AGBU Alex & Marie MANOOGIAN SCHOOL
Heritage • Achievement • Excellence

22001 Northwestern Hwy.
Southfield, MI 48075
248-569-2988
www.manoogian.org

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 enrollment, the following items listed below are required:

Enrollment application completed, signed, and dated

Transcripts (High School Students ONLY)

Report Card (Most recent)

Original **U.S. Birth Certificate / Passport or Permanent Resident Card** (Green Card)
(Original documents will be returned to parent)

Current Health Appraisal Form – *Due by August 26, 2024*
Immunizations
Hearing - Vision Test – Dental Screening (**Kindergarten**)
completed and **signed and dated by physician**

Please note: Health Appraisal in not due until the student is accepted, but due before the student can start school

Release of Immunization Information form

Record release form

Affirmation of Prior Discipline Record

Proof of Michigan Residency (Driver license/utility bill/lease or rental agreement)

IEP documents if applicable

Admission to the Manoogian School will be determined on availability and cannot be processed until all of the above forms are completed and submitted to the office on or before April 5, 2024. Applications submitted after April 5, 2024 will be placed on the waiting list for the school year 2024-2025 for any opening. Completed applications are valid for one year only.

Open Enrollment for the 2024-2025 school year
March 6, 2024 – April 5, 2024

AGBU Alex & Marie MANOOGIAN SCHOOL
Heritage · Achievement · Excellence

2024-2025 ENROLLMENT FORM

Grade Applying For: _____

Last Grade Completed: _____

Last School Attended: _____

REQUIRED DOCUMENTS

CHARTER SCHOOL – KINDERGARTEN – 12TH GRADE

The following documents are required in addition to the completed and signed enrollment form.

Parent Photo ID | Original Birth Certificate/Passport | Affirmation of Prior Discipline
Health Appraisal | Immunization Record | Release of Immunization Information
Record Release Form | Most Recent Report Card & Transcript (High School) | Proof of Michigan Residency

STUDENT INFORMATION

First Name: | Middle Name: | Last Name:

Gender: ☐ Male ☐ Female | Date of Birth: (MM/DD/YYYY) | Birthplace: (City/State/Country) | If born in any country other than U.S.A. What year did the student arrive in the U.S.A.? _____ Year

Student Cell Number: | Student Email: | When did the student first enroll in a U.S school? _____ MM/DD/YYYY

Siblings currently enrolled at Manoogian:

STUDENT ETHNICITY

Student's Race (select all that apply)

☐ American Indian ☐ Asian ☐ Black or African American ☐ Hispanic or Latino
☐ Native Hawaiian/Other Pacific Islander ☐ White (Armenian/European/Middle Eastern/North African)

STUDENT'S ADDRESS

Street: | Apt #:

City: | State: | ZIP Code:

STUDENT HOME LANGUAGE

Student's native tongue a language other than English? ☐ No ☐ Yes: What is that language? _____

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

What is that language? _____

SPEECH/SPECIAL EDUCATION SERVICES

Did this child every receive Special Education services (IEP) or if ever was on a 504? ☐ Yes ☐ No

Does this child have an active Individualized Education Plan (IEP)? ☐ Yes ☐ No (If you answered yes please answer following questions)

Speech/Language services received at previous school? ☐ Yes ☐ No

Special Education services received at previous school? ☐ Yes ☐ No

If you answered "yes" to any of the above, please provide a copy of your special education documents (IEP/504) with your enrollment packet.

PUBLICATIONS/MEDIA CONSENT AND RELEASE DATA

Military Use - exclude student information from being sent to military recruiters. ☐ Yes ☐ No

Public Use - exclude student information from being sent outside the school district (such as newspapers, television, radio, school website, social media, displays, brochures, and other types of media). This does not have anything to do with articles and photos to be used in the yearbook. ☐ Yes ☐ No

Higher Ed Use - exclude student information from being sent to institutions of higher education (colleges). ☐ Yes ☐ No

INFORMATION OF PARENT/GUARDIAN 1

Title:	First Name:	Last Name:
Date of Birth: (MM/DD/YYYY)	Relationship to student:	Email Address:
Primary / Home Phone	Cell Phone	Work Phone

