

# Lighthouse Academy

## South Campus

3330 36<sup>th</sup> St SE  
Grand Rapids, MI 49512

## Enrollment Packet



Management Company



Authorizer

# Lighthouse Academy

## MISSION

Lighthouse Academy is a safe harbor that provides innovative whole-child education and ensures success despite life's storms.

## VISION

We empower students to achieve academic success by providing a learning community staffed by people who respect the students and are committed to their academic, social, and emotional growth.

## VALUES

Each and every day, our Lighthouse Academy teams hold themselves responsible to living into the values of Respect, Inclusiveness, Integrity, Persistence, Growth Mindset, Teamwork/Collaboration and Excellence. To further define the way that these values are exemplified daily, each school has written their own statements for each of our seven values that speaks into the unique needs of their school and their students.

# Lighthouse Academy

## Registration Form

Today's Date: \_\_\_\_\_

Grade to be Enrolled: \_\_\_\_\_

### STUDENT INFORMATION

Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street # and Name City Zip Township

City/State of Birth: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School Last Attended with Full Address: \_\_\_\_\_

Resides with (check one): ☐ Both Parents ☐ Mother ☐ Father ☐ Foster Parent ☐ Other

Legal Guardian: \_\_\_\_\_

Second Mailing for Non-Custodial Parent (if applicable): \_\_\_\_\_

**Ethnic Information (please check appropriate box for the PRIMARY ethnic category) - This information is used in State and Federal reports. SECONDARY ETHNIC CATEGORY IF IT APPLIES:** \_\_\_\_\_

☐ American Indian or Alaskan Native ☐ Black, Not of Hispanic Origin ☐ White, Not of Hispanic Origin  
☐ Asian or Pacific Islander ☐ Hispanic ☐ Latin, Not of Hispanic Origin

Has this student ever been placed in special education classes? ☐ YES ☐ NO

If yes, please check: ☐ EI ☐ LD ☐ SLI ☐ CI ☐ OHI ☐ PI ☐ HI ☐ ASD ☐ Other \_\_\_\_\_

Does your child/ward speak or understand a language other than English? ☐ YES ☐ NO

If yes, what is that language? \_\_\_\_\_

If yes, is that language the first one the child/ward learned to speak or understand? ☐ YES ☐ NO

Is there a language other than English spoken regularly in the home or environment? ☐ YES ☐ NO

If yes, what is the language? \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Name of Father/Guardian: \_\_\_\_\_ Name of Mother/Guardian: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Working Hours: \_\_\_\_\_ Working Hours: \_\_\_\_\_

Business Phone/Cell Phone: \_\_\_\_\_ Business Phone/Cell Phone: \_\_\_\_\_

Home Email Address: \_\_\_\_\_ Home Email Address: \_\_\_\_\_

# 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: \_\_\_\_\_  
Phone 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 ride share parent/guardian will be responsible for reimbursement of fare.)***

## MEDICAL INFORMATION

**Does your child have any of the conditions listed below?**

	YES	NO	Please explain any problems:
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			

**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.

## EDUCATION BENEFITS FORM SY 2025 - 2026

District: \_\_\_\_\_ School: \_\_\_\_\_

### Part A: STUDENT INFORMATION - Complete for each student Pre-K through 12th Grade

Student's Last Name	Student's First Name	Grade Level	School	Identify H if Homeless M if Migrant R if Runaway F if Foster

