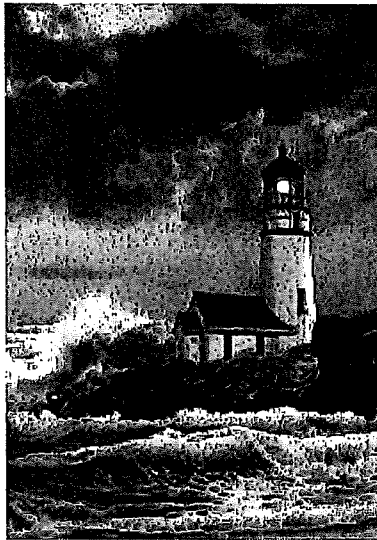


ENROLLMENT PACKET

LIGHTHOUSE ACADEMY SCHOOL SE CAMPUS

A safe harbor to create hope through academic success in spite of life's storms



**3330 36th Street South East
Grand Rapids MI 49512**

Lighthouse Academy Student/Parent Enrollment Packet Checklist:

- Registration Form – Pages 1-2
- Authorization for Release (Kentwood Police) – Page 3
- Request of Information Release Form – Page 4
- Medication Use Form – Page 5
- Full Internet Access Authorization – Page 6
- Search Authorization/Field Trip Permission Form – Page 7
- Free and Reduced Lunch Form - 8

Forms Required Before Starting School:

- Expulsion Paperwork
- Immunizations (**Must be up-to-date** on all shots please check with your local Health Department or Primary Care Physician)
- Transcripts (n/a for Middle School)
- Birth Certificate
- 3 Proofs of Address

Items covered during the interview:

- Parent/Student Handbook
- Uniform Policy
- Locked Door Policy
- Parent Portal
- Transportation

EMERGENCY INFORMATION

Please list friends or relatives that the school may contact in case of illness or emergency:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

I hereby authorize the school to administer appropriate emergency care if parents or guardians cannot be located.

In case of emergency, what doctor should be called: _____

Telephone Number: _____

If student needs to be sent home for any reason and parent/guardian or emergency contact(s) cannot be located is it okay to send child home using public transportation: YES or NO (please circle)

(If student is sent home via cab parent/guardian will be responsible for reimbursement of cab fare.)

MEDICAL INFORMATION

Does your child have any of the conditions listed below?

	YES	NO
Allergies/reactions (food, medication, other)		
Hay fever, asthma, or wheezing		
Eczema or frequent skin rashes		
Convulsions/Seizures		
Heart trouble		
Diabetes		
Frequent colds, sore throats, ear aches (4 or more per year)		
Shortness of breath		
Speech problems		
Menstrual problems		
Dental problems. Date of last examination:		
Other		

Please explain any problems:

List any medications taken regularly or any health concerns Lighthouse Academy should know about:

Parent/Guardian Signature _____ Date: _____

It is the policy of the Lighthouse Academy that no person shall, on the basis of race, color, religion, national origin or ancestry, sex, age, disability, height, weight, or marital status be excluded from participation in, be denied the benefits of or be subjected to discrimination during any program or activity or in employment.

Lighthouse Academy
 3330 - 36th Street SE
 Kentwood, MI 49512
 Phone: 616-949-2287

Student Household Data

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

Only fill out if you have a FAP, FIP or FDIPIR number

Lighthouse Academy is participating in the Community Eligibility Option (CEO) provision under the National School Lunch Program. Under CEO, all children in the school will receive a breakfast/lunch at no charge regardless of completion of this form. However, 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 Lighthouse Academy.

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDIPIR, 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: _____

INSTRUCTIONS: Complete survey and return to your child's school or mail to the address listed above.

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

Total

1. SIZE OF FAMILY - Indicate the total number of individuals living in your household, including all adults and children _____

2. STUDENT INFORMATION - Complete for each student Pre-K through 12th Grade

Please Provide Student information only.

Last Name	First Name	Birth Date XX-XX-XXXX	School Child is Attending	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.

3. 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.

This should be the total income of everyone living in the house

Source 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)		\$

4. 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 funds based on the information I give. I understand that sponsor officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

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 (optional) _____
By providing your email address you may be contacted via email by the district

This section must be completed to process this form.

