



A.G.B.U. Alex & Marie Manoogian School
22001 Northwestern Hwy, Southfield, MI 48075
248-569-2988

Dear Parents:

Thank you for your interest in A.G.B.U. Alex and Marie Manoogian School. In order to be included in the lottery for the upcoming year or enrollment process, you must provide the following items listed below.

Transcripts (**High School Students ONLY**)

Most recent **report card**

Original **birth certificate** (This will be returned to Parent)

Current Physical (Health)

Form/Immunizations

Hearing and Vision Test

completed and **signed by physician**

**Note: Hepatitis B & Chicken Pox vaccines
are required for admission**

Signed Release of Immunization Information form

Signed Record release form

Signed Affirmation of Prior Discipline Record

Proof of Residency of Michigan

**All forms must be printed, completed in ink, and turned in to the
main office by Friday, March 26, 2021.**

Open Enrollment for the 2021-2022 school year
March 8, 2021 – March 26, 2021

Admission to the Manoogian School will be determined on availability and cannot be processed until all of the above forms are submitted to the school office. Forms must be on file **before** your child is formally enrolled.

Sincerely,
Administration Office



OFFICIAL ENROLLMENT FORM

CHARTER SCHOOL

OFFICE

PARENT

VERIFICATION CHECKLIST – FOR OFFICE USE ONLY

Birth Certificate: _____ Current Report Card: _____

Recent Physical Exam: _____ Transcript (High school): _____

Immunization Record: _____ Records Release Form: _____

Grade Applying For: _____

Last Grade Completed: _____

Last School Attended: _____

School Year Applying For: _____

Please print

Enter student's full name as it appears on their birth certificate

Last Name

First Name

Middle Name

Birth Date (mm/dd/yy)

Gender (M/F)

Birthplace (City/State/Country)

U.S Citizen(Y/N)

If no, years in U.S.

Native American Asian American

Hawaiian / Pacific African American

Latin American Caucasian

Race / Ethnicity: Please indicate student race / ethnicity

Primary Language in home

Soc. Sec. #

Is there a language other than English spoken in the home environment?
 YES NO If yes, what language _____

Does your child speak a language other than English?
 YES NO If yes, what language _____

Enroll Date (mm/dd/yy)

Entry Code

Resident District

Multiple Birth

(Twins, Triplets, etc.) list birth order

Was your child receiving speech and /or language services at previous school? Yes No

Was your child receiving Special Education services at previous school? Yes No

Has your child been expelled or suspended from another school? Yes No

If yes, please explain:

Siblings

_____/____/____
Name Birthdate

_____/____/____
Name Birthdate

_____/____/____
Name Birthdate

As the parent/legal guardian, I affirm all information provided within this form is true and accurate, and that my child and I reside at the listed address. The undersigned understands that it is his/her responsibility to inform the school office if and when any of the information set in this form changes. Failure to inform the school will subject the student to termination of enrollment in the school.

I, the undersigned, declare that I and the student for whom this application is submitted, physically resides in the state of Michigan, Furthermore, I understand that only residents of the state of Michigan may attend the A.G.B.U. Alex & Marie Manoogian School, which is a Public School Academy. I understand any false information made on this application may subject my child/children to termination effective immediately and legal penalties for perjury.

The A.G.B.U. Alex and Marie Manoogian School is a Michigan Public School Academy and does not discriminate on the basis of intellectual or athletic abilities, measure of achievement or aptitude, handicap status, religion, creed, race, sex or national origin.

