



Application and Enrollment Process 2019-2020

Need a Tour?

Thank you for selecting a high quality, personalized education for your child through NexTech High School. The enclosed materials will help you get started with the enrollment process. Please complete, sign, and return the enclosed forms. The first step would be to set up a tour of our campus and determine if this will be the right fit for you and your family.

Documents for Enrollment

You will need to have the following documents with you in order to enroll at NexTech High. We recommend bringing them for the tour if possible in order to ensure first choice of session.

Proof of Residency – Provide a copy of one of the following **ACCEPTABLE** items showing the caretakers name and service address. Example: utility bill (gas, electric, or water bill from the last 60 days) **OR** mortgage statement **OR** current lease agreement (**Driver's License not Accepted**)

Proof of Age – Provide a copy of the student's official birth certificate.

Proof of Immunization – Submit one of the following: Michigan Certificate of Immunization **OR** Medical Contraindication form (signed by a healthcare provider) **OR** 2019 Nonmedical Waiver Form (Must be certified by your local health department).

Records Request Authorization-Current transcript for the enrolling student.

Choose a session: AM (8-12pm; T-F) or PM (11-3pm; M-TH)

Enrollment Paperwork

Once you have completed the two steps above, you and your student will be asked to complete a full enrollment packet. This will include requests including, but not limited to, the complete application and enrollment forms, online learner waiver, digital image release, and an educational development plan worksheet.

Document submission

All documents can be turned in directly at the school, or submitted at the following address:

801 Broadway Avenue N.W. Suite 225
Grand Rapids, MI 49504
Phone: 616-458-4992 Fax: 616-458-6088



Thank you for choosing NexTech High School. This checklist is designed to assist you in ensuring that all required forms and documents are on file at the school prior to the first day of school. There may be additional forms that may need to be completed.

If you have any questions or require further information,
please contact the school office at 616-458-4992.

Required Enrollment Forms:

- Student Enrollment Form
- Residency Questionnaire
- 5-O-D Consent
- Handbook Acknowledgement
- Educational Development Plan
- Records Request
- Affirmation of Prior Discipline Record
- Photo Release Form
- Household Information Survey

Required Documents:

- Original Birth Certificate (not a copy)
- Proof of Residency (any bill will do)
- Immunization Record- current
- Immunization Waiver- if applicable

Student Enrollment Form

Student's Last Name:			
Student's First Name:		Middle Initial:	
Student's Date of Birth: (Provide Birth Certificate)	____/____/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Is the student in Foster Care? <input type="checkbox"/> Yes <input type="checkbox"/> No		If the child you are enrolling is homeless, migrant, or a runaway, check the appropriate box. <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway	
Is the student's parent or guardian currently on active duty for any branch of the military? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which branch:			
<i>Both parts must be completed. If either part is not answered, the U.S. Department of Education requires the Academy to supply an answer on your behalf.</i>	Is your child Hispanic/Latino? (Choose only one) <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the race of the child? (Choose one or more boxes) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
	<i>The following information is not required; however, it will be used to determine whether the school is eligible for supplemental funding to enhance instructional opportunities for immigrant children and youth.</i>	Is your child between the ages of 3 and 21? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was your child born outside of the United States? ("United States" is defined as the 50 states, the District of Columbia and the Commonwealth of Puerto Rico) <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>The following information is not required; however, it is necessary to determine if your child is eligible for English Language Support.</i>	Is your child's native tongue a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the language? _____		What is the primary language spoken in your home? <input type="checkbox"/> English <input type="checkbox"/> Other: _____
Emergency Contact #1	Name:		Relationship:
	Home Phone:		Cell Phone:
	Work Phone:		Email:
Emergency Contact #2	Name:		Relationship:
	Home Phone:		Cell Phone:
	Work Phone:		Email:
Emergency Contact #3	Name:		Relationship:
	Home Phone:		Cell Phone:
	Work Phone:		Email:
Legally, do not release my child to: _____. The Academy will not comply with your request until receipt of Personal Protection Order and/or Custody Papers.			