AUTHORIZATION FOR RELEASE OF INFORMATION

Lighthouse Academy and Hope Academy of West Michigan

I, _____, Birth date ____/____/____,
 (client or custodial parent / guardian of client)

hereby authorize the release, disclosure, and/or use of protected health information contained in the records of

_____, Birth date ____/____/____,
 (first / middle / last name of client)

by the Academy, its director or designee, to the individual(s) or organization(s) listed below, and only under the conditions listed below:

1. Name and/or title of person(s) to whom disclosure is to be made: _____
 Kentwood Police Department – Grand Rapids Police Department – Other _____
2. Organization to whom disclosure is to be made:
 Name: _____
 Address: _____
 Phone: _____ FAX: _____
3. Extent or nature of information to be disclosed:
 Other (please describe) **PHYSICAL DESCRIPTION, AND BRIEF DESCRIPTION OF CIRCUMSTANCE LEADING TO POLICE CONTACT. INFORMATION PERTAINING TO ILLEGAL, ASSAULTIVE OR DESTRUCTIVE BEHAVIOR.**
4. The authorized purpose or need for such disclosure is:
 By request of the individual who is the subject of the record or his/her personal representative;
Provision of appropriate services to a minor client demands notification of authorities when illegal, assaultive, or destructive behavior occurs.
5. Information may be released in the following ways: ___ written ___ verbal ___ electronic
6. This information may be disclosed by: _____
 (Name of the person or entity, or class of persons that will disclose information.)

It is understood that information used or disclosed pursuant to this authorization may be re-disclosed by the recipient of the information. Most health care providers and all health benefit plans must follow federal rules protecting the privacy of health information. But those rules do not apply to other organizations.

I understand that this authorization may be withdrawn or revoked by me at any time. Revocation of this authorization will not affect any information already released. To revoke this authorization, a written request should be made to _____ (name of Contact Person). Information disclosed before an authorization is revoked may not be retrieved. If action was taken in reliance on the authorization, the person who relied on the authorization may continue to use or disclose protected health information as needed to complete the work that began because the authorization was given. If no expressed revocation is issued, this authorization will expire on the following event or condition, or six months from today's date on:

EVENT OR CONDITION: _____ EXPIRATION DATE: _____

 CLIENT OR CUSTODIAL PARENT / LEGAL GUARDIAN SIGNATURE DATE

 WITNESS SIGNATURE DATE

Retain this Authorization in Client's File at Releasing Agency

RevReleaseofInfo05/12

REQUEST FOR RELEASE OF INFORMATION

<input type="checkbox"/> Lighthouse Academy Attn: Mrs. Coleman	3330 36 th Street Grand Rapids, MI 49512	Phone: (616) 949-2287	Fax: (616) 949-2379
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1. I hereby authorize _____
(PREVIOUS SCHOOL/DISTRICT/AGENCY)
CITY/STATE _____
PHONE: _____ FAX: _____

to release the following information regarding:

STUDENT'S NAME	GRADE	BIRTHDAY
----------------	-------	----------

2. Extent or nature of information to be disclosed:

- | | |
|---|--|
| <input type="checkbox"/> Cumulative File | <input type="checkbox"/> MET Reports, IEP (if applicable) |
| <input type="checkbox"/> Student Transcripts | <input type="checkbox"/> Discipline Reports, Suspension (if any) |
| <input type="checkbox"/> Expulsion Paperwork (if any) | <input type="checkbox"/> Birth Certificate, Immunizations |

FEDERAL LAW 99.31

No parent signature required for educational records sent to another educational agency.

Authorized Signature

Date of Request

It is understood that information used or disclosed pursuant to this authorization may be re-disclosed by the recipient of the information. Most health care providers and all health benefit plans must follow federal rules protecting the privacy of health information, but those rules do not apply to other organizations. I understand that this authorization may be withdrawn or revoked by me at any time. Revocation of this authorization will not affect any information already released. To revoke this authorization, a written request should be made to _____ (name of Contact Person). Information disclosed before an authorization is revoked may not be retrieved. If action was taken in reliance on the authorization, the person who relied on the authorization may continue to use or disclose protected health information as needed to complete the work that began because the authorization was given. If no express revocation is issued, this authorization will expire on the following event or condition, or six months from today's date on:

EVENT OR CONDITION: DISENROLLMENT FROM LIGHTHOUSE ACADEMY (RETAIN IN CLIENT'S FILE AT RELEASING AGENCY)

**Lighthouse Academy / Hope Academy of West Michigan
Medication Use Form**

Student _____ Date _____
Date of Birth _____ Grade _____

To be completed by Parent or Guardian:

Name of Medication _____

Reason for Medication (Optional) _____

Form of Medication

___ Tablet/capsule ___ Liquid ___ Inhaler ___ Nebulizer ___ Injection

___ Other (Describe) _____

Medication must be kept in the school office

Special Instructions _____

Signature of Physician _____ Date _____ <i>(Required for ALL prescription medication for students)</i>
Type/Print Name of Physician _____ Phone _____

Yes No My child has permission to take Tylenol when necessary.

