

NEW STUDENT REGISTRATION INFORMATION CARMAN-AINSWORTH - BAKER CAREER ACADEMY

For further information please contact:

Ms. Holmes – Building Secretary
Carman-Ainsworth-Baker Career Academy
1122 W. Bristol Rd
Flint, MI 48507
mholmes@carmanainsworth.org

Phone: (810) 766-2236

Fax: (810) 766-2248

PARENT/GUARDIAN MUST BE PRESENT AT THE TIME OF ENROLLMENT

1. YOUR RESIDENCY DOCUMENTATION

This would be your lease or mortgage document or property tax bill, AND two pieces of official mail (current bills for utilities, insurance, DHS, etc)

2. ORIGINAL BIRTH CERTIFICATE OF STUDENT

Only parents name on official birth certificate can enroll a student. Otherwise, you must provide legal documentation of parental rights.

3. STUDENT'S SOCIAL SECURITY NUMBER

4. STUDENTS'S IMMUNIZATION RECORD

4 DTP'S, the last one after 4th birthday (Must have had within the last **5 years**)

3 Oral Polio's, the last one on or after the 4th, birthday or 4 are required

2 MMR's on or after 12 months of age

3 Hepatitis B's

2 Varicella on or after 12 months of age or history of chickenpox disease

1 Meningococcal (MCV4 or MPSV4) Children 11-18

1 Tdap if 5 years since last dose of DTap, TD or DT

*****There are new required immunizations specifically for students changing schools.***

5. CUSTODY/GUARDIANSHIP PAPERS-IF APPLICABLE

If you are not the birth parent (parents name must be on the birth certificate) enrolling the student, guardianship/custody papers are REQUIRED to complete the enrollment.

6. TRANSCRIPT/LAST REPORT CARD/CHECK-OUT GRADES

This information enables us to give you the proper credit for classes previously taken and ensure that all required classes are scheduled.

7. BEHAVIOR REPORT AND ATTENDANCE RECORD



Carman-Ainsworth — Baker Career Academy
1122 W. Bristol Road
Flint, MI 48507
2018-2019 Application
Grades 9, 10, 11, and 12



Mission

Carman-Ainsworth — Baker Career Academy is a unique high school designed for students who are highly motivated to complete the Michigan Merit Curriculum (MMC) through an exceptional program that emphasizes academics and career preparation.

Program Description

The Academy offers rigorous and relevant academic and career preparation in a setting that reflects high expectations, demands strong student commitment, and meets the MMC guidelines.

Every student who is accepted into the program must commit to adhering to all Academy goals, policies, procedures, and standards as well as collegiate-level outcomes for post-secondary studies.

Goals

The Academy promises to:

- address the individual needs of committed students: academic, emotional, social, and career;
- reinforce students' motivation to become productive and responsible members of society;
- provide career path opportunities that enable graduates to become successful and self-supporting;
- provide students with high quality career readiness skills and training that meet employers' needs;
- provide opportunities throughout the program to experience team studies, cooperative teaching, group projects, and experiential learning;
- enable students to learn through discovery.

Admission

In addition to complying with Michigan's Revised School Code, selection shall be based on academic credentials, personal interviews, school records, potential for successful completion of Michigan's high school graduation requirements, and potential for the successful completion of Baker College's course and program requirements.

Enrollment Process

The student must submit the following:

STAGE ONE

- **School Data (can be completed by a counselor or school official and collected by the student)**
 - ✓ Most recent school transcript (Students entering high school as a new freshman can submit their 8th grade report card)
 - ✓ A copy of the ACT, PACT, SAT or PSAT scores if taken (students will take ACT Explorer test on a predetermined date if these scores cannot be obtained).
 - ✓ Attendance/tardiness report for the current academic school year
 - ✓ Behavior report – referrals by offense (must include complete behavior report from current school).
 - ✓ Current Educational Development Plan (EDP) – with a PLAN score (or separate PLAN assessment report)

STAGE TWO

- **Personal Interview**
- **Two Recommendations**
 - ✓ Each student must submit two recommendations. Recommendations must be completed by a counselor, administrator or faculty member at the school you presently attend or an employer.

