



Arts Academy in the Woods

32101 Caroline Street, Fraser, MI 48026 ° 586.294.0391 phone ° 586.294.0617 fax

STUDENT REGISTRATION FORM

Step One: Turn in required enrollment forms.

Along with this packet the following additional materials are required:

- Copy of the Student's Birth Certificate
- Copy of the Student's Immunization Record
- Transcript for incoming 10th – 12th graders or 7th grade final report card and 8th grade current report card for incoming 9th graders.
- \$45.00 book deposit – due on the student's first day of school. This deposit can either be refunded or rolled over to the following school year once all of the student's textbooks are returned in the same condition they were received.

Step Two: Complete academic and art class placements.

The academic placement consists of testing in science, math, and English. This test and the art placement will be used to place the student in the correct level of class. Students are required to attend an art placement for every art class they wish to take.

Step Three: Meet for scheduling.

The scheduling step is an appointment with the student, parent, and a member of our scheduling team. Depending on your grade level, scheduling appointments will last five to fifteen minutes, and in most cases can be completed on the same day as the academic and art class placements.

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www.artsacad.net

AAW STUDENT/PARENT INFORMATION
TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

Today's Date _____ Anticipated Graduation Year _____ Gender _____

Student Name _____ Birth date (Month/Day/Year) _____

Street Address _____ City _____ Zip Code _____

Resident District _____ Ethnicity _____

Is your child's native tongue a language other than English? Yes No If yes, what language? _____

Is the primary language used in your child's home environment a language other than English? Yes No

* * *

1. Parent/Legal Guardian Name _____ Relationship to Student _____

Street Address _____ City/State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Employer/Occupation _____ Work Phone _____

Email _____

May we share your email address with: AAW Staff and/or FAPAPA (Parent's Group) President

2. Parent/Legal Guardian Name _____ Relationship to Student _____

Street Address _____ City/State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Employer/Occupation _____ Work Phone _____

Email _____

May we share your email address with: AAW Staff and/or FAPAPA (Parent's Group) President

* * *

Where did you first hear about us? Word of Mouth AAW Website Magazine/Newspaper Flyer
 Radio Advertisement TV Advertisement Concert or Other Local Event
 Facebook, MySpace, Other website

STUDENT'S ARTISTIC INTEREST SURVEY

Please label your art interests in priority order (1, 2, 3, etc.). Mark at least two areas of interest.

_____ **Multimedia**

_____ **Theatre**

_____ **Visual Art** Art Type? _____

_____ **Vocal Music** Vocal Part? _____

_____ **Instrumental Music** Instrument? _____

_____ **Dance** Forms of Dance? _____ Years of Study? _____

* * *

AGREEMENT FOR BOTH STUDENTS AND PARENTS

Our mission: Arts Academy in the Woods graduates the next generation of Artistic, Academic, Creative, and Civic Leaders.

AAW is a school of choice. Students who choose to attend this school also agree to accept its rules and mission.

We, the undersigned, will read the Student Code of Conduct and agree to be held accountable to its terms. (The Student Code of Conduct can be found at www.artsacad.net.)

We, the undersigned, certify that all statements made in this application are true, accurate, and complete; including all report cards, transcripts, medical records, birth certificates, and other submitted documents.

Parent/Guardian Signature

Student Signature

**DEPARTMENT OF SPECIAL EDUCATION
PREVIOUS ENROLLMENT**

Student's name _____

Grade _____

- No, my child was not receiving special education support at their previous placement
- My child did not have an IEP, but was on a 504 plan. (Please obtain and attach.)
- Yes, my child has an IEP and was receiving special education services.
(Please fill out required information below)

Previous school attended: _____

School's phone number: _____

Services provided: Check all that apply

- Resource Room
- Speech and Language
- Social Work
- Occupational Therapy
- Physical Therapy

Date of last IEP _____

*Please attached all special education paperwork (IEP, evaluation results, etc.)

