



Detroit Community Schools

EDUCATION IS POWER

ADMISSIONS 2020-2021

Thank you for interest in Detroit Community Schools. DSC Enrollment Period starts May 18, 2020 and ends July 31, 2020. Enrollment applications are now being accepted for the 2020- 2021 school year. Applications are available in the High School's main office.

Applications can be submitted to the High School's main office in person between 8:00AM and 3:00PM, sent via US mail to:

**Detroit Community Schools District
Attn: Student Records/Pupil Accounting
12675 Burt Road
Detroit, MI 48223-3314**

Only completed applications with **all** supporting documentation will be accepted for processing. Please note that Detroit Community Schools is not responsible for any lost or re-directed mail.

If applicants exceed available seats as of July 31, 2020, we will conduct a lottery. Completed applications with supporting documentation received in person or postmarked prior to the Enrollment deadline will be included in lottery. Applications received or postmarked after this time will be processed for our waiting list. Lottery applicants will be invited to attend lottery and notified promptly of their status. Waiting list applicants will be notified for placement if openings become available.

Thank you for your interest in Detroit Community Schools.

Registration Checklist – Detroit Community Schools

Needed forms and documents

Student's Name: _____

Grade Applying for: _____ School Year: _____

Forms in this packet that must be returned before registration is complete include:

- Application for Enrollment
- Home District Questionnaire
- Request for Student Records
- Special Education Services Questionnaire (IEP must be attached)
- Consent for Medicaid School Based Services (Returning students also)
- Medication Administration Permission Form (Returning students also)
- Home Language Survey
- Photo Consent/Denial Policy
- Student Residency Questionnaire
- Health Appraisal Form (Returning students also)
- Free and Reduced Lunch Application (Returning students also)
- Student Code of Conduct Contract of Student Success (Returning students also)
- Emergency form (Returning students also)

Records you must provide to the school before registration is complete:

- Certified copy of birth certificate
- If not U.S. Citizen, Passport or Social Security Number needed
- Copy of Transcript from previous school
- Immunization record (available from child's pediatrician)
- Doctor's letter (If student must take medication in school)
- Report Cards - Current or most recent school year
- Copy of Parent ID
- MSDS: Check birth date
- Copy Custody and/or Adoption Paperwork (if applicable) (Returning students also)

When completed – return this packet to:

Detroit Community Schools
12675 Burt Rd. Detroit, MI 48223
ATTENTION: ADMISSIONS OFFICE
313-537-3570 (Office)
313-537-6904 (Fax)
www.detcomschools.org

Received By: _____ Date ____ / ____ / ____

Application Number: _____

Enrollment Application – Detroit Community Schools

Student Information

Name (Last, First, MI):	Cell Phone:
Street Address:	Student Email Address:
City, State, Zip:	Grade Sought:
Primary Language Spoken by Student:	Primary Language Spoken in the Home:
Date of Birth: Gender: M F	Place of Birth:
Social Security #:	Is student one of the following? (Check one) <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A lawful Permanent Resident (Alien) A <input type="checkbox"/> An Alien authorized to attend public school in the U.S. Alien/Admission #: _____
Current Grade	
Current School	

- *I Certify that the child I am enrolling at Detroit Community Schools (DCS) has not been previously expelled or received a long-term suspension from school of more than 10 days, nor is expulsion/suspension pending.
- The above-named child that I am enrolling has been previously expelled/suspended from a school. I authorize access to all school records and further authorize communication with the school(s) listed below regarding this matter. I understand my child's admission to DCS will be at the discretion of the DCS Administration.

Male Parent/Guardian Information

Father/Guardian Name (Last, First)	Father/Guardian (Language Spoken)
Address (if different than child's)	
Employer/Occupation	Email Address
Home Phone	Work/Cell Phone

Female Parent/Guardian Information

Mother/Guardian Name	Mother/Guardian (Language Spoken)
Address (if different than child's)	
Employer/Occupation	Email Address
Home Phone	Work/Cell Phone

Student's Ethnicity (Place appropriate number in box): (1) Hispanic (2) American Indian or Alaska Native (3) Asian (4) African American (5) Native Hawaiian/Other Pacific Islander (Having origins in people of Hawaii, Guam, Samoa or other Pacific Island) (6) White (Having origins in people of Europe, the Middle East or North Africa) (7) Two or more ethnicities

With whom does the child live? Mother / Father / Both / Other	Marital Status: Single / Married / Divorced
Is a custody decree in place? Yes / No / Pending	If YES, a copy must be given to the school.