Following the review of application materials, students will be notified of their acceptance or non-acceptance into the program. Some offers of acceptance may be contingent upon a contract or the submission, by the student, of a written essay that articulates a plan for change in any area that may not meet Academy standards.

Please return *completed* forms and documents to:

Carman-Ainsworth – Baker Career Academy

1122 W Bristol Road

Flint, MI 48507

(810) 766-2236 Phone

(810) 766-2248 Fax

Insights and Comments

Student must handwrite or print responses to the following questions in blue or black ink. (You may use additional paper to answer these questions.)

1. Explain why you are interested in attending Carman-Ainsworth — Baker Career Academy.

2. Tell us about your career interests and educational goals.

3. What is your greatest personal strength?

4. What is your greatest need for personal growth? What steps are you taking to improve your skills in this area?

5. Describe your attendance last year and explain your absences.

6. The Carman-Ainsworth — Baker Career Academy offers a rigorous academic curriculum, based on the Michigan Merit Curriculum, and includes undergraduate opportunities at the Baker College of Flint campus. In addition, because this program focuses on preparing students for academic and professional careers, field placements in professional environments will be an important part of the Academy experience. Participation will require you to demonstrate a high level of commitment, maturity and responsibility.

Tell us how you will balance the freedom and responsibilities of this academic and career preparation program.

Signatures and Agreement

Student

I understand that, if I am accepted and enroll in the Carman-Ainsworth – Baker Career Academy, I must adhere to all Academy goals, policies, procedures, and Michigan Merit Curriculum standards as well as collegiate-level outcomes for post-secondary studies. I also understand that I will be expected to participate in and meet the standards for a relevant work experience as part of Academy requirements.

Student Signature: _____

Date: _____

Parent(s) / Guardian(s)

I understand that participation in my child's education will help determine his or her likelihood of success in this program. Therefore, I agree to be accessible and readily available to the school to discuss my child's progress and development. I also understand that attendance and full participation in all programmatic activities are vital to my student's success. I understand that acceptance into this school is a privilege and that my child must maintain the school standards in order to remain enrolled. Failure to meet standards may result in dismissal.

Parent(s)'s / Guardian's Signature: _____

Date: _____

TIME SENSITIVE REQUEST

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Student's Name: _____ Grade: _____ Student's Birthdate: _____
Please print full name

Please check if your child has received any of the following services: ☐ Speech ☐ E.M.I ☐ E.I
☐ L.D. ☐ Social Work ☐ Other – Specify _____

School Last Attended: _____

Please fax back the following:

_____ Birth Certificate
_____ Behavior Report
_____ Transcript/Grades
_____ ACT Plan Scores
_____ Check out grades
_____ Social Security No.
_____ Immunization Record



Name of School

Street Address

City

State

Zip code

Phone

Fax

Please send us the educational records for the student listed above. These records should include medical, psychological, testing, and behavior records which are available or may become available.

- Please also fax the most recent IEP on the above mentioned child (if applicable)
- **Michigan schools**, please note the **UIC number** if known: _____

Comments: **Please fax requested documents and mail stamped official transcript and CA-60**

This release also confirms that this student has not been expelled by a former school due to a "Weapons in Schools" infraction or "physical or verbal assault" infractions.

X

Signature of Parent/Guardian

By signing this release I am confirming my consent to release I am confirming my consent to release information and that no "Weapons in Schools," "Arson," or "physical or verbal assault" infractions have occurred.

Signature of Former School Administrator

Confirming no "Weapons in schools" infraction, no "arson" infraction, and no "physical or verbal assault" infraction

Please send this information to:

Carman-Ainsworth – Baker Career Academy
Michelle Holmes – Secretary
1122 W. Bristol Rd
Flint, MI 48507
Fax: 810-766-2248

Date sent: _____
2nd Request: _____
3rd Request: _____

OFFICE USE ONLY**DOCUMENTATION RECEIVED:**

- () Resident District _____
- () Birth Certificate _____
- () Immunization Record _____
- () Transcripts _____
- () Custody Restrictions/PPO _____
- () Social Security Number _____
- () Health Form _____

