Relevant Academy of Eaton County
220 Lamson St.
Grand Ledge, MI 48837
office (517) 925-5450
fax (517) 925-5459
officemanager@relevantacademy.org
www.relevantacademy.org

# Enrollment Documents

_____ Birth Certificate

_____ Immunization Records

_____ Proof of residency (drivers license or mail with current address)

_____ IEP (if receiving Special Education Services, most recent copy) or 504

_____ Transcripts from last school attended or attending

_____ Disciplinary reports from last school attended (required if student is currently on suspension or has been expelled)

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# SCHOOL-PARENT COMPACT

Relevant Academy of Eaton County and the parents of the students participating in activities, services, and programs funded by Title I, Part A of the Elementary and Secondary Education Act (ESEA) (participating children), agree that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the State's high standards.

This school-parent compact is in effect during the **2022-2023** school year.

## REQUIRED SCHOOL-PARENT COMPACT PROVISIONS

**Provisions bolded in this section are required to be in the Title I, Part A school-parent compact.**

### School Responsibilities

**Relevant Academy will**:

1. **Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the State's student academic achievement standards as follows:**

   Relevant Academy will provide high quality instruction through the use of Edgenuity, which is aligned with state standards, in a virtual environment. Students will be expected to attend until their weekly percentage is completed.

   Relevant Academy will provide highly qualified and certified staff that will be on campus for learners five days a week. Learners will have contact information and schedules to access staff during after hours.

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2. **Hold parent-teacher conferences (at least annually in elementary schools) during which this compact will be discussed as it relates to the individual child's achievement.** Specifically, those conferences will be held:

   Parent Teacher conferences will be held in the fall (October) and also in the spring (February).

3. **Provide parents with frequent reports on their children's progress.** Specifically, the school will provide reports as follows:

   Parents will have access to the online curriculum (Edgenuity) at any time. Parent's can also elect to have weekly emails or text messages sent to them to provide updates on their learner's progress.

4. **Provide parents reasonable access to staff.** Specifically, staff will be available for consultation with parents as follows:

   Staff is accessible from 7:30 a.m. – 2:30 p.m. by appointment or may be emailed or called at any time during the day on school cell phone number. Staff may also be accessed during after hours with an online schedule provided to parents on the school's website – relevantacademy.org

5. **Provide parents opportunities to volunteer and participate in their child's class and to observe classroom activities**, as follows:

Parents are welcomed into the classroom at any time after all necessary background checks have been completed and approved. Opportunities to volunteer could include:

Parent Advisory Committee for Special Education Services through ERESA
School Improvement Committee
Classroom assistance with learning coaches
Title One Parent committee

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**Parent Responsibilities**

**We, as parents, will support our children's learning in the following ways:**

**Describe the ways in which parents will support their children's learning, such as:**

- Monitoring attendance.
- ensuring that online coursework is completed.
- Monitoring the amount of time children are spending on social media.
- Participating, as appropriate, in decisions relating to my child's education.
- Promoting positive use of my child's extracurricular time.
- Staying informed about my child's education and communicating with the school by promptly reading all notices from the school or the school district either received by my child or by mail and responding, as appropriate.
- Serving, to the extent possible, on policy advisory groups, such as being the Title I, Part A parent representative on the school's School Improvement Team, the Title I Policy Advisory Committee, the District-wide Policy Advisory Council, the State's Committee of Practitioners, the School Support Team or other school advisory or policy groups.

**Learner Responsibilities**

**We, as learners, will share the responsibility to improve our academic achievement and achieve the state's high standards. Specifically, we will:**

Describe the ways in which learners will support their academic achievement, such as:

- Do my work every day and ask for help when I need it.
- Actively engage in my online learning at least 30 minutes every day outside of school time, if I am not able to complete my percentages at school.
- Give my parents or the adult who is responsible for my welfare all notices an information received by me from my school every day.

| | |
|---|---|
| School | Date |
| Parent/Guardian | Date |
| Learner | Date |

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**REQUEST FOR EDUCATIONAL RECORDS & AFFIRMATION OF PRIOR DISCIPLINE RECORD**

Please forward all transcripts, grades, test records, psychological and diagnostic evaluations, health records and Single Record Student Database UIC at your earliest opportunity. Also, please send any special education records for the student named below:

Student Name _____ DOB _____

Grade_____

Last School Attended:

Name of School _____

Address City State Zip _____

DIRECTIONS: Check next to the appropriate paragraph. Please provide information, and sign this document.