No students are to have any medication with them or in their locker at school. If your child needs over the counter medications please bring the medication to the school office with a note and please pick up all medications at the end of each school day.

Signed _____ Date _____
(Parent/Guardian)

Phone Number for Parents/ Guardians: Home _____
Cell _____
Work _____

Lighthouse Academy / Hope Academy of West Michigan FULL INTERNET ACCESS AUTHORIZATION FORM

This form is required to gain **full access** to the Internet. It is intended to make you aware of the policies in force at the Academies regarding the use of the Internet. Please read the information here and sign at the bottom then have your Parent and Teacher indicate his/her approval by signing the form. This policy is included in the Parent/Teacher Handbook.

Internet Usage Agreement

- Measures will be used to ensure the safety and security of minors when using electronic mail, chat rooms, and other forms of direct electronic communications.
- Unauthorized access including "hacking" and other unlawful activities online are prohibited.
- Unauthorized disclosure, use, and dissemination of personal information regarding students is prohibited.
- The Internet connection is intended primarily to facilitate access to Internet based resources for school-related activities. Internet use at the Academy is a privilege, not a right.
- The Internet connection can handle a certain amount of traffic at one time. When someone uses the Internet they use up a portion of the available traffic space.
- Personal use of the Internet should not occur during normal school hours (9AM to 3 PM).
- Students may not access sites or information that may be offensive to others at the Academies or would reflect poorly on Academies' reputation (most Internet sites track who is visiting them.)
- The system we use to access the Internet logs all activity by user name. These logs may also be used to identify misuse.
- The configuration for the Internet browser should not be changed. The home page selected by the Academy should not be changed.
- Recreational downloading of music, video clips, and software is prohibited at all times.
- Violation of the Academy policies may result in the suspension of Internet access and other disciplinary action up to, and include, expulsion.

I understand the content of this document and agree to abide by them:

Student Name: _____ Student Signature: _____

Parent Signature: _____

Lighthouse Academy / Hope Academy of West MI
AUTHORIZATION
FOR SEARCHES, CONFISCATION/DISPOSAL OF CONTRABAND
AND LABORATORY TESTING FOR CHEMICAL USE

As the possession, use, or distribution of alcohol, alcoholic beverages, non-prescribed and/or non-prescription drugs is totally inconsistent with the expressed purpose of my admission, I agree to abstain from the possession, use, or distribution of these or other mind-altering substances. Should such substances be found, I further agree to their confiscation and disposal by the Academy staff. I am aware that I may be subject to expulsion for breaking this agreement.

I recognize that the school insists its students abstain from chemical use, except those legally prescribed and properly administered.

In order to assure a supportive environment conducive to successful education, tests of students' urine may be performed to verify that students are abstaining from drug use. I agree to participate in such testing when asked to do so and am aware that refusal to submit to a requested testing or the revelation of the presence of any substance prohibited above may result in my expulsion from the school.

Student Signature

Date

Parent/Guardian Signature

Date

**Lighthouse Academy / Hope Academy of West MI
AUTHORIZATION FOR FIELD TRIP PARTICIPATION**

My student, _____, has my permission to accompany his/her class on walking field trips and/or field trips by van or bus during the coming school year.

If deemed necessary by the principal, an adequate number of chaperones will accompany the group. Prior to bus trips, an explanation will be phoned or written to parents/guardians to alert them of a field trip.

If a student needs to be sent home for any reason, the parent/guardian will be contacted.

For students under age thirteen:

If parent/guardian cannot be located, emergency contacts will be contacted.

