



Registration Checklist — Needed forms and documents

Student's Name \_\_\_\_\_ Grade Enrolling in Fall 2022: \_\_\_\_\_

How do you hear about us:

WMAA Employee: \_\_\_ Name: \_\_\_\_\_  
Media (Facebook, Website) \_\_\_ Flyer: \_\_\_ Family \_\_\_ Other: \_\_\_

Forms in this packet that must be completed before registration begins, include:

Registration Form (pages 2 &3)
Internet/Computer Acceptable Use Form (page 4 top)
Photo Consent Form (page 4 bottom)
Health Appraisal Form (attachment to be completed by pediatrician)
Supplemental Survey (attachment)
Student Residency Verification Information Form (attachment)
Student Hearing/Vison Screening ( <b>Kindergarten</b> )

Records that need to be provided to the school to complete registration:

- Certified copy of child's birth certificate
- Copy of student's last report card from previous school
- Copy of child's up to date immunization record (may be included on Health Appraisal Form)
- **IEP Copy (if applicable)**

<p><u>When completed return this packet to:</u>  Oakland County Academy of Media &amp; Technology  48980 Woodward, Ave, Pontiac, MI  www.OCAMT.ACADEMY</p>
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Student First (Legal) Name		Middle Name	Last Name (include Jr., II, etc.)	
Gender <input type="radio"/> Male <input type="radio"/> Female	Birthdate (Mo/Day/Year)	City of Birth	State / Country of Birth	Grade
Ethnicity (choose all that apply) <input type="radio"/> American Indian or Alaskan <input type="radio"/> Asian (including China, India) <input type="radio"/> Black or African American <input type="radio"/> Hispanic or Latino <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> White including Middle Eastern			District Of Residence	County Of Residence

Physical Address			Mailing Address (if different than Physical Address)		
Apt. Number	House Number	Street	Apt. Number	House Number	Street
City		Zip	City		Zip
Primary Phone Daytime phone Number			Alternate Phone		

Parent/Guardian 1 with whom the student resides

First Name	Last Name	Relationship to Student
Email Address		Work Phone / Cell Phone

Parent/Guardian 2 (other aren't in the household or custodial aren't living at another address)

First Name	Last Name	Relationship to
Email Address		Work Phone / Cell Phone
Same Address as Student? <input type="radio"/> Yes <input type="radio"/> NO - If enter address to the right	Apt Number	House Number
Student is residing with (please only select one): <input type="radio"/> Both Parents <input type="radio"/> Mother & Stepfather <input type="radio"/> Father Only <input type="radio"/> Father & Stepmother <input type="radio"/> Mother only <input type="radio"/> Other (explain)		

Emergency Contact #1

Name	Relationship to child	Phone
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Emergency Contact #2:

Name	Relationship to child	Phone
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Emergency Contact #3

Name	Relationship to child	Phone
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Student First (Legal) Name	Middle Name	Last Name (Include Jr., II, etc.)
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**Home Language Survey**

U.S. Citizen <input type="radio"/> Yes <input type="radio"/> No	Parent Country Of Origin	What date did child enter the United States (Month/Day/Year)
A. Is your Child's native language a language other than English? <input type="radio"/> Yes <input type="radio"/> No If Yes What language?	a. Is the primary language used in your home other than English? <input type="radio"/> Yes <input type="radio"/> NO If Yes, What language ?	Does your family need translation services for information? <input type="radio"/> Yes <input type="radio"/> No If Yes, What language?

**If you answered YES to either question A or B above, your child will be assessed to determine his/her eligibility to receive English as a Second Language (ESL) I English Language Learner (ELL) Services.**

**Information for Student Records**

Name Of Last School Attended	City	State	County
Incoming Kindergartner: <input type="radio"/> Attended <input type="radio"/> No <input type="radio"/> Yes — School _____	Please release / forward all records, including medical records, social and psychological evaluations, assessment scores and special education records for the student identified in this section and checked below to Oakland County Academy of Media & Technology, Thank you, parent Signature _____		
Brothers / Sister (Check box if enrolling in OCAMT as well)	Date Of Birth	previous Grade	Current/Previous School City

**Special Needs Information**

Has your child received any education services? <input type="radio"/> No <input type="radio"/> Yes If yes, leases specify (Please provide recent copy of IEP)	If yes, please specify _____ _____
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Medical Information Choose all that apply

Nothing Known	Diabetic	Special Blood Condition	Food Allergy Specify.
Medical Waiver	Aspirin Allergy	Sulfa Allergy	
Rheumatic	Penicillin Allergy	Asthma	Other Specify:
Cardiac	Iodine Allergy	Insect / Bee Sting	
Hemophiliac	Multiple Critical Allergies	Contact Lenses	
Special instructions:			

I hereby authorize the school nurse, administrator, or designated person to call any of the listed emergency contacts if needed for the care of my child.

