



RISING STARS

ACADEMY

23855 Lawrence St., Center Line, MI 48015

www.rising-stars-academy.org

REGISTRATION CHECKLIST

Enrollment Requirements: Student must be 18 on or before December 1 of current school year; an IEP must be in place (RSA does not provide initial IEPs); and no DIPLOMA was awarded upon completion of K-12 education. A Certificate of Completion or Achievement is accepted. Please call 586-806-6455 if you have any questions or need assistance.

Please include the following documents with your COMPLETED Registration Packet:

- Rising Stars Academy Student Registration Forms
- Copy of Immunization Record
- Consent for Disclosure of Immunization Information to Local and State Health Departments
- Copy of Birth Certificate
- Court Approved Guardianship Papers (need to be renewed)
- Copy of Michigan I.D. Card (student and parent)
- Varicella (Chicken Pox) Disease Form (*In packet*)
- Free Appropriate Public Education (FAPE) Form (*In packet*)
- Media Release Form (*In packet*)
- Medication Control Form (*In packet*)
- Non-Prescription Med Release Form - Tylenol/Aspirin – approval given (*In packet*)
- **“Signed” Authorization for Release of Information** (*In Packet*)
- Copy of Current or Last IEP
- One Proof of Residency (utility bill, etc.)
- CBI/Field Trip Permission Form (*In Packet*)
- Transcript from previous school

A student is **NOT** eligible for enrollment unless all of the documents have been received prior to the students' admission date.



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Authorization for Release of Records

Previous school attended _____

Previous school address _____

I **hereby** authorize Rising Stars Academy to obtain information pertaining to the person name below as needed.

Student Name

Birthdate

Please Send Requested Information To:

*Rising Stars Academy
23855 Lawrence St.
Center Line, MI 48015
Attn: Superintendent*

Requested Information:

- Current IEPC
- Psychological Report
- MET
- Social Worker Report
- Multidisciplinary Report
- Teacher Report
- Medical Report
- EDP (Educational Development Plan)
- OFFICIAL School Transcripts with "Seal"
- MI Access Assessment or MEAP Results
- UIC Number

Student Signature (Parent if under 18)

Relationship

Date



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Student Information				
Full Legal name Last Name	First	Middle	Gender	Grade
			M F	
Home Address	City & Zip	Home Phone		
Mailing Address	City & Zip	Alternate Phone		
Resident School District	<u>Ethnicity (Please circle on from the list below)</u> American Indian/Alaskan Native Asian American Black or African American Native Hawaiian/Other Pacific Islander White Hispanic or Latino Multi-Racial			
Student's Date of Birth	Student Order of Birth (if multiple) Please circle: 01 02 03 04 05 06 07 08	Birth City/State		
Fill in Section Below for Students not Born in US				
US Citizen? Y N	Date entered US?	First attended school is US (month/year)	Country of Birth	
Fill in Section for ALL Students				
Primary Language		Language Spoken in Home		
Former School				
Former School District		Former School		
School Address	City, State, Zip		Suspended/Expelled	
Services Received at Former School (please circle)				
Special Ed.	Title I	Speech/Lang	Social Work	Other
Please Describe Other Services:				

Forms Submitted (please circle)				
Birth Certificate	Proof of Residency	Immunizations	Hearing & Vision	
Health				
Preferred Hospital		Medications		
Emergency Medical Alerts/Allergies		Physical Limitations		
Asthma	Diabetes	Vision Problems	Hearing Problems	Heart Condition
Physician Name		Physician Phone		
Dentist Name		Dentist Phone		
Contact #1				
First & Last Name		Relationship to Student		
Address		Home Phone	Resides w/Student Y N	
Cell Phone	Email Address		Received Mailings Y N	
Employer		Work Phone w/extension		
Contact #2				
First & Last Name		Relationship to Student		
Address		Home Phone	Resides w/Student Y N	
Cell Phone	Email Address		Received Mailings Y N	
Employer		Work Phone w/extension		

Contact #3

First & Last Name		Relationship to Student	
Address		Home Phone	Resides w/Student Y N
Cell Phone	Email Address		Received Mailings Y N
Employer		Work Phone w/extension	

Contact #4

First & Last Name		Relationship to Student	
Address		Home Phone	Resides w/Student Y N
Cell Phone	Email Address		Received Mailings Y N
Employer		Work Phone w/extension	

Add Contacts to Auto Email Receive (please circle those included)

1 2 3 4 - Current Grades and Attendance	1 2 3 4 - Detailed Attendance Report
1 2 3 4 - School Announcements	1 2 3 4 - Alert when account low on funds

Has the student ever been convicted of a Misdemeanor? ___Yes ___No
 If Yes, please explain _____

Has the student ever been convicted of a Felony? ___Yes ___No
 If Yes, please explain _____

I certify that the information on this form is true and correct to the best off my knowledge.

 Parent/Guardian Signature

 Date



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INTERNET ACCEPTABLE USE POLICY PRESS/VIDEO RELEASE

Student Name _____

Rising Stars Academy has my permission to use photographs and/or videos of my child to show school activities to the public. I understand that personally identifiable information may be used at the discretion of the media, involving no financial compensation to Rising Stars Academy, the student, or family of the student.

****NO PICTURES/VIDEO RECORDING IS ALLOWED WITHOUT PRIOR APPROVAL FROM SCHOOL OFFICE****

Video/Press Release (circle one) - YES NO

I understand that I have the right to deny consent to the release of photographs, information, and/or internet accessibility specified above by notifying the principal or administrator of Rising Stars Academy.