_____Paragraph 1:
The undersigned affirms that _____ HAS NOT been suspended or expelled from any school.

_____Paragraph 2:
The undersigned affirms that _____ HAS been suspended or
expelled from any school. If you checked paragraph 2. please explain the circumstances. Include the school name, date of suspension or expulsion, and a brief description of the incident giving rise to the suspension or expulsion.

I hereby authorize the release of all records requested above.

Parent/Guardian Signature _____

Date _____

Please send records to: **Dominic Eldridge**
**Relevant Academy of Eaton County**
**220 Lamson Street**
**Grand Ledge, MI 48837**

Phone: (517) 925-5450
Fax: (517) 925-5459
deldridge@relevantacademy.org

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# Medical Consent and Information/Photography Release

**Medical Consent:**

If I cannot be contacted during a medical emergency, I authorize Relevant Academy or its agent to provide medical treatment through whatever means is necessary to protect the well being of the learner name on this application. I understand that the parent/guardian is responsible for all costs of medical treatment and transportation to a medical facility.

_____ _____
Printed Name of Parent/Guardian Signature of Parent/Guardian

_____
Date

**Information and Photography Release:**

I grant permission for Relevant Academy to release information regarding the learner named in this application to other governmental agencies and related service organizations. I also grant permission for the taking and exhibition of photos, slides and video recordings of the learner named on this application for the purpose of showing school activities to the public. This release shall remain in effect until permission is revoked in writing by a learner of legal age or by the parent/guardian for at least one year following the date of the learner exiting the program.

_____ _____
Printed Name of Parent/Guardian Signature of Parent/Guardian

_____
Date

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**Consent for Disclosure of Immunization Information to**

**Local and State Health Departments**

Immunizations are an important part of keeping our children healthy. Schools and 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. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

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

_____

*I authorize Relevant 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.*

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

Signature of Parent/Guardian or Eligible Student: _____

Date: ___/____/____

Printed Parent/Guardian Name: _____

Rev.8/2/18

RELEVANT ACADEMY
OF EATON COUNTY

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# Student Technology Acceptable Use and Safety Agreement

To access and use Academy Technology Resources, including a school-assigned email account and/or the Internet at school, students under the age of eighteen (18) must obtain parent permission and sign and return this form. Students eighteen (18) and over may sign their own forms.

**Use of Academy Technology Resources is a privilege, not a right. The Board of Director's Technology Resources, including its computer network, Internet connection and online educational services/apps, are provided for educational purposes only. Unauthorized and inappropriate use will result in loss of this privilege and/or other disciplinary action.**

The board has implemented technology protection measures that protect against (e.g., block/filter) Internet access to visual displays/depictions/materials that are obscene, constitute child prnography, or are harmful to minors. The Board also monitors online activity of students in an effort to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. Nevertheless, parents/guardians are advised that determined users may be able to gain access to information, communication, and/or services on the Internet that the Board has not authorized for educational purposes and/or that they and/or their parents/guardians may find inappropriate, offensive, objectionable or controversial. Students using Academy Technology Resources are personally responsible and liable, both civilly and criminally, for unauthorized or inappropriate use of the Resources.

The Board has the right, at any time, to access, monitor, review and inspect any directories, files and/or messages residing on or sent using Academy Technology Resources. Messages relating to or in support of illegal activities will be reported to the appropriate authorities. Individual users have no expectation of privacy related to their use of District Technology Resources.

**Please complete the following information:**

Student User's Full Name (please print): _____

School: Relevant Academy Grade:_____

Parent/Guardian's Name:_____

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**Parent/Guardian**

As the parent/guardian of this student, I have read the Student Technology Acceptable Use and Safety Policy and Guidelines, and have discussed them with my child. I understand that student access to the Internet is designed for educational purposes and that the Board has taken available precautions to restrict and/or control student access to material on the Internet that is obscene, objectionable, inappropriate and/or harmful to minors. However, I recognize that it is impossible for the Board to restrict access to all objectionable and/or controversial materials that may be found on the Internet. I will not hold the Board (or any of its employees, administrators or officers) responsible for materials my child may acquire or come in contact with while on the Internet. Additionally, I accept responsibility for communicating to my child guidance concerning his/her acceptable use of the Internet - i.e., setting and conveying standards for my daughter/son to follow when selecting, sharing and exploring information and resources on the Internet. I further understand that individuals and families may be liable for violations.

Please check each that applies

_____ I give permission for the Board to issue and e-mail account to my child

_____ I give permission for my child's image (photograph) to be published online, provided only his/her first name is used.

_____ I give permission for the Board to transmit "live' images of my child (as part of a group) over the Internet via web cam.

