



23855 Lawrence St., Center Line, MI 48015

[www.rising-stars-academy.org](http://www.rising-stars-academy.org)

## REGISTRATION CHECKLIST

Please include the following documents with your COMPLETED Registration Packet. A student is NOT registered at Rising Stars Academy until all of these items are turned into our office.

Please call if you have any question or need assistance 1-586-806-6455.

### Please include copies of the following documents:

- Rising Stars Academy Student Registration Forms
- Copy of Immunization Record
- Copy of Birth Certificate
- Court Approved Guardianship Papers (need to be renewed)
- Copy of Michigan I.D. Card
- Varicella (Chicken Pox) Disease Form
- Media Release Form
- Medication Form
- Tylenol/Aspirin – approval given
- **“Signed” Authorization for Release of Information**
- Reduced Schedule Letter (if needed)
- Copy of Current or Last IEP

A student is **NOT** eligible for enrollment unless all of the documents have been received prior to the students' admission date.



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## Authorization for Release of Records

Previous school attended \_\_\_\_\_

I **hereby** authorize Rising Stars Academy to obtain information pertaining to the person name below as needed.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Birthdate

Please Send Requested Information To:

*Rising Stars Academy  
23855 Lawrence St.  
Center Line, MI 48015  
Attn: Superintendent*

### Requested Information:

- Current IEPC
- Psychological Report
- MET
- Social Worker Report
- Multidisciplinary Report
- Teacher Report
- Medical Report
- EDP (Educational Development Plan)
- OFFICIAL School Transcripts with "Seal"
- MI Access Assessment or MEAP Results
- UIC Number

\_\_\_\_\_  
Student Signature (Parent if under 18)



# RISING STARS

## ACADEMY

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Student Information					
Full Legal name Last Name		First	Middle	Gender M      F	Grade
Home Address		City & Zip		Home Phone	
Mailing Address		City & Zip		Alternate Phone	
Resident School District		<u>Ethnicity (Please circle one from the list below)</u> American Indian/Alaskan Native    Asian American Black or African American            Native Hawaiian/Other Pacific Islander White    Hispanic or Latino Multi-Racial			
Student's Date of Birth		Student Order of Birth (if multiple) Please circle:  01 02 03 04 05 06 07 08		Birth City/State	
Fill in Section Below for Students not Born in US					
US Citizen? Y   N		Date entered US?	First attended school is US (month/year)	Country of Birth	
Fill in Section for ALL Students					
Primary Language			Language Spoken in Home		
Former School					
Former School District			Former School		
School Address		City, State, Zip		Suspended/Expelled	
Services Received at Former School (please circle)					
Special Ed.	Title I	Speech/Lang	Social Work	Other	
Please Describe Other Services:					

<b>Forms Submitted (please circle)</b>				
Birth Certificate	Proof of Residency	Immunizations	Hearing & Vision	
<b>Health</b>				
Preferred Hospital		Medications		
Emergency Medical Alerts/Allergies		Physical Limitations		
Asthma	Diabetes	Vision Problems	Hearing Problems	Heart Condition
Physician Name		Physician Phone		
Dentist Name		Dentist Phone		
<b>Contact #1</b>				
First & Last Name		Relationship to Student		
Address		Home Phone	Resides w/Student Y N	
Cell Phone	Email Address		Received Mailings Y N	
Employer		Work Phone w/extension		
<b>Contact #2</b>				
First & Last Name		Relationship to Student		
Address		Home Phone	Resides w/Student Y N	
Cell Phone	Email Address		Received Mailings Y N	
Employer		Work Phone w/extension		

<b>Contact #3</b>			
First & Last Name		Relationship to Student	
Address		Home Phone	Resides w/Student Y N
Cell Phone	Email Address		Received Mailings Y N
Employer		Work Phone w/extension	
<b>Contact #4</b>			
First & Last Name		Relationship to Student	
Address		Home Phone	Resides w/Student Y N
Cell Phone	Email Address		Received Mailings Y N
Employer		Work Phone w/extension	
<b>Add Contacts to Auto Email Receive (please circle those included)</b>			
1 2 3 4 - Current Grades and Attendance		1 2 3 4 - Detailed Attendance Report	
1 2 3 4 - School Announcements		1 2 3 4 - Alert when account low on funds	

I certify that the information on this form is true and correct to the best off my knowledge.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date



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## INTERNET ACCEPTABLE USE POLICY PRESS/VIDEO RELEASE

Student Name \_\_\_\_\_

Rising Stars Academy has my permission to use photographs and/or videos of my child to show school activities to the public. I understand that personally identifiable information may be used at the discretion of the media, involving no financial compensation to Rising Stars Academy, the student, or family of the student.

**\*\*NO PICTURES/VIDEO RECORDING IS ALLOWED WITHOUT PRIOR APPROVAL FROM SCHOOL OFFICE\*\***

**Video/Press Release** (circle one) - YES                      NO

I understand that I have the right to deny consent to the release of photographs, information, and/or internet accessibility specified above by notifying the principal or administrator of Rising Stars Academy.