Same address as student's address? ☐ Yes ☐ No, provide address

Street:	Apt #:
City:	State: ZIP Code:

Does the parent/guardian require communication from the school in a language other than English? ☐ No ☐ Yes, what language? _____

INFORMATION OF PARENT/GUARDIAN 2

Title:	First Name:	Last Name:
Date of Birth: (MM/DD/YYYY)	Relationship to student:	Email Address:
Primary / Home Phone	Cell Phone	Work Phone

Same address as student's address? ☐ Yes ☐ No, provide address

Street:	Apt #:
City:	State: ZIP Code:

Does the parent/guardian require communication from the school in a language other than English? ☐ No ☐ Yes, what language? _____

INFORMATION OF PARENT/GUARDIAN 3

Title:	First Name:	Last Name:
Date of Birth: (MM/DD/YYYY)	Relationship to student:	Email Address:
Primary / Home Phone	Cell Phone	Work Phone

Same address as student's address? ☐ Yes ☐ No, provide address

Street:	Apt #:
City:	State: ZIP Code:

Does the parent/guardian require communication from the school in a language other than English? ☐ No ☐ Yes, what language? _____

EMERGENCY INFORMATION

First and Last Name of Physician:	Phone number:
Preferred Hospital:	City where hospital is located:
Family Insurance Provider:	Insurance Policy Number:

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 school database:

EMERGENCY CONTACTS

First and Last Name:	Telephone Number:	Relationship to student:
First and Last Name:	Telephone Number:	Relationship to student:
First and Last Name:	Telephone Number:	Relationship to student:

PREVIOUS SCHOOL INFORMATION

School Name:	School Phone Number:
School Address, City, State, ZIP Code:	

Has this student ever been retained/held back? Yes ☐ No ☐

Has this student ever been expelled or suspended from another school ? Yes ☐ No ☐

If yes, please explain:

As the parent/legal guardian, I affirm all information provided with this form is true and accurate, and that my child and I reside at the listed address. The undersigned understands that 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 office 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 reside 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 & 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:

RELEASE OF IMMUNIZATION INFORMATION

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 2024-2025 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 A.G.B.U. ALEX & MARIE MANOOGIAN SCHOOL 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:** _____

Information Requested:

- ○ All School Records including Discipline
- ○ Health Records
- ○ Cumulative Scholastic Achievement
- ○ Report Cards
- ○ Official Transcript
- ○ Testing Information
- ○ Alpha Test Results (if any)
- ○ Special Education (IEP, etc.)
- ○ Psychological Records (if any)
- ○ Cumulative Standardized Test Scores

Dates Requested: _____ (1st request) _____ (2nd request) _____ (3rd request)

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

AFFIRMATION OF PRIOR DISCIPLINE RECORD

AGBU Alex & Marie MANOOGIAN SCHOOL
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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, 22001 Northwestern Hwy., Southfield, MI 48075.

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's 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's 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 previous school district: _____

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: _____

HEALTH APPRAISAL

Michigan Department of Health and Human Services

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, dentist, dental therapist, and dental hygienist.
(**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)
Parent/Guardian (Last, First, Middle)	Home/Cell Phone Number
Address (Number, Street, City, Zip Code)	Work Phone Number

SECTION I – HEALTH HISTORY

Yes	No	Resolved	#	Is your child having any of the problems listed below?
☐	☐	☐	1	Allergies or Reactions (for example, food, medication or other)
☐	☐	☐	2	Anaphylaxis
☐	☐		3	Does your child take any medication(s) regularly?
☐	☐	☐	4	Hay Fever, Asthma, or Wheezing
☐	☐	☐	5	Eczema or Frequent Skin Rashes
☐	☐	☐	6	Convulsions/Seizures
☐	☐	☐	7	Heart Trouble
☐	☐	☐	8	Diabetes
☐	☐	☐	9	Frequent Colds, Sore Throats, Earaches (4 or more per year)
☐	☐	☐	10	Trouble with Passing Urine or Bowel Movements
☐	☐	☐	11	Shortness of Breath
☐	☐	☐	12	Speech Problems
☐	☐	☐	13	Menstrual Problems
☐	☐	☐	14	Dental Problems Date of Last Exam _____ **OR** Date of Last Assessment _____
☐	☐	☐		Other (please describe) _____