_____ I authorize and license the Board to post my child's class work on the Internet without infringing upon any copyright my child may own with respect to such class work. I understand only my child's first name will accompany such class work.

_____ _____

Parent/Guardian Signature Date

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**Student**

I have read and agree to abide by the Student Technology Acceptable use and Safety Policy and Guidelines. I understand that any violation of the terms and conditions set forth in the Policy and Guidelines is inappropriate and may constitute a criminal offense and/or may result in disciplinary action. As a user of Academy Technology Resources. I agree to communicate over the Internet and through the Technology Resources in an appropriate manner, honoring all relevant laws, restrictions and guidelines.

_____ _____

Student Signature Date

*Teachers and building principals are responsible for determining what is unauthorized or inappropriate use. The principal may deny, revoke or suspend access to and use of Technology Resources to individuals who violate the Board's Student Technology Acceptable Use and Safety Policy and related Guidelines, and take such other disciplinary action as is appropriate pursuant to the Student Code of Conduct.*

# Relevant Academy
# McKinney-Vento Questionnaire
# Student Residency

By completing this questionnaire, you help the district comply with the McKinney-Vento Act. Your truthful and accurate answers help the district identity services that the student may be eligible to receive.

School _____ Male ____

Students Name _____ _____ Female ____

Date of Birth (Month / Date / Year) _____ Age: _____ Grade: _____

Parent(s)/Legal Guardian(s) Name_____

Address _____

City/State/Zip _____

Tel. #/Page # _____

**1. Where is the student living now?**

**___ In a Shelter ___In a motel or hotel ___ With more than one family in a house or apartment**

**___ In a care ___ Campsite or Campground ___ With friends or family members (other than parent / guardian)**

**___ None of the above ___Unaccompanied Youth Additional Details _____**

**2. To your knowledge, was the student listed as eligible under McKinney-Vento in a previous district since the beginning of this school year?**

**____ Yes ____ No**

**If you checked the box marked "<u>None of the above</u>" for Question 1 and "<u>No</u>" for Question 2, you do not have to complete thet remainder of this form. Please sign below and return this form to your school office.**

**3. Does the living arrangement checked in question 1 result from a loss of housing or economic hardship?**

**____ Yes ___ No ___ Unsure**

**4. 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 the legal guardian**

**5. If parent, guardian, or unaccompanied has ever served in the military, please check this box ___**

Parent / Legal Guardians / Signature_____ DATE_____

Please return a copy of this form to Dominic / Loretta @ Relevant Academy

---

FOR SCHOOL USE ONLY:

___ Student not covered by McKinney-Vento Act

___ Student covered by McKinney-Vento-Act

___ Student not currently MV, but eligible for services for the remainder of the school year based on status in a previous district

___ Follow up required

Name & telephone # of a contact person

At the student's school who may

know of the family's situation _____ Date Received:_____

MICHIGAN Department of Education

# Participation in College Planning Options Consent Form

Your child will participate in one of the SAT® Suite of Assessments on a school day—SAT® with Essay, PSAT/NMSQT® or the PSAT™ 10. The purpose of this form is to explain the information your student will be required to provide and the options available to your student related to their free SAT score sends, Student Search Service®, and the student questionnaire.

### REQUIRED INFORMATION

Students will be required to provide College Board, the provider of the SAT Suite of Assessments, their first and last name, school name and school code, date of birth, grade level, gender and, for some states and districts, student identification number. This information is the minimum needed for scoring and reporting test results.

## Options for Students

### FREE SCORE SENDS

Students who are taking the SAT with Essay can send their scores to up to four colleges or scholarship programs at no cost. Score sends are optional, but we encourage students to demonstrate their interest in their chosen schools early. If left blank, no scores will be sent. Consent is not required for students to utilize their four free score sends.

### STUDENT SEARCH SERVICE

As a parent, you can give consent for your student to opt in to Student Search Service when they complete their answer sheet. Student Search Service connects students with colleges and scholarship organizations by sharing their information with participating organizations. This offers you and your student:

- Information about colleges and universities that match your student's academic interests
- Information on financial aid and scholarships to help deserving students access scholarships they've earned
- Information about majors, courses, and degree options

College Board only shares student data with eligible colleges, universities, scholarships, and educational opportunity programs that have signed an agreement to only communicate with students for the purposes listed above. These entities most often connect with students based on expected graduation date, cumulative grade point average (GPA), score range, and intended college major. The service is free to the student, but these entities pay College Board a license fee to use the service. College Board uses these license fees to support its mission-driven work, including providing vouchers so students from lower-income families can take the test for free. College Board is a not-for-profit organization.

