



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 22, 2025*

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 4, 2025. Applications submitted after April 4, 2025 will be placed on the waiting list for the school year 2025-2026 for any opening. Completed applications are valid for one year only.

Open Enrollment for the 2025-2026 school year  
March 5, 2025 – April 4, 2025



2025-2026

# ENROLLMENT FORM

Grade Applying For: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

## REQUIRED DOCUMENTS

CHARTER SCHOOL – KINDERGARTEN – 12<sup>TH</sup> 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: <input type="checkbox"/> Male <input type="checkbox"/> 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:

## HOME LANGUAGE SURVEY

Michigan welcomes families of all language backgrounds. Speaking more than one language is a valuable asset!

Please answer the two questions below. If your response to either question is a language other than English, the school district will give an assessment to see if your student may benefit from English language support.

What language is used most at home? \_\_\_\_\_ What language is used most by the student? \_\_\_\_\_

## SPEECH/SPECIAL EDUCATION SERVICES

- Did this child ever 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? <input type="checkbox"/> Yes <input type="checkbox"/> No, provide address			
Street:			Apt #:
City:	State:	ZIP Code:	
Does the parent/guardian require communication from the school in a language other than English? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No, provide address			
Street:			Apt #:
City:	State:	ZIP Code:	
Does the parent/guardian require communication from the school in a language other than English? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No, provide address			
Street:			Apt #:
City:	State:	ZIP Code:	
Does the parent/guardian require communication from the school in a language other than English? <input type="checkbox"/> No <input type="checkbox"/> 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:



**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	DATE ADMINISTERED MM/DD/YYYY		VACCINES	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (Hep B)	1	3	Hepatitis A (Hep A)	1	2
DTaP/DTP/DT/Td/Tdap  (Circle Type)	2		Influenza TIV/LAIV	1	3
	1	5		2	4
	2	6	Meningococcal MCV4 / MPSV4	1	2
	3	7	Human Papillomavirus (HPV)	1	3
Haemophilus Influenzae type b (HIB)	4	8		2	4
	1	3	OTHER Vaccines:	Type of Vaccine(s)	Date of Vaccine(s)
Polio – IPV / OPV (circle type)	2	4	1		
	2	4	Specify Date & Type	2	
Pneumococcal Conjugate (PCV7)	1	3	3		
	2	4	<i>Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable.</i>		
Rotavirus (Rota)	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 child's school or local health department.		
	2		Parent/Guardian refused immunizations: <input type="checkbox"/>		
Measles, Mumps, Reubella (MMR)	1	2			
Varicella (Chickenpox)	1	2			
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> 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

Number & Street City MI 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 schedule of well-child care 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 Departments of Human Services, Education, Community Health; 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

# 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.

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### Release of Immunization Information

With the start of the 2025-2026 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:

- |   |   |
|---|---|
| <input type="radio"/> All School Records including Discipline | <input type="radio"/> Testing Information                 |
| <input type="radio"/> Health Records                          | <input type="radio"/> Alpha Test Results (if any)         |
| <input type="radio"/> Cumulative Scholastic Achievement       | <input type="radio"/> Special Education (IEP, etc.)       |
| <input type="radio"/> Report Cards                            | <input type="radio"/> Psychological Records (if any)      |
| <input type="radio"/> Official Transcript                     | <input type="radio"/> 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



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: \_\_\_\_\_