Student Sibling Information

Sibling Name	Enrolled here: Yes / No / Waiting List	Date of Birth	School currently enrolled in
Sibling Name	Enrolled here: Yes / No / Waiting List	Date of Birth	School currently enrolled in
Sibling Name	Enrolled here: Yes / No / Waiting List	Date of Birth	School currently enrolled in
Sibling Name	Enrolled here: Yes / No / Waiting List	Date of Birth	School currently enrolled in

*I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE, TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND ANY FALSIFICATION ON THE APPLICATION MAY RESULT IN REMOVAL OF THE STUDENT(S).

Parent/Guardian Signature _____ Date: _____

FOR OFFICE USE ONLY			
Application Date _____	Active _____	Date Records Sent _____	Graduated _____

Home District Questionnaire – Detroit Community Schools

Parent's Name _____

Student's Name _____

Grade _____

Previous School(s)/District(s) attended: _____

1. Do you feel your home district provided the program necessary to meet your child's academic and social needs, and in an environment that you felt was safe? _____

2. Why did you choose to leave your previous school? (Please check all that apply)

Disciplinary problems Safety issues Academic Concerns Transportation Moved

Other (explain) _____

3. How did you hear about us? Student Neighbor TV Radio All of these

4. As a parent, why are you interested in your child enrolling at DCS? (Please check all that Apply)

Academics Safety Transportation Closer to Home All Day Kindergarten

Other (explain) _____

Parent/Guardian Signature _____

Thank you for taking the time to complete this survey.

Request for Student Records

Detroit Community Schools (DCS) has **NOT** admitted this student. His/Her application is pending, and you will be notified if DCS does agree to enroll the student. **Do not send the student's CA60** until you are notified. Do not remove student from your rolls unless you are notified of DCS decision to admit.

Please send the following records:

- _____ Transcript(s)/ Report Card
- _____ Disciplinary Records
- _____ Attendance

_____ **All Special Education Records Including:**
_____MET _____REED _____IEP

****To Be Complete By Pupil Accounting:***

AS OF _____ THE STUDENT HAS BEEN ACCEPTED PLEASE SEND STUDENT'S CA60 TO:

Detroit Community High School
12675 Burt Road
Detroit, MI 48223
(313) 537-3570
(313) 537-6904 (fax)

School Official

Student Information

Student's Full Name _____

Student's Birth Date _____ / _____ / _____ Grade _____ Gender: Male Female

Previous District(s) Information

School Name(s) _____

School District(s) _____

School Address(s) _____

School Phone Number(s) _____

School Fax Number(s) _____

Today's Date _____ / _____ / _____

Parental Information and Approval

Signature of Student (Students over 17 years of age) _____

Signature of Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Cell _____

Please Note:

UNDER THE PROVISIONS OF THE PRIVACY RIGHTS OF PARENTS AND STUDENTS ACT, FERPA 1213, SUBPART D.99.30 (B) IT IS NOT NECESSARY TO HAVE THE WRITTEN CONSENT OF THE PARENTS TO RELEASE RECORDS "TO OFFICIALS OF OTHER SCHOOL OR SCHOOL SYSTEMS IN WHICH THE STUDENT SEEKS OR INTENDS TO ENROLL..."

Special Education Services Questionnaire – Detroit Community Schools

Student Name: _____

Grade: _____ Gender: M/F Date: ____ / ____ / ____

1. Have you ever attended an I.E.P.T. (Individualized Educational Planning Team) meeting where your child's eligibility for Special Education was discussed? (Circle one) YES | NO

If YES, where and when: _____

2. Is your child currently enrolled in Special Education or has s/he received special education services in the past? (Circle one) YES | NO

If YES, please describe the service(s) received (e.g., resource room, speech, etc.): _____

3. Has your child been found eligible to receive support under Section 504 Plan? YES | NO

4. Has your child received any outside services, such as social work, counseling, tutoring, etc.? (Circle one) YES | NO

If YES, please explain: _____

5. Your child may receive services that qualify for school-based Medicaid reimbursement. Your signature below is needed for consent to release information to Detroit Public Schools and/or Wayne RESA. You have the right to withdraw consent at anytime.

