

**Center for Alternative Programs (CAP)
2014-2015 Registration Form**

OFFICE USE ONLY:

ENTRY DATE: _____
 CERTIFIED BIRTH CERT IMMUNIZATIONS
 SPEC ED IEP GRADE TRANSCRIPT
 PROOF OF RESIDENCY MEDICAL ALERT

PLEASE NOTE: YOU MUST PRESENT AN ORIGINAL CERTIFIED BIRTH CERTIFICATE, IMMUNIZATION RECORD & PROOF OF RESIDENCY

NEW STUDENT RETURNING STUDENT

Student's Legal Name: _____
First Middle Last

Permanent Address: _____
Street Address City Zip

Home Phone #: _____ Mom's cell #: _____ Dad's cell #: _____

School District in which student resides: Potterville Other _____ Unsure

Birth date: _____ Age: _____ Male Female

Place of birth: _____ Social Security #: _____

RACE & ETHNICITY

(Note: Both Part A & B of the question **MUST** be answered)

Part A: Is this student Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish Culture or origin, regardless of race.)? No Yes

The above part of the question is about ethnicity, not race. No matter which box you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider the student's race to be.

Part B: What is the student's race? (Choose one or more)

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North & South American, including Central America)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand & Vietnam)
- Black or African American** (A person having origins in any of the black racial groups of Africa)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands)
- White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa)

Has/Is the student lived/living with someone other than a parent in the past 12 months? Yes No

Who does the student live with? _____ Relationship _____

Address: _____
Street Address City Zip Phone Number

Parent/Guardian Information

*****Guardians must provide proof of Guardianship*****

Mother/Guardian name _____ Father/Guardian name _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Home phone _____ Home phone _____

Work phone _____ Work phone _____

Cell phone _____ Cell phone _____

continued on back

Is the student receiving any type of assistance from an agency (ie, Food Stamps, FIA, SSI)? Yes No

Agency: _____ Case #: _____

Is the student on probation or parole? Yes No If yes, Name: _____

County: _____ Ph# _____

Is the student seeing a counselor? Yes No If yes, Name: _____

Ph# _____

Is the student a registered voter? Yes No

STUDENT'S EDUCATION HISTORY

Please check all that apply:

Student dropped out of school. Date last attended: _____.

Student is a parent or pregnant.

Last high school attended: _____
Name of high school City/State What year?

Reason for leaving: _____

Last grade completed: _____ Original graduation date: _____

Has the student ever been suspended? Yes No Has the student ever been expelled? Yes No

Please give approximate date(s) and reason(s) _____

Has the student ever received Special Education services? Yes No

Certification: EI LD Which subject areas: _____

Has the student ever been referred for an ADD/ADHD evaluation? Yes No

Results of evaluation: _____

Has the student ever been enrolled in an adult education program before? Yes No

If yes, where: _____ When: _____

STUDENT EMPLOYMENT

Is the student currently employed? Yes No If yes, where: _____
Place of employment (name of company)

Date hired: _____ Full time Part time

MEDICAL CONCERNS

Does the student have Asthma? Yes No Diabetes? Yes No Other medical issues Yes No

If yes, please complete an Asthma/Diabetes Action Plan.

Please explain if the student has any other medical or physical problems that we should be aware of:

How did you find out about our program (counselor, friend, family, newspaper, etc.)? _____

I attest that the information contained herein is correct to the best of my knowledge.

Student signature

Date

Parent/Guardian signature

Date

Center for Alternative Programs (CAP)

SUBSTANCE ABUSE POLICY STATEMENT

Because the use of substances, including alcohol, tobacco, and drugs, is detrimental to the health, welfare and education of students, the school has established a policy to address their use, possession, and distribution.

Student Use Of Substances

When a student exhibits symptoms of being under the influence of substances, the following process will be implemented:

First Occurrence: The instructor will discuss the matter with the student and request that he/she leaves school for the rest of the day. If the student is under 18 years old, a parent or guardian will be called. The incident will be described in writing and a copy will be given to the Assistant Director or designee, the student, and the teacher.

Second Occurrence: The steps outlined above under “first occurrence” will be taken. In addition, if the student is under 18, a parent or guardian and the student must participate in a conference with the CAP Assistant Director before the student returns to school.