2018-2019**DATE OF ENROLLMENT:** _____**STUDENT REGISTRATION #:** _____**UIC (SRSD) CODE:** _____**GRADE:** _____**GRADES REQUESTED:** _____ **RECEIVED:** _____

pagemaker/M:\EnrollmentForms(New Student)\CarmanPark\Registration Form - Sec 10-11

CARMAN-AINSWORTH - BAKER CAREER ACADEMY STUDENT REGISTRATION**Name:** _____ **Social Security :** _____

Last First Middle Name

Parent Contact Name: _____**Address:** _____ **Parent Contact Phone #:** _____

Street Address

City

Zip Code

Child's Birthdate: _____ **Birth City:** _____ **Sex:** _____ **Grade Entering:** _____**Name and Location of Last School Attended:** _____**Please check the following reason for leaving your previous school:****Board Expelled** ☐ **Suspended** ☐ **Dropped** ☐ **Pregnant** ☐ **Parent** ☐ **Other:** _____**Is there discipline pending or is your child under potential expulsion from another school?** (please circle) **Yes** or **No****Has your child previously been enrolled in the Carman-Ainsworth school district?** (please circle) **Yes** or **No****Does your child have credits from summer school or currently attending summer school?** (please circle) **Yes** or **No****Does your child have a current individual education plan (IEP)?** (please circle) **Yes** or **No****Please mark an "X" by the following services that your child has received:**

____ Learning Disabilities _____ Social Worker Assistance _____ Preschool _____ Chapter I _____ POH

____ Emotionally Impaired _____ Special Education Testing _____ Head Start _____ Native/American Indian _____ 504

____ Educable Mentally Impaired _____ Speech Therapy _____ Tutoring _____ Other: _____

CASEWORKER Name: _____ **Agency:** _____ **Phone:** _____**MEDICAL CONDITIONS / ALLERGIES****Condition:** _____ **Medication:** _____**ETHNIC DATA / LANGUAGE SURVEY**

Please check the box that corresponds to the ethnic group that you most identify with. **Do you consider yourself (or child) to be multi-racial? Yes or No** (Multi-racial is a person of mixed ethnic origins.) If yes, please check the appropriate boxes below. Although you are not legally obligated to provide this information, it has been requested by the Michigan State Board of Education for the purpose of educational research. Your response will be kept confidential. If you do not, we must use our best judgement.

☐ **White:**

A person having origins in any of the original peoples of Europe, North Africa or the Middle East

☐ **Black or African American:**

A person having origins in any of the black racial groups of Africa

☐ **Hispanic or Latino:**

A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race

☐ **Asian American:**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian sub-continent,

☐ **American Indian or Alaskan Native:**

A person having origins in any of the original peoples of North America or South America (including Central America, and who maintains tribal affiliation or community attachment

☐ **Native Hawaiian or Other Pacific Islander:**

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Is your child's native tongue a language other than English? **Yes** or **No**

If yes, what is the language spoken? _____

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

If yes, what is the primary language? _____

(over)

FAMILY INFORMATION

Child lives with (name): _____, who is the:

☐ Mother ☐ Father ☐ Step Mother ☐ Step Father
☐ Guardian ☐ Court Placed ☐ Other _____

Birth Mother's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

Email Address: _____

Last Grade Completed: _____

Marital Status: _____ Ethnicity: _____

Step Parent Name: _____ Phone: _____

Birth Father's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

Email Address: _____

Last Grade Completed: _____

Marital Status: _____ Ethnicity: _____

Step Parent Name: _____ Phone: _____

Other Name: _____

Please check appropriate box:

☐ Step Mother ☐ Step Father

☐ Guardian ☐ Court Placed ☐ Other _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

Email Address: _____

Last Grade Completed: _____

Marital Status: _____ Ethnicity: _____

Other Name: _____

Please check appropriate box:

☐ Step Mother ☐ Step Father

☐ Guardian ☐ Court Placed ☐ Other _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

Email Address: _____

Last Grade Completed: _____

Marital Status: _____ Ethnicity: _____

Brothers and Sisters (first and last name)

Birthdate

School

EMERGENCY INFORMATION

If parent/guardian cannot be reached, call:

1st Preferred Contact Name: _____

Address: _____

2nd Contact Name: _____

Address: _____

3rd Contact Name: _____

Address: _____

1st Contact Phone: _____

Relationship to child: _____

2nd Contact Phone: _____

Relationship to child: _____

3rd Contact Phone: _____

Relationship to child: _____

Parent / Guardian Signature

Date

**Carman-Ainsworth – Baker Career Academy
EMERGENCY PROCEDURE CARD**

2018-2019

D.O.B _____ / _____ / _____

Age _____

Student's Name _____ , _____
Last Name First Name

Female Male

Home Address _____ Phone # _____

(House #, street name, city, and zip)

Student lives with: ☐ Mother ☐ Father ☐ Both Parents

☐ Other Relative ☐ Step-Mother ☐ Step-Father ☐ Non-Relative ☐ Other-specify

Father or Legal Guardian's Name _____ Home telephone # _____ Cell telephone # _____ Work telephone # _____

Mother or Legal Guardian's Name _____ Home telephone # _____ Cell telephone # _____ Work telephone # _____

Please list Emergency persons if the parents/guardians cannot be reached. (NOTE: Only those persons listed below will be permitted to pick up the student unless prior arrangements have been made with school authorities; academic requests must be made in writing.)

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

3. Name _____ Relationship _____ Phone _____

4. Name _____ Relationship _____ Phone _____

EMERGENCY PROCEDURE CARD (Continued)

HEALTH HISTORY Check ☒ all that pertain to the student.

Are you allergic to any of the following items? ☐ FOOD ☐ INSECT STINGS ☐ MEDICATIONS

If you marked any of the above allergies, please specify _____

Do you have any of the following medical conditions? ☐ Asthma ☐ Diabetes ☐ Seizures ☐ Epilepsy

☐ Physical Restrictions, specify _____ ☐ Special Needs, specify _____

☐ Hearing Loss

☐ Pregnant, due date _____ ☐ Other Conditions, specify _____

Will the school be responsible for administering medication to the student? Yes ☐ No ☐ If yes, please indicate the medication/s below and request the current forms for medication administration at school from the office.

Name of Medication/s 1. _____ 2. _____

Note: ALL medications, prescription and over-the-counter medications such as aspirin, cough drops, Tylenol, etc., will need to be registered with the school's office. Current medication forms must be filled out and signed by parent/guardian AND physician before the student can receive medication at school.

EMERGENCY RELEASE:

I (parent/guardian/student 18 & over) give permission to the Carman-Ainsworth Baker Career Academy authorities to take my child/me to any licensed physician, medical hospital, or to be transported to the hospital via ambulance for treatment. I will assume responsibility for any and all expenses incurred.

Physician's Name _____ Health Insurance Company _____

Preferred Hospital _____ Policy Number _____

Signature of Parent/Guardian _____ Date _____ / _____ / _____

Carman-Ainsworth – Baker Career Academy
2018-2019 Student Health Information

Part 1: Parent/Guardian to complete

Student Name: <i>(Last, First, M.I.)</i>	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	Grade:	School Year:
Home Phone: ()	Father's Work/Cell Phone: ()	Mother's work/cell phone: ()		
My child has a medical condition that may affect his/her school day: <input type="checkbox"/> No <input type="checkbox"/> Yes (Please complete part 2)				
My child is covered by health insurance: <input type="checkbox"/> No <input type="checkbox"/> Yes, Name of Insurance _____				
Parent/Guardian Name (Please Print): _____				
PARENT/GUARDIAN SIGNATURE: _____			DATE: _____	

Part 2: Please complete all that applies to your child. The parent/guardian is responsible for providing any medication, special food, and/or equipment that the student will require throughout the school day. Please see office staff for correct medication forms.