6. If applicable, do you have a copy of your child's current I.E.P. (Individualized Education Program or 504 Plan)? (Circle one) YES | NO

If NO, please obtain a copy of the document from your previous school, as this must be reviewed before your child can be accepted to Detroit Community Schools. If yes, please provide a copy to Detroit Community Schools.

7. Have you ever had discussions with any school personnel regarding your child being tested for academic, behavior, or emotional concerns? (Circle one) YES | NO

If YES, please explain. Provide the name of the school and personnel: _____

8. When is the best time to contact you by phone? _____

9. At what phone number can you be reached? _____

I UNDERSTAND ANY FALSIFICATION ON THE APPLICATION MAY RESULT IN REMOVAL OF THE STUDENT(S).

Parent's Name (Print): _____

Parent's Signature: _____ Date: _____

Detroit Community Schools
Consent for Medicaid School-Based Services

Student Name: _____ Birthdate: _____

School District: _____

The Medicaid School-Based Services Program in Michigan:

- Provides partial reimbursement to school districts for services such as Evaluations, Occupational Therapy, Physical Therapy, Speech Therapy, Audiology, Psychological Services, Social Work, Orientation and Mobility, Transportation, Nursing, Personal Care, Case Management and Assistive Technology Services.
- Does not affect a family's Medicaid insurance benefits and there is NO cost to the family, now or in the future.
- Helps school districts to offset some of the costs of health care provided to children.
- Is voluntary and requires a parent or guardian to provide written consent to release information about their child to the Michigan Medicaid agency and its affiliates to obtain reimbursement. This may include name, address, date of birth, student ID, Medicaid ID, disability, dates and services delivered.

If your child receives any of the services listed above and qualifies for Medicaid benefits at any time during the school year, we request your permission to release information to enable your school district to access School-Based Medicaid Reimbursement. You have the right to withdraw this consent at any time. If you do not provide consent, the district will still provide the services.

I have received a copy of the Medicaid Annual Notification Regarding Parental Consent.

I understand and agree that _____ Public Schools and Wayne RESA may access my child's public benefits or insurance information in order to seek reimbursement for services rendered as listed on the Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP).

DATE: _____

Signature of Parent/Guardian: _____

Medication Administration Permission Form – Detroit Community Schools
 (Only if student has to take prescribed medication during school hours)

Student Name: _____		
Date form received by the Academy: / /		
Gender: _____	Grade: _____	Birth Date: / /
To Be Completed By The Physician		
Name of medication: _____		
Dosage: _____		
** Medicine type (Circle one): Tablet Liquid Inhaler Injection Nebulizer Other: _____		
Instructions: _____		
Start Date: / / Stop Date: / / OR <input type="checkbox"/> as needed (via phone verification)		
Restrictions/ Side Effects: _____		
Storage Requirements: _____		
Physician Name: Phone Number: _____		
**Form Must Be Signed By The Physician – See below		
To Be Completed By Parent/Guardian		
<input type="checkbox"/> I request that my child, receive the above medication at school according to the standard school policy.		
<input type="checkbox"/> I certify that my child, is both capable and responsible, and I am requesting that he/she be allowed to self-administer the above medication at school according to the standard school policy. My child has no known allergies to this medication.		

Required Signatures

IMPORTANT NOTE: A physician signature is required regardless of whether the medication is over-the-counter or prescription. So, for example, this would include Tylenol, cold or allergy medicine, etc.

