*****

Name of District Representative Receiving Application (Printed): _____

Date Application Received: _____ Verification Date: _____ Principal: _____