★ **Allergies**
Allergy Type
☐ Food List Food(s): _____ ☐ Bee Sting ☐ Other: _____
Reactions
☐ Coughing ☐ Hives ☐ Rash ☐ Difficulty Breathing ☐ Nausea ☐ Wheezing
☐ Generalized Swelling ☐ Swelling ☐ Other _____
Treatments to be provided in school: ☐ Oral medications (Benadryl, etc.) ☐ Epi-Pen ☐ Other _____
 * **Please see office staff for *Allergy Action Plan* to be completed by parent/guardian and physician for every student with allergies.**

★ **Asthma**
Severity: ☐ Mild ☐ Moderate ☐ Severe
Triggers: ☐ Exercise ☐ Environmental ☐ Other _____
Symptoms or Reactions: ☐ Chest tightness, discomfort or pain ☐ Difficulty breathing ☐ Throat itch, tightness,
☐ Coughing ☐ Hoarseness ☐ Wheezing ☐ Other _____
Medications to be used in school: ☐ Inhaler ☐ Oral Medications ☐ Nebulizer
 * **Please see office staff for *Asthma Action Plan* to be completed by parent/guardian and physician for every student with asthma.**

★ **Diabetes**
Treatments to be provided in school: ☐ Insulin: ☐ Syringe ☐ Pump ☐ Pen
☐ Blood Sugar Testing ☐ Glucagon (need physician authorization) ☐ Oral Medications
 * **Please see office staff or school nurse for *Diabetes Medical Management Plan* to be completed by parent/guardian and physician for every student with diabetes.**

★ **Seizure Disorder**
Type of seizure: ☐ Absence ☐ Complex Partial ☐ Generalized Tonic-Clonic ☐ Other: _____
Physical Education Restrictions: ☐ No ☐ Yes (explain) _____
Medications needed in school: ☐ No ☐ Yes: List medication(s) _____
Date of last seizure: _____ Length of seizure: _____
 * **Please see office staff or school nurse for *Seizure Care Plan* to be completed by parent/guardian and physician for every student with seizure disorder.**

★ **Other Health Conditions**
☐ Cancer ☐ Hemophilia/Bleeding disorder ☐ Heart Condition ☐ Physical disability ☐ Other _____
Medication needed in school: ☐ No ☐ Yes List medication(s) _____
Special procedures needed in school (cardiac monitoring, etc.): ☐ No ☐ Yes (explain) _____

This information may be shared with teachers, bus drivers, etc., in order to promote the health and safety of your child.

Educational Material for Parents and Students (Content Meets MDCH Requirements)

Sources: Michigan Department of Community Health, CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

UNDERSTANDING CONCUSSION

Some Common Symptoms

Headache
Pressure in the Head
Nausea/Vomiting
Dizziness

Balance Problems
Double Vision
Blurry Vision
Sensitive to Light

Sensitive to Noise
Sluggishness
Haziness
Fogginess
Grogginess

Poor Concentration
Memory Problems
Confusion
“Feeling Down”

Not “Feeling Right”
Feeling Irritable
Slow Reaction Time
Sleep Problems

WHAT IS A CONCUSSION?

A **concussion is a type of traumatic brain injury** that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven’t been knocked out.

You can’t see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

IF YOU SUSPECT A CONCUSSION:

- 1. SEEK MEDICAL ATTENTION RIGHT AWAY** – A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don’t hide it, report it. Ignoring symptoms and trying to “tough it out” often makes it worse.
- 2. KEEP YOUR STUDENT OUT OF PLAY** – Concussions take time to heal. Don’t let the student return to play the day of injury and until a health care professional says it’s okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
- 3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION** – Schools should know if a student had a previous concussion. A student’s school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can’t recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to <https://www.cdc.gov/headsup/parents/index.html>

Parents and Students Must Sign and Return the Educational Material Acknowledgement Form

CONCUSSION AWARENESS

EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by Carman-Ainsworth Community Schools.

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian Name Signature

Date

Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

Participants and parents please review and keep the educational materials available for future reference.

**I understand that this Concussion Awareness Acknowledgement Form will last
For my entire educational career at the High School level.**

STATE BOARD OF EDUCATION APPROVED HOME LANGUAGE SURVEY

The Michigan Department of Education is collecting information regarding the language background of each student. This information will be used by our District to determine the number of students who should be provided bilingual instruction according to Sections 380.1151 through 380.1158 of the School Code of 1976, Michigan's Bilingual Education Law. Please provide the following information.