Physician Signature: _____ Date: _____

Telephone: _____

Parent Signature: _____ Date: _____

Relationship (MUST be parent/guardian): _____

Telephone: _____

Home Language Survey – Detroit Community Schools

Student's Name: _____

Grade: _____ Gender: Male Female Age: _____

In order to determine the number of students who speak a language other than English, we are requesting the following information:

Was the student born in the U.S.? (Circle one) YES | NO

If NO, list Country of birth: _____

Is the student's legal status U.S. Citizen? Yes No Legal Resident Yes No

Is English regularly (most of the time) spoken at home? (Circle one) YES | NO

If NO, what is the first language that the student learned to speak? _____

Assess the student's language proficiency in your opinion. (Check all that apply.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Speaks no English | <input type="checkbox"/> Reads no English | <input type="checkbox"/> Writes no English |
| <input type="checkbox"/> Speaks limited English | <input type="checkbox"/> Reads limited English | <input type="checkbox"/> Writes limited English |
| <input type="checkbox"/> Speaks English well | <input type="checkbox"/> Reads English well | <input type="checkbox"/> Writes English well |

If you answered YES to any of the questions above:

We are required to do an English Language Proficiency Assessment (ELPA) with your child. This is a simple language assessment tool to evaluate English language skills and will determine the language needs of your child. Once the assessment is completed we will notify you of your child's proficiency level.

Signature required regardless of your answers

Parent/Guardian's Name (Print): _____

Signature: _____ Date: _____

Address: _____

Phone Number: _____ Cell Number: _____

Photo Policy – Consent – Detroit Community Schools

In an effort to keep the community up-to-date on events, Detroit Community Schools (DCS) will, on occasion, invite local media representatives into our school to photograph special programs and events. Media representatives register at the main office upon their arrival and are always escorted to the designated area from which they can take photos or video publications. We do not allow media representatives to interview students on school property unless DCS personnel accompany them.

DCS personnel will also take video and pictures of classroom activities and/or individual students from time to time for either release to the local media, use on the DCS web site, or for DCS media or brochures. Identification of students is always limited to name, school and grade.

Please note: *Permission to photograph a student either individually or in a group and to use any photograph for any school purpose is assumed until you specifically request your child's photo not be used.*

This information will be kept on file in the student's records.

I, _____ am the legal guardian of

I understand that there will be a photo taken specifically for the student ID. Each student is required to wear his/her uniform and be able to show their school ID.

In writing I must decline my child's picture to be used in school-related media publications.

Parent name (printed): _____

Parent signature: _____ Date: _____

Home address: _____

Home telephone #: _____ Mobile phone #: _____

Work phone #: _____

Please use one (1) Photo Policy form for each child.

Student Residency Questionnaire – Detroit Community Schools

Student's Name: _____

Gender: Male Female Grade: _____

Academy Name: **Detroit Community Schools**

This questionnaire is given to ALL students to ensure that Detroit Community Schools (DCS) remains in compliance with federal law (The McKinney-Vento Homeless Education Assistance Act). Your answers will help DCS staff determine if the student is eligible for certain rights under federal law and supportive services.

The student lives in the following situation:

- Owner-occupied home
- Rental unit
- Emergency shelter or transitional housing*
- Motel/hotel*
- Campground*
- Public or private place not designed for or ordinarily used as regular sleeping accommodation for humans, including cars, parks, public spaces, abandoned buildings, substandard housing, or bus or train stations*
- Foster care placement for 6 months or less*
- Long-term, stable, cooperative living arrangement
- Temporary, shared housing with friends, family or others due to:
 - Loss of personal housing* (due to reasons such as eviction, inability to pay rent, destruction of damage to home, abuse or neglect, unhealthy conditions, parental abandonment or incarceration)
 - Economic hardship*
 - Other, similar reason: _____

***Living in these situations may qualify you for services, including transportation, school supplies, educational advocacy, and community referrals.**

Parent name (printed): _____

Parent Signature: _____

Date: _____

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is required 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) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)	HOME TELEPHONE NUMBER ()
ADDRESS (Number & Street) (City) (Zip Code) MI	WORK TELEPHONE NUMBER ()