Parent /Guardian signature _____



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AFFIRMATION OF PRIOR DISCIPLINE RECORD

Student's Name: _____

Please check two:

- The undersigned affirms that the student above **has not been suspended** from any public or private school in Michigan or any other state within the last two years.
- The undersigned affirms that the student above **has never been expelled** from any public or private school in Michigan or any other state.
- The undersigned affirms that the student above **has been suspended** from a public or private school in Michigan or any other state within the last two years.
- The undersigned affirms that the student above **has been expelled** from a public or private school in Michigan or any other state.

If you checked the third or fourth box above, explain the circumstances in detail. Include the school name, dates of suspension or expulsion, and a description of the incident giving rise to the suspension or expulsion.

I legally attest that the statements above are, to the best of my knowledge, truthful. I understand that a willful false statement on this affirmation will result in a report to the school administration. In addition, I understand that the prior school will be contacted for verification.

Signature of student: _____ Date: _____

Signature of parent: _____ Date: _____

Name of current/former school: _____

City and State: _____ Fax Number: _____

Current/Former School: Please fill out the information below and fax back to 586-294-0617.

Please check one: The statements above are accurate The statements above are NOT accurate

If the student has been suspended within the preceding two years or expelled at anytime, please forward the appropriate documentation.

Signature of Current/Former School Administrator: _____

Title: _____ Date: _____

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REQUEST FOR STUDENT'S RECORDS

The following child has enrolled at Arts Academy in the Woods.

Student's Name: _____

Date of Birth: _____ Grade Entering: _____

Previous School: _____ City: _____

Fax Number: _____

Please forward the **complete** school record of the above student, showing subjects, marks, test scores, grade placement, health record and Educational Development Plan. Also, please **include** any psychological information, IEPs or 504 plans on file, which may be kept in a separate location.

These official school records should be sent to:

Arts Academy in the Woods
Attn: COUNSELING DEPARTMENT
32101 Caroline Street
Fraser, MI 48026

Authorized Signature: _____

Under the provisions of the Privacy Rights of Parents and Students Act, page 1213 Subpart D (b), it is not necessary to have written consent of the parents to release records "to officials of other schools or school systems in which the student seeks or intends to enroll."

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Publications, Video, Internet Consent and Release Agreement

Students who attend Arts Academy in the Woods are occasionally asked to be a part of school publicity, publications and/or public relations activities. In order to guarantee student privacy and ensure your agreement for your student to participate, Arts Academy in the Woods asks that you sign this form and return it to the school.

AGREEMENT

Arts Academy in the Woods agree that the student's name, picture, art, written work, voice, verbal statements, portraits (video or still) shall only be used for public relations, public information, school promotion (including the school website), publicity, and instruction.

The student agrees to allow AAW to use the student's name, picture, art, written work, voice, verbal statements or portraits (video or still) to appear in school publicity or AAW publications, videos or on the school website. For example, pictures and articles about school activities may appear in local newspapers or district publications. These pictures and articles may or may not personally identify the student. The pictures and/or videos may be used by the school in subsequent years.

Where text on a page is not associated with an accompanying image (example: a list of scholarship award winners), first names, or first initial and last name of students may be used without a signed waiver prior to publishing in these cases.

Arts Academy in the Woods and School will immediately comply with any request by a parent, legal guardian or student for the removal of specific photographs featuring their child or references to their child's name.

No other personal information about a student, including email address, phone number, or home address will be released.

The student understands and agrees that:

- No monetary consideration shall be paid;
- Consent and release have been given without coercion or duress;
- This agreement is binding upon heirs and/or future legal representatives;
- The photo, video or student statements may be used in subsequent years.

If the Student (and/or Parent/Guardian) wishes to rescind this agreement they may do so at any time with written notice to the office administration or Mrs. Mantey. Rescinding approval will affect future print publications and all information on the website; however, photos which have already appeared in print or gone to press (brochures, newspapers, etc.) may not be able to be withdrawn.

Student's Name: _____
(Print Name)

Student's Name: _____
(Signature)

Parent's Name: _____
(Signature)

Date of Agreement: _____