I also, authorize the academy to contact my child's doctor in case of an emergency. \_\_\_\_\_ (initial)

I hereby authorize the release of any health information to the school district when necessary for the safety and benefit of my child. \_\_\_\_\_ (initial)

Authorized Parent / Guardian Signature: \_\_\_\_\_

Date of Authorization \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



## USE AGREEMENT FOR TECHNOLOGY RESOURCES AND INTERNET ACCESS

Oakland County Academy of M&T provides technology and internet access for all students for the purpose of instruction, curriculum support and communication. Students will be provided with instructions on the procedures for accessing email and/or Internet usage.

School policy states that ALL students must have a signed Acceptable Use Agreement form on file before they are allowed to use Academy provided technology and Internet resources independently.

Unacceptable use includes the following but not limited to:

- Sending or displaying offensive messages or pictures
- Using obscene, harassing or insulting language Violating copyright laws or fair-use practices Trespassing in other's folders, documents or files
- Using the network to access inappropriate material
- Intentionally damaging computers, computer systems, computer networks • Using another person's password
- Downloading software without permission of school administration
- Other behaviors in violation of the Academy policy, state statutes, or federal law

The Academy reserves the right to monitor all computers, software and stored records in cases where there is reasonable cause to expect wrong-doing or misuse of the system.

### STUDENT TECHNOLOGY / INTERNET ACCEPTABLE USE POLICY

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

I have read and discussed the Acceptable Use Procedures for technology resources and internet with my child. We understand that this access is designed for educational purposes only and that the Academy has taken precautions to eliminate controversial material. I fully understand that if my child utilizes technology / the internet inappropriately that he/she may have his/her access revoked and possible disciplinary actions may be applied as deemed necessary for inappropriate usage.

Parent Signature X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

My parent(s) discussed the Technology Resources / Internet Acceptable Usage Policy with me. I agree to follow ALL guidelines provided by the academy for appropriate use.

Student Signature X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*Please note that parents may not sign for students\*\***

### PHOTO CONSENT/DENIAL FORM

I hereby given to Oakland County of M&T (OCAMT), its nominees, agents and assigns, my free and unlimited consent and permission, waiving all claims for any compensation by reason thereof or for damages by reason thereof, to use, publish, republish or exhibit in the furtherance of its work, with or without identification of me and/or my child by name, the photographs, videos, or statements taken during any and all academy events and to disseminate statements referring to me in conjunction therewith if OCAMT so desires and to authorize any newspaper, company or other organization to use, publish, republish Or exhibit said photograph with or without identification of me and/or my child by name and to publish or disseminate statements referring to me in conjunction therewith in the promotion Of OCAMT and any of its fund campaigns or any of its activities.

Student's Name \_\_\_\_\_

\_\_\_ I give my permission for my child to be video recorded, photographed, and/or interviewed during Academy events. \_\_\_\_\_ (initial)

\_\_\_ I DO NOT want my child's image to be used in any school-related or outside media publications. \_\_\_\_\_ (initial)

Parent / Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



## HOME LANGUAGE SURVEY

The Oakland County Academy of Media & Technology is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1152-38.1157 of the School Code of 1995, Michigan's Bilingual Education Law. Please provide the following information:

Students Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

School Building: \_\_\_\_\_

1. Is your child native tongue a language other than English? Yes \_\_\_ No \_\_\_  
What is the language? \_\_\_\_\_

2. Is the primary language used in your child's home or environment a language other than English? Yes \_\_\_ No \_\_\_  
What is the language? \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian Address Date

Thank you very much for your cooperation.

**"Primary language" means the dominant language used by a person for communication.  
Translation of this survey form Spanish, Arabic, French, Italian and Ojibwa is available at the Office of Field Services at 517-373-6066.**



## STUDENT TRANSPORTATION REQUEST/CHANGE FORM

Oakland County Academy of Media & Technology is preparing for the 2020-2021 school year. We will be providing transportation services to our returning, and potential students. If you are interested in receiving transportation service for your children for the 2020-2021 school year, please complete and return this form to the main office.

