

Welcome to Woodland Park Academy!



Please bring the following items with you at time
of registration:

- Copy of Birth Certificate
- Copy of Parent Driver's License
- Updated Immunization Record or Waiver
- Completed Enrollment Packet
- Hearing and Vision Screening (Kindergarten ONLY)

ALL of the above information **MUST** be turned in and
completed before you child(ren) can attend
Woodland Park Academy.

WPA office can make copies for individuals if needed

WOODLAND PARK ACADEMY

A PUBLIC CHARTER SCHOOL ACADEMY

Mr. Jeremy Brown, Administrator



Name: _____ Age: _____ Gender: M F
Last First Middle

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____ Date of Application: _____

Primary/Cell Phone: _____ Email Address: _____

Name and City/State of School Last Attended: _____

Did your child attend Preschool/Head Start? _____ Preschool/Program attended: _____ Years: _____

How did you hear about Woodland Park Academy? (online, friend, etc) _____

Family Data

FATHER

MOTHER

Name: _____

Phone: _____

Email: _____

With Whom Does This Child Reside? Mother Father Stepfather Stepmother Guardian Foster Parent Grandparent Other

OTHER SIBLINGS IN FAMILY:

SIBLINGS ATTENDING WPA:

Name: _____ Age/Grade _____

Name: _____ Age/Grade _____

Name: _____ Age/Grade _____

Behavior Records

Has your child every been suspended, expelled or have a behavior plan from another school? ** YES NO

If yes, please explain further on the Behavior Records Release form and provide a current copy of the behavior plan/contract.

****Board policy #5111 authorized the Director to deny admission to any student who has a record of behavior the s/he believes would constitute a threat to the safety and well being of fellow students and staff. ****

Special Education

Does your child have or need accommodations? YES NO (Please circle one)

If yes, please describe: _____

Does your child have a current I.E.P.? YES NO (Please circle one) **** If YES, please provide a current copy****
(Special Education Students Only)

Does your child receive Speech Services? YES NO (Please circle one)

Immigrant/Migrant

1. Was the student born outside of the US? Yes No If YES, when did the student first enter US schools (year)? _____

2. How many total years has your child attended U.S. K-12 schools? _____

3. Has your child moved within the previous 36 months due to a parent/guardian obtaining work in agriculture or fishing including food processing? Yes No

Woodland Park Academy Student Residency Questionnaire

Your truthful and accurate answers to this residency questionnaire help determine the services the student may be eligible to receive. By completing this form, you help the district comply with the McKinney-Vento Act, *Title X, Part C of the No Child Left Behind Act*. **If there are any changes to the student's night time location please notify the school office as soon as possible.**

Name of Student: _____ Gender: M F
Last First M

Birth Date: ____/____/____ Age: ____ Resident School District: _____
Month Day Year What school district do you live in?

Is your current address a temporary living arrangement? Yes No

Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

**If you answered YES to the above question, please complete the remainder of this form.
If you answered NO, you may stop here, but please sign and date on the lines provided below.**

Where is the student presently living? (Please check one box)

- In a shelter In a motel/hotel With more than one family in a house or apartment
 Moving from place to place Emergency Housing (i.e. FEMA Trailer or Rental Assist.)
 In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

DATE: _____

SIGNATURE OF PARENT/ GUARDIAN REGISTERING CHILD

By signing, you are agreeing that all of the above information is accurate.

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Student Name: _____
Last First Middle

Grade: _____ Parent/Guardian Signature: _____ Date: _____

Woodland Park Academy is collecting information regarding the language background of each of its students. This information will be used by the District to determine the number of children who should be provided bilingual instruction according to sections 380.1152-380.157 of the School Code of 1995, Michigan's Bilingual Education Law. Please provide the following information:

1. Is your child's native tongue a language other than English?
 Yes No If yes, what is the language? _____

2. Is the primary language used in your child's home or environment a language other than English? The primary language is the dominant language used at home regardless of the language spoken by the student.
 Yes No If yes, what is the language? _____

3. In which language do you prefer to receive communication from the school? _____

RACE AND ETHNICITY

Part A Is this student Hispanic/Latino? (Choose only one)
 No, not Hispanic/Latino

Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.

Part B What is the student's race? (Choose one or more)

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

Asian (A person having origins in any of the original peoples of the Far East, Southeast, Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

JEREMY BROWN, ADMINISTRATOR



Woodland Park Academy
2083 E. Grand Blanc Rd.
Grand Blanc, MI 48439
(810) 695-4710
jbrown@wp-academy.org

Woodland Park Academy

Consent for Disclosure of Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools, State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the students name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department.

You may withdraw your consent to share this information in writing at any time.

_____ I authorize Woodland Park Academy to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

_____ I DO NOT authorize Woodland Park Academy to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department.

Student's Name: _____ Date of Birth: ___/___/___

Signature of Parent /Guardian _____ Date: ___/___/___

Printed Parent/Guardian Name: _____



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Behavior Records Release

1) Student's Behavior Records Requested:

Child's Name

Name of School Last Attended

Phone Number

Address of School

Grade When Attending Above School

Date of Birth

Parent Signature

2) Please fax records to:

Woodland Park Academy
810-695-1658

We are requesting any and all behavior/discipline reports for the above student.

The Federal Family Educational Rights and Privacy Act, provides that written consent of the parent/guardian/eligible students, IS NOT REQUIRED to release educational records to officials of other schools or schools system in which the student seeks or intends to enroll.

3) Please check if your child has ever been:

_____ Suspended _____ Expelled

If yes, which school where they attending: _____

If you have checked any of the areas, please explain thoroughly below.



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Student Records Release

1) Student's Records Requested:

Child's Name _____

Name of School Last Attended _____

Phone Number _____

Address of School _____

Grade When Attending Above School _____

Date of Birth _____

2) Please send records to:

Woodland Park Academy
2083 E. Grand Blanc Rd.
Grand Blanc, MI 48439

We are requesting any and all medical, educational, or special program information, including psychological reporting, IEPC reports, etc.

The Federal Family Educational Rights and Privacy Act, provides that written consent of the parent/guardian/eligible students, IS NOT REQUIRED to release educational records to officials of other schools or schools system in which the student seeks or intends to enroll.

3) Please check if your child is receiving any of the following services:

Speech Social Work Other Emotionally Impaired (EI)

Physical Therapy (PT) Occupational Therapy (OT)

Cognitively Impaired (CI) Autism Spectrum Disorder (ASD)

Learning Disability Behavior Intervention Plan (BIP)

Math

Reading

Writing

Otherwise Health Impaired (OHI)

For What Medical Reason _____

Signature of Parent/Guardian _____ Date _____