Parent Signature

Date



OFFICIAL ENROLLMENT FORM

Male / Guardian In Student Household

<input type="text"/>			<input type="text"/>		<input type="text"/>		
<i>Last Name</i>			<i>First Name</i>		<i>Middle Name & Suffix (Jr. III, etc)</i>		
<input type="text"/>		<input type="text"/>				<input type="checkbox"/> I am an Emergency Contact	
<i>Birth Date (mm/dd/yy)</i>		<i>Relationship to student (Father / Stepfather etc.)</i>					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
<i>Area Code</i>	<i>Primary/Home Phone</i>	<i>ext.</i>	<i>Area Code</i>	<i>Cell or Pager</i>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
<i>Area Code</i>	<i>Work Phone</i>	<i>ext.</i>	<i>Area Code</i>	<i>Fax</i>			
<input type="text"/>				<input type="text"/>			
<i>Guardian Email Address</i>				<i>Education Level – Last Grade Completed or degree received</i>			

Female / Guardian In Student Household

<input type="text"/>			<input type="text"/>		<input type="text"/>		
<i>Last Name</i>			<i>First Name</i>		<i>Middle Name & Suffix (Jr. III, etc)</i>		
<input type="text"/>		<input type="text"/>				<input type="checkbox"/> I am an Emergency Contact	
<i>Birth Date (mm/dd/yy)</i>		<i>Relationship to student (Mother / Stepmother etc.)</i>					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
<i>Area Code</i>	<i>Primary/Home Phone</i>	<i>ext.</i>	<i>Area Code</i>	<i>Cell or Pager</i>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
<i>Area Code</i>	<i>Work Phone</i>	<i>ext.</i>	<i>Area Code</i>	<i>Fax</i>			
<input type="text"/>				<input type="text"/>			
<i>Guardian Email Address</i>				<i>Education Level – Last Grade Completed or degree received</i>			

Student / Family Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>House #</i>	<i>Street Name</i>	<i>Apt #</i>	<i>City</i>	<i>Zip Code</i>

Emergency Contacts

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Name</i>	<i>Telephone #</i>	<i>Relationship to student</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Name</i>	<i>Telephone #</i>	<i>Relationship to student</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Name</i>	<i>Telephone #</i>	<i>Relationship to student</i>



OFFICIAL ENROLLMENT FORM

Parent Living Elsewhere

If Shared / non-custodial parent lives in a home other than the student

Last Name

First Name

Middle Name & Suffix (Jr. III, etc)

Birth Date (mm/dd/yy)

Relationship to student (Father / Mother.)

 I am an Emergency Contact

Area Code

Primary/Home Phone

ext.

Area Code

Cell or Pager

Area Code

Work Phone

ext.

Area Code

Fax

Guardian Email Address

Education Level - Last Grade Completed or degree received

House #

Street Name

Apt #

City / State

Zip Code

Emergency Information

Physician and Insurance information

List Health Alert Information

List any medical conditions (allergies, health conditions etc.) or other information which you want teachers and office personnel to know. This information when entered, will be available for teachers to see in class on the PC desktop

First and Last Name of Physician

Area Code

Phone number

Preferred Hospital

City where hospital is located

Family Insurance Provider

Insurance Policy Number

Previous School Information

School - Full Name

Area Code

Phone Number

Address

City

State

Zip Code

Has this student ever been retained/held back
Please answer with yes or no

The grade student was retained/held back

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code)	TODAY'S DATE (mm/dd/yy) / /
			MI
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ()
ADDRESS (Number & Street)	(City)	(ZIP Code)	WORK TELEPHONE NUMBER ()
			MI

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?	Birth History:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements	Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath	If yes, please describe:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____	
<input type="checkbox"/> Does your child take any medication(s) regularly? Reason for Medication _____				If yes, list medications: _____
_____ / / Parent/Guardian Signature Date				Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: / /	Visual Acuity Muscle Imbalance Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Other: _____	Height Weight Other: _____			
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: / /	Audiometer Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE	→ Reading: _____			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: / /	Sugar Albumin Microscopic				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN Date: / /	Type: _____ Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm			
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: / /	Level _____ ug/dl				NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.						