For students age thirteen and above:

If parent/guardian cannot be located, is it acceptable to send child home using public transportation? (Parent/guardian will be responsible for reimbursement of all fares.) Please circle one:

YES

NO

Student Signature

Date

Parent/Guardian Signature

Date



**LIGHTHOUSE
ACADEMY**

3330 36th Street SE
Kentwood, MI 49512

Dear Parent/Guardian:

As described in the attached Parent Notification and Consent, school districts in Kent County have the opportunity to seek partial reimbursement from Medicaid for health-related services provided to special education students who are eligible for Medicaid.

In March 2013, the regulations regarding Medicaid parental consent for School-Based Services changed. Prior to accessing a child's public benefits or insurance, and annually thereafter, school districts must provide parents/guardians written notification.

Before Lighthouse Academy can access your child's public benefits or insurance in order to seek reimbursement, we must make sure you have received a copy of this notice and given your written consent to release information.

The following document is enclosed:

- Parent Notification and Consent for billing Medicaid School-Based Services

The Parent Notification and Consent is designed to answer any questions you may have about what giving consent means for you and your family.

If your student has special education needs, please complete and return the Parent Notification and Consent for Medicaid School-Based Services form in the enclosed envelope.

If you have questions regarding the information contained in this letter or the attached document, please contact Heidi Cate at 616-949-2287.

Sincerely,

Heidi Cate

Superintendent

Enclosures (1)



**LIGHTHOUSE
ACADEMY**

3330 36th Street SE, Kentwood, MI 49512

**Parent Notification and Consent
For Billing the State for Medicaid School-Based Services**

Student Name: _____ **Birth Date:** _____

Attending District: _____

If any of the services listed below are included on your child's IEP (Individualized Education Program), and if your child was eligible for Medicaid at any time during the school year, we request your permission to bill the state Medicaid program to receive funding to help support the services your child received. Supported services include:

Speech/ Language Therapy, Occupational Therapy, Physical Therapy, Social Work Services, Psychological Services, Nursing Services, Orientation and Mobility, Assistive Technology Services, Case Management, Personal Care, Evaluations and Transportation.

Billing the state Medicaid program for your child's School-Based Services does NOT affect your family's Medicaid insurance benefits, and is at NO cost to your family, now or in the future.

We are simply asking your permission to claim funds reserved by the state to help schools provide the services listed on your child's IEP.

Billing the state's Medicaid program requires that we release information to the state about your child. The information released could include date of birth, disability, gender, school, date of therapy, type of therapy, and progress reports. You will receive annual notification about information released in the Parent Handbook with Procedural Safeguards. Schools have released this information to the state program since 1993, but now need your permission because of changes in federal law.

You have the right to refuse consent to bill the state Medicaid system, and you have the right to revoke this consent at any time. If you check No below, the district will still provide the services but the district will not receive funding from the state Medicaid system for these services.

Yes, I give permission for Lighthouse Academy and the Kent Intermediate School District to bill the state Medicaid system for reimbursement of School-Based Services provided to my child.

No, I do not give permission for Lighthouse Academy and the Kent Intermediate School District to bill the state Medicaid system for reimbursement of School-Based Services provided to my child.

Sign ONLY if your student receives special education services.

Parent/Guardian Signature: _____ **Date:** _____

cc: TieNet



**LIGHTHOUSE
ACADEMY**

Dear Parents/Legal Guardians:

For the purpose of sharing with the community the exemplary work of Lighthouse Academy students, Lighthouse Academy publishes student work, photographs, and information (i.e. student name, grade, school, classroom, activities/clubs and similar information) in various forms of media. This media includes newsletters, various publications, multi-media, and on the district web site. We are asking permission for your child's work, photographs, and information to be published in various forms of media. If you give your permission, please sign below and return to your child's teacher.

Thank you.

Heidi Cate, Superintendent

_____I give my permission for my child to have his/her work, photographs and information published in various forms of media, as described in the District's notice. I release Lighthouse Academy from any and all liability and legal or equitable claims of any kind related to the publication of such work, photographs or information, including publication on the school's web site. I understand that student work may be identified by my child's name.

_____No, I would prefer not to have my child's work, photograph, or information shared.

I understand that this election will remain in effect until either revoked, in writing by me, or superceded by a new election form.

Child's Name

Parent/Guardian Signature

School

Date

LIGHTHOUSE ACADEMY AND HOPE ACADEMY OF WEST MI Standards of Conduct Contract

The Academies are schools dedicated to providing a quality education in a positive environment that encourages academic excellence, high moral standards and personal discipline. The following standards of conduct lay out the beliefs, attitudes, and values that the school deems essential to the fulfillment of its mission. Each student needs to read, agree to, and apply its contents. A student will not be allowed to be enrolled if a signed contract is not on file.