SECTION I – HEALTH HISTORY

*Y N R #	Please give detailed explanation for any medical conditions that the school should be made aware of:
<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	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9 Shortness of Breath	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10 Speech Problems	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"/> 11 Menstrual Problems	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12 Dental Problems: Date of Last Exam / /	If yes, please describe:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (please describe):	
<input type="checkbox"/> <input type="checkbox"/> Does your child take any medication(s) regularly?	If yes, list medications:
Reason for medication	
_____ Parent/ Guardian Signature	Was the history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____
_____ Date	

* Check the letter Y – Yes N – No R – Resolved

If treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgment in providing over-the-counter pain relievers, calling the physician indicated above, or if not available, to transport the child to a hospital emergency room. Likewise, your signature below authorizes the release of medical records pertinent to such an emergency room visit, as the School District may request for its files. This is a general authorization and is not sufficient for the release of confidential information protected by Federal Law.

Special Note: At any time where the above information is changed, these changes must be submitted to the main office or authorized school personnel in writing.

Signature of Parent/Guardian: _____ Date: _____

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned Interest - Rental Income - Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

- Ethnicity (check one): Race Hispanic or Latino Not Hispanic or Latino
 (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, audits for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Do not fill out For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income How often? Weekly Bi-Weekly 2x Month Monthly

Determining Official's Signature Date Househoid Size Categorical Eligibility Confirming Official's Signature Date Eligibility: Free Reduced Denied

Verifying Official's Signature Date

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.aseor.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-6992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1480 Independence Avenue, SW
Washington, D.C. 20250-6410
fax: (202) 690-7442; or
email: program.intake@usda.gov
This institution is an equal opportunity provider.

Detroit Community Schools Student Code of Conduct Contract of Student Success

Please be advised that Detroit Community Schools enforces a dress code and has a ZERO-TOLERANCE Policy for Violence. Should your child be accepted for enrollment, he/she will be required to abide by all policies, as well as those set forth in the Student/Parent Handbook. Student violations of zero-tolerance policies may subject them to discipline, up to and including expulsion and referral to law enforcement.

- ____ Dress Code: DCHS adheres to a strict dress code: Multiple dress code violations indicate a lack of respect for school rules and may be cause for suspension.
- ____ Student ID: Students must present their student ID upon entering school.
- ____ Attendance: The State of Michigan requires a certain number of instructional hours and if your child does not meet the minimum number of hours, he or she may be held back a year. Student's absence and/or tardiness is defined as "missing from class" or "late to class." All schools are required to report excessive absences to the State and to the Wayne County Prosecutor.
- ____ Academic Performance: Students must be responsible for their academic performance by turning in their work on time, participating in class, requesting tutor support if necessary, and adhering to academic instructions of their teacher's syllabus.
- ____ Behavior & Discipline Policies: Students must show respect to teachers, staff, and other students. Absolutely NO bullying is allowed. DCHS does not allow: 1) Foul language 2) Destruction of property 3) Defiance
- ____ Locker Policy: Students must use their own assigned lockers, and cannot share with other students. Lockers must remain locked at all times. All locks will be provided by DCS. NO Personal locks allowed.
- ____ Cell Phone Policy: All cell phones and electronic devices are banned from DCS buildings. Students who bring devices to school must check them in at the front door. Cell phones will be returned at the end of the school day. Penalties for violations of this policy are found in the Detroit Community Schools Implementation of the Student Code of Conduct.
- ____ Behavioral Management: Students failure to comply with the **Student Code of Conduct** may result in Advanced Management Training, Detention, Community Service or referral to the One Room Schoolhouse.
- ____ Student Internet: Student Internet: I agree to follow the rules contained in this policy with an understanding that consequences could entail revocation of Internet privileges.

Students that choose not to participate in our **Student Code of Conduct** indicate a lack of cooperation and will be expelled from Detroit Community Schools. Any violations of this contract will be noted on the student's record. As a team, together we can provide a positive and productive learning environment.

I agree to follow the conditions and rules of Detroit Community Schools and will follow the directions of the staff.

Student Signature: _____ Date: _____

I have read the Student Code of Conduct Contract of Student Success and have discussed it with my child. I agree to abide by this contract and support the DCHS staff as it may pertain to these rules and expectations.

