



Thank you for your interest in Muskegon Covenant Academy. Once the forms in this enrollment packet are completed, please turn it in at the school office with the following information:

- Birth Certificate – (Every Student)
- Copies of all Transcripts from previous high schools
- Immunization (shot) Records – Current/Up to date (19 and younger)
- State ID (for students 18 or older)

Once ALL enrollment paperwork is received, the student will be scheduled to attend orientation. Parents, please plan on joining your student for this orientation.

With this, as with any communication, please feel free to contact the school with any questions or concerns.

****** Please Note: a reading test will be given to all students at the time of enrollment. Completion of standardized testing is a graduation requirement of Muskegon Covenant Academy.**

STUDENT'S NAME: _____
last first middle nickname

Current address (including City & Zip Code): _____

Phone: (_____) _____ Birth Date: _____ City, State of Birth: _____

Language in Home: _____ Student's gender: Male Female Last Grade Successfully Completed: _____

School District of Residence: _____ Child ever retained? _____ Which Grade: _____

Last School Attended & date left _____ City, State _____

Did your child receive any **special education** services in the previous school year? Yes No

(Check all that apply) Special Education Classes Title One Speech OT/PT Social Work 504 Plan

Is your child **currently** receiving any of these services? _____

Was the student born outside of the US? _____ When did the student enter US schools? _____

1st parental/legal guardian contact:

Name: _____ Relation to student: _____
Last First Middle

Address: _____
Street address City Zip

Employer: _____ Occupation: _____

Email Address _____ Home phone _____

Text Messages: # _____ Work phone _____

Contact information: (**note – only one mailing of grades & attendance per household) lives with mail grades

2nd parental/legal guardian contact:

Name: _____ Relation to student: _____
Last First Middle

Address: _____
Street address City Zip

Employer: _____ Occupation: _____

Email Address _____ Cell phone _____

Text Messages: # _____ Work phone _____

PLEASE READ EACH AUTHORIZATION CAREFULLY AND CIRCLE EITHER YES OR NO

Consent to Student Services	Media Release
I hereby give permission to Muskegon Covenant Academy to release student directory information to any requesting organization deemed appropriate by administration; i.e., Military, Newspapers, Employment Agencies etc.	I hereby give permission to Muskegon Covenant Academy to use pictures and/or quotes of my student for publication purposes; i.e., district newsletter, websites, flyers, etc.
YES NO	YES NO
Consent to SMS (text message) Communications	
I hereby give permission to Muskegon Covenant Academy to contact me through my sms service. I understand that these messages will be short and few so as not to use a large amount of data.	
YES NO Cell #: _____	

BY SIGNING BELOW I AFFIRM THAT ALL INFORMATION IN THIS ENTIRE APPLICATION IS TRUE AND ACCURATE.

I understand that my student will attend virtual classes at Muskegon Covenant Academy as part of our curriculum.

Student Name [Print]

Student Signature (If over 18 years old) Date

Parent Signature (Only if under 18) Date

Muskegon Covenant Academy

Consent for Disclosure of Personally Identifiable Information and Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the student's name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information and immunization information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize **Muskegon Covenant Academy** to release my child's immunization record and personally identifiable information to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

Student's Name: _____ Date of Birth: __/__/____

Signature of Parent/Guardian/Eligible Student: _____ Date: __/__/__

Printed Parent/Guardian/Eligible Student: _____

**Muskegon Covenant Academy
Official Request for Records**

Last School(s) Attended & _____
Dates Attended: _____

A. You are authorized to release the following records for:

Student Name: _____ Age: _____
Date of Birth: _____ Last Grade Completed: _____

B. Data to be released:

- Directory Information
- Health Records
- Permanent/Cumulative Records and Behavior Records
- Pupil Personnel Services/Special Education Records
- All Assessment Information including MEAP and MME scores
- IEP, MFE, and official transcripts - **Embossed/Raised Seal**
- Full Disclosure

Student's Signature

Date

Parent/Guardian Signature (if student is under 18)

Date

Please return requested records to:

**Muskegon Covenant Academy
125 Catherine Avenue
Muskegon, Michigan 49442
Office: (231) 720.3100
Fax: (231) 720.3105**



125 Catherine Avenue
Muskegon, Michigan 49442
Office: (231) 720.3100

Dear Parent or Guardian:

Muskegon Covenant Academy may be eligible for federal and state funds to provide additional educational services. This will enable staff and parents to design and implement programs to assist all children in achieving high academic standards.