Birth History
If yes, list medications
Are there any current or past diagnosis(es) ☐ Yes ☐ No
If yes, please describe

Reason for Medication		
Concussion History		
Parent/Guardian Signature	Date	Was the health history reviewed by a health professional? ☐ Yes ☐ No **Examiner's Initials** ____

SECTION II – PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS
Required for Child Care and Head Start / Early Head Start

Test and Measurements

Yes	No	Was child tested for	Tests and results		Normal	Referred	Under care
☐	☐	Vision Date _____	Visual Acuity				
			Muscle Imbalance				
			Other				
☐	☐	Hearing Date _____	☐ Audiometer	(R= Right, L=Left)	R/L	R/L	
			☐ OAE	(R= Right, L=Left)	R/L	R/L	
			☐ Other	(R= Right, L=Left)	R/L	R/L	
☐	☐	Urinalysis	Sugar				
			Albumin				
			Microscopic				
☐	☐	Blood Lead Level Date _____	Level _____ ug/dl				

Note: All children in Medicaid need to be tested at 1 and 2 years of age, or once between 3 and 6 years of age if not previously tested. All children, regardless of Medicaid status, should be tested at those same ages if they live in an area where lead risk is high.

☐	☐	Height & Weight	Height				
			Weight				
		Other _____	Other _____				
☐	☐	Hemoglobin/Hematocrit	⇨				
☐	☐	Blood Pressure	Reading _____				

Complete pediatric tuberculosis risk assessment available at:
https://www.michigan.gov/documents/mdhhs/4._MI_Pediatric_TB_Risk_Assessment_661537_7.pdf **OR** feel free to use the attached QR code instead of the full link text.

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 based on this information.*

Vaccines (Circle Type)	Date Administered mm/dd/yy		Vaccines (Circle Type)	Date Administered mm/dd/yy	
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)	1	3
	2	4		2	
DTaP/DTP/DT/Td	1	4	Influenza (IIV/LAIV)	1	3
	2	5		2	4
	3	6	Meningococcal MenACWY (MCV4)	1	3
				2	
Tdap	1		Meningococcal B (Bexsero, Trumenba)	1	3
				2	
Haemophilus Influenzae type b (HIB)	1	3	Human Papillomavirus (9vHPV, 4vHPV, 2vHPV)	1	3
				2	
	2	4	Additonal Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
Polio (IPV/OPV)	1	4		1	
	2	5		2	
	3			3	
Pneumococcal Conjugate (PCV7/PCV13)	1	3	Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable.		
	2	4			
Rotavirus (RV1/RV5)	1	3	*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				
Measles, Mumps, Rubella (MMR/MMRV)	1	3			
	2				
Varicella (Chickenpox), (Var, MMRV)	1	2			
History of Chickenpox Disease? ☐ Yes ☐ No If yes, date _____			Parent/Guardian refused recommended immunizations at visit: ☐		

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)

Yes	No	
☐	☐	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: _____
☐	☐	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): ☐ Classroom ☐ Playground ☐ Gymnasium ☐ Swimming Pool ☐ Competitive Sports ☐ Other
		Other Recommendations

SECTION V – DENTAL EXAM OR ASSESSMENT RECOMMENDATIONS (OPTIONAL)

Child's Name	Has received ☐ Dental Exam	☐ Dental Assessment
Findings and Recommendation (Check all that apply) ☐ No Urgent Needs	☐ Routine Care Needed	☐ Treated Decay
☐ Restorative/Urgent Needs for Dental Care	☐ Untreated Decay	☐ Further Referral for Specialist
Signature		Date
Check One ☐ Dentist	☐ Dental Therapist	☐ Dental Hygienist

PHYSICIAN'S SIGNATURE

Examiner's Signature	Date	Examiner's Name (Print)		Degree or License
Number & Street	City	MI	Zip Code	Telephone Number

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 preventative and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-childcare 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.