

**Chandler Park Academy  
Middle/High  
20100 Kelly Road  
Harper Woods, MI 48225  
(313) 839-9886      Fax: (313) 839-3221**

# **Open Enrollment**

The following documents **MUST** accompany the attached application:

- 1. Most Recent Report Card**
- 2. Up-To- Date Immunization Record**
- 3. Birth Certificate**
- 4. Current I.E.P. (Special Education Only)**

**\* Application will not be accepted until all required documents are received.**

**\*\* *Completion of an application does not automatically guarantee acceptance.***

In the event we receive more applications than we have space in a specific grade, a lottery will be held. The lottery process will consist of the following:

- Parents will be notified of lottery date, time and location.
- On day of lottery:
  - All applications will be placed by grade into a barrel.
  - An application is pulled; the child's name is called and written on a board. This process is repeated until each grade is filled.
  - Remaining applications will be pulled, numbered and placed on a Waiting List

**Chandler Park Academy**  
**20200 Kelly Road**  
**Harper Woods, MI 48225**  
**(313) 884-8830      Fax: (313) 884-9130**

# **Kindergarten Enrollment**

The following documents **MUST** accompany the attached application:

- 1. To- Date Immunization Record**
- 2. Birth Certificate**

**\* Application will not be accepted until all required documents are received.**

**\*\* *Completion of an application does not automatically guarantee acceptance.***

In the event we receive more applications than we have space in a specific grade, a lottery will be held. The lottery process will consist of the following:

- Parents will be notified of lottery date, time and location.
- On day of lottery:
  - All applications will be placed by grade into a barrel.
  - An application is pulled; the child's name is called and written on a board. This process is repeated until each grade is filled.
  - Remaining applications will be pulled, numbered and placed on a Waiting List

## Chandler Park Academy Middle/High - Student Registration

20100 Kelly Road Harper Woods, MI 48225 (313) 839-9886 Fax (313) 839-3221

### STUDENT INFORMATION

Student Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: Street # and Name \_\_\_\_\_ Apartment # \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ ZIP Code \_\_\_\_\_ County \_\_\_\_\_ Birth City \_\_\_\_\_

Grade Child is going to \_\_\_\_\_ Sex M or F (circle one) Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### PREVIOUS SCHOOL INFORMATION

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

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

School district in which parent or guardian lives: (if Detroit Public School – indicate DPS) \_\_\_\_\_

### FAMILY INFORMATION

	<i>Last Name</i>	<i>First Name</i>	<i>Employer</i>	<i>English Proficient</i>	<i>Other Language Spoken and/or Read</i>	<i>Daytime Phone</i>	<i>Evening Phone</i>
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 <input type="checkbox"/>	Asian or Pacific Islander <input type="checkbox"/>	African American <input type="checkbox"/>	Hispanic/Latino <input type="checkbox"/>	Caucasian, non-Hispanic Origin <input type="checkbox"/>
---	---	--	---	--

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*

<i>Name of Other Children in Home</i>	<i>Birth Date</i>	<i>Is the child already attending CPA? (If yes indicate what grade)</i>

Signature of Parent/Guardian \_\_\_\_\_  
 \_\_\_\_\_

Date Enrolled \_\_\_\_\_

# Chandler Park Academy Middle/High

20100 Kelly Road Harper Woods, MI 48225

(313) 839-9886 fax (313) 839-3221

## 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 \_\_\_ Table/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? \_\_\_\_\_

The undersigned parent/guardian authorizes Chandler Park Academy 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 the 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 Chandler Park Academy 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

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

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

Name of doctor \_\_\_\_\_

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

# Chandler Park Academy Middle/High

20100 Kelly Road Harper Woods, MI 48225

(313) 839-9886 fax (313) 839-3221

## SPECIAL EDUCATION PLACEMENT FORM

### Check One:

Yes, my child is enrolled in Special Education Services. If **yes** please complete form and provide a copy of the child's most current I.E.P. *An application is not considered complete and will be denied without I.E.P. documentation.*

No, my child is not enrolled in Special Education Services. If **no** please sign and date the bottom.

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.

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

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

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

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

Address: \_\_\_\_\_

Disability: \_\_\_\_\_

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

### Parents,

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 Chandler Park Academy Middle to receive the special education records of my son/daughter \_\_\_\_\_

(please print name)

from \_\_\_\_\_ school district.

(please print name)

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

\_\_\_\_\_  
Date