The funds available to each district/academy are based primarily on the number of enrolled pupils whose families meet the income eligibility criteria for free meals or free milk. Even if the district/academy does not have a meal program, it can receive funds for educational services if it is able to provide a count of pupils who meet the income guidelines.

In order for Muskegon Covenant Academy to receive additional funding, families that meet the income criteria must complete and return the enclosed application. We cannot approve an application that is not complete. The "Determination of Eligibility for Title I and Section 31a, At-Risk Funding" application and instructions are enclosed with this letter.

If you have any questions, please feel free to contact me.

Sincerely,

Administrator
Muskegon Covenant Academy

Enclosures

DETERMINATION OF ELIGIBILITY FOR TITLE I AND SECTION 31a, AT-RISK FUNDING

Application Instructions:

If your entire household gets Food Stamps, FIP, or FDPIR, follow these instructions:

Part 1: Skip this part.

Part 2: Skip this part.

Part 3: If the student is new to the district/school check "Yes."

List student(s) name, school, grade, check "Yes," and list a case number.

Part 4: Skip this part.

Part 5: Sign and date the form. A Social Security number is not necessary.

Part 6: Skip this part.

2019/2020 INCOME ELIGIBILITY GUIDELINES FOR FREE MEALS					
Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$15,444	\$1,287	\$633	\$584	\$292
2	\$20,826	\$1,736	\$853	\$787	\$394
3	\$26,208	\$2,184	\$1,072	\$990	\$495
4	\$31,590	\$2,633	\$1,292	\$1,193	\$597
5	\$36,972	\$3,081	\$1,512	\$1,396	\$698
6	\$42,354	\$3,530	\$1,732	\$1,599	\$800
7	\$47,749	\$3,980	\$1,952	\$1,802	\$901
8	\$53,157	\$4,430	\$2,172	\$2,005	\$1,003
*For each additional household member add:	\$5,408	\$451	\$220	\$203	\$102

If you are applying for a homeless, migrant, or runaway child, check the appropriate box and contact your Homeless Liaison or Migrant Coordinator. Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: Check the box and list the child's personal use monthly income, if any.

Part 2: Skip this part.

Part 3: Use a separate application for each foster child. List the child's name, school, and grade.

Part 4: Skip this part.

Part 5: Sign and date the form. A Social Security number is not necessary.

Part 6: Answer this question.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: Skip this part.

Part 2: Check the appropriate box, if any.

Part 3: If the student is new to the district/school, check "Yes." List each child's name, school, and grade.

Part 4: Follow these instructions to report total household income from last month.

Column 1 – Name:

- List the first and last name of each person living in your household, related or not (such as grandparents, other relative, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column 2 – Gross Income:

- Next to each person's first and last name, list each type of income received last month. Next to the amount, circle how often the person got it (weekly, every other week, twice a month, or monthly).
 - *Earning from work:* List the gross income each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** Net income should **ONLY** be reported for self-owned business, farm, or rental income.
 - *All other income:* List the amount each person got last month from welfare, child support, and alimony in the second column. List the amount each person got last month from pensions, retirement, and Social Security in the third column. List All Other Income sources in the fourth column. All Other Income includes Workers Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME.
 - If the person does not have any income, circle "NO" in the last column "Circle if NO Income."

Part 5: An adult household member must sign and date the form, and list a **Social Security Number**, or check the box "I do not have a Social Security Number."

Part 6: Skip this part.

Privacy Act Information: Social Security Number

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Determination of Eligibility for Title I and Section 31a, At-Risk Funding 2019/20

Part 1 – Foster Child YES ****Child's spending money per month \$ _____** If none available, list \$0.

Use a SEPARATE application for each FOSTER CHILD

Part 2 – Homeless **Migrant** **Runaway**

If the child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call the: District/School Homeless Liaison or Migrant Coordinator at _____

Part 3 – The names of all children in the household in school or the name of ONE Foster Child in school

New Student	Student's Name	School Name	Grade	Does your child receive Food Stamps/FIP/FDPIR?
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____

If you listed a Food Stamp/FIP/FDPIR case number for EACH child, skip to Part 5.