Thank you very much for your cooperation.

Name of Student _____ Grade _____ Age _____

School Building Carman-Ainsworth – Baker Career Academy District Carman-Ainsworth 25080

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

☐ YES ☐ NO

If yes, what is that language? _____

2. Is the primary language* used in your home environment a language other than English?

☐ YES ☐ NO

If yes, what is that language? _____

Signature of Parent/Guardian
or student over 18

Signature of School Administrator

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 Office of Field Services, MDE.

BUS FORM

_____ Yes, I will be riding the bus, provided by Carman-Ainsworth Community Schools' District, **TO SCHOOL** in the morning

_____ Yes, I will be riding the bus, provided by Carman-Ainsworth Community Schools' District, **HOME FROM SCHOOL** in the afternoon

_____ No, I will not be accessing any transportation provided by Carman-Ainsworth Community Schools' District

First Name

Middle Name

Last Name

Address

City, State

Zip Code

Home Phone

Cell Phone

Nearest Intersection

Current Bus Route Number

Nearest Carman-Ainsworth Community School Building

Parental Permission and Release

I hereby give my consent to the noncommercial use of photographs, films, video, audiotapes, and/or artwork in which my child may appear. These uses may include audiovisual productions, television, and newspaper articles.

- Faculty and administration will be creating web pages and related materials that depict school activities and projects
- These pages, at times, will include pictures and comments from students within the program
- These documents will **NOT** include identifying addresses, phone numbers, or personal information about students.

(Print First and Last Name)

(Student Signature)

(Date)

(Print Parent Name)

(Parent Signature)

(Date)

ACCEPTABLE USE PRACTICES FOR TECHNOLOGY RESOURCES

CARMAN-AINSWORTH COMMUNITY SCHOOLS

Acceptable use means that, as a student in the Carman-Ainsworth Community Schools, you will promise to use the computer, Internet and technology resources with respect.

Acceptable use means you will promise to abide by the school and district rules as outlined here and as will be taught to you by your teachers and media specialists.

1. I will use the computer (and all accessories), printer and Internet in an appropriate manner and only for educational purposes.
 - I will not enter inappropriate or hurtful language into the computer.
 - I will be polite and treat others with respect when using the computer, Internet and technology resources.
2. I will use only my work, and not the work of others.
 - I will respect copyright laws.
 - I will tell where I found my information.
3. I will practice basic rules of safety when using the Internet.
 - I will not enter any personal information such as names, addresses, and/or photos with names.
 - I will not share any passwords.

STUDENT'S AGREEMENT

I have read the information that is written above. If I did not understand the meaning of part of it, I asked an adult to explain it to me. I agree to follow these rules at all times when I use the Internet and technology resources at school. I understand that this agreement will last for my entire educational career at the high school level.

PRINT: Student Last Name

First Name

Student Birthdate

Grade Level

Student Signature

Student ID

PARENT OR GUARDIAN

1. I have read the *Acceptable Use Practices for Technology Resources* and have discussed it with my child. We agree to abide by the Carman-Ainsworth Community Schools' Acceptable Use Practices in using the computer, Internet and technology resources. If discipline is necessary, I understand that students will be disciplined according to the general disciplinary practices if they do not follow these guidelines or if they utilize the computers, Internet or technology resources inappropriately. I understand that this agreement will last for my child's entire educational career at the high school level.

Parent/Guardian Signature

Date

2. I give permission for my student to take virtual classes through Carman Ainsworth Community Schools. I understand that this agreement will last for my child's entire educational career at the high school level.

Parent/Guardian Signature

Date

PLEASE RETURN THIS FORM WITH PACKET. THANK YOU.

Carman-Ainsworth — Baker Career Academy

STUDENT DRESS CODE

Since students, as well as most people, are often judged by appearance, it is advisable that habits of good grooming be followed at all times. Good habits of personal hygiene should also be practiced. Any clothing or face covering (including excessive make-up, masks, sunglasses, medically unnecessary eye patches, hair covering eyes and/or face, etc.) that is disruptive to the educational process, presents a distraction to the teacher or class, interferes with classroom activities, or presents a safety hazard to the students will be prohibited.