Parent/Guardian Signature: _____ Date: _____

Detroit Community Schools Student Emergency Card

This information is strictly for the safety of your child. We are not doctors and cannot perform medical procedures. However, we need to know the correct action to take in the event your child becomes ill or injured. **If any of the following information changes please notify the front office immediately. We will not release student to anyone whose name is not listed below.**

Student Information

Last Name _____ First Name _____ Middle I. _____

Address _____ Grade for Fall _____

City _____ State _____ Zip Code _____

D.O.B. _____ Male _____ Female _____

Student email address _____

Today's Date: ___/___/___

Parent Contact Information

Name of Parent/Guardian _____ Relationship _____

Home Phone _____ Cell _____ Work _____

Employer _____ Employer Phone _____

Email Address _____

Name of Parent/Guardian _____ Relationship _____

Home Phone _____ Cell _____ Work _____

Employer _____ Employer Phone _____

Email Address _____

Emergency Contact Numbers (Required)

Person(s) to contact if parents are not available. (List someone locally)
Only those listed below will be allowed to sign out student (with valid ID).

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Family Doctor _____ Office Phone _____

Family Dentist _____ Office Phone _____

School Policy Notices

Policies included satisfy notification requirements of State and/or Federal Law. For questions regarding all academy policies, please contact your building administrator.

Disclosure of Personal Information

If you do not want the following information available to the public, notify your building administrator before September 8, 2020.

Designation of "Directory Information"

In accordance with the Family Education Rights and Privacy Act (FERPA) (20 USC 1232{g}). Insert Academy Policy designation directory information.

While other information concerning students of the academy remains confidential and will be released only in accordance with the school's Student Record Policy, the above "directory information" will be released to a requesting party unless a parent/guardian or an adult student advises the academy that such information should not be released with respect to that particular student.

If a parent or adult student desires that the above "directory information" or any part thereof, concerning a particular student not be released, he/she should contact the student's building administrator.

Drug-Free Schools

In accordance with federal law, the board of directors prohibits the use, possession, concealment, or distribution of drugs by students on academy grounds, in academy or academy-approved vehicles, or at any academy-related event. Drugs include any alcoholic beverages, anabolic steroid, and dangerous controlled substances as defined by

state statute or substance that could be considered a "look-alike" controlled substance. Compliance with this policy is mandatory for all students. Any student who violates this policy will be subject to disciplinary action in accordance with due process as specified in the student handbook, up to and including expulsion from the academy. When required by state law, the academy will also notify law enforcement officials.

The Academy is concerned about any student who is a victim of alcohol or drug abuse and will facilitate the process by which she/he receives help through programs and services available in the community. Students and their parents should contact the school administrator whenever such help is needed.

Disclosure of Personal Information to the Military

The Family Educational Rights and Privacy Act (FERPA) provides for disclosure of a student's personal information to military recruiters upon request unless parents have advised us that they do not want their student's information disclosed without their prior written consent

If a parent or adult student does not want the academy to disclose personal information from a student's education records to military recruiters without prior written consent, the building administrator must be notified in writing.

Student Privacy & Parental Access to Information

No student shall be required as a part of the academy program or curriculum, without prior written consent of the student (if an adult or emancipated minor), or, if an unemancipated minor, his/her parents, to submit to or participate in any survey, analysis, or concerning political affiliations or beliefs of the student or his/her parents; mental or psychological problems of the student or his/her family; sex behavior or attitudes; illegal, anti-social, self-incriminating or demeaning behavior; critical appraisals of other individuals with whom

respondents have close, family relationships; legally-recognized privileged and analogous relationships, such as those of lawyers, physicians his/her parents; or income (other than that required participation in a program or for receiving financial assistance under such a program).

Right to Inspect Instructional Materials

Parents and students may inspect, request, suggest, complain, or file a grievance as it relates to instructional materials such as textbooks, library books, reference works, and other instructional aids used in the district; however, the procedure must be followed: Complete a "Request for Review of Materials or Course Content" form which is available at the academy office. Submit the form to the academy administrator who will respond to your request.

