



# The New Standard Academy

2040 West Carpenter Road || Flint, MI 48505 || (810) 787-3330

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We **welcome** you to our school family and look forward to working with your child. **The checklist below is for your use to make certain all documents are complete. Please fill out one set of the forms for each child and retain a copy of the completed forms for your records.**

**Items Included in this packet to be submitted include:**

- Student Enrollment Form and Parent Guardian Information
- Records Request for Release of Student Records
- Data Collection/Medical Information Form
- Food Substitution Form
- Student Release Form
- Photograph/Videotape Permission Form
- McKinney-Vento Act Form
- TNS Student Handbook Summary

**Copies of other essential documents that must be submitted with the enrollment package:**

- Birth Certificate
- Copy of Immunization Record
- Child Health Assessment (Kindergarten)
- Child Last Report Card
- Behavior Report
- Parent and/or Guardian ID.

**Additional documents to be submitted ONLY if they apply to your child:**

- IEP *if applicable*

**Forms to be submitted AFTER your child has been accepted:**

- Confirmation of Enrollment
- Application for Free and Reduced Lunch
- Concussion Information Sheet
- Transportation Request Form
- Uniform Shirt Order Form



## 2016-2017 Enrollment Application

STUDENT INFORMATION			
Student's Full Legal Name:			
First:	Middle:	Last:	
Date of Birth:	Age:		
M   F      Race: <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian			
Grade for Fall 2016:	Gender: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other		
PREVIOUS SCHOOL INFORMATION			
School Name:			
Address:			
City:	State:	Phone:	
Does your child have any diagnosed or suspected learning disabilities or special education requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:			
<b>Student Information for School Promotions:</b> All of The New Standard students have access to the internet through school-supervised computer usage. Please check the box of your preference to access to the internet. Please refer to the school's Acceptable Use Policy pertaining to computers and the internet. <input type="checkbox"/> I give permission for my child to have school-supervised internet access <input type="checkbox"/> I do not give permission for my child to have school-supervised internet access			
SIBLINGS ENROLLED AT THE NEW STANARD ACADEMY:			
Name:	Grade:	Name:	Grade:
Name:	Grade:	Name:	Grade:
Name:	Grade:	Name:	Grade:
PARENT CONTACT:			
Mother's Name:			
Address:		City:	Zip Code:
Home Phone:		Cell Phone:	Alternate Phone:
Father's Name:			
Address:		City:	Zip Code:
Home Phone:		Cell Phone:	Alternate Phone:
Student resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent			
EMERGENCY CONTACT(S):			
Name:		Phone:	Relation to Student:
Name:		Phone:	Relation to Student:
Name:		Phone:	Relation to Student:
Name:		Phone:	Relation to Student:
Parent Signature:			Date:



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## REQUEST FOR EDUCATIONAL RECORDS

PLEASE SEND THIS FORM WITH CA-60

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STUDENT'S NAME

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PRESENT GRADE

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PREVIOUS SCHOOL

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ADDRESS

CITY

STATE

ZIP

Has the student received any of the following services? (Please check all that apply)

SPEECH  LEARNING DISABILITY  EI  SOCIAL WORK  EMI

OTHER (Please Specify)

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Please forward student's UIC#: \_\_\_\_\_

Has this student ever been expelled from your school? Yes  No

Please fax: Report card  Behavior Report  Special Education/IEP

Please forward all records (including CA-60, Health, Special Education, Psychological, Report Card, Attendance and Behavior) on the above named student to the following address:

**THE NEW STANDARD ACADEMY  
ATTN: YVONNE ROYSTER (Records)**

**2040 West Carpenter Rd.**

**Flint, MI 48505**

**FAX: (810) 780-4581**

Signature: \_\_\_\_\_

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

School Official: \_\_\_\_\_

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



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## McKinney-Vento Act

By completing this questionnaire, you help the school comply with the McKinney-Vento Act, Title X Part C of the No Child Left Behind Act. Your truthful and accurate answers help the school identify services that the student may be eligible to receive. **This form will be kept confidential.**

Are you currently in a homeless situation?  Yes  No

If yes, please fill out items below:

1. Where is the student living now? (Check one box)

- in a shelter       in a motel or hotel       with more than one family in a house or  
Apartment due to financial hardship
- in a car       in a trailer park       with friends or family member (other than parent  
guardian) due to financial hardship
- none of the above

If you marked “none of the above”, you do not have to complete the remainder of this form.