List severe allergies: (i.e., peanut allergy, etc.)	
List medical concerns which require a medical action plan: (Chronic health concerns such as diabetes, asthma, epilepsy, etc.)	
List medications/treatments:	
Doctor's Name:	Phone:

Student has previously received special services? Yes No I do not know

<u>Support Services:</u>	<u>Special Education:</u>	<u>Service Delivery:</u>
<input type="checkbox"/> 504 Plan <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Social Work <input type="checkbox"/> Assistive Technology _____ <input type="checkbox"/> English Language Support <input type="checkbox"/> Title IA/31a Services <input type="checkbox"/> Other: _____	<input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Emotional Impairment <input type="checkbox"/> Cognitive Impairment <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Other Health Impairment <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Deaf Blindness <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Early Childhood Developmental Delay <input type="checkbox"/> Speech and Language Impairment <input type="checkbox"/> Severe Multiple Impairment <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Other: _____	<input type="checkbox"/> Self-contained classroom <input type="checkbox"/> Resource Room <input type="checkbox"/> Co-taught courses <input type="checkbox"/> TC support only <input type="checkbox"/> Date of last IEP: _____ <input type="checkbox"/> Date of last REED: _____

My signature below grants my consent for the enrolling student to take virtual course(s).

I affirm that all the information provided is complete and accurate to the best of my knowledge:

Parent/Guardian Signature

Date

Parent / Guardian Information

Parent / Guardian 1	Name:	Relationship:
	Home Phone:	Cell Phone:
	Work Phone:	Email:
Parent / Guardian 2	Name:	Relationship:
	Home Phone:	Cell Phone:
	Work Phone:	Email:

Note: This questionnaire is intended to address the McKinney-Vento Homeless Assistance Improvements Act, 42 U.S.C. 11435. Answers to this residency information help determine the services the student may be eligible to receive through our district/school Homeless Liaison.

These questions are intended to address the McKinny-Vento act, in regards to children and youth in transitional living arrangements.

- Presently, where is the student living?
 - In a shelter
 - With more than one family in a house or apartment
 - In a motel or campsite
 - With friends or family members (other than a parent / guardian)
 - Awaiting foster care placement
 - None of the above **(If you selected this item, then you do NOT need to complete the remainder of the form)**
- The student lives with:**
 - 1 parent
 - 2 parents
 - 1 parent and another adult
 - A relative, friend(s) or other adult(s)
 - Alone with no adults
 - An adult that is not the parent or legal guardian

Signature of Parent / Guardian: _____

Date: _____

Household Information Survey

SCHOOL USE ONLY	
Approved for:	
1 <input type="checkbox"/>	2 <input type="checkbox"/>

To determine eligibility for various additional state and federal program benefits that your child(ren) may qualify for, please complete, sign and return this application to _____ (school name).

These sections must be completed by the head of household or designee.

PART A. SIZE OF FAMILY - Enter the total number of individuals living in your household, including all adults and children →

PART B. CURRENT BENEFITS - Complete below if applicable

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name: _____ Case Number: _____

PART C. STUDENT INFORMATION – Complete for each student Pre-K through 12th Grade

Last Name	First Name	Birth Date XX-XX-XXXX	School	Identify H if Homeless M if Migrant R if Runaway F if Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

If you need additional lines, attach a second sheet to this survey or attach a copy of this survey clearly marked as a **Page 2**.

PART D. TOTAL MONTHLY HOUSEHOLD INCOME – Report income for all members of household excluding Foster Children. If you have reported a case number above, you do not need to fill in this section. Simply sign and date form.

Type of Income	Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefits	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
Total Monthly Household Income (Add lines 1-6)	\$	

PART E. SIGNATURE - If Income Section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a Social Security Number" box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will get federal/state funds based on the information I give. I understand that sponsor officials may verify (check) the information.

Sign Here: X _____ Print Name: _____ Date: _____

Last Four (4) Digits of Adult Social Security Number: XXX-XX-_____ I do not have a Social Security Number

Address _____ City _____ Zip Code _____

Home Phone _____	Work Phone _____	Email Address _____
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By providing your email address you may be contacted via email by the district.