### Part B: BENEFITS RECEIVED (if applicable)

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDP/IR, 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: HOUSEHOLD SIZE	Part D: ANNUAL HOUSEHOLD INCOME - Select the appropriate range of combined annual income for all people in the household (Include all income before taxes)		
<input type="checkbox"/> 1 →	<input type="checkbox"/> At or below \$20,345	<input type="checkbox"/> Between \$20,346 and \$28,953	<input type="checkbox"/> At or above \$28,954
<input type="checkbox"/> 2 →	<input type="checkbox"/> At or below \$27,495	<input type="checkbox"/> Between \$27,496 and \$39,128	<input type="checkbox"/> At or above \$39,129
<input type="checkbox"/> 3 →	<input type="checkbox"/> At or below \$34,645	<input type="checkbox"/> Between \$34,646 and \$49,303	<input type="checkbox"/> At or above \$49,304
<input type="checkbox"/> 4 →	<input type="checkbox"/> At or below \$41,795	<input type="checkbox"/> Between \$41,796 and \$59,478	<input type="checkbox"/> At or above \$59,479
<input type="checkbox"/> 5 →	<input type="checkbox"/> At or below \$48,945	<input type="checkbox"/> Between \$48,946 and \$69,653	<input type="checkbox"/> At or above \$69,654
<input type="checkbox"/> 6 →	<input type="checkbox"/> At or below \$56,095	<input type="checkbox"/> Between \$56,096 and \$79,828	<input type="checkbox"/> At or above \$79,829
<input type="checkbox"/> 7 →	<input type="checkbox"/> At or below \$63,245	<input type="checkbox"/> Between \$63,246 and \$90,003	<input type="checkbox"/> At or above \$90,004
<input type="checkbox"/> 8 →	<input type="checkbox"/> At or below \$70,395	<input type="checkbox"/> Between \$70,396 and \$100,178	<input type="checkbox"/> At or above \$100,179

**\* Special Instructions for households with more than 8 people: DO NOT check the boxes above. Instead, fill in items below:**

Household size (# people): \_\_\_\_\_ Total annual income: \_\_\_\_\_

**Part E: CERTIFICATION** - The head of household or adult designee who completed this form must complete this certification section

I certify (promise) that all information on this form is true and that all income is reported to the best of my knowledge. I understand that this form may impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

(Signature) \_\_\_\_\_ (Printed Name) \_\_\_\_\_ (Date) \_\_\_\_\_

(Address) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip) \_\_\_\_\_

(Email Address) \_\_\_\_\_ (Home Phone) \_\_\_\_\_ (Work Phone) \_\_\_\_\_

**Do NOT fill out this section. This is for school use only.**

Status: F \_\_\_\_\_ R \_\_\_\_\_ N \_\_\_\_\_ Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Authorization for Release of Information Lighthouse Academy

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 Lighthouse 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

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



# Request for Release of Information

Lighthouse Academy

South Campus

Attn: Megan Gritter

Email Address:

[mgritter@lighthouseacademyschool.org](mailto:mgritter@lighthouseacademyschool.org)

Address:

3330 36<sup>th</sup> St SE  
Grand Rapids, MI 49512

Phone:

616-600-6518

I hereby authorize \_\_\_\_\_  
(PREVIOUS SCHOOL/DISTRICT/AGENCY)

\_\_\_\_\_  
(CITY/STATE)

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

To release the following information regarding:

STUDENT'S NAME

GRADE

DOB

Extent or nature of information to be disclosed:

☐

Cumulative File

☐

WIDA scores, MET reports, IEP (if applicable)

☐

Student Transcripts

☐

Discipline Reports, Suspensions (if any)

☐

Expulsion Paperwork

☐

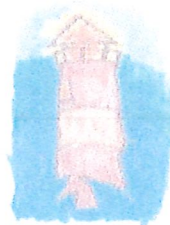
Immunizations, Immigration Paperwork (if any)

**No Parent Signature required for educational records sent to another educational agency.**

Megan Gritter

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date of Request



LIGHTHOUSE  
ACADEMY

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 these 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

# Lighthouse Academy

## 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: \_\_\_\_\_  
(Required for ALL prescription medication for students)

Type/Print Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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: Home \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_



## **LIGHTHOUSE ACADEMY 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 Lighthouse Academy 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**

- The Internet connection is intended primarily to facilitate access to Internet based resources for school-related activities. Internet use at the Lighthouse 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 (7 AM to 3 PM).
- Students may not access sites or information that may be offensive to others at Lighthouse Academy or would reflect poorly on Lighthouse Academy's reputation.
- 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 Lighthouse Academy should not be changed.
- Recreational downloading of music, video clips, and software is prohibited at all times.
- Violation of Lighthouse 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

## 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 Lighthouse 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 requested testing or the revelation of the presence of any substance prohibited above may result in my expulsion from the school.