(PLEASE PRINT CLEARLY)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Sibling #1: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling #1: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling #1: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling #1: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Ph./Cell.: \_\_\_\_\_ Email: \_\_\_\_\_

### Daycare/Alternative Location Information

Daycare Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Ph: \_\_\_\_\_

I have read and acknowledge that I have read and understand the student transportation information form.

All students are subject to be approved.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



ALL INCLUSIVE FIELD TRIP/PHOTOGRAPH PERMISSION SLIP

PLEASE PRINT

My Child(ren)

_____	Grade: _____
_____	Grade: _____
_____	Grade: _____
_____	Grade: _____

\_\_\_ Has/Have my permission to attend any OCAMT field trips that occur during the course of my regular school day. I understand that transportation will be by private cars with seat belts OR by charter bus. Teachers will provide me with advance notice of all trips that take place away from the Academy.

\_\_\_ My child(ren) may be photographed for public relations purposes. I understand his/her (their) name and/or photograph(s) may be used in any press release, admissions advertisement or school publication.

\_\_\_ I request that my child(ren)'s photograph not be used in any OCAMT publications.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Student Residency Verification Information Form

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C 42 & 11431 et seq. Your answers will help determine if the student meets eligibility requirements for service under the McKinney-Vento Act.

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
 School: \_\_\_\_\_ Ph./Cell. No. \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this address temporary or permanent? (circle one) Yes or No

Please choose which of the following situations the student currently resides in (you can choose more than one):

- House or permanent with parent or guardian
- Motel, car, or campsite
- Shelter or other temporary housing
- With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all the following reasons that apply:

- Loss of housing
- Economic situation
- Temporarily waiting for house or apartment
- Provide care for a family member
- Living with boyfriend/girlfriend
- Loss of employment
- Parent/Guardian is deployed
- Other (Please explain)

Are you a student under the age of 18 and living apart from your parents or guardians?  Yes  No

### Residency and Educational Rights:

Students without fixed, regular and adequate living situations have the following rights:

1. Immediate enrollment in the school they list attend or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations.
2. Transportation to the school of origin for the regular school day
3. Access to free meal, Title I and other educational programs, and transportation to extra-curricular activities about these rights can be directed to the local McKinney-Vento Liaison Sara Orris.

Email: [Sara.Orris@Oakland.k12.mi.us](mailto:Sara.Orris@Oakland.k12.mi.us)

Phone: 248-209-2414

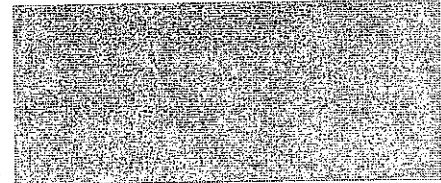
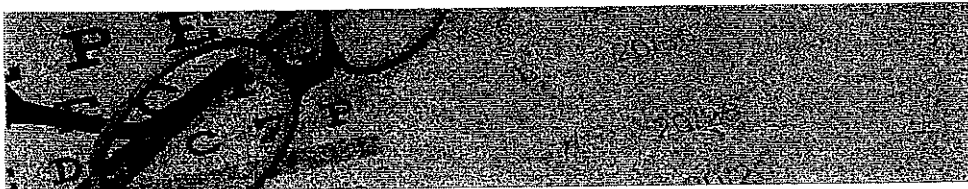
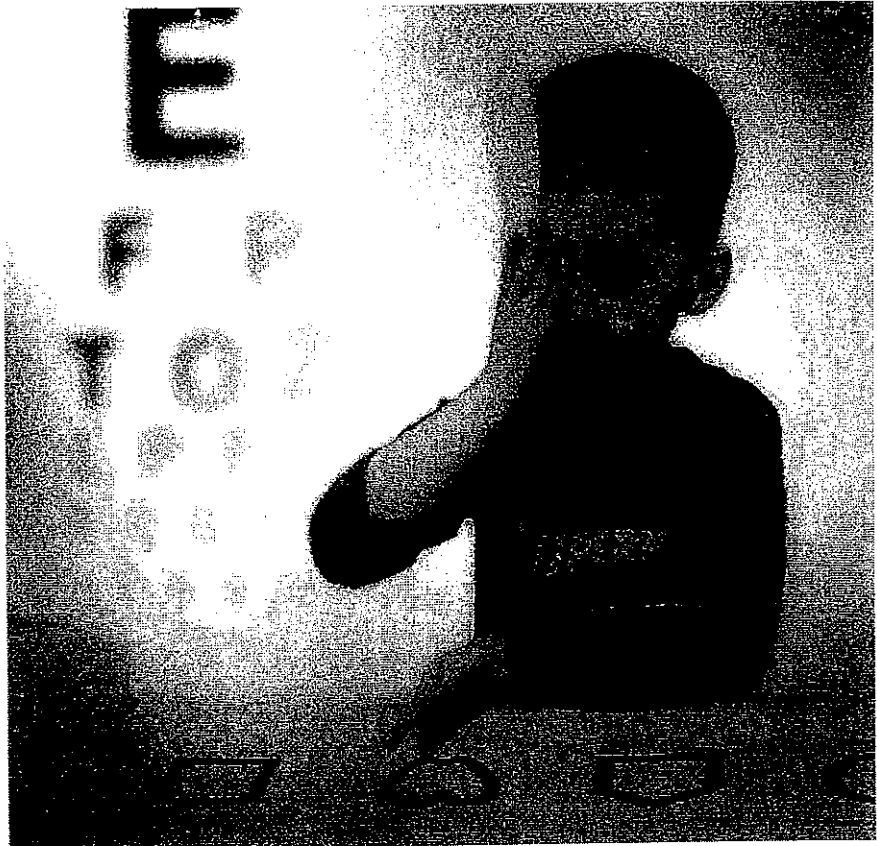
\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# FREE VISION SCREENING