Examinations and/or Inspections

Essential Findings Deviating from Normal:
Exam Date: / /

SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)	1	2
	2			2	3
DTaP/DTP/DT/Td	1	4	Influenza (IV/LAIV)	1	3
	2	5		2	4
	3	6	Meningococcal (MCV4 / MPSV4)	1	2
Tdap	1		Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
Haemophilus Influenzae type b (HIB)	1	3		2	
Polio (IPV/OPV)	1	3	OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	2	4		1	
Pneumococcal Conjugate (PCV7/PCV13)	1	3		2	
	2	4	3		
Rotavirus (RV1/RV5)	1	3	Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable		
Measles, Mumps, Rubella (MMR)	1	2	*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.		
	2				
Varicella (Chickenpox)	1	2	Parent/Guardian refused immunizations: <input type="checkbox"/>		

History of Chickenpox Disease? Yes No If yes, date: _____

I certify that the immunization dates are true to the best of my knowledge

_____ / ____ / ____
Health Professional's Signature Title Date

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other
Other Recommendations		

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____'s teeth. As a result of this examination, my recommendation for treatment is: _____

_____ / ____ / ____
Dentist's Signature Date

PHYSICIAN'S SIGNATURE

_____ / ____ / ____
Examiner's Signature Date Examiner's Name (Print or Type) Degree or License

_____ MI _____
Number & Street City ZIP Code Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

A.G.B.U. ALEX & MARIE MANOOGIAN SCHOOL

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

Immunizations are an important part of keeping our children healthy. Schools and States and Local health departments must monitor immunizations 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 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.

Release of Immunization Information

With the start of the 2021-2022 school year, schools are required to obtain permission from parents to make immunization information available for viewing by the state and local Health Departments. All students in both kindergarten and seventh grade, as well as newly enrolled students to the district, are required to be placed on the state immunization registry.

I authorize _____ to release my child's immunization record 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: _____ Date: _____

Printed Parent/Guardian Name: _____

RECORD RELEASE FORM

A.G.B.U. ALEX & MARIE MANOOGIAN SCHOOL
22001 NORTHWESTERN HIGHWAY
SOUTHFIELD, MI 48075
www.manoogian.org
office (248) 569-2988 Fax (248) 569-1346

I hereby grant permission to have the complete cumulative record (including grades, test scores and other relevant data from Kindergarten to the present) released and sent to the A.G.B.U. Alex & Marie Manoogian School for the following student:

NAME OF STUDENT: _____

BIRTHDATE: _____ **GRADE:** _____

SIGNATURE OF PARENT/GUARDIAN: _____

RELATIONSHIP: _____ **DATE:** _____

SCHOOL PREVIOUSLY ATTENDED:

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Due to the provisions of the Federal Family Education Rights and Privacy Act of 1974, it will be necessary for you to provide us with a statement of release. This release signed by you will allow us to send for your child's school records.

Send records to address listed above. Thank you



A.G.B.U. Alex & Marie Manoogian School

22001 Northwestern Hwy, Southfield, MI 48075

248-569-2988

Affirmation of Prior Discipline Record

Please complete the information below. A willful false statement of this affirmation is a violation of the Student Code of Conduct and may result in the student's expulsion from A.G.B.U. Alex & Marie Manoogian School.

The undersigned affirms the student named below, has or has not been suspended or expelled from any public or private school in Michigan or any other place for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school-sponsored activity, or on a public or private conveyance providing transportation to and from a school or school-sponsored activity.

Has Been Suspended or Expelled Student's Name _____

Has NOT Been Suspended or Expelled Student's Name _____

If you checked "Has Been Suspended or Expelled" 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.

Date: _____ Signature of Student: _____

Date: _____ Signature of Parent: _____

Yes _____ No _____ Have you ever voluntarily withdrawn from any school district prior to a disciplinary action, suspension/expulsion? If yes, include the school name, date of withdrawal and a description of the incident giving rise to the withdrawal.

Parents/Students must fill out the information above only and return to Manoogian School Office

Information below will be filled out by previous school district

Name of sending (former) school district: _____

Sending School: Please check one:

_____ According to our records, the information provided about by the parent/student is correct.

_____ According to our records, the information provided above by the parent/student is not correct.

If the student has been involved in offenses involving weapons, alcohol, drugs, or willful infliction of injury to persons or an act of violence against persons and/or property committed on school premises, at a school-sponsored activity, or on a public or private conveyance providing transportation to or from school or a school-sponsored activity, please forward appropriate disciplinary documentation.

School: _____ Telephone: _____

Signature of Sending School district Administrator & Title: _____ Date: _____