2. Does the living arrangement checked in Question 1 result from a loss of housing or economic hardship?

- Yes       No       Unsure

3. The student lives with

- 1 parent
- 2 parents
- 1 parent & another adult
- a relative, friend(s) or other adults
- alone with adults
- an adult who is not the parent or legal guardian

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_



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## DATA COLLECTION FORM

Dear Parents and Guardians:

The U.S. Department of Education has issued new guidelines regarding the collection of data on ethnicity and race for the public school students. The federal government requires all states to collect this information and has developed new reporting categories designed to provide a more accurate picture of the nation's ethnic and racial diversity. At this time, we are asking the parents and guardians of all current students to complete the brief form below to update information about their children's ethnicity and race. The federal government requires that both ethnicity and race be identified and provides only the categories listed. If you do not answer both questions, school personnel are required to make selections for you.

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Is your child's native tongue a language other than English? YES / NO

What is the language? \_\_\_\_\_

Is the primary language used in your child's home or environment a language other than English? YES / NO

What is the language? \_\_\_\_\_

## Medical Information

I hereby give permission to the staff of the New Standard Academy to secure emergency medical treatment for the above named child while under their supervision:

Name of child's physician or health clinic: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ After-Hours Emergency Number \_\_\_\_\_

Hospital preferred for emergency treatment: \_\_\_\_\_

Health insurance policy name and number: \_\_\_\_\_

Please list any special services your child has received in the last three (3) years: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

13. Name(s) of person other than parent or legal guardian to whom child maybe released must be 18 years or older:

\_\_\_\_\_  
\_\_\_\_\_

In the event emergency medical treatment is required, I give consent for my child (ren) to be transferred to the nearest medical facility and if necessary to be treated by a qualified physician. The school will **not** transport my child(ren) to the nearest medical facility. In the event that I cannot be contacted and if my designated emergency contact is not available, I understand and agree that the school staff will telephone 911 for emergency medical assistance.

Parent/Guardian Signature: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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## Food Substitution Form

**Student's Name:** \_\_\_\_\_

**Medical/Special Dietary Restrictions:** (Please Specify)

None\_\_      Food Allergy\_\_      Food Dye Allergy \_\_      Iron Intolerance \_\_  
Lactose Intolerance \_\_      Obesity \_\_      Other (Please Specify) \_\_\_\_\_

**Food(s) To Be Omitted:**

All Milk Products (Cheese, yogurt, etc.) \_\_      Milk Only \_\_      Wheat/Gluten \_\_      None \_\_  
Fruit (Please Specify) \_\_\_\_\_  
Nuts (Please Specify) \_\_\_\_\_  
Other (Please Specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Food(s) To Be Substituted In Place Of Food(s) To Be Omitted:**

Rice Products (Rice milk, etc.) \_\_      Soy Products (Soy Milk, veggie burgers, etc.) \_\_  
Other (Please List) \_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does your child have an EpiPen?**      Yes \_\_      No \_\_

**Please complete the following if your child is physically challenged:**

Description of condition and indication that restricts the student's diet:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of major life activity affected by condition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



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## Photograph/Videotape Permission

Dear Parent:

From time to time **The New Standard** records student activities through the use of photography and/or videotape. Generally the resulting material is used internally to serve as a form of documentation of school/student activity and as a learning tool for both students and faculty. On occasion photographs and/or videotapes may be used for advertising purposes to promote enrollment at **The New Standard** or as a backdrop to employment recruitment efforts.