Third Occurrence: In order to remain enrolled in the CAP program, the student must obtain a substance abuse assessment, agree to share the results with school administrators, and arrange for ongoing treatment and/or counseling if appropriate. Failure to obtain an assessment will result in separation from the program.

Student Possession of Substances

The school administration has the right to search a student’s person and property if there is a probable cause to believe that drugs, weapons, dangerous, illegal or prohibited matter or stolen goods are likely to be found. Students who are found to be in possession of drugs or alcohol will be subject to immediate suspension and will be reported to the appropriate authorities.

Sale or Distribution by Student

When a student is detected selling or distributing illegal or illicit substances during school hours or at school functions, the student will be subject to immediate suspension and expulsion proceedings may be initiated. Violations will be referred to the appropriate authorities. Efforts to discourage the use, possession, and/or distribution of substances on campus may include cooperating with the Tri-County Metro Narcotics Squad and the use of police dogs trained to locate illegal drugs.

I understand the CAP Substance Abuse Policy: _____

(Student Signature)



Center for Alternative Programs (CAP)

Telephone: (517) 645-2444

Fax: (517) 645-9763

REQUEST FOR RECORDS

DATE _____

Name of Previous School

Street Address of Previous School

City, State and Zip Code

FAX # _____

THIS DOCUMENT CERTIFIES THAT THE STUDENT LISTED BELOW HAS

ENROLLED IN OUR SCHOOL AS OF: _____

Student's Name: _____

Date of Birth: _____

PLEASE INCLUDE THE FOLLOWING:

- Academic/School Records
- Medical/Immunization Records
- Achievement Test Results and Data (MEAP)
- Psychological Test Results and Data
- Grades and Interpretation of Grading System

PLEASE SEND TO THE FOLLOWING ADDRESS:

Center for Alternative Programs
Pottersville Public Schools
420 N. High St.
Pottersville, MI 48876

If student left during a grading period, please indicate any partial grades earned to date of student leaving.

If this student was in a special education program or was being considered for placement, please indicate and include the N.O.R.A., the I.E.P. and the psychological testing that placed the student in the program.

Parental permission is not required under the Family Educational Rights and Privacy Act of 1974, when student records are being sent to school officials in another public school district.

Thank you for your assistance in responding to this request.

Cathleen Weaver
Alternative Education Coordinator/At-risk Specialist

Potterville Public Schools

Suspensions/Expulsion Verification

Center for Alternative Programs
420 N. High Street
Potterville, MI 48876
517-645-2444

Parents must fill in the top portion of this form and take it to their previous high school and have the administrator complete the bottom portion and then return the form back to CAP.

I give my permission for the release of information to Potterville Public Schools regarding all school suspensions within the past two years as well as any expulsions involving my child.

Parent/Guardian Signature

Date

Student Name: _____ **Birth Date:** _____

DO NOT WRITE BELOW THIS LINE

XX

Dear School Administrator:

Please provide the following information regarding the student listed above.

1. Has this student ever been expelled from your school district? Yes No
If yes, please explain:

2. Has this student been suspended (includes in-school suspension) during the last two years?
Yes No

If yes please explain:

School: _____ **School District:** _____

Administrator: _____ **Telephone No:** _____
(Signature)

Administrator: _____ **Date:** _____
(Printed)

Please fax the completed form to Cathleen Weaver at 517-645-9763

If you have any questions or need additional information, please contact Cathleen Weaver,
CAP Coordinator at (517)-645-4704

Center for Alternative Programs

Potterville Public Schools

Field Trip Permission Form 2011-2012

My son/daughter _____ has my permission to attend all Potterville field trips during the 2011-2012 school year. I understand that transportation for field trips may involve my child driving his/her own vehicle, riding in a vehicle driven by a Potterville staff person, or riding in a vehicle driven by another Potterville student.

Further, I understand that the Michigan No-Fault auto insurance mandates the recovery for bodily injury from an automobile accident must come from the injured person's own automobile carrier. If he or she has no insurance, then it would come from the insurer of the vehicle in which he is riding.

Name of Parent/Guardian (please print)

Home phone #

Work/cell phone #

Signature of Parent/Guardian

Date

Name of another adult in the event parent(s)
cannot be reached

Phone #

Name of family doctor

Phone #

- A signed permission form is valid for all field trips on any school day during the 2011-2012 school year.
- All of the above information must be provided.