### STUDENT QUESTIONNAIRE

As a parent, you can give consent for your student to participate in the student questionnaire. The information from these questions will be added to their College Board student record. Your child's responses to the optional questionnaire:

- Provide data used by College Board for research and planning to improve tests and services
- Help match students with colleges, universities, scholarships, and educational opportunity programs

The SAT Study Guide and the PSAT/NMSQT Student Guide describe what the student questionnaire asks and how student information is used. The SAT Study Guide can be accessed from the College Board website at (https://collegereadiness.collegeboard.org/sat/inside-the-test/study-guide-students), and the PSAT 10 Student Guide can be accessed from the College Board website at (https://collegereadiness.collegeboard.org/pdf/official-student-guide-psat-10.pdf). The 2020 PSAT/NMSQT will be available later in the summer. Parents can learn more at the College Board Privacy Center webpage at (https://about.collegeboard.org/privacy-center).

Review the applicable guide and indicate below if your child will or will not complete the optional questionnaire and opt into Student Search Service. Return this completed and signed form to your child's school by the deadline set by your school.

☐ **Yes.** I give consent for my child to opt in to Student Search Service and to participate in the student questionnaire.

☐ **No.** I do not give my child consent to opt in to Student Search Service and to participate in the student questionnaire.

Student Name (Printed) _____

Parent/Guardian Signature _____ Date _____

Note: Schools may only permit students who are 18 years or older or who have parental consent to complete the optional questionnaire and Student Search Service sections of the answer sheet.

**SAT Suite of Assessments: Participation in College Awareness/Planning Options Consent Form**

Your child will participate in one of the SAT Suite of Assessments on a school day in April – SAT® with Essay or the PSAT™ 10. This form explains the information your student will be required to provide and how your student can utilize their four free SAT score sends. This form also allows you to provide consent for your student to: 1) opt-in to the Student Search Service® and 2) complete the optional student questionnaire.

**Required Information**
Students will be required to provide College Board, the provider of the SAT Suite of Assessments, their first and last name, school name and school code, date of birth, grade level, gender, and their unique state-provided student identification code or UIC. This information is the minimum needed for scoring and reporting test results.

**SAT Free Score Sends**
Students who are taking the SAT can send their scores to up to four colleges or scholarship programs at no cost. Score sends are optional, but we encourage students to demonstrate their interest in their chosen schools early. If this option is left blank on the form, no scores will be sent. Your consent is not required for students to utilize their four-free score sends.

**Student Search Service**
As a parent, you can provide consent for your student to opt-in to the Student Search Service when they complete their answer sheet. Student Search Service connects students with additional colleges and scholarship organizations by sharing information with participating organizations, which will provide you and your student with:

- information about colleges and universities that match your student's academic interests
- information on financial aid and scholarships to help deserving students access scholarships they've earned
- information about majors, courses, and degree options

The College Board only shares data with eligible colleges, universities, and scholarship and educational opportunity programs that signed an agreement to communicate with students only for the purposes listed above. These entities most often connect with students based on expected graduation date, cumulative grade point average (GPA), score range, and intended college major.

**Optional Student Questionnaire**
As a parent, you can provide consent for your student to participate in the optional questionnaire. The information from these questions will be added to their College Board student record. Your child's responses to the optional questionnaire:

- provide data used by the College Board for research and planning to improve tests and services
- help match students with colleges, universities, and scholarship and educational opportunity programs

You can learn more about the College Board's privacy policy at https://about.collegeboard.org/privacy-policy.

Please indicate below if your child will or will not complete the optional questionnaire and opt into Student Search Service. Return this completed and signed form to your child's school by the deadline set by your school.

_____ **YES, I give consent for my child to opt-in to the Student Search Service and to participate in the optional student questionnaire.**

_____ **NO, I do not give my consent for my child to opt-in to the Student Search Service and to participate in the optional student questionnaire.**

**Student Name:** _____
**(Please print)**

**Parent/Guardian Signature:** _____ **Date:** _____
Note: Schools may only permit students who are 18 years or older or who have parental consent to complete the optional questionnaire and Student Search Service sections of the answer document.

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## Verification of Certified Birth Certificate

**In accordance with Michigan Law (P.A. 415 as amended 1987)**

An original certified birth certificate was presented to Relevant Academy of Eaton County upon enrollment of this learner. Per request Relevant Academy of Eaton County that copy has been destroyed during the time of enrollment and is being replaced by this form.

_____ was born on _____
(Student Name) (Date)

at _____
(City, State of Birth)

Parents names as they appear on the certified birth certificate are:

Mother:_____
(Maiden Name)

Father:_____

_____ _____
Office Manager (Date)