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Student Signature

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Date

---

Parent/Guardian Signature

---

Date

# Lighthouse Academy

## FIELD TRIP PERMISSION FORM

My child, \_\_\_\_\_, 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?

Please check the box: ☐ Yes ☐ No

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## LIGHTHOUSE ACADEMY

3330 36<sup>th</sup> St SE  
Grand Rapids, 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.

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

# Parent Notification And Consent To Treat And Bill

For billing the State for Medicaid School-Based Services

Student Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Attending ISD: Kent County ISD

## Notification

If your child requires medical or social/emotional services listed below and has a plan of care, IEP (Individualized Education Program), IFSP (Individualized Family Service Plan), Non Public Service Plan (NPSP), 504 plan, health care plan or needs crisis support services and is eligible for Medicaid at any time during the school year, we request your permission to treat/intervene with your child and bill the state Medicaid program to receive funding to help support the services your child received. Supported services may 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 provide medical and/or social-emotional intervention and claim funds reserved by the state to help schools provide the services listed on your child's plan.**

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. If your student receives Special Education Services, you will receive annual notification about information released in the Parent Handbook with Procedural Safeguards. The annual notification is posted on our website for access by all parents. 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 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.

## Consent To Treat

☐ Yes, I consent to the provision of medically necessary services.

☐ No, I do not consent to the provision of medically necessary services. *The selection of "No" is only applicable to Caring 4 Students, as informed consent from the parent/guardian for the initial*

*provision of special education and related services is obtained on the Initial IEP and informed consent for the initial provision of early intervention services is obtained on the Initial IFSP.*

<b>Consent To Bill</b>
------------------------

☐ Yes, submit claims to Medicaid for reimbursement of School Based Services and use my child's school, date/type of therapy, progress reports, disability, gender, and date of birth to Michigan Medicaid and its billing agencies. I understand I may revoke this consent in writing at any time.

☐ No, I do not give permission to submit claims to Medicaid for reimbursement.

Parent/Guardian/Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## 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 the school.

Thank you,

Heidi Cate, Superintendent

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☐ 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 website. 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 superseded by a new election form.

---

Student's Name

---

Parent/Guardian Signature

---

School

---

Date

## Lighthouse Academy 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 innuendos 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 or 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 profane or alcohol/drug related clothing or jewelry may be worn. Dress must cover 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 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 states and initialed. I enter freely into the contract with the Academy.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
School 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      ☐ South Community/Anchor      ☐ The Pier      ☐ The Port  
☐ Eagle Village (Virtual)      ☐ South Community (Virtual)      ☐ Muskegon Community  
☐ Wedgwood      ☐ South Community Harbor      ☐ Other: \_\_\_\_\_

### Do you plan to re-enroll the student at a Lighthouse Academy school – Identify which school/location?

☐ Yes      ☐ No

- ☐ Eagle Village (Virtual)      ☐ South Community/Anchor      ☐ South Community (Virtual)  
☐ Muskegon Community      ☐ The Port      ☐ Other: \_\_\_\_\_

### 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 Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone/Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

#### Alternate Contact Information

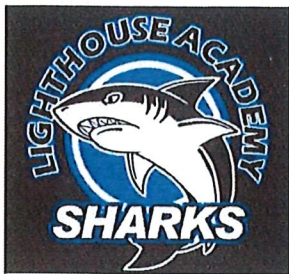
Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone/Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_





## **Lighthouse Academy – South 2025 - 2026 SCHOOL - PARENT COMPACT**

Lighthouse Academy and the parents/guardians of the students participating in activities, services, and programs funded by Title I, Part A of Elementary and Secondary Education Act (ESEA) agree that this compact outlines the shared responsibility for improved student academic achievement. The school staff, parents/guardians, and students will develop a partnership that will help the achievement of Michigan's high standards.