Part 4 – Total Household Gross Income-You must tell us how much and CIRCLE how often it is received.

	Earnings from work (Before taxes)		Welfare, child support, alimony		Pensions, retirement, Social Security		All other income		Circle If NO Income
	Weekly	Twice a Month	Weekly	Twice a Month	Weekly	Twice a Month	Weekly	Twice a Month	
Example Jane Doe	\$100	Weekly	\$500	Monthly					NO
		Every 2 weeks		Monthly					NO
		Weekly		Every 2 weeks					NO
		Every 2 weeks		Monthly					NO
		Weekly		Every 2 weeks					NO
		Every 2 weeks		Monthly					NO
		Weekly		Every 2 weeks					NO
		Every 2 weeks		Monthly					NO
		Weekly		Every 2 weeks					NO
		Every 2 weeks		Monthly					NO

Part 5 – Signature and Social Security Number (Adult household member must sign.)

If Part 4 is completed, the adult signing the form must also list the last 4 digits of his or her Social Security Number or check the "I do not have a Social Security Number" box. (See Privacy Act Statement on the Instruction page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, I may be prosecuted.

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

Adult Social Security Number (Last 4 digits only): XXX-XX-_____ I do not have a Social Security Number

Part 6 – Foster Children: In most cases foster children are eligible for free meals regardless of your household income. Foster home License Number: _____ (optional)

_____ A. The welfare agency or court is legally responsible for the child and the foster home is, in fact, an extension of the welfare agency or court.

_____ B. The child is a resident of a licensed "Group Foster" home or a residential institution.

****Only the foster child's spending money is counted as income on this application. Do not include money from occasional or part-time jobs like paper routes and babysitting. If you have any questions, please contact the school.**

Do not fill out this part. This is for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Household Size: _____ Total Gross Income: \$ _____ Week _____, Every 2 Weeks _____, Twice a Month _____, Month _____, Annual _____

Foster Child: _____ Categorical Eligibility: _____ Eligibility: Free _____ Reduced _____ Denied _____

Temporary Free _____ Time Period: _____ (expires after _____ days)

Reason for Denial: _____ Income too High _____ Incomplete Application _____ Other (specify) _____

Determining Official's Signature: _____ Date: _____ Date Withdrawn: _____

Student Housing Questionnaire

Full Name of Student: _____ D.O. B. _____

Please answer the following questions. The answers can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is your home address a temporary living arrangement, other than rental? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is your temporary living arrangement due to a loss of housing or economic hardship? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are you in a temporary foster care placement or awaiting foster care? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are you living with someone other than your parent or legal guardian? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are you living alone as a minor student(s) without an adult(unaccompanied youth) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered YES to any of the above questions, please complete the remainder of this form.
If you answered NO to all of the above questions, you may stop here.

Where are you currently living? (Please check box)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Moving from place to place | <input type="checkbox"/> in a shelter |
| <input type="checkbox"/> With more than one family in a house or apartment | <input type="checkbox"/> Group Home |
| <input type="checkbox"/> Transition Housing (through community agency) | <input type="checkbox"/> Foster Care |
| <input type="checkbox"/> In a location not designed for sleeping accommodations (park. Car, campsite) | <input type="checkbox"/> Motel |

Address of current residence: _____

OR

Name of motel/shelter of current residence: _____

OR

Name of "general area" of current residence: _____

Print Name of Parent(s)/legal guardian(s): _____

Signature of parent/legal guardian: _____

Other Children/Students Living in your home:

Name: _____ Age _____ School: _____

Name: _____ Age _____ School: _____

Name: _____ Age _____ School: _____

The McKinney Vento Homeless Education Assistance Act and Muskegon Covenant Academy will ensure the educational rights listed below for students who are homeless:

Continue to attend school in the school attended before you became homeless (school of origin).