In order for the school to produce materials for both internal and external uses we need your permission to use photo and/or video images of your child. Please put a check in the appropriate box and sign below to indicate your preference of permission for the following:

1. I **(do)**  give permission for my child to be photographed/videotaped and the resulting photographs/videotape to be used and displayed within the school as well as, to be used for public display and/or published for the benefit of the school.
2. I **(do not)**  give permission for my child to be photographed/videotaped and the photographs/videotape to be publicly displayed and/or published.

*Please Note: There is no payment or any other form of compensation for use of your child's image if a photograph and/or video image of your child is used either internally or externally as explained in the examples above.*

*Please Print:*

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

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

*Sign Below:*

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Signed



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## RELEASE OF STUDENTS TO PERSONS OTHER THAN PARENTS/GUARDIANS

Student's Name: \_\_\_\_\_ Date \_\_\_\_\_ Grade \_\_\_\_\_

**Person(s) Authorized to pick up student from The New Standard  
(Other than parent or guardian)**

Name/Relationship	Address	Phone

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**Persons specifically RESTRICTED FROM picking up students from The New Standard:**

**\* Court Documentation needs to be provided when restricting parents / guardians**

Name/Relationship	Address	Phone





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## TNS STUDENT HANDBOOK SUMMARY

By enrolling your child at The New Standard, you have chosen to participate in a unique educational experience that actively involves both you and your child. We ask that you demonstrate your commitment to The New Standard by following all school policies and procedures. Below is a summary of key policies listed in the handbook.

### Attendance

Students are expected to attend school on a regular basis. If your child is absent from school due to an illness, accident, or family loss, please call the office at (810) 787-3330. Notes from doctor appointments should be sent to the office as well. Once a student reaches twenty (20) unexcused absences a truancy petition will be submitted to the court.

### Cellular Phones/Electronic Devices

Parents, cell phones, and other electronic devices, are not allowed during school hours. If your child is caught using them, they will be confiscated and will not be returned until the end of the school day. Multiple offenses will result in the device being held until a parent or guardian can pick it up from the school.

### Dress Code

The New Standard is a uniform school. Students are expected to be in uniform **EVERY DAY**. The school uniform consists of a navy, orange, or white-collar shirt with The New Standard logo, black, khaki, or navy pants, and shoes that fully cover the foot. Shirts must be neatly tucked in. Girls can wear uniform skirts and dresses.

***The following are not permitted:*** Open-toe shoes, tightly-fitted pants, and earrings-(boys), etc..

### Arrival/Dismissal

School begins at 7:30am and dismisses at 4:00pm. Cafeteria doors will open at 7:20am for student arrival and breakfast. For dismissal, all classes will be taken to the cafeteria. Students are expected to be picked up no later than 4:30pm. Pick-ups after 4:30pm are considered late. After three (3) late pick-ups, a notice will be issued and CPS will be contacted. Changes to transportation arrangements should be made **before 3:00pm** by calling the office at (810) 787-3330. Office staff cannot guarantee that teachers will be notified in time if informed after 3:00pm. All transportation concerns related to the busses should be directed to the Transportation Supervisor.

### Behavior/Misconduct

Consistent compliance with all school policies and procedures is required. Failure to do so will result in the student's position at The New Standard Academy being forfeited and given to another candidate.

1. I  acknowledge that this document is a summary of the information provided in the TNS Student Handbook. I agree with the terms and will support TNS in following all procedures and policies listed here and in the TNS Student Handbook in its entirety.
2. I  acknowledge that the entire TNS Student Handbook is available in the main office of the school as well as on the school website at <http://newstandardflint.org/images/contentImages/file/New%20Standard/TNS-Handbook-15-16.pdf> and I agree to review the handbook with my child before the first day of school. I understand that the office copy of the handbook is accessible during office hours, 7:30am to 4:30pm, and I can request to review it during that time.

### ***Please Print:***

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

### ***Sign Below:***

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Signed