Parent/Guardian Signature

Date

If permission is denied, please write "DENIED" on the signature line

INTERNET USE

All students are able to use the internet in accordance with Rising Stars Academy acceptable use policy (AUP). If you do not want your child to use the internet at Rising Stars Academy, please notify the principal or administrator.

I CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE.

Parent/Guardian Signature

Date



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GUARDIAN VERIFICATION FORM

I, _____ hereby certify that I have
Legal Guardianship of _____

And he/she is NOT able to sign legal documents regarding school
information.

Guardian Signature _____

Date: _____

***Copies of Court Documents MUST be provided to Rising Star
Academy**



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Racial/Ethnic Declaration

As a requirement of State and Federal Law, all school districts are mandated to report racial/ethnic origins of our student body as a group. This information is used for statistical purposes and will NOT be kept as part of an individual student's record. Your cooperation regarding this information is greatly appreciated.

Please only circle the numbers that apply – no names are necessary on this form.

1. **AMERICAN INDIAN OR ALASKAN NATIVE** – a person having origins in North America, or who maintains cultural identification through tribal affiliation or community recognition.
2. **ASIAN AMERICAN** – A person having origins in the Far East or Southeast Asia.
3. **BLACK OR AFRICAN AMERICAN** – A person having origins in any or the black racial groups of Africa.
4. **HISPANIC OR LATINO** – A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin.
5. **WHITE – NOT OF HISPANIC ORIGIN** – A person having origins in Europe, North Africa or the Middle East.
6. **HAWAIIAN OR PACIFIC ISLANDER**



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STUDENT RESIDENCY

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

Student Name	Birth date	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Grade Entering
Parent/Guardian Name		Parent Phone		
Street Address (with apt/suite)	City & Zip		Student Phone	
School Attending				

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
 - In a car
 - In a trailer on a campsite
 - With friends or family member (other than parent/guardian)
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 no adults
 - An adult who is not the parent or legal guardian

Parent/Guardian Signature	Date
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Medication Control

Student Name: _____ Birthdate: _____

Doctor Name: _____ Doctor Phone: _____

HOME Medications:

Medication	Dosage	Time Given	Comments

SCHOOL Medications:

Medication	Dosage	Time Given	Comments

I give permission to Rising Star Academy to administer the above medication at school. These instructions are in compliance with the instructions of the physicians.

Parent/Guardian Signature: _____ Date: _____

IMPORTANT: All prescribed medication must be sent in the original container and labeled with the date of prescription, student's name, exact dosage and time to be administered. A new medication form must be filled out each time there is a change in the medication orders from the doctor.



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Non-Prescription Pain Medication Release Form

Please check Yes or No below for each medication.

Yes	No	Medication	Special Instructions
		Ibuprofen	
		Acetaminophen	

Student Name _____ Date _____

Parent Signature _____



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STATEMENT OF VARICELLA DISEASE (CHICKENPOX)



Macomb County Immunization Regulations requires all children admitted to any public, private, or parochial elementary or secondary school, day care center, camp, or any other organized care or educational facility operating in Macomb County to present a certificate indicating dates of all required immunizations.

Complete the portion below **ONLY** if your child has had varicella (chickenpox) disease. This must be signed and witnessed at your child's school/care program.

I certify my child:

Last Name First Name M.I.

Date of Birth Grade Date of School Enrollment

has had varicella disease _____
(When did varicella occur: age or date)

Parent or Legal Guardian Signature _____
Date _____

Witnessed by (School/Program Staff) _____
Date _____

School District: **Rising Stars Academy**
School/Child Care Program _____

*PLACE IN STUDENT'S PERMANENT RECORD



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Field Trip Permission Form

Dear Parent/Student:

The purpose of this form is to obtain permission for students to participate in off-site trips that are made under the direction of Rising Stars Academy.

STUDENTS MAY NOT PARTICIPATE IN ANY FIELD TRIP WITHOUT A SIGNED PERMISSION SLIP ON FILE. We will keep this permission slip on file for all Field Trips for the 2024-2025 School Year.

We will provide information prior to each outing.

I grant permission for _____ to participate in field trips with Rising Stars Academy during the 2024-2025 School year. I understand that information will be provided prior to each trip.

Student Signature (Parent if under 18)

Relationship

Date

Emergency Contact Person

Phone #



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RISING STARS ACADEMY STUDENT STATUS FORM

Free Appropriate Public Education (FAPE)

****Please attach a Current IEP to this Completed Form****

Today's Date _____

Student Name: _____ Birthday: _____ Age: _____

Gender: M F Parent(s) Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work: _____

District in which student resides: _____ Last evaluation date: _____

Right to a Free Appropriate Public Education (FAPE)

- On _____ (date) it was determined that your student is a student with a disability under the Individuals with Disabilities Education Act (IDEA).
- As a student with a disability: he/she is entitled to receive a Free Appropriate Public Education (FAPE) from the public school.
- The _____ public school district stands ready to provide a FAPE should you/your student choose to continue his/her education until age 26 or his/her acceptance of a diploma.

This form verifies that, _____, the student, has not accepted his/her high school diploma, nor will a diploma be held for the student to obtain at a later date. In addition, an IEP (Individualized Education Plan) has identified his/her disability and plan of work, which includes transition goals for daily living skills and employability training to exit your district. Therefore, the student, _____, is entitled to a Free Appropriate Public Education (FAPE) in the state of Michigan.

Signature of School Official

Position

School District

Date