- ✓ Receive transportation to the school of origin
- ✓ Enroll in school without giving a permanent address and attend classes while the school arranges for a school transfer, immunization records or other documents required for enrollment.
- ✓ Receive the same special programs and services, if needed as provided to all other children served in these programs.
- ✓ Have enrollment disputes quickly addressed.

Staff member completing McKinney-Vento interview _____ Date _____

Copies to: 1. Homeless Liaison 2. School Social Worker 3. School Office

**State Board of Education Approved
Home Language Survey**

Muskegon Covenant Academy is collecting information regarding the language background of each of its students. This information will be used to determine the number of students who should be provided bilingual instruction according to Sections 380.1152-380.1157 of the School Code of 1995, Michigan's Bilingual Education Law. Would you please help by providing the following information?

Thank you very much for your cooperation.

Name of Student: _____

Grade: _____ Age: _____

1. Is your student's native tongue a language other than English?

____ Yes ____ No What is that language? _____

2. Is the primary language used in your student's home or environment a language other than English?

____ Yes ____ No What is that language? _____

Signature of Student or Parent/Guardian: _____ Date: _____

"Primary language" means the dominant language used by a person for communication.

Translation of this survey form in Spanish, Arabic, French, Italian and Ojibwa is available at the State of Michigan Department of Education Office of Field Services at (517) 373-6066.



Family Educational Rights and Privacy Act (FERPA) Request to Withhold Directory Information

FERPA allows the release of certain pieces of "directory information" without the prior written consent of a student's parent/guardian. The parent/guardian (or student if over 18 years of age) has the legal right to "opt out" of the directory so that no information is released to anyone at any time unless written consent is granted.

Directory information includes, but is not limited to, the student's name; age; address; telephone listing; and email address.

From time to time, the GVSU Charter Schools Office (CSO) may publish charter school student directory information in the following ways:

- Photo or video of student in a newsletter, publication, or social media post (a separate media release will be obtained if student is photographed)
- Name, school, and grade in a GVSU CSO newsletter, publication, or social media post (both GVSU CSO original pieces and re-printed stories sent to us by GVSU authorized charter schools)

Instruction to Withhold Directory Information

Please do not release any of my student's directory information.

Student's Printed Name

Student's School Name

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date: ____/____/____

If you choose to opt-out, please return this completed form to: GVSU CSO, Attn: Alyson Murphy, 201 Front Avenue SW, Suite 310, Grand Rapids, MI 40504 OR via email at murphaly@gvsu.edu

Printed Name: _____

Home/School Covenant

We know that learning can take place only where there is a combination of effort, interest, and motivation. Because we are all committed to your student's progress at Muskegon Covenant Academy(MCA), we are going to do our best to promote his/her achievement. This compact is a promise to work together. Please read and sign the parent/guardian section. Read the student section with your student and have the student sign. We look forward to a productive and successful school year.

As a student, I will:

- Be an active participant in my learning.
- Obey school rules and be respectful at all times.
- Attend school regularly and be punctual.
- Be provided access to all school staff as needed.
- Do my best in my work and in my behavior.
- Read aloud or silently every day.
- Assume responsibility for my actions.

○ _____

Student's Signature: _____ Date: _____

As a parent/guardian, I will:

- Encourage my student to be independently responsible.
- Communicate regularly with my student's teacher.
- Provide a home environment that encourages my student to learn.
- Review my student's progress report.
- Strive to develop the skills needed to help my student.
- If possible, volunteer in my student's school.
- Encourage my student to be in school everyday.
- Support my student's success in school.

○ _____

Parent's/Guardian's Signature: _____ Date: _____

Student is over 18. No Parent/Guardian Signature needed.

MCA Staff, will:

- Show respect for each student and his or her family.
- Help each student grow to his or her fullest potential.
- Provide a safe, productive, and comfortable learning environment.
- Come to class prepared to teach and learn.
- Model a professional behavior and a positive attitude.
- Ensure fairness and equity in adherence to school, district, and classroom rules.
- Provide a variety of opportunities for parents to become involved in school activities.
- Provide parents reasonable access to the school and classroom.
- Recognize and celebrate the cultural diversity of the students.
- Consult and coordinate with other teachers about specific needs of each student.
- Report frequently the progress of the student to parents/guardians.

Signature: _____

School Leader

Date: 2019/2020 School Year