Nondiscrimination in Education

The academy hereby agrees that it will comply with federal laws prohibiting discrimination and with all requirements imposed by or pursuant to regulations of the U.S. Department of Education. Therefore, it shall be the policy of the schools that no person on the basis of race, color, religion, national origin or ancestry, age, sex or marital status shall be discriminated against, excluded from participation in, be denied the benefits of, or be otherwise discriminated against under any federally funded program or activity for which the school is responsible or for which it receives federal financial assistance. This policy of nondiscrimination shall also apply to otherwise qualified handicapped individuals.

Use of Pesticides

The Michigan Department of Agriculture now requires schools to notify parents when pesticides, herbicides, insecticides, etc. are being applied on school grounds. The academy normally applies these chemicals during the summer vacation and other vacation periods when school is not in session. Occasionally, in emergencies, we may be required to apply these chemicals when the academy is in session. You have the right to be informed prior to any pesticide application made

and ministers; religious practices, affiliations, or beliefs of the student or by law to determine

on the academy grounds and buildings. In certain emergencies, pesticides may be applied without prior notice following any such application. If you want prior notification, please contact the building administrator's office.

Notification of Rights under FERPA for Elementary and Secondary Schools

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records.

These rights are:

1. The right to inspect and review the student's education records within 45 days of the day the school receives a request for access. Parents or eligible students should submit to the school principal (or appropriate school official) a written request that identifies the record(s) they wish to inspect. The school official will make the arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.
2. The right to request the amendment of the student's education records that the parent or eligible student believes is inaccurate. Parents or eligible students may ask the academy to amend a record that they believe is inaccurate. They should write the building administrator (or appropriate academy official), clearly identify the part of the record they want changed, and specify why it is inaccurate. If the academy decides not to amend the record as requested by the parent or eligible student, the academy will notify the parent or eligible student of the decision and advise him/her of this/her right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.
3. The right to consent to disclosures of personally identifiable information contained in

the student's education records, except to the extent that FERPA authorizes disclosure without consent. One exception, which permits disclosure without consent, is disclosure to academy officials with legitimate educational interests. An academy official is a person employed by the school as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the academy board; a person or company with whom the school has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee or assisting another academy official in performing his or her tasks. An academy official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the academy district to comply with the requirements of FERPA.

The name and address of the office that administers FERPA is : Family Policy Compliance Office U.S. Department of Education 400 Maryland Avenue, SW Washington, DC 20202-4605.

Harassment/Bullying

Harassment, sexual harassment, bullying, and hazing of students is prohibited and will not be tolerated. This includes inappropriate conduct by other students as well as any other person in the academy environment, including employees, board members, parents, guests, contractors, vendors, and volunteers. It is the policy of the academy to provide a safe and nurturing educational environment for all of its students. This policy applies to all activities on academy property and to all academy-sponsored activities, whether on or off academy property. Any student that believes she/he has been or is the victim of harassment should immediately report the situation to a teacher, counseling office, or the building administrator. Every student should, and

every staff member must, report any situation that they believe to be harassment of a student. Reports may be made to those identified above. Compliance with this policy is mandatory. If the investigation finds harassment occurred, it will result in prompt and appropriate remedial action.

This may include up to expulsion of students, up to discharge for employee(s), exclusion for parents, guests, volunteers and contractors, and removal from any officer position and/or a request to resign for board members. When required by state law, the district will also notify law enforcement officials.

Search and Seizure

The Board acknowledges the need for in- school storage of student possessions and shall provide storage places, including desks and lockers, for that purpose. Where locks are provided for such places, students may lock them against incursion by other students, but in no such places shall students have an expectation of privacy as to prevent examination by an Academy official.

Expulsion Students are given preliminary hearings for disciplinary violations up to and including expulsion track offenses: Final expulsion hearings are scheduled before the school board. Parents and students have a right to present evidence, explain positions and present witnesses at the expulsion hearing, as well as to have additional due process safeguards as requested.

Coordinators for Affirmative Action and Review of Federal Requirements

SECTION 504 AND AMERICAN DISABILITIES ACT

x Mary Beekman
Superintendent

SCHOOL LUNCH

x _____
Compliance Officer

TITLE IX, TITLE VI, AND CIVIL RIGHTS

x Mary Beekman Superintendent

