

WINANS ACADEMY DISTRICT

Application for Admission

2016-2017

All applications must be returned to the office by April 22, 2016 to be included in lottery process!

All Kindergarten applicants must be *5 years of age on or before September 1, 2016

*If a student is not 5 years of age by September 1, 2016 but, will be 5 years of age by December 1, 2016, the parent or legal guardian must write a letter indicating their desire to enroll their student in kindergarten for the 2016-2017 school year (The parent letter is only required for children who will turn 5 years old between September 2nd and December 1st 2016)

Incomplete applications will not be accepted. No exceptions!

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 _____

Student Information

Grade in 2016-2017 School Year _____

If Elementary, which campus? (Choose one) WAPA Dominican OR Rutherford Winans Academy

Last Name: _____ First Name: _____ M.I. _____ Age: _____ Male: Female

Date of birth: _____ Place of birth (City, State): _____

Address, City, Zip Code: _____ County: _____

Name of person(s) child is living with: _____ Relationship: _____

Home phone: () _____ Cell Phone: () _____ Alternate Phone: () _____

Emergency Contact Person: _____ Emergency Contact Phone: () _____

Parent's Email Address: _____ Present grade level _____ G.P.A. _____ (list GPA from last report card)

Check any that apply: Regular Education Bilingual Special Education (current IEP must be included with application)

Has student had any academic difficulty? Explain:

Special interest and/or abilities: _____

Is student taking medication at school? _____ Type of medication: _____

Reason: _____

Physical condition: Excellent Good Fair

Does student wear: Eyeglasses Hearing Aid Other (Please specify) _____

Family Doctor: _____ Address: _____ Phone () _____

In case of an emergency, the student will be taken to the hospital; does your child have insurance? Yes No

If yes, please list type of insurance _____

Are immunizations current/complete? : _____

Full names of other children living at home	Age	Relationship to student	"Applying" or "Reapplying" to Winans Academy District for 2016-17	Grade in the Fall

 Parent/Guardian Signature

 Date

EMERGENCY INFORMATION FORM

PLEASE COMPLETE FORM AND RETURN WITH APPLICATION

Student _____ Date of Birth _____ Grade 2016-2017 _____

Address, City, State, Zip _____ Home Phone Number _____

_____ African American, _____ Hispanic, _____ White (non-Hispanic), _____ Native American, _____ Asian, _____ Other

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 pager/cell phone _____ Father/Guardian's pager/cell phone _____

Mother/Guardian's address _____ Father/Guardian's address _____

EMERGENCY CONTACTS

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

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

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

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

**MIDDLE SCHOOL ONLY
ELECTIVE SELECTION FORM
6th – 8th GRADERS ONLY**

Student Name: _____ **Grade:** _____

Dear Parents,

Students in grades 6th – 8th are allowed to select their electives. Listed below you will find the courses offered at Marvin L. Winans Academy of Performing Arts Middle School. Classes will be assigned until the class becomes full. If the selection is full, we will assign students to the next available class offered at that time. In addition, please note that all students will remain in their classes for the entire school year. Middle school students that choose Gym will automatically be given Health class as well.

Also note that an audition will be given to all new entrants who wish to participate in advanced Performing Arts clubs.

Please describe any previous training that your child has in any area of performing arts.

Please select classes in order 1 – 9 (1 is priority)

Dance _____
Art _____
Gym/Health _____
Vocal _____

Orchestra _____
Computers _____
Band _____
Drama _____

Parent/Guardian Signature

Date

This Elective Selection 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 will not be accepted.

STUDENT RECORDS RELEASE FORM

Date: _____

Student's Name: _____
Last First

Address: _____

City: _____ State: _____ ZIP: _____

Birthdate: _____ Grade (for 2016 – 2017) _____

The undersigned gives express authority to release to:

WINANS ACADEMY DISTRICT

Rutherford Winans Academy
K – 5 Elementary
16411 Curtis St.
Detroit, MI 48235
(313) 852-0709

Marvin L. Winans Academy of Performing Arts
K – 5 Dominican Campus
9740 McKinney St.
Detroit, MI 48224
(313) 640-4610

Any medical, psychological, social or academic 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.

Parent/Guardian Signature

Records are available from:

Current School Name: _____

School District: _____

School Address: _____

City: _____ State: _____ ZIP: _____

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 will not be accepted.

Winans Academy District
(313) 640-4610 fax (313) 640-4611

Affirmation of Prior Discipline Record Form

PREVIOUS SCHOOL DISTRICT: _____

ADDRESS: _____

Directions:

Parent/Student-Please check paragraph 1 or 2, provide all appropriate information then sign.

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 DISTRICT: _____

Please Check One of the Statements Below:

_____According to our records, we can verify that the information provided above by the parent/student is correct.

_____According to our records, we can verify that the information provided above by the parent/student is NOT correct.

If the student has been involved in any of the offenses mentioned in Paragraph 1, please forward the appropriate disciplinary documentation.

Date Signature of Sending School District Administrator/Title

PHOTO/VIDEO RELEASE FORM

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 Signature

Date

This 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 will not be accepted.

**WINANS ACADEMY DISTRICT 2016-2017
SUMMER ENRICHMENT CAMP RELEASE FORM**

This form acknowledges that my child will attend the Winans Academy District Summer Enrichment Camp prior to the ensuing school year. I understand that my child must attend the Summer Camp (in the school's mandated uniform) and that failure to attend the Summer Enrichment Camp will result in my child not receiving a seat in the Winans Academy District.

Parent/Guardian Signature

Date

This Winans Academy District Summer Enrichment Camp 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 will not be accepted.

APPLICATION CHECKLIST

Please complete the checklist to ensure you turn in a complete application. Remember, incomplete applications will not be accepted. Thank you for your interest in the Winans Academy District.

	Complete
✓ Application For Admission	_____
✓ Emergency Information Form	_____
✓ Elective Selection Form (Grades 6th – 8th only)	_____
✓ Covenant Community Care Medical Form (Rutherford Winans Only)	_____
✓ Student Records Release Form	_____
✓ Affirmation of Prior Discipline Record Form	_____
✓ Photo/Video Release Form	_____
✓ Summer Enrichment Camp Release Form	_____
✓ Supplemental Student Services Survey Form	_____
✓ Health Appraisal/copy of current immunization <i>(Kindergarten/new entrants must complete the blood level portion of the Health Appraisal)</i>	_____
✓ Copy of Birth Certificate (Winans Academy District will not make copies of these items, applications must include copy)	_____
✓ Copy of last report card (Winans Academy District will not make copies of these items, applications must include copy)	_____
✓ Student's current IEP must be included if student is Special Education	_____

I have read and completed the Winans Academy District application. I understand that an incomplete application and/or incorrect information will cause this application not to be considered for enrollment.

Parent/Guardian Signature

Date