Some examples of such clothing are: mesh or “see-through” shirts, thin-strapped tank tops, undershirts or the like, backless or shoulderless tops, pajamas, cut-off shirts, midriff-baring blouses, wrist bands, sunglasses or gloves. No clothing or accessories that advocate the use of illegal substances that advertise beer/alcohol/tobacco or that contain offensive language/material or inferences will be allowed. Students will be allowed to wear appropriate length shorts and dresses. Form fitting clothes such as spandex, leggings, jeggins, yoga pants, tights, etc., are not allowed unless worn with an outer garment covering buttocks and private area. Pants or trousers that “sag” exposing any type of undergarment, including athletic shorts, are not allowed. Undergarments must be covered at all times. Hats may be worn to and from school; however, students are not to wear their hats to classes or carry them in the halls between classes during the school day. This applies to hoods as well as head covering bandanas and scarves. No items shall be worn on the head covering the face and/or eyes of any student, including a student’s hair that is significant in length. Shoes of some type are required at all times in the school building.

Any clothing or insignia deemed to be gang-related is prohibited. In addition, any outward display of gang-associated behavior, such as wearing one pant leg raised, and the like, will not be allowed.

Students not wearing appropriate clothing will be asked to change at school, if possible; sent home from school to change; or excluded from classes until a parent/guardian can be reached. The appropriateness of student dress will be determined by a school official, consistent with these guidelines and the Student Code of Conduct.

.....

Parent Signature

Date

Student Signature

Date

Carman-Ainsworth – Baker Career Academy

ATTENDANCE POLICY

The Career Academy strongly believes that regular school attendance is imperative for academic success. Data show that, on average, students who miss a large number of class periods are much more likely to fail a class than those with normal attendance. Regular school attendance is not only required by law for students under 18 years of age, but is also important for all students as they prepare to become productive citizens. All students will be held to this same standard, regardless of class status.

- Attendance will be tracked on a course basis (a full day absence will be considered one absence in each of the student's blocks).
- Students must not miss more than 7 class periods for any one course **for the quarter.**
- Students will be allowed to make up a maximum of one class periods beyond the aforementioned 7 at designated after school, before school, and lunchtime sessions as assigned by an administrator.
- Exceptions to this policy may be allowed for extenuating, verifiable circumstance as determined by the Principal.
- Students that reach their 8th absence in a block and chose not to make up their absences as assigned will receive a failing grade in the corresponding class and may be dismissed from the program.
- Both excused and unexcused absences count toward the total number of 7 absences.
- The Handbook also states that any student who is more than 15 minutes late to class or leaves class more than 15 minutes early will be marked as absent.

I have read and understand the above-stated Attendance Policy:

Parent Signature

Student Signature

Date

Date

Carman-Ainsworth — Baker Career Academy Recommendation

(to be used for one or both recommendations)

(must be submitted with your complete portfolio application)

School Personnel: Please complete this form and return to the student in a sealed envelope with your name written across the back flap of the envelope after it has been sealed.

Others: Individuals who are not school personnel may opt to write a letter in lieu of the form.

Student Name: _____

Date of Birth: _____

The student named above is applying for admission to Carman-Ainsworth - Baker Career Academy. The student will take both high school and college classes, as well as participate in professional field experiences during his/her time in this program. Please rate the student in terms of the following attributes:

	No basis for evaluation	Below average	Average	Above average	Exceptional
Academic effort					
Academic potential					
Attitude towards school					
Interest in career					
Behavior					
Confidence					
Communications skills					
Curiosity					
Poise					
Potential for success in higher education (this may not be reflected by their current grades).					
Relationships with peers					
Relationships with faculty					
Responsibility					
Social skills					
Study skills					

Based on my experience with the applicant, and considering his/her potential for success at Carman Ainsworth – Baker Career Academy, my overall recommendation for this student is as follows:

☐ Highest Recommendation

☐ Recommendation

☐ Recommendation with reservation

☐ Do not recommend

Name/Title (Please Print) _____

Signature/Date _____

Please use the reverse side of this form to explain your reservation or to provide any additional information or comments about this student.