### **School Responsibilities**

Lighthouse Academy will provide a high-quality curriculum and instruction in a safe, supportive and effective learning environment that enables and encourages learners to meet Michigan's academic achievement standards as follows:

1. Provide a safe, secure, and well-maintained facility that promotes a positive learning environment.
2. Hold conferences every trimester during the school year at which time this compact will be discussed as it relates to the individual learner's achievement. If unable to attend conferences, parents/guardians may call the office to schedule an appointment.
3. Provide parents/guardians/students with reports on their learner's progress.
4. Progress reports are available as provided by PowerSchool, our online student database. Progress reports will also be provided at conferences.
5. Provide parents/guardians reasonable access to staff.
6. There are many opportunities for parents/guardians to volunteer. Parents/Guardians are invited to visit the office to fill out a volunteer form.

### **Parent/Guardian Responsibilities**

We, as parent/guardians, will support our learner(s) in the following ways:

- ☐ Require daily school attendance
- ☐ Encourage positive attitudes about school
- ☐ Attend scheduled conferences and meetings with school staff
- ☐ Participate, as appropriate, in decisions relating to my student's education
- ☐ Promote positive use of my learner's extracurricular time
- ☐ Serve, to the extent possible, on policy advisory groups such as being the Title I, Part A parent/guardian representative on the School Improvement Team or participating in other school advisory or policy groups

### **Student Responsibilities**

I, as the student, will share the responsibility to improve our academic achievement. Specifically, I will:

- ☐ Attend school daily
- ☐ Be on time for classes
- ☐ Follow school expectations for behavior and academics
- ☐ Complete my assignments in a timely fashion
- ☐ Cooperate with parents/guardians and teachers
- ☐ Respect the personal rights and property of others

School Representative: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Student: \_\_\_\_\_ Date \_\_\_\_\_



## Online Learning Agreement

This agreement acknowledges acceptance of the identified roles and responsibilities for students and parents/guardians enrolling in online courses under Section 21f of the State School Aid Act.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

The best way to reach me is \_\_\_\_\_ ☐ email \_\_\_\_\_ ☐ phone \_\_\_\_\_

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### Student

☐ I have completed the **Online Learning Readiness Rubric**. I need support in the following areas:

\_\_\_\_\_

☐ I agree to maintain a study schedule and spend at least \_\_\_\_\_ hours a week on each online course.

☐ I agree to keep up with assignments, tests, and quizzes.

☐ I agree to communicate with my instructor regularly and whenever I have a problem.

☐ I agree to communicate regularly with my mentor and whenever I have a problem.

☐ Other \_\_\_\_\_

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### Parent

☐ My child has access to a computer with internet connection at home.

☐ I can arrange for my child to have regular access to a computer with internet connection at the local library, community center, or other location.

☐ I request the school provide a computer or a place in school to access online learning as part of my child's school day because I do not have access to a computer for my child at home.

☐ I agree to support my child's success in online learning by

☐ Setting up a study space

☐ Monitoring their progress

☐ Helping maintain their study schedule

☐ Encouraging them to communicate with the mentor and instructor whenever they have a question or a problem.

We acknowledge that we have reviewed this agreement together and understand our responsibilities.

Student \_\_\_\_\_ Date \_\_\_\_\_

Parent \_\_\_\_\_ Date \_\_\_\_\_

School Representative \_\_\_\_\_ Date \_\_\_\_\_

## Michigan Department of Education Home Language Survey

Michigan welcomes families of all language backgrounds. Speaking more than one language is a valuable asset!