For Oakland County Residents



## Vision Tests are Required to Enter Kindergarten

Call **248.424.7070** to set an appointment for your child.

### FOUR LOCATIONS TO BETTER SERVE YOU

#### PONTIAC

1200 N Telegraph Rd  
Bldg. 34 E  
Pontiac, MI 48341

#### SOUTHFIELD

27725 Greenfield Rd  
Southfield, MI 48076

#### NEW HUDSON UNITED METHODIST CHURCH

56730 Grand River Rd  
New Hudson, MI 48165

#### WALLED LAKE CHURCH OF CHRIST

1403 N. Pontiac Tr.  
Walled Lake, MI 48390

*Limited availability at the New Hudson Methodist Church and Walled Lake Church of Christ.  
Vision tests done in preschool by a Public Health Technician or doctor's office will also fulfill this requirement.*



@PUBLICHEALTHOC

*The Oakland County Health Division will not deny participation in its programs based on race, sex, religion, national origin, age or disability. State and Federal eligibility requirements apply for certain programs.*

*Michigan Law (Public Health Code, Act 368 and the 1995 Revised School Code, Act 291) states your child needs a vision test before going to kindergarten.*

6-12-15/online.terminal/completed projects/vision flyer



**Re-Enrollment 2022-2023**

**Complete and Return this form to OCAMT**

Please use **ONE FORM** per family. We ask that all families return a completed form, even if your student(s) will not be returning to OCAMT. A signed copy will be returned to you as your receipt of Re-Enrollment. Failure to complete and return this form to OCAMT means you are forfeiting your child's guaranteed OCAMT enrollment for the 2021-22 school year. Please keep a signed copy for your records.

After submitting this form, if your enrollment plans change for the 2022-23 school year, please call us at 248-972-9100.

I \_\_\_\_\_ am the parent/guardian of the below listed students:  
(Parent/Guardian Name – please print)

List all **CURRENT OCAMT STUDENTS** in your family and select a re-enrollment status.

**PLEASE PRINT**

First Name/Last Name	Re-Enrollment Status	If Not Re-Enrolling, Reason (only list once, unless reason is different for a child)
	<input type="checkbox"/> Yes, Please Re-Enroll for 2022-23 <input type="checkbox"/> No, Not Attending in 2022-2023	
	<input type="checkbox"/> Yes, Please Re-Enroll for 2022-23 <input type="checkbox"/> No, Not Attending in 2022-2023	
	<input type="checkbox"/> Yes, Please Re-Enroll for 2022-23 <input type="checkbox"/> No, Not Attending in 2022-2023	
	<input type="checkbox"/> Yes, Please Re-Enroll for 2022-23 <input type="checkbox"/> No, Not Attending in 2022-2023	
	<input type="checkbox"/> Yes, Please Re-Enroll for 2022-23 <input type="checkbox"/> No, Not Attending in 2022-2023	

List all siblings of currently enrolled OCAMT student(s) you wish to be considered for enrollment at OCAMT for the 2022-2023 school year.

**NOTE:** Due to the limited number of spaces available for each grade level, enrollment of siblings is not guaranteed. Notification regarding sibling enrollment or waiting list placement will occur in **mid-May**.

Name of Incoming Sibling	2022-23 Grade	Birthdate

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Staff Signature \_\_\_\_\_

Entered in Database