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

\_\_\_\_\_  
Date

If permission is denied, please write "DENIED" on the signature line

### **INTERNET USE**

All students are able to use the internet in accordance with Rising Stars Academy acceptable use policy (AUP). If you do not want your child to use the internet at Rising Stars Academy, please notify the principal or administrator.

I CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE.

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

\_\_\_\_\_  
Date



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## GUARDIAN VERIFICATION FORM

I, \_\_\_\_\_ hereby certify that I have  
Legal Guardianship of \_\_\_\_\_

And he/she is NOT able to sign legal documents regarding school  
information.

Guardian Signature \_\_\_\_\_

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

**\*Copies of Court Documents MUST be provided to Rising Star  
Academy**



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## Racial/Ethnic Declaration

As a requirement of State and Federal Law, all school districts are mandated to report racial/ethnic origins of our student body as a group. This information is used for statistical purposes and will NOT be kept as part of an individual student's record. Your cooperation regarding this information is greatly appreciated. Please only circle the one that applies – no names are necessary on this form.

1. **AMERICAN INDIAN OR ALASKAN NATIVE** – a person having origins in North America, or who maintains cultural identification through tribal affiliation or community recognition.
2. **ASIAN AMERICAN** – A person having origins in the Far East or Southeast Asia.
3. **BLACK OR AFRICAN AMERICAN** – A person having origins in any or the black racial groups of Africa.
4. **HISPANIC OR LATINO** – A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin.
5. **WHITE – NOT OF HISPANIC ORIGIN** – A person having origins in Europe, North Africa or the Middle East.
6. **HAWAIIAN OR PACIFIC ISLANDER**





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## STUDENT RESIDENCY

By completing this questionnaire, you help the district comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your truthful and accurate answers help the district identify services that the student may be eligible to receive.

Student Name		Birth date	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Grade Entering
Parent/Guardian Name			Phone		
Street Address (with apt/suite)		City & Zip		Cell Phone	
School Attending					

1. Where is the student living now? (check one box)
  - In a shelter
  - In a motel or hotel
  - With more than one family in a house or apartment
  - In a car
  - In a trailer on a campsite
  - With friends or family member (other than parent/guardian)
2. Does the living arrangement checked in Question 1 result from a loss of housing or economic hardship?
  - Yes
  - No
  - Unsure
3. The student lives with
  - 1 parent
  - 2 parents
  - 1 parent & another adult
  - A relative, friend(s) or other adults
  - Alone with no adults
  - An adult who is not the parent or legal guardian

Parent/Guardian Signature	Date
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**Medication Control**

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

**HOME Medications:**

Medication	Dosage	Time Given	Comments

**SCHOOL Medications:**

Medication	Dosage	Time Given	Comments

I give permission to Rising Star Academy to administer the above medication at school. These instructions are in compliance with the instructions of the physicians.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT:** All prescribed medication must be sent in the original container and labeled with the date of prescription, student's name, exact dosage and time to be administered. A new medication form must be filled out each time there is a change in the medication orders from the doctor.



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**Non-Prescription Pain Medication Release Form**

**Please check Yes or No below for each medication.**

<b>Yes</b>	<b>No</b>	<b>Medication</b>	<b>Special Instructions</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Ibuprofen</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Acetaminophen</b>	
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

**Student Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_



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**STATEMENT OF VARICELLA DISEASE (CHICKENPOX)**



Macomb County Immunization Regulations requires all children admitted to any public, private, or parochial elementary or secondary school, day care center, camp, or any other organized care or educational facility operating in Macomb County to present a certificate indicating dates of all required immunizations.

Complete the portion below ONLY if your child has had varicella (chickenpox) disease. This must be signed and witnessed at your child's school/care program.

I certify my child:

\_\_\_\_\_

Last Name                                      First Name                                      M.I.

\_\_\_\_\_

Date of Birth                      Grade                      Date of School Enrollment

has had varicella disease \_\_\_\_\_

(When did varicella occur: age or date)

Parent or Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Witnessed by (School/Program Staff) \_\_\_\_\_

Date \_\_\_\_\_

School District: **Rising Stars Academy**

School/Child Care Program \_\_\_\_\_

\*PLACE IN STUDENT'S PERMANENT RECORD



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## Field Trip Permission Form

Dear Parent/Student:

The purpose of this form is to obtain permission for students to participate in off-site trips that are made under the direction of Rising Stars Academy.

**STUDENTS MAY NOT PARTICIPATE IN ANY FIELD TRIP WITHOUT A SIGNED PERMISSION SLIP ON FILE.** We will keep this permission slip on file for all Field Trips for the 2017-2018 School Year.

We will provide information prior to each outing.

I grant permission for \_\_\_\_\_ to participate in field trips with Rising Stars Academy during the 2017-2018 School year. I understand that information will be provided prior to each trip.

\_\_\_\_\_  
Student Signature (Parent if under 18)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact Person

\_\_\_\_\_  
Phone #