Please answer the questions below. If your response to either question is a language other than English, the school district will give an assessment to see if your student may benefit from English language support.

What language is used most at home? \_\_\_\_\_

What language is most used by the student? \_\_\_\_\_

### Title III Immigrant Funding Identification Question

Was the student born outside of the US or Puerto Rico? ☐ Yes ☐ No

If yes, when did the student enter the US schools? \_\_\_\_/\_\_\_\_/\_\_\_\_

Month Day Year

### World Language Credit

Has the student attended school for at least one semester in a country other than the United States in which a language other than English was used to communicate (reading, writing, listening, and speaking)? ☐ Yes ☐ No

If yes, what country and what language? \_\_\_\_\_

*For every documented semester, please supply the office of the school with a copy of transcripts or report cards to verify successful completion of semesters in order to exempt students from applicable World Language requirements when he/she reaches high school.*



## **2025-2026 Meal Charge Policy**

Our school participates in the National School Lunch Program under the Community Eligibility Provision and offers free meals to all students.

### **Meal Charge Policy**

Hope Academy of West Michigan participates in the Community Eligibility Provision and therefore students are not charged for meals. Families are alerted of their student eligibility annually, and are aware that they will not need to pay if they do not qualify for free or reduced meals.

### **Student Pricing**

Students who do not qualify for free or reduced price meals are covered by the school and no debt is accrued.

- Students will not be denied meals for any reason
- Students will be served reimbursable meals, not an alternative meal
- No student will be overtly identified as receiving free or reduced-price meal benefits

### **Dietary Needs**

- Any students with food allergies must complete the dietary needs form accompanied by a physician's note, each school year. This form can be obtained through the office.

### **Notification of the Meal Charge Policy**

The meal charge policy will be provided in writing to all families at the start of each school year and to families transferring to the school midyear. The meal charge policy will also be provided to all school or district-level staff responsible for policy enforcement.

### **Bad Debt**

The Hope Academy of West Michigan may charge a fee for NSF checks. Students, staff, and parents will be given notice of the procedures.

Hope Academy of West Michigan operates the meal program under the Community Eligibility Provision (CEP) and therefore, no funds are collected for meals and no student accounts go negative.

However, if an account could go negative, uncollected fund balances will not be carried over from one fiscal year to the next. Monies will be taken from non-public funds at the end of the year to cover the amount of the worthless checks. When payment is received, the funds will be deposited back into the non-public fund account.

## USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](#) (PDF), found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

1. mail:  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW, Mail Stop 9410  
Washington, D.C. 20250-9410;
2. fax:  
202-690-7442; or
3. email:  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov).

This institution is an equal opportunity provider.



## LIGHTHOUSE ACADEMY

In order for a student to be enrolled at Lighthouse Academy, in addition to completing all the enrollment packet forms, the following three items need to be provided:

(1) Student's **Immunization Record** that is current and complete.

(2) **Proof of Residency** - Parent/guardian must furnish one source of documentation to verify residency.

- Mortgage Documentation
- Current property tax statement
- Closing papers (within past 30 days)
- Accepted Purchase Agreement signed by all parties with closing date indicated • Current Lease for apartment/home rental or Landlord Affidavit
- One of the following documents dated within 30-60 days - utility bill (gas, electric, phone, water, etc.) auto insurance or registration, bank statement, credit card statement, cable TV bill.

(3) **A Copy of Student's Birth Certificate** - Under the Missing Children's Act #84-1987, parent/guardian must provide a copy of the student's Birth Certificate or other reliable proof of the students' identity and age. If a copy of the Birth Certificate cannot be provided, the following items will be accepted:

- Baptismal Certificate indicating date and place of birth
- Court Records • Governmental records (county, military, immigration)
- Doctor or Hospital Records with a sworn statement
- Family records (Bible or passport)
- Life Insurance Policy