Records Release Form

DATE: _____

STUDENT NAME: _____ DATE OF BIRTH: _____

TO:
NAME OF SCHOOL/AGENCY:

ADDRESS:

PHONE:

FAX:

Please send records to:

NexTech High School
Attn: School Records
801 Broadway Ave NE, Suite 225
P: 616-458-4992 / F: 616-458-6088

Please submit the following information but not limited to:

- ✓ Academic Records
- ✓ Attendance Records
- ✓ Transcript/Grades
- ✓ Standardized Test Data
- ✓ Discipline Records
- ✓ Confidential Information (legal, psychological reports, social work reports)
- ✓ Individualized Education Plan/Section 504 Plan and other information pertaining to special services support
- ✓ Medical Records
- ✓ Michigan UIC#

Parent/Guardian Signature

Dated: _____

The Family Educational Rights and Privacy Act (FERPA) permits the disclosure of personal identifiable information from a student's education record without the consent of the parent/guardian or eligible student when the education record is being sent to another school where the student seeks or intends to enroll if the disclosure is for purposes related to the student's enrollment or transfer.

Directions: Please check the applicable paragraph, provide all appropriate information and sign the form.

A false statement or information on this form may result in the removal of your child from the Academy program.

Paragraph 1:

- The undersigned affirms that _____ has never been suspended or expelled from a public or private school in Michigan or another state and has never been convicted of a felony.

Paragraph 2:

- The undersigned affirms that _____ has been suspended or expelled from a public or private school in Michigan or another state or has been convicted of a felony.

If you checked paragraph 2, please explain the circumstances in detail. Include the school name; length of the suspension or expulsion, when that suspension or expulsion occurred; and a description of the incident that resulted in the suspension, expulsion or details of the incident that resulted in a felony conviction.

Parent/Guardian Signature: _____ Date: _____

Student Signature (if applicable): _____ Date: _____

Name of former (sending) school district: _____

Address: _____

Phone Number: _____

Former school district, please check one:

- According to our records, we can verify that the information provided above by the parent/guardian or student (as applicable) is correct.
- According to our records, we can verify that the information provided above by the parent/guardian or student (as applicable) is not correct.

If the student has been suspended or expelled for an offense in the previous two (2) years, please forward appropriate disciplinary documentation.

Sending School District Administrator Signature/Title: _____

Date: _____

5-O-D Consent for Virtual Classes

I understand that I must give permission for my student to take two (2) or more virtual / online classes. At NexTech, a public blended charter school, my student will attend on-campus learning as a program requirement but will otherwise be considered online learners for all Michigan Department of Education reporting. Student will be required to fill out an Educational Development Plan (EDP) in collaboration with his/her/their parent or guardian and the school counselor.

Student Name: _____

Student Signature: _____

Parent Signature: _____

Handbook and Code of Conduct Acknowledgment

I have reviewed the 2019-20 parent-student handbook and code of conduct, made available on the NexTech High School website (www.nextechhigh.org). I agree to abide by the policies and procedures contained therein, including the policies in the student code of conduct. I understand that the policies contained in the handbook may be added to, deleted, or changed at any time.

Student Name: _____

Parent / Guardian Signature: _____

Date: _____

I, _____, give NexTech High School (the Academy) permission to use my and or my child(ren)'s name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of the Academy. I agree that the Academy may have complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the Academy's mission. These uses include, but are not limited to, illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or other materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, etc. for the use of such pictures, etc., and hereby release the Academy and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

I have read and understood this consent and release.

I give my consent to NexTech High School to use my and or my child(ren)'s name and likeness as described above.

Signature

Date

Parent/Legal Guardian (if age 17 or below)

Date

I do not give my consent to the Academy and CS Partners to use my and or my child(ren)'s name and likeness as described above.

Signature

Date

Parent/Legal Guardian (if age 17 or below)

Date

Checking this box indicates that you also do not want your child's picture in the yearbook.



Educational Development Plan

These questions must be completed in full by the student, in collaboration with a parent/guardian. This will be discussed with the student on enrollment to NexTech and will also be referenced during career exploration activities during the school year.

Student Name:

Date of Birth:

Grade:

Areas of Academic Development:

Career(s) of Interest:

In 5-10 years after high school, in what career field do you see yourself working?

Post-Secondary Goals:

What would you like to achieve in the 3-5 years after high school?

Level of education needed to achieve post-secondary goals:

- On the job training
- Military Service
- Certificate Programs
- 2-year Associates Degree
- Apprenticeship Programs
- Trade / Technical Education
- 4-year University Programs
- Advanced University Degree
- Professional Preparation Program

Student Signature: _____

Parent Signature: _____

NexTech Counselor Signature: _____