1. I realize that **bigotry and hatred is wrong** no matter to whom it is directed. I agree not to engage in racism either by my actions or by my words while enrolled at the Academy. _____ *initials*
2. I realize that the **use of alcohol and drugs and non-prescription drugs** will not be tolerated at the Academy. I agree not to use any drugs or alcohol before school, during school hours or at lunch, or at any other school events. I understand that if I do, I will be subject to immediate expulsion. _____ *initials*
3. I realize that **open displays of affection and sexually explicit language** or innuendoes are not conducive to creating a learning environment. I will refrain from such behavior while at the Academy or while attending any school functions. _____ *initials*
4. I will demonstrate **respect to the faculty** of the Academy as indicated by my non-hostile obedience to their directives and requests. I will show respect to my fellow students by not fighting, gossiping or forming exclusive cliques. _____ *initials*
5. I appreciate the organization that owns the **school building and grounds** in which I attend. I will not damage this property in any way. I understand that I am subject to disciplinary action and payment for damages if I do so. _____ *initials*
6. I will sincerely attempt to change my **language habits** and reduce my profanity. I understand that the faculty will encourage me to use better language if I swear. I realize that I am subject to disciplinary action if I curse at a teacher or continually exhibit profanity. _____ *initials*
7. I realize that **consistent attendance** is necessary for academic progress. Excessive tardiness (including all class periods throughout the day) or absences will require a conference with parents and/or possible disciplinary action. _____ *initials*
8. I have a bright future. I do not want to jeopardize it by a rash and senseless act of **violence**. I realize that if I initiate or perpetuate a fight or other acts of violence, I am subject to expulsion. I also understand that bringing a firearm or other weapon to school will result in immediate expulsion. _____ *initials*

9. I must **dress appropriately**. No gang- related clothing, no sagging, no hats, no do rags, no profane or alcohol/drug related clothing or jewelry may be worn. Also, there are not to be spikes or studded jewelry, or chains longer than 10 inches on their clothing. Dress must cover the body, no see through clothing, no bare midriffs, no spaghetti straps (straps must be two fingers wide). Shorts must be mid-thigh. I understand that I will be sent home to change if the faculty determines my dress to be inappropriate. _____ *initials*

10. I will exhibit **proper classroom behavior** in order to provide my fellow students and myself the best possible opportunity to learn. I understand that disruptive and inappropriate behavior will not be tolerated. If misbehavior continues, I will be subject to disciplinary measures. _____ *initials*

11. I will do all the **homework** assigned by my teachers in all my classes. I will complete my homework promptly. I will take notes as needed in class and study hard for all my tests. I understand that if I refuse to do my work or turn in below standard and incomplete assignments, I will agree to counseling. If the behavior continues, I will be subject to disciplinary measures. _____ *initials*

12. I understand that the faculty is here to educate, advocate, and encourage mature and thoughtful behavior. They represent authority in the school setting. **I understand that the contents and terms of this contract and the judgment of the faculty in their interpretations are not negotiable.** _____ *initials*

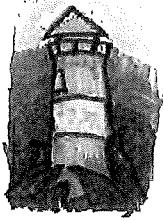
I have read the entire contract above and agree to the provisions stated and initialled.

I enter freely into the contract with the Academy on (date) _____

Student

Parent

Faculty representative



LIGHTHOUSE ACADEMY

Lighthouse Academy Discharge School Transfer Request Form

Date:

Student's first name:

Student's last name:

Student's date of birth:

Last school/location at Lighthouse Academy attended:

- Eagle Village North/Anchor The Pier South/Community
- Eagle Village (Virtual) Waalkes The Port Wedgwood

Do you plan to re-enroll the student at a Lighthouse Academy school - and identify which school/location?

- Yes
- No

- Eagle Village (Virtual) North/Anchor The Port South/Community

If you plan to enroll the student outside of the Lighthouse Academy district, please identify that district and school:

District: _____ School: _____

Parent/guardian (or student 18 years or older) contact information and signature:

Print name: _____

Signature: _____

Street: _____ City: _____

Zip code: _____ Phone/cell: _____

Email: _____

Alternate Contact Information:

Name: _____

Street: _____ City: _____

Zip code: _____